



ABSTRACT BOOK

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SYMPOSIUM

Abstracts

Sorted by rising #numbers

#260950 - Symposium - I9.2

Children of parents detained in secure hospitals

Chair: Pamela Taylor, Cardiff University (United Kingdom)

Symposium Abstract:

Up to half of people admitted to secure forensic hospitals are parents, but little is known about their children's needs. We will present hospital survey data, results of systematic literature reviews and preliminary child interview work which collectively support ways forward in research and practice.

Individual Abstracts:

Children separated from a parent who is mentally ill, criminally violent and locked in a secure hospital: setting the scene

Pamela J. Taylor, Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK

People who are detained in secure psychiatric hospitals because of the risk they pose to others are generally of child bearing age. A few have killed a child, very few one or more of their own children. How many patients are, in fact, parents and what did this mean in practice? How many children are likely to be affected? What is the nature and quality of the evidence on child needs and interventions on their behalf? Such hospitals may provide appropriate visiting facilities and generally have a child safeguarding policy, which speaks mainly to the physical safety of the child. How many engage in any more active assessment, care or treatment initiatives for children of such parents? There is a substantial literature on children with parents who have a mental illness, covering issues as diverse as the genetic risk of the child developing a similar illness, developmental delays and the psychosocial impact, however most of this refers to children and parents living together in the community, often with the child having a career role. There is also literature on children with a parent in prison. Are such adverse childhood experiences simply cumulative? How can we safely acquire first-hand accounts from children multiply disadvantaged by experiencing parental removal into a secure hospital to help clarify their needs and develop effective responses? This opening session will pose the key questions.

How many parents in secure hospitals and how many children are separated by the admission?

Sarah Argent, Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK

There are records based prevalence surveys from several UK secure hospitals of how many patients are parents; we have been unable to trace such material elsewhere. We conducted a nine-year period prevalence study of residents in one Welsh regional secure hospital. We found that nearly half (76, 46%) of all 165 patients were parents, a higher prevalence than previously recorded. There are practical complexities in identifying parental status among such patients, but this Welsh unit has a particularly active social work team, so we are able

to present some information about most of the children, including most under 18 years of age (thus legally dependent, at the time of their parent's admission). Where children had been in contact with the parent before admission – as most had – with one exception, it was only dependent children who lost contact afterwards. We explore this further. We scrutinised the records for any clinical or social variables which distinguished the parent-patients from the childless patients. We found a range of socio-demographic and clinical features which characterised the parent-patients, including first use of psychiatric or psychological services, their relationship history and current relationship status, and their diagnostic comorbidity. The fact that, cumulatively these suggested that parents had had a more stable life prior to the current admission, than childless patients opens more questions about stronger support for maintenance of parent-child relationships in many cases. Next, we wanted to hear about parents' perspectives, although we have begun to speak with some of the adult children.

Patient-parents' perceptions of their parenting role and their children's needs.

Fiona Parrott, Oxleas NHS Foundation Trust, London, UK

In a qualitative study which furthers our understanding of the experience of parents living in a secure hospital, narrative interviews were carried out with 18 parents (8 mothers, 10 fathers) at a secure unit in England. These were analysed thematically using the framework approach. Just over a quarter (27%) of men and 38% of women at this unit were parents. Parenthood was of central importance to their emotional life, spanning experiences of loss and failed expectations but also joy, responsibility and hope. Fewer men than women were in contact with their children yet fatherhood remained a significant aspect of men's identities. Although parenting was constrained during lengthy admissions and associated with professional support and surveillance it encompassed a wide range of meaningful practices. Provision of financial support was emphasised by fathers who maintained contact while mothers saw their mothering role and gift giving as privileged. Qualitative themes identified around being a parent included the impact of mental illness on parenting and concepts of offending and risk. Explaining mental illness and detention to children and the impact of different care arrangements were further themes. The challenges facing such parents ranged from living with intense feelings of shame and loss to finding ways to parent in an insightful manner in restricted circumstances. This study supports the case for ensuring that mental health professionals have the knowledge and skills to recognise these complex needs and work therapeutically to support a variety of parenting roles and experiences.

The nature of current service provision for children of parents in secure hospitals

Jacqueline Mansfield, Research Fellow, Forensic Mental Health, Canterbury Christchurch University, UK

Staff working in medium secure units throughout the UK were invited to complete a questionnaire on their arrangements for child contact - both on and off site. Questions included how many patients were parents of children under age 18 and how many in contact with their children. We asked about the nature of the child visiting facilities and how the service supported other forms of contact. Enquiry was made as to who took responsibility for

arranging and supervising child visits and what training was provided for those involved. We were also able to report whether information was made available to children about the unit, visiting or about mental illness. Child visiting policies from each participating unit were considered as part of this review. Data from 22 participating units will be presented, with the key learning points for service development and training. Findings revealed that lack of understanding of a patient's parenting role was commonplace, with gendered differences in approach. Many units did not have training for staff on how best to support patients with parenting responsibilities. During case reviews the role of parent was often forgotten, especially when fathers had no direct contact. Long delays were reported in arranging a first visit even when contact had been previously been occurring in the immediately previous period of imprisonment. The survey started a dialogue within units to address service provision including improving the Child Visiting Suite, developing resource material and exploring different ways in which parent-child contact could be maintained.

The lived experience of children of parents in secure hospitals: building from what is already in the literature

Molly Houston, School of Psychology and School of Medicine, Cardiff University, UK

Literature about children of patients in secure psychiatric hospitals is scarce, so we have tried to understand their likely experience, by conducting a systematic review of reviews of different facets of their situation (Argent et al). Main themes cover the development and lived experience of children of parents with severe mental illness, children of parents who are imprisoned, and children who experiencing separation from a parent in more functional circumstances (e.g. parents who have long periods away from home for employment reasons). Here, we will consider two more circumscribed themes in more detail: the alternative carer (Houston et al) and stigma (Casey et al). When children are separated from parents, whether through deployment, parental incarceration, or secure hospital admission, many are placed with their grandparents. At least one population based study¹ has shown that such children are more likely to have emotional and behavioural problems than children in nuclear families. Professional support using trauma, attachment or family systems models may boost resilience and help reduce risk of longer term harm² but, to date, reviews have tended to focus on grandparental experience³. Our primary review question was: When the responsible parent can no longer care for his/her child because of imprisonment, hospitalisation and/or mental illness, what evidence is there of the child's perspectives and preferences on placement? ¹Smith & Palmieri, 2007, *Psychiatric Services* 58:1303-1310; ² Strong et al, 2010, *Children and Youth Services Review* 32: 44-50; ³ Sprang et al, 2014, Center on Trauma and Children Reports, Kentucky, USA.

http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1000&context=ctac_reports

Children of mentally ill or incarcerated parents and the experience of stigma

Thomas Casey, School of Psychology and School of Medicine, Cardiff University, UK

Stigma may be defined by sense of contamination and/or shame induced by an experience. It is evident that a person's mental illness may leave the whole family feeling stigmatised by it¹, although public views of mental illness may not be as critical as feared². There is little material focusing on this aspect of children's experience, but more on the impact of

imprisonment³, some of the latter suggesting that the stigma of imprisonment may be a factor in the contrasting availability of help for children separated by bereavement to the little for children separated by parental imprisonment⁴. Our primary review question was: To what extent do children feel stigmatised by the mental illness and/or imprisonment of a parent? Having established an estimate of numbers of children affected, a view of current services and a relevant evidence base on the likely nature of need, our main questions for discussion are about how we can best apply this knowledge to learning more at first hand from the children. 1 Corrigan & Miller, 2004, *J Mental Health* 13:537-548; 2 Corrigan & Miller 2006, *J Family Psychology* 20:239-246; 3 Murray et al 2012, *Psychological Bulletin* 138:175-210; 4 Dawson et al 2013, *J Child Health Care* 17:3-5.

#263160 - Symposium - I9.7

When Self Control Gets Out of Control: A New Approach to Understanding, Assessing and Treating Over-Controlled Conditions in Offenders.

Chair: Laura Hamilton, Rampton Hospital & Nottingham Trent University (United Kingdom)

Symposium Abstract:

This symposium focuses on a new neuroregulatory model of over-control and an evidence-based treatment approach: Radically Open DBT. Findings from the initial application of this new approach to severely personality disordered offenders will be examined, along with recent developments in identifying and assessing over-controlled conditions.

Individual Abstracts

Using Evidenced-Based Transdiagnostic Theory to Guide Clinical Decision-Making

Sophie Rushbrook, Consultant Clinical Psychologist & Radically Open:DBT Trainer, Dorset HealthCare NHS University Foundation Trust

Most evidence-based therapies have been tested on non-chronic and non-comorbid populations. Yet, a significant proportion of people fail to benefit from treatment—due to chronicity, co-morbidity or pre-existing personality problems. Major research funding agencies think similarly (e.g., NIMH RDoC, Wellcome Trust-UK, MRC-UK)—reflected by initiatives prioritizing transdiagnostic models of psychopathology and treatment interventions targeting shared genotypic/phenotypic features across spectrums of disorders rather than focusing solely on diagnosis. The aim of this presentation is to provide an overview of the theoretical and empirical basis underlying a novel socio-emotional model of psychopathology that can help guide clinical-decisions pertaining to ‘what works best for whom’. The theory outlined in this talk is supported by 20+ years of translational treatment development research—plus, large-scale studies examining comorbidity, revealing two superordinate style of coping: undercontrolled (externalizing) and overcontrolled (internalizing) to precede the development of chronic and difficult-to-treat mental health problems and offending behaviour. A novel thesis linking neuroregulatory theory to the communicative functions of emotions will be proposed. Treatment strategies emphasizing our tribal nature as a species and the importance of accounting for social-signaling deficits when working with chronic conditions will be discussed—based on observations that our species survival depended on being able to signal cooperation to unrelated others and work together in tribes.

Distinguishing Overcontrolled and Undercontrolled Personality: Issues in Misdiagnosis & A New Over- and Under-control Trait Rating Scale

Roelie Hempel, Senior Research Fellow & Clinical Trials Manager REFRAMED trial, University of Southampton & Radically Open Ltd

Excessive self-control has been linked to severe mental health problems as well as serious violent offending. However, despite growing recognition of importance of differentiating

overcontrolled from undercontrolled coping, diagnostic errors and inadequate assessment instruments are commonplace. This presentation will present preliminary results from a study examining key areas of diagnostic misinterpretation, particularly in regard to borderline personality symptoms and over-control. Results based on 40 analysed cases indicate that the most commonly discussed OC symptoms that masquerade as borderline symptoms are 'Recurrent suicidal behaviour', 'Chronic feelings of emptiness', and 'Affective Instability'. Our data confirm that during acute periods of distress, problems with emotional overcontrol can mimic emotional undercontrol. Recommendations to improve assessment and treatment decision making will be discussed, along with a new self-report measure: the Over- and Under-control Trait Measure (OUT'M). The OUT'M measure has been designed with applied settings in mind, aiming for a brief yet sufficiently reliable and valid measure that is both sensitive and specific. After a comprehensive test development process a three-component solution was considered to give the best fit (explained 50.16 % of the variance), and the retained three factors can be described as Disinhibition (Lack of; Cronbach's $\alpha=0.868$), Detachment ($\alpha=0.796$) and Need for Structure and Order ($\alpha=0.880$). OC patients are expected to score low on Disinhibition (Lack of) but high on the other two factors. Overall, the measure is a very good fit, has high reliability scores and subscales have demonstrated convergent and divergent validity.

It's time to revisit the idea of the over-controlled offender: Examining Lynch's new over-control theory in a sample of severely personality disordered offenders.

Laura Hamilton

Consultant Forensic Psychologist & Senior Lecturer, Rampton Hospital, Nottinghamshire Healthcare Foundation Trust & Nottingham Trent University

Contrary to common assumptions that all (or most) offending stems from poor impulse control, emotion dysregulation, and low distress tolerance (i.e. undercontrolled coping), the aim of this presentation will be to present novel data supporting a growing consensus linking excessive self-control (i.e., overcontrolled coping) to serious mental health problems and offending. The idea of excessive self-control in a forensic population remains under-studied and under-recognized, with the vast majority of offenders receiving treatments designed for undercontrolled problems. The aim of this presentation will be to challenge prevailing conceptualizations of offending based on preliminary findings from a maximum-security forensic hospital in the UK (Rampton Hospital). Results suggest that approximately 42% (n=39) of high risk forensic psychiatric in-patients in this setting are best characterized as overcontrolled, and 54 undercontrolled (UC). Findings confirmed a priori hypotheses positing greater anger inhibition and social-isolation as characteristic of OC offenders. OC offenders reported significantly lower anger experience and expression ($t=-2.94$, $p<0.01$ and $t=-3.15$, $p<0.01$ respectively), but higher anger control ($t=2.26$, $p<0.05$). In addition, OC offenders felt significantly more socially detached from others ($t=-1.64$, $p<0.05$), and treating professionals rated OCs as significantly less gregarious and fun ($t=-2.84$, $p<0.01$), and more isolative and withdrawn ($t=3.34$, $p<0.01$) than UC offenders. Future directions and preliminary findings from the pilot of a new treatment, Radically Open: Dialectical Behavioural Therapy, for over-controlled conditions will be discussed.

#265219 - Symposium - I9.3

Physical Health Care Concerns of Mentally Disordered Offenders in the United Kingdom

Chair:HelenWalker, Forensic Network (United Kingdom)

Symposium Abstract:

There is increasing evidence to demonstrate that people with mental illness die on average 15 years earlier than those in the general population, with much higher rates of the cardio metabolic disorders. Steps have been taken to address this across the United Kingdom. This symposium will focus on the efforts of two centres, one high secure unit in Scotland and one medium secure unit in England, where policies and strategies will be shared and discussed.

Individual Abstracts

'Physical Health Matters'

Helen Walker, Consultant Nurse, Forensic Network

The physical health care needs of patients in forensic services have been a concern for some time. It is recognized that people with serious mental illness have consistently higher levels of mortality and morbidity than the general population (Pearsall et al., 2014). The life expectancy of people with serious mental illness is reported to be shortened by between 11 and 18 years (Laursen, 2011). The underlying causes for health problems are both complex and multi-factorial (Weinemann et al., 2009). People with illnesses such as schizophrenia tend to have higher levels of cardiovascular disease, metabolic disease, diabetes and respiratory illness. Genetics, lifestyle and environmental factors may play a prominent part (Ussher et al., 2011). Medications such as neuroleptics can also contribute to metabolic problems such as weight gain, lipid abnormalities and changes in glucose regulation (Rummel-Kluge et al., 2010). For these reasons it is essential that mental health clinicians, particularly nurses, accept responsibility for assessment, monitoring, and provision of useful interventions alongside the wider multi-disciplinary team. Nursing assessment of patients' physical health alongside the approach to care and treatment will be considered and described in detail. Particular reference will be made to clinical practice in the High Secure facility in Scotland. An overview of initiatives used in other Scottish facilities will also be included.

Prioritising and supporting early access to opportunities for Physical Activity for newly admitted High Secure Forensic Inpatients

Jamie Pitcairn, Research and Development Manager, The State Hospital and Forensic Network
Forensic Network

High levels of weight gain have been identified in newly admitted patients at Scotland's high secure hospital. This weight gain has been seen in a wide range of patients with no direct link to previously identified factors in weight gain such as prescription of antipsychotic

medication. A project was initiated to identify practice across the 4 hubs within the hospital in relation to timescales and milestones necessary for patients to be authorised for a hierarchical range of off ward activities, and specifically opportunities to access physical activity. The project itself was informed by data on the weight gained by patients within the first 6-8 weeks of their admission, and data showing that patients were not getting access to the physical assessment necessary for off ward activity within the 42 day period required within the hospitals guidance and integrated care pathway. A consultation was undertaken with the MDT in each of the hubs to identify current practice. This consultation led to the development of a proposal to amend existing guidance and timescales from an end point by which all patients must have been assessed, to ensure that all patients are assessed for each of the range of off ward activities from 14 days after admission, weekly until all permissions had been granted. This change to the guidance and ICP will introduce a more consistent approach to the time scales for patient access to opportunities for physical activity, concurrently to the necessary case by case assessment of patient clinical presentation and risk.

#265225 - Symposium - H8.4

Current Critical Issues in Forensic Mental Health Services

Chair: Nichola Tyler, University of Kent and Kent & Medway NHS Trust (United Kingdom)

Symposium Abstract:

This symposium presents four papers exploring current critical issues within a UK low secure forensic mental health and learning disability service. Research exploring issues of coercion, offence-related trauma, staff support following workplace violence, and deliberate firesetting are presented. The impact of findings for clinical practice, policy, education and future research will be discussed.

Individual Abstracts

'You need to meet with the psychologist before you have any leave' – An exploration of Coercion in a low secure forensic mental health service

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

Clinical & Forensic Psychologists working within forensic mental health services often face systemic challenges around their client's self-determination or informed consent with regard to their engagement in psychological assessment and treatment. A range of coercive processes from explicit to implicit may operate that impact on the therapeutic relationship and other outcomes. However, there is no research exploring the impact of coercion in non-medical interventions in forensic mental health services. This exploratory qualitative study interviewed a random sample (n=10) of detained mentally disordered offenders within a low secure mental health in-patient unit, to determine their understanding and experience of coercion within this setting and the possible positive or negative impact. Qualitative analysis determined various themes underlying participants' experience of coercion within psychological assessments and treatment, which will be presented and discussed. Suggestions to reduce coercive practices, when working psychologically with mentally disordered offenders within forensic mental health services, will also be highlighted.

Offence Related Trauma: Understanding Patients Experiences Using Interpretative Phenomenological Analysis

Grace Rew, Forensic Psychologist in Training, Kent & Medway NHS and Social Care Partnership Trust

Cases where individuals experience trauma following the perpetration of an offence have been widely reported in the research literature. Despite offence-related trauma being reported to be highly prevalent in offending populations there has been little research exploring this phenomenon. This research explores the lived experience of offence-related trauma, in two mentally disordered offenders. The meaning and understanding these individuals make of their own coping strategies, triggers and offence focused treatment and how this contributes to their behaviour was explored using a semi-structured interview and analysed using Interpretative Phenomenological Analysis (IPA). Three super-ordinate themes

emerged from the data; 'Trauma Symptoms', 'Journey to Forgiveness' and 'Living with the Whole Me'. These themes will be explored and implications for practice and further research considered.

How Staff Support Procedures have Aided in Recovery Following Incidents of Abuse Experienced in Low Secure Forensic Inpatient Services

Sarah Cooper, Forensic Psychologist in Training, Kent & Medway NHS and Social Care Partnership Trust

Background: Healthcare staff working in forensic inpatient settings are at an increased risk of harm, perpetrated by patients. This can have a significant impact on their emotional and mental well-being, and their subsequent work experiences. There's a further ripple effect, with consequences for colleagues, patients and the wider service. The aim of this project was to evaluate how staff support procedures have aided in their recovery following incidents of abuse. Method: Participants were drawn from an opportunity sample; inclusion criteria included staff employed by the low-secure forensic service who had patient contact; their participation was voluntary. Participants were given information about the study and invited to an audio-recorded semi-structured interview where they were asked about their experiences of abuse at work, the impact this had and how follow-up support aided recovery. The interviews were transcribed and analysed using Thematic Analysis; this process enabled the identification and analysis of themes in the data. Results: Eleven participants, took part in the study. Initial analysis revealed staff inclusion in decision making, communication, empowerment through choices, validation of experiences, flexibility in approach, and timely responses, are all important in how staff recover from incidents of abuse. The findings of the research has led to a better understanding in how staff experience the support offered to them following incidents of abuse. These insights will enable the development and shaping of staff support procedures within the low secure forensic inpatient service, encouraging better outcomes for staff who have been harmed.

A Qualitative Exploration of Firesetting Conducted by Adults with Intellectual Disabilities: A Grounded Theory Approach

Andy Inett, Consultant Forensic Psychologist and Lead for Low Secure Psychological Services, Kent & Medway NHS and Social Care Partnership Trust

Research suggests that individuals with intellectual disabilities feature more highly in regards to firesetting than any other group. Although many with intellectual disability come to the attention of services for fire setting, research in this area is scarce. Subsequently, the firesetting behaviour of people with intellectual disabilities was specifically excluded in a review commissioned by the Department of Health in the UK due to the paucity of available literature (Fraser and Taylor 2002). The lack of available evidence poses issues for services in terms of assessment and treatment of these individuals. This study investigated the antecedents and psychological processes inherent in firesetting within an adult intellectually disabled population. The main aim was to explore the antecedents and psychological processes which may contribute to firesetting in this population with a view to helping inform psychological treatment needs. A qualitative methodology (grounded theory) was employed to explore participants' experiences of firesetting. Eight males with mild intellectual disabilities within forensic learning disability services participated in semi

structured interviews. A preliminary grounded theory was produced identifying eight conceptual categories: managing internal affective states, the experience of adversity, unsafe others, engagement in offending behaviours, voice entitlement, experiences of fire, mediators of risk and the function of firesetting. These conceptual categories were linked by an overarching core category of 'powerlessness' which was evident in several areas of the participants' lives and experiences of firesetting. The clinical and theoretical implications of these findings for treatment and risk assessment with intellectually disabled firesetters are considered and discussed.

#265386 - Symposium - F6.4

Groups for Alcohol-misusing Short-term Prisoners: the results of a randomised controlled trial

Chair: Pamela Taylor, Cardiff University (United Kingdom)

Symposium Abstract:

Short term prisoners have the highest rate of recidivism and the lowest chance of relevant interventions. There has been no previous randomised controlled trial of interventions for them. We present findings from a completed trial of a programme of groups for alcohol-misusing short-term prisoners (GASP).

Individual Abstracts

The context of our randomised controlled trial (RCT) of groups for alcohol-misusing short-term prisoners

Pamela J. Taylor, Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK

Fazel and colleagues' 2006 systematic review estimated that 18-30% of prisoners worldwide misuse alcohol; subsequent publications have suggested about 80% (UK1, USA2). There are no purpose-designed UK in-prison programmes for them³. Alcohol is heavily implicated in violent offending, regardless of other psychiatric vulnerabilities⁴, and with lesser but highly recidivist offending and repeated short-term prison sentences⁵. A brief intervention which could enhance short-term prisoners' sense of capacity for controlling their alcohol consumption would be a useful innovation. After a feasibility study, we conducted a single centre RCT of 9 groups delivered by clinical psychologists over three weeks for newly admitted men likely to be in prison for at least 6 weeks and up to one year. There have been no previous trials with such short-stay prisoners⁶. By chance, this trial was coterminous with substantial staff reductions and turmoil throughout the prison estate in England and Wales. We achieved the calculated sample for yielding sufficient power to find an effect under ordinary circumstances but, given a lower than expected⁶ completion rate, detailed process evaluation has been exceptionally important in interpreting findings. The primary research question: Does locus of control become more internalised after a brief motivational and skills development group programme compared with 'treatment as usual'?

GASP: Design and statistical methods

Michael Robling, South East Wales Trials Unit (SEWTU), Cardiff University, UK

We calculated that 64 participants per trial arm would be required at post-intervention assessment to detect a moderate effect size of 0.5 at 80% power ($p < 0.05$) in the primary outcome. In our feasibility study, 59% completed; previous trials with longer-term prisoners had 30%-100% completion. Our required sample size was, thus, inflated to allow up to 50% attrition. Three weeks before every new intervention cycle, we used one prison's database to

identify all new receptions likely to remain there 2-12 months. These men were invited to brief screening about their substance use. Inclusion required AUDIT7 scores of 16+ and/or DAST8 scores of 15+. We randomised consenting, eligible men throughout the trial in small blocks (allowing for maximum group size). Primary outcome data - locus of control of behaviour (LCB) - were collected before randomisation and post-intervention, and equivalent times for controls. Socio-demographic details were collected at baseline, mental state data in baseline and post-intervention/equivalent interviews, and accounts of prison and group experience post-intervention/equivalent. Group delivery was pragmatic, shared by 8 psychologists (constant within cycles). Analysis strategies were thus tested to allow for group arm clustering. Strategies included creation of control clusters contemporaneously equivalent to the intervention group and, the current standard for similarly designed trials, clusters of sample size one created in the control arm. In addition, the 'artificial cluster method', then inclusion of all control men in a single control arm cluster were tested. The primary analysis was a two level general linear model, adjusted by baseline LCB.

Process evaluation in the GASP trial

Yvonne Moriarty, South East Wales Trials Unit, Cardiff University, UK

When evaluating complex interventions in a social context, it is important to take account of how variations in intervention delivery or context may explain findings. We followed Medical Research Council guidance (<http://www.mrc.ac.uk/documents/pdf/mrc-phsrn-process-evaluation-guidance-final/>) on conducting process evaluations. We examined three variable clusters – contextual, participant and group delivery characteristics – across six process evaluation components (reach, fidelity, exposure, recruitment, retention and contamination). Qualitative and quantitative data were collected from sources including participant interviews and questionnaires (baseline, post-intervention, follow-up three months after return to the community), facilitator interviews, facilitator diaries and group attendance records. Context in the form of prison systems had a powerful effect on completion. Potentially influential participant variation included the extent to which mental health problems were intrusive and the extent to which violence to women had been part of offending. Each group was run by an experienced clinical psychologist and a psychology assistant, so they were well attuned to recognising and managing the dynamics of each group as well as the delivering the programme. On reflection, each cycle of groups could be characterised by a word or phrase. Each was different, but could be broadly classified as 'good process cycle' or 'cycle with significant therapist concerns about negative aspects'.

The GASP trial: Sample description

Zoe Meredith, Division of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, UK

Eight hundred and two men were invited to participate after first stage, likely length of stay screening; 175 (22%) declined all participation and 206 insisted that they had no substance use problem. A further 96 (12%) had found out that their sentences were too long or too short, and a few further men could not be screened for various reasons including within prison movement or insufficient command of English language. Of the 305 men fully screened, 67 (22%) did not reach AUDIT or DAST cut-offs. Thus 238 men were randomised, as

it happens 119 to each trial arm. Sixty-eight (57%) of the intervention men and 60 (50%) of the control men completed, with 'prison systems problems' accounting for all but nine and 17 lost cases respectively. A comparison of baseline data for completers and non-completers will be presented together with summary data on the men's experiences of the prison during the period of each group cycle and of the groups. Control men had, according to their own report, rarely heard anything about the groups except from the researcher taking consent and collecting data.

Relative changes over 4-6 weeks in self-reported locus of control of behaviour and mental state of men participating in the GASP trial

Rebecca Playle, South East Wales Trials Unit, Cardiff University, UK

Raw data will be presented on change in locus of control of behaviour (LCB) scale scores in the two groups, using the preferred methods for allowing for clustering, and then set in the context of process evaluation findings and any changes in mental state. In the light of a previous study in this prison, we anticipated that mental state would improve over the period, regardless of study intervention, however we have also previously shown that some aspects of mental state after a similar period of imprisonment are significantly related to prisoners' experience of prison staff and other prisoners. Prison staffing had been cut by over 40% at the time of the trial compared with the earlier study. This was undoubtedly a factor in the lower completion rate for the definitive trial compared with the feasibility trial, and is likely to have had some impact on the primary outcome as well as mental state and completion of practical tasks requested, such as a personal plan for reducing or stopping drinking. 1. Kissell et al, 2014, Alcohol and Alcoholism 49:639-644; 2. National Council on Alcoholism and Drug Dependence, 2015, <https://www.ncadd.org/about-addiction/alcohol-drugs-and-crime>; 3. HM Inspectorate of Prisons, 2010 http://www.justice.gov.uk/inspectors/hmi-prisons/docs/Alcohol_2010_rps.pdf; 4. Lundholm et al, 2012, Drug and Alcohol Dependence 129:110-115; 5. National Audit Office, 2010 www.nao.org.uk/publications/0910/short_custodial_sentences.aspx; 6. Mason et al, available taylorpj2@cardiff.ac.uk; 7. AUDIT Alcohol Use Disorders Identification Test, Saunders et al 1993, Addiction 88:791; 8. DAST Drug Abuse Screening Test, Skinner 1982, Addictive Behaviours 7:363-71.

#265464 - Symposium - E5.3

Biomarkers of violence – Conceptual issues and research in Norway and Sweden

Chair: StålBjørkly, Faculty of Health and Social Sciences, Molde University College, Norway

Symposium Abstract:

A biomarker is any measurable biological indicator used to assess the risk or presence of a disease or adverse behaviour. The first presentation will elaborate on definitions and relevance of biomarkers in research on violence in mental disorders. The second talk provides results from research on the incremental validity of serum cholesterol and platelet serotonin as biomarkers of violence in acute psychiatry. The third speaker reports from a planned research project on neural biomarkers of inhibitory control failure in externalizing behaviours. Finally, a research design with structural and functional MRI investigation of re-offenders with psychopathic traits and impulsivity is delineated.

Individual Abstracts

Biomarkers for violence – conceptual and implementation issues

StålBjørkly, PsD, Clinical psychologist, Professor, Oslo University Hospital, Centre for Forensic Psychiatry and Molde University College

Definitions of biomarkers in medicine overlap considerably and generally include the following core features: objective, quantifiable characteristics of biological processes. Their main function is to indicate predisposition, presence or progress of pathology. They are defined to be different from medical symptoms, which are limited to signs of illness that are perceived by patients themselves. Biomarkers may but do not necessarily correlate with a patient's experience and sense of wellbeing. Measurable biological characteristics that do not correspond to patients' clinical state, or whose variations are undetectable and without effect on health do not meet the definition criteria for biomarkers. Compared to somatic medicine empirical evidence of biomarkers is scarce within psychiatry, and even more so within the field of risk assessment of violence. Five significant conceptual and clinical research issues will be delineated briefly in the presentation. First, the hallmark of violence is that it manifests itself in interpersonal behaviour. To identify biomarkers of acts is apparently different from finding biomarkers for a disease. Is it actually feasible to find reliable biomarkers for violent behaviour, or is it more realistic to identify markers of states and traits which mediate violent acts? Second, should biomarkers be treated as risk factors, warning signs or both in violence risk assessments? Third, biomarkers wax and wane, but does this imply that they may easily be integrated into dynamic risk models? Fourth, would it be possible to use biomarkers for personalized risk management strategies? Finally, some suggestions for future research will be sketched.

Research on biological risk markers for violence: Serum cholesterol and platelet serotonin

John Olav Roaldset, Psychiatric department, Ålesund Hospital, Ålesund, Norway. Centre of Research and Education in Forensic Psychiatry, Oslo University Hospital, Oslo, Norway

Serotonin dysfunction in the CNS has been linked to affective and impulsive aggression against one-self (self-harm) and against others (violence). A significant association between low serum lipid concentrations (mostly total cholesterol and high density lipoprotein (HDL)) and both types of aggression has been found across many studies with different designs. However, lipid levels are influenced by both genetic and environmental factors. The association between lipids and aggression has been explained by (low) serotonin levels in the CNS and mediated by the function of lipids as transporters of serotonin through cell membranes. Recently two prospective studies has been conducted in psychiatric emergency departments in Norway; Ålesund Hospital (2008, n=254) exploring platelet-serotonin and lipids as bio-markers of violent behavior, and Oslo University Hospital (2014, n= 361) investigating lipids only. The outcome was recorded violence during hospital stay and the first year after discharge. For both studies, the most significant finding was the association between low HDL and violence. Total cholesterol was significant in the Ålesund study, but not in the Oslo study. Platelet-serotonin showed no association with violence when controlled for serotonin reuptake inhibiting medication. Results will be discussed in more detail, with special emphasis on a possible supplemental role of biological markers (incremental validity) to enhance structured risk assessment methods.

Neural biomarkers for inhibitory control failure in externalizing behaviors and disorders

Carl Delfin, Centre for Ethics, Law and Mental Health, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg and Regional Forensic Psychiatric Clinic, Växjö, Sweden

Mental health disorders within the so-called externalizing spectrum (e.g., substance use disorders, ADHD, antisocial personality disorder) share a genetic liability to disinhibited behaviors (e.g., deficient inhibitory control) and are prominent risk factors for violence, leading to disability and death worldwide. Neural functionality in relation to inhibitory control may therefore be a promising predictive biological marker in violence prevention. The current presentation will give an overview of ongoing behavioral, neurophysiological, and neurobiological studies that examine the disinhibition hypothesis of externalizing behaviors, which states that neural deficits in inhibitory control constitute a general mechanism underlying externalizing tendencies. The studies involve patients from Swedish high-security forensic psychiatry (N = 25), non-violent matched controls (N = 25), and participants from the general Swedish population (N = 50-100). Neurophysiological data will be collected using high-density electroencephalography in different paradigms; resting-state and Go/NoGo. Neuroimaging data will be collected using functional magnetic resonance imaging to assess resting-state functional brain connectivity as well as evoked neural responses during a Go/NoGo task. Measures of externalizing behaviors and disorders will be collected with the Externalizing Spectrum Inventory – Brief Form, the Drug Use Disorders Identification Test, the Alcohol Use Disorders Identification Test, the Adult ADHD Self Report Scale, and the DSM-5 Self-Rated level 1 Cross-Cutting Symptom Measure—Adult10. The principal aim of the investigation is to generate knowledge that can inform identification and treatment of externalizing disorders in general, and violence specifically.

From Genes to Brain – different aspects of psychopathy

Katarina Howner, Karolinska Institutet, Department of Clinical Neuroscience and National Board of Forensic Medicine, Sweden

The current project aims to investigate relations between genes, networks in the brain, and cognitive function in offenders with psychopathic personality traits. Even though psychopathy has been extensively researched during the last decades, studies that investigate both genetic and neurobiological correlates, as well as behavioral outcomes, are lacking. The present project consists of two parts; one genetic study (study I) and one brain imaging study (study II). This presentation will focus on study II, in which we will investigate empathic responses, reward processing, and emotional regulation in re-offenders with psychopathic traits and different levels of impulsivity. The subjects will be recruited from the probation office in Stockholm (n=60) and will undergo structural and functional MRI. The tests that will be performed during fMRI-scans are one empathy task, based on Singer's empathy task involving pain, one monetary incentive delay task (MID), and one emotional regulation task (reappraisal, by Golkar). We will also record PCL-R scoring as well as self-assessment scales regarding empathy, personality, anxiety and impulsivity. Participants will also undergo neuropsychological tests and give a blood sample for analyses on different candidate genes. Based on level of impulsivity, we will divide the sample in two subgroups which will be compared to each other as well as to a healthy non-criminal control group (n=30). We believe that a deeper understanding in both genetic profiles as well as specific impairments in empathy and emotional regulation will be helpful in designing individualized rehabilitation programs, which hopefully will prevent future reoffending.

#265477 - Symposium - C3.4

Seclusion and segregation - is this the only way to manage staff safety?

Chair: Morag Slessor, National Health Service (Scotland) (United Kingdom)

Symposium Abstract:

This symposium aims to explore the use of, and rationale for, seclusion in forensic settings. Solutions include the understanding of staff safety beliefs, organisational strategies to reduce seclusion rates and learning from the care of one patient who spent several years in long-term isolation.

Individual Abstracts

Seclusion: Results from a field trial not everybody wanted

Beate Eusterschulte, MD MBA, Deputy medical director, VitosHaina Forensic Psychiatric Hospital

Seclusion is one of several compulsive measures used on behaviorally disturbed patients. In Germany it is only for some years now that necessity, frequency and length of this coercive measure have been identified as issues that have to be addressed. The frequency and length of seclusion as a coercive measure depends on type of illness of the patients, training level of staff, spatial arrangements and alternative options for reducing the risk a patient may pose to others on the ward. Changes in any of these factors have a significant impact. Following a decision of the Supreme Constitutional Court in 2011 (prioritizing the autonomy of patients, often quoted as "The right to be crazy") involuntary medical treatment was forbidden until further revision of the regulations and passing of new laws. This led to a 2-3-fold increase in the number of seclusions in our hospital. This presentation analyzes data about the use of seclusion and other restraints in the Haina Forensic Psychiatric Hospital (State of Hessen, Germany), discusses the indication for seclusion (e.g. violence, self-harm, threats to safety) as well as reasons for overusing this coercive measure (e.g. structural reasons, strict atmosphere, lacks in policy) and measures to reduce frequency and length of seclusion (e.g. adherence to a strict protocol when using coercive measures, de-escalation training for all staff, adequate premises).

Demands, resources and wellbeing for clinicians working in a high secure forensic hospital

Amelia Cooper, DCLinPsych, Clinical Psychologist, The State Hospital, Carstairs

High secure forensic mental health (FMH) settings are recognised as demanding work environments where exposure to violence and aggression and concerns about staff safety are assumed to have a detrimental effect upon staff wellbeing. This presentation explores the demands faced by staff working in FMH settings. Data is presented from a study which examined the ability of demands related to exposure to violence and aggression, beliefs about workplace safety and psychological resources of two types (cognitive and contextual behavioural) to predict the wellbeing of employees in a Scottish high secure FMH hospital. Within the study FMH care professionals (n=142; including, nurses, medics, allied health

professionals and psychologists) completed self-report questionnaires which examined their wellbeing, perceptions of the prevalence of violence, beliefs about safety, attitudes towards aggression, and psychological flexibility. Regression analysis showed that exposure to violence and aggression was not a good predictor of wellbeing. Instead, clinician's beliefs about their safety and clinician's level of psychological flexibility were found to be the best predictors of wellbeing across outcomes. The implications of these findings for the management of violence and aggression and ways to support clinician's feelings of being safe at work- without the use of seclusion-are further explored.

Seclusion reduction in the BC Forensic Psychiatric Hospital – strategies and results

Johann Brink, MB ChB FRCPC, Clinical Professor, Department of Psychiatry, UBC

Seclusion of any person in any health setting is reserved as a last resort, to be employed only when all other intervention measures have failed. However, the inherent tension between a staff member's right to a safe workplace and the patient's right under the Canadian Charter of Rights and Freedoms to access treatment for an affliction that has inherent to it the risk of violence, may result in higher than desired rates of seclusion. Work place safety concerns may further be increased by clinician resource challenges, a risk aversion culture among direct care staff, labour relations challenges, and higher than tolerable rates of violent behaviours by patients. A combination of all these factors resulted in unacceptably elevated rates of seclusion in the Forensic Psychiatric Hospital in British Columbia, Canada. This presentation describes the drivers for increased seclusion rates in the Forensic Psychiatric Hospital in British Columbia, outlines the clinical, operational, cultural, leadership, and policy driven strategies employed to reduce seclusion rates. Early data indicate a 65% reduction in seclusion rates, supportive of the success of the initiative.

No way out - one man's fight to survive long-term seclusion

Morag Slessor, CPsychol (clinical, forensic), Head of Psychological Services, The State Hospital, Carstairs, NHS Scotland

Several years after an exceptional 6 year period of seclusion ended for one man, an organisational case study was conducted by two members of the psychological services team. Taking an ethnographic approach, the patient was interviewed and key members of caring and management staff were either interviewed or wrote down their experiences. The aim was to try to understand the interaction between the individual and the organisation: how it felt for all involved, what changed to allow the seclusion to end and what we were all able to learn from our experience. The paper acknowledges the "traps" that we fell into and what eventually helped. The individual concerned has now left high secure care and is willing to share some of his experiences. The presentation is illustrated with short video clips from his interview.

#265502 - Symposium - E5.4

Offenders found not guilty for the reason of insanity

Chair: Goran Arbanas, University Psychiatric Hospital Vrapce (Croatia)

Symposium Abstract:

Different countries define the concept of “not guilty for the reason of insanity” (NGRI) differently, and in some this kind of concept is not possible in all of the criminal offences. The treatment of psychiatric patients found NGRI is also different in different countries: in some, there is a possibility of either inpatient or outpatient treatment, in some they are placed with other psychiatric patients, in some with other prisoners, in some they are segregated.

Individual Abstracts

The judicial and psychiatric position of offenders found not guilty for the reason of insanity in the Republic of Croatia

Nadica Buzina, University Psychiatric Hospital Vrapce

We describe the legal possibilities for the treatment of criminal case offenders, and especially the offenders found not guilty for the reason of insanity (OFGRI). The treatment of the criminal case offenders in Croatia is regulated by the special legal acts, and is dependent on the expert opinion of a psychiatrist (court expert). The judge can send a person for a psychiatric treatment (together with the prison sentence or parole) only in criminal case offenders found being of significantly diminished responsibility. In case of alcohol dependence or any other type of psychoactive substance dependence the treatment is regulated by special Criminal code articles, no matter what was the criminal offence. Offenders found not guilty for the reason of insanity are not considered guilty and no criminal or legal punishment is allowed to be used. The treatment of these offenders is regulated by the Act on protection of people with mental problems. The first version of this Act was published at the end of 1997, and implemented on the 1st of January 1998. There have been several changes in the Act, mainly regarding the outpatient treatment. After the final decision of the court in the case of the OFGRI persons, the court sends a person for the involuntary hospitalization in one of the four forensic institutions in Croatia (Popovača, Vrapče, Ugljan and Rab). There are 380 beds altogether in all the four institutions. The treatment can be, according to this Act, either outpatient or inpatient.

Sex offenders not guilty for the reason of insanity

Goran Arbanas, psychiatrist – consultant, University Psychiatric Hospital Vrapce

Introduction. In different countries diminished and absent capacity for offences are differently defined, and in some countries the decision for „not guilty for the reason of insanity“ is possible only for some of the offences. In Croatia a person can be found of diminished capacity or not guilty for the reason of insanity for any criminal offence, if a mental disorder is of the most important influence for offending. Methods. We have

collected data from two sets of data: patients hospitalized at the Forensic Department of the Psychiatric Hospital Vrapče, where 56 patients found not guilty for the reason of insanity are placed. The other group were all the subjects who were sent for the psychiatric evaluation and who committed a sex offence from 2008-2016 (N = 78). Results. Among the forensic psychiatric patients not guilty for the reason of insanity, treated at the Vrapče Hospital, four committed a sex offence. All of them suffer from schizophrenia. Among the 78 subjects sent for psychiatric evaluation, only one was found to be not guilty for the reason of insanity, and he had dementia. Additional 25 subjects were assessed as of diminished capability to comprehend their own acts or to control them. In five cases paedophilia was diagnosed (two of them were assessed as of diminished capability). Conclusion. Only a tiny minority of sex offenders are found not guilty for the reason of insanity. In those cases, the main diagnosis is a psychotic disorder. Very few sex offenders are diagnosed with paedophilia.

Mentally Ill Offenders in Austria

Alexander Dvorak, Ministry of Justice JustizanstaltGöllersdorf, Vienna

The last decade has seen a constant increase of the number of forensic patients admitted to forensic units following section 21/1 of the Austrian penal law, which regulates the detention of mentally ill not culpable offenders, with a peak in 2016. In the same period of time certain social changes, as for example political unwillingness and negative reporting about the topic in the press, have led to an absolute shortage of specialized after-care institutions having the effect of prolonged times to release of patients from forensic units. These developments have led to the establishment of a reform commission by the Austrian ministry of justice. The implications of these reforms for the treatment of mentally ill offenders shall be described from the view of forensic care in the JustizanstaltGöllersdorf. This institution has a capacity of 136 forensic patients and offers a wide spectrum of specialized treatments for mentally ill offenders committed according to § 21/1, a population which consists of up to 70% of patients suffering from schizophrenia. It is also equipped with an acute ward where psychiatric patients and prison inmates from the whole Austrian penal system are treated in all stages of their imprisonment (eg. also pretrial or before assessments) Our treatment program will be presented together with a description of the current situation of forensic psychiatry in Austria and ongoing reforms of the political and legal structure.

Italian reform of forensic psychiatry: a 2 years investigation on a national sample of subjects in security measures

Franco Scarpa, Psichiatria presso USL 11, Firenze

Introduction: the whole Italian forensic sector is undergoing a radical process of renovation, as since 1st of April 2015 the 6 national forensic hospital has been closed down and are going to be replaced by small regional 20 bedded-units named REMS standing for Residencies for the Application of Security Measures. Aims: to investigate socio-demographic, legal and clinical features of those admitted in the new REMS, focusing specifically on rates of admission and discharge, time of admittance and, whenever possible, outcomes of therapeutic pathway at discharge. To verify the capacity of the system to stand the caring

and safety processes in a deeply reformed context. Method: this is a retrospective and cross-sectional study on a few, sampled, Italian REMS. It has described the amount of work sustained for the first two years in terms of subjects in charge, social and clinical profiles, criminological aspects, outcomes of short to medium time after discharge of those admitted in the new system of care. Results and conclusions: results expected from our study are a substantial good standing and functioning of whole national system based on REMS in terms of service delivery, covering of catchment areas, management of acute crisis through collaboration with acute psychiatric wards set in general hospitals, safe discharges for the subject and social network around him. It may highlight lack of internal organization and resources from Departments of Mental health, reflecting difficulties in taking care a large number of subjects in probation and parole in the community setting.

Not Guilty by Reason of Insanity: An overview of Scotland's current legislation

Johanna Brown, The Orchard Clinic Royal Edinburgh Hospital

This would include an overview of the special defences of Diminished Responsibility and Criminal Responsibility of persons with mental disorder. In both, anonymised case examples will be used to demonstrate the use of the legislation. Diminished Responsibility in Scotland is applicable only in cases of homicide. The new Criminal Responsibility of persons with mental disorder legislation is applicable in any criminal offence. There can therefore be an overlap between these two special defences.

#265593 - Symposium - H8.5

Delivering the Five Modes of Dialectical Behaviour Therapy in a Forensic Setting

Chair: Kristy Summers, Partnerships in Care (United Kingdom)

Symposium Abstract:

Paper 1 will discuss 'Consultation Team' longevity and review challenges of implementing 'Telephone Consultation' within secure forensic services. Paper 2 will provide an evaluation of the 'Group Skills Training' programme, in addition to clinical reflection upon 'Individual Therapy', within a female secure service. Paper 3 will describe the development, delivery and evaluation of an adapted-DBT staff awareness training package used to enhance the 'DBT Milieu' and skill application within a male LD secure service.

Individual Abstracts

DBT Consultation Team: Longevity, challenges, and opportunities

Zoe Otter, Forensic Psychologist, Partnerships in Care

This paper outlines the nature of the work undertaken by our DBT Consultation Team in PiC Midlands – a secure psychiatric service in the UK. The longevity of the team, past and current challenges, and opportunities for development are highlighted. Focus is given to current consultation team arrangements, meeting agenda and team agreements, the strengths of our team, and the challenges ahead for the implementation of phone consultation. Future directions are also discussed.

Implementation of the 'new' Dialectical Behaviour Therapy (DBT) Skills Manual in a Female Medium Secure Service in the UK – Facilitator and Patient Reflections

Kristy Summers, Forensic Psychologist in Training, Partnerships in Care

Background: This paper describes the implementation of the updated DBT skills manual into an existing DBT programme in a secure forensic service. The paper also provides outcomes for the Mindfulness, Emotion Regulation, Distress Tolerance and Interpersonal Effectiveness modules, facilitator and patient reflections, and future directions. **Method:** Facilitators developed an implementation plan to review and introduce the revised programme. Patients on the rehabilitation ward of a women's medium secure service received weekly individual and group skills sessions. Patients completed pre and post module assessments and provided feedback about the programme. Facilitator feedback and reflections obtained via team consultation meetings. **Results:** Results demonstrated an increase in each participant's ability to be mindful over three modules; improved use of emotion regulation skills; an improvement in self-reported distress tolerance; and an increase in interpersonal effectiveness skills. **Discussion:** Positive outcomes are reported from the implementation of the updated manual. Implementation of the revised manual is ongoing and further analysis is planned. Findings, including patient and facilitator feedback, have been positive and informative regarding areas for further development.

Adapted Dialectical Behaviour Therapy (DBT) Programme for Individuals with Intellectual Disabilities and Problems Managing Emotions: Staff Awareness Training

Sarah Ashworth, Forensic Psychologist, Partnerships in Care

Background: The purpose of this paper is to present the development and evaluation of an original training package for staff members on an awareness of an adapted Dialectical Behaviour Therapy programme, the “I Can Feel Good” programme (Ingamells and Morrissey, 2014) designed for individuals with intellectual disabilities (ID) and problems managing emotions. The quality and effectiveness of the training was assessed and is reported in this paper. Method: The training was delivered for staff working with individuals with ID in a UK medium-secure psychiatric hospital and was attended by nursing staff. The workshop consisted of six modules: “Introduction to the programme”, “Mindfulness”, “Managing feelings”, “Coping in Crisis”, “People skills” and “Application and summary”. Level of self-reported knowledge, confidence and motivation regarding seven aspects of the training was measured by an evaluation questionnaire completed pre and post training. Results: The results of this study showed that following the training there was a significant increase in self-reported knowledge, confidence and motivation regarding the seven aspects of the training. When perceptions of staff behaviours are observed, although in the right direction, this change was found not to be significant. Discussion: This study highlights the potential for staff training to increase awareness of newly adapted therapeutic programmes for individuals with ID. The staff training may increase their ability and willingness to facilitate the running of such programmes and ability to support learning transfer in group members.

#265609 - Symposium - C3.2

Examining the influence of promotive and protective factors on community supervisee outcome

Chair:Ralph Serin, Carleton University (Canada)

Symposium Abstract:

The current symposium examines the promotive and protective influence of dynamic risk factors on client outcomes across 3 independent samples from New Zealand (n=3,964; 966) and Iowa (n=562) using the Dynamic Risk Assessment for Offender Reentry (DRAOR; Serin, 2007). Analyses examined the incremental predictive validity over static risk scores, as well as the comparative predictive accuracy of promotive and protective factors. Implications for case planning and community risk management will be discussed.

Individual Abstracts

Examining the relative contribution of promotive and protective factors in probationer success.

Ralph C. Serin, Professor, Carleton University

There is increasing empirical support for augmenting risk assessments with information pertaining to the positive influences in an individual's life (e.g., de VriesRobb , de Vogel, & Douglas, 2013; Jones, Brown, Robinson, & Frey, 2015). This talk will focus on the utility of assessing a variety of protective and promotive factors when predicting recidivism (both technical violations and rearrests). Method. Probation officers completed the (Dynamic Risk for Offender Reentry, DRAOR; Serin, 2007; a measure of risk and protective factors) on a sample of 562 parolees and probationers. DRAOR scores were related to offender outcome. Offenders tended to be on supervision for nearly a year at the time of their first supervision, providing the opportunity to examine protective and promotive factors after an individual has demonstrated some stability in the community. Results. Slightly more than half of the sample (n = 310) had a repeated assessment that was used to examine whether the patterns between promotive and protective factors were consistent with more proximal ratings. Lastly, the ability for protective and promotive factors to predict recidivism above and beyond static risk estimates was examined. Discussion. Implications for tailoring case management activities to both the level of risk and level of protection will be discussed.

Establishing the construct validity and utility of protective factors using DRAOR

Caleb Lloyd, Senior Lecturer, Swinburne University of Technology

Introduction. There is general theoretical and clinical consensus that addressing strength factors with offender clients can enhance crime-free outcomes. However, some identify strengths as the factors that indicate a client is functioning well with low risk of crime (i.e., promotive factors, such as good impulse control, reduced criminal attitudes), whereas others assume the value of the concept lies in its ability to identify clients who are engaged in remaining crime-free even in the presence of vulnerabilities towards committing crime (i.e.,

protective factors, such as high-quality prosocial relationships, desistance-focused attitudes). Method. Supervision officers rated offender clients (N = 3654) on risk and strength factors (DRAOR items) on a weekly or fortnightly schedule, resulting in N = 92,104 weeks of data in a one-year follow-up. Recidivism information was available and linked to the most recent prior assessment. Results. Protective factor items on DRAOR were reverse coded, to investigate the assumption that their effects occurred in the same direction as risk factors. Using an exploratory structural equation modeling (ESEM) approach to factor analysis appropriate for longitudinal data, results indicated that a set of protective factors emerged as a distinctly separate factor, alongside risk factors. Next, low levels of risk factors were explored for their potential promotive features, in comparison to conceptually protective factors (results forthcoming). Finally, a statistically significant interaction was observed, demonstrating protective factors exerted a stronger influence at higher levels of static risk. Discussion. This large-sample validation suggests conceptual value in protective factors, and supports a data-informed method of identifying them.

High-risk men released from prison in New Zealand: What impact do promotive and protective factors have on outcomes in the community?

Simon Davies, Doctoral student, Victoria University at Wellington

Community supervision of high-risk men released from prison presents considerable challenges. The Dynamic Risk Assessment for Offender Re-entry (DRAOR; Serin, 2007) is a dynamic risk measure used in New Zealand that is designed to assist with some of those challenges. The individual items and subscale total scores are intended to guide individual case planning and decision making. However, the predictive validity and conceptual nature of the items and subscales remains uncertain. The items can be recoded into theoretically promotive and protective factors. Using items coded in this way, a predictive model has been developed previously on a large representative New Zealand probation sample (Serin, 2017). This talk will present findings from research that tested that predictive model with an independent sample of high-risk men recently released from prison in New Zealand (n=966). Comparisons between Māori—the indigenous ethnic group in New Zealand who are significantly over-represented in prison—and non-Māori, will also be presented. The theoretical implications of these findings for the conceptual nature of protective factors and the practical implications for the supervision of high-risk men released from prison will be discussed.

#265807 - Symposium - B2.4

Care and treatment of London offenders with mental health conditions delivered by non-governmental mental health organisation Together for Mental Wellbeing

Chair:FabioGomes, (United Kingdom)

Symposium Abstract:

This symposium will explore key aspects of a London based Forensic Mental Health service delivering at multiple stages of the criminal justice pathway – police, courts, probation and the transition in and out of prison. Using descriptors of delivery models and data analysis, we will explore identification, characteristics, interventions and outcomes of offenders with mental health needs and other vulnerabilities. We will also consider service responses to distinct groups of offenders.

Individual Abstracts:

Liaison and diversion services in London police custody suites and criminal courts

Linda Bryant, Director of Criminal Justice Services

Criminal Justice liaison and diversion services are intended to improve the health and justice outcomes for adults and children who come into contact with the youth and criminal justice systems where a range of complex needs are identified as factors in their offending behaviour. Liaison and diversion is not a treatment service. This paper will describe the key service activities that focus on identification, screening and assessment of individuals, diversion, advice, referral, short-term interventions, data-collection, monitoring and safeguarding. Using our data and case examples, we will set out how we use our assessments to make appropriate referrals for treatment and support, ensuring criminal justice practitioners are notified of specific health requirements and vulnerabilities of an individual (including those with serious mental illness), which can be taken into account when decisions about charging and sentencing are made. We will outline a number of challenges including the sharing of information to support the transition of vulnerable people in to prison custody and the screening for 'at-risk' populations including, Women, Black and Minority Ethnic Groups, transient populations with no recourse to public funds and those subject to judicial proceedings as a result of their legal status (for example, extradition court cases).

High risk, high harm: mental health interventions for offenders under the offender management of the National Probation Service (London division)

Anabel Cando, Project Manager - Together for mental wellbeing

The National Probation Service (NPS) is a statutory criminal justice service that supervises high-risk offenders released into the community. It was formed in February 2015 following the significant government change programme, Transforming Rehabilitation, for how offenders are managed in England and Wales. In London, the NPS works with offenders supporting their rehabilitation while protecting the public, including all those designated as a foreign national offender. This paper sets out to describe the mental health input in to the

NPS that focuses on key areas of practice - improving mental health for offenders, supporting effective risk management and promoting integrated service delivery for offenders with complex clinical presentations and social care needs. We will present evolving service responses and interventions to particular priority cohorts of offenders including younger offenders and serious group offenders developed as a result of reviewing existing service data in conjunction with relevant research and other literature. Initiatives to support wider access to mental health care will be presented along with case scenarios to illustrate some of the barriers to treatment, particularly for offenders from black and minority ethnic groups and those with personality disorder.

Paul Gilluley, Consultant Forensic Psychiatrist - Head of Forensic Services East London Foundation Trust

Putting the most excluded and hard-to-reach offenders at the centre of their mental health care and support

Jess Worner, Peer Support Practice Manager - Service User Involvement Directorate

At Together for Mental Wellbeing we are proud of our roots and our work helping people who are the most vulnerable and socially excluded. The UK's oldest non-governmental mental health organisation, we were formed in 1879 and originally known as The After-care Association for Poor and Friendless Female Convalescents on Leaving Asylums for the Insane. This paper will describe how, over a hundred years later, through the creation of a dedicated Service User Involvement Directorate, we have been paying particular attention to creating services and practice that are shaped, directly led and provided by people with lived experience of mental distress including those in contact with the criminal justice system. We will present a model of peer support that has been developed by our service users and describe its application for offenders with mental health needs. Internationally, peer support has become a key feature of mental health services, particularly in America, New Zealand and Australia. In England, more recently, it has become an area of interest for the government and commissioners in the development of more responsive support to vulnerable people identified in police and court settings. We will be able to share early findings and learning from our new peer support service working with mental health professionals in those justice settings in east London, an area characterised by its diversity as well as being one of the most economically and socially disadvantaged parts of the capital.

#266279 - Symposium - D4.1

Innovative Practice in UK Secure Services to Reduce Restrictive Interventions

Chair:JenniferKilcoyne, NHS Trust (United Kingdom)

Symposium Abstract:

INNOVATIONS TO REDUCE RESTRICTIVE INTERVENTIONS

The symposium outlines implementation of evidence based clinical improvement initiatives in a UK Mental Health Trust to reduce restrictive practice on forensic inpatient wards. Each paper highlights the effective aspects of programme delivery: overall strategy; elements of culture change and co-production; and preventative assessment measures. The outcomes of these strategies have been significant both in terms of service-user experience and reducing incidents of restraint, seclusion and staff harm onwards. The discussant in the symposium is Iris Benson who is an expert by experience and brings a powerful lived narrative to the debate.

Individual Abstracts

Implementing a No Force First Restraint Reduction Strategy in UK Secure Services

Daniel Angus,Senior Clinical Nurse, NHS Trust

Background The aim of this presentation is to provide an overview of the critical factors of No Force First (NFF) implementation which contribute to improvements in quality, culture and clinical practice across forensic inpatient services. **Implementation** To implement the (NFF) strategy we focused on a number of key areas: culture change; improving safety; sustaining consistency; developing innovation, skills and leadership. Culture change was driven by co-produced engagement sessions and integrated positive handovers in wards. Safety was improved by predictive assessments and through analysis of incidents of conflict. Service improvement methodology (PDSA) cycles were applied to analyse the impact of the interventions to reduce conflict. Consistency was supported by the development of a No Force First guide of core interventions and a tool box of interventions for staff. Skills and leadership were developed by a range of training initiatives and engaging leaders across all levels of the organisation from the board to the wards. **Conclusion** The outcomes of implementing a NFF approach were positive; the pilot wards were able to reduce physical restraint by 50% during the first year, and by 45% during the second year. Over a three year period assaults on staff across all wards reduced from 9% above the national average to 61% below the average which resulted in a reduction of staff sickness linked to physical restraint. The approach also had associated benefits for staff morale, ward atmosphere and patient safety.

Engaging Hearts & Minds: No Force First To Promote Progressive Culture

Dave Riley,Improvement Lead for Perfect Care, NHS Trust

No Force First engagement sessions are the means by which clinical teams are introduced to the principles of Mersey Care Foundation NHS Trusts restrictive intervention programme. It is widely acknowledged that quality improvement programmes are more likely to succeed if staff can make an emotional engagement with the need for change, rather than feeling that change is imposed from above. The centrepiece of the engagement sessions are the accounts of people who use services – detailing the impact that restrictive interventions, such as physical restraint, have on them. These incredibly powerful first-person, face to face narratives drive an understanding that restrictive interventions, while historically viewed as being employed principally to enhance safety, can have a catastrophic physical and psychological effect on people who use our services. At the end of the session participants will also have gained an introduction to change cycles and an overview of the historical context of the need to change. The engagement sessions fully reflect the principles of inclusion and the need to work with people who use services as equal partners, which are now at the centre of good practice guidance in the UK, the presentation and delivery of the sessions are entirely co-produced. Staff who deliver services and people who they serve work as equals in developing the presentations and share the delivery of the sessions, very deliberately challenging the traditional ‘them and us’ perspectives of traditional mental health care environments.

The Safety Project – Using A Structured Risk Assessment Tool To Predict And Proactively Manage Violence In A High Secure Hospital

Panchu Xavier, Consultant Forensic Psychiatrist, NHS Trust

Background Ashworth Hospital, part of Mersey Care NHS Foundation Trust, is one of three high secure psychiatric hospitals in the United Kingdom, located in Liverpool. The primary aim of this project was to identify and study the use of a structured violence risk prediction tool within three high dependency /admission wards. Method Routinely collected incident data was collated and analysed for three high dependency admission wards. It was clear that violence and aggression aimed at staff was our primary issue. We undertook a literature search for structured tools to help predict violence in mental health settings and identified the Dynamic Appraisal of Situational Aggression -Inpatient Version (DASA-IV). The DASA-IV, a seven-item risk rating assessment, is completed once in a 24-hour period. It is quick to complete and the Red/Amber/Green ratings were easily understood. The DASA-IV score for each patient was discussed at ‘nursing handovers’ and a plan put in place to support patients, based on their score to prevent aggressive incidents from occurring. Conclusion Utilising the DASA-IV over a six-month period, we reduced the need for physical restraints on these wards by 46% and reduced total incidents by 7%. The impact of this reduction in restraints is being studied currently. It appears to have had a significant impact by reducing number of staff going off from work; it improved ward atmosphere and patient safety, and reduced the need for seclusion.

Engaging Hearts & Minds: No Force First To Promote Progressive Culture

Iris Benson, Improvement Lead for Perfect Care, NHS Trust

No Force First engagement sessions are the means by which clinical teams are introduced to the principles of Mersey Care Foundation NHS Trusts restrictive intervention programme. It

is widely acknowledged that quality improvement programmes are more likely to succeed if staff can make an emotional engagement with the need for change, rather than feeling that change is imposed from above. The centrepiece of the engagement sessions are the accounts of people who use services – detailing the impact that restrictive interventions, such as physical restraint, have on them. These incredibly powerful first-person, face to face narratives drive an understanding that restrictive interventions, while historically viewed as being employed principally to enhance safety, can have a catastrophic physical and psychological effect on people who use our services. At the end of the session participants will also have gained an introduction to change cycles and an overview of the historical context of the need to change. The engagement sessions fully reflect the principles of inclusion and the need to work with people who use services as equal partners, which are now at the centre of good practice guidance in the UK, the presentation and delivery of the sessions are entirely co-produced. Staff who deliver services and people who they serve work as equals in developing the presentations and share the delivery of the sessions, very deliberately challenging the traditional ‘them and us’ perspectives of traditional mental health care environments.

#266467 - Symposium—F6.5

Spanning the boundaries of health, social and custodial care in prison

Chair: Katrina Forsyth, University of Manchester (United Kingdom)

Symposium Abstract:

The Care Act states that social services are accountable for prisoner's social care provision in England. The need for this provision will be described in presentation one. Older prisoners have complex health and social care needs but care is generally ad hoc. The Older prisoner Health and Social Care Assessment and Plan (OHSCAP) was designed to coordinate care. A randomised controlled trial of this intervention will be discussed in presentation two. The rise in older prisoners, is likely to increase the need for services to support those with cognitive impairment/dementia. This will be the focus of the third presentation.

Individual Abstracts

The Older prisoner Health and Social Care Assessment and Plan (OHSCAP): A Randomised Controlled Trial

Katrina Forsyth, Research Associate, University of Manchester

Background The Older prisoner Health and Social Care Assessment and Plan (OHSCAP) was developed through action research by prison staff, healthcare staff and older prisoners themselves. It is a structured approach designed to better identify and manage the health and social care needs of older prisoners. It consists of an assessment, care plan and review of these needs. **Aim** To evaluate the effectiveness and acceptability of the OHSCAP in comparison to Treatment As Usual (TAU). **Methods** The extent to which prisoners' health and social needs were met was assessed before they received the OHSCAP or treatment as usual, and three months after (n=497). An audit of care plans produced through OHSCAP was conducted to determine the processes involved; quality of the care planning; and fidelity of implementation. Semi-structured interviews with older prisoners who had received the intervention were conducted. Fourteen prisoners were interviewed between 2-4 times. Interviews were held with staff delivering the intervention (n=11). **Results** There were no statistically significant differences, in the meeting of older prisoners' health and social care needs, between the OHSCAP and TAU group at three months follow up. The OHSCAP was fundamentally not delivered as intended. It was introduced within a 'broken' prison system suffering from staffing levels that were reported as dangerous. Rigid prison processes further impeded the ability of the OHSCAP to meet older prisoners' health and social care needs. The appropriateness of prison officers acting as facilitators of the OHSCAP was also questioned.

Social Care in Prison

Jenny Shaw, University of Manchester

Background The Care Act (2014) was implemented across England in April 2015. The Act ensures that people's well-being and outcomes are at the heart of every decision made about their social care. It introduced a single national threshold for eligibility for care and

support. Section 76 of the Care Act (2014) relates to equivalent provision in prisons. Once a prisoner arrives in custody a process must be developed to identify social care needs. If a social care need is identified then an assessment will be required by the Local Authority. The level of need will then be evaluated against the national eligibility criteria. If judged to be eligible, Local Authorities have a duty to commission a service for that need. Aim This paper will present findings from an assessment of social care needs across five male prisons. Methods We interviewed a random sample of prisoners using standardised measures of mental health, physical health and social care needs. Results The paper will describe how we will map adult prisoners' social care needs to existing social care service configurations for the five prisons, identify gaps in social care service provision and develop a service planning brief to ensure social care services meet national standards and that these services meet the needs of the local prison population.

Dementia and Cognitive Impairment in the Prison Population of England and Wales: Identifying Individual Need and Developing a skilled, Multi-Agency Workforce to Deliver Targeted and Responsive Services

Laura Archer-Power, University of Manchester

Background Cognitive impairment/dementia has been identified as a significant issue for prisons. There are currently no specialised services for older prisoners with cognitive impairment/dementia, in spite of policy stipulating that prisoners should receive the same quality and range of services as those in the community. Aim To enhance care pathways for older prisoners with cognitive impairment by understanding individual and service needs and designing a responsive staff training package. Methods Part 1: Stage 1: 860 older prisoners will be screened for cognitive impairment/dementia using the 6CIT and Montreal Cognitive Assessment (MoCA). Stage 2: Participants testing positive on the MoCA will be interviewed using the Addenbrookes' Cognitive Evaluation (ACE3) and standardised assessments to establish risk of violence; activities of daily living needs; mental health needs; brain injury; and social networks. Stage 3: We will estimate current and future prevalence of dementia/cognitive impairment in the prison population. Part 2: A questionnaire distributed to healthcare managers and governors of all adult prisons in England and Wales (n = 107). Part 3: Approximately 10 individual prisoner case studies will be identified and ethnographic observations of these cases will be conducted. Semi-structured interviews with a range of stakeholders will also be conducted (n=50). Part 4: Case vignettes will be presented to a panel of experts in order to design pathways of care for prisoners with different degrees of cognitive impairment severity and staff training packages. Results Preliminary findings from part 1, 2 and 3 will be presented.

Also presenting:

Jane Senior, University of Manchester

#266635 - Symposium - G7.2 - Symposium

The prevalence and course of cognitive impairment in mentally ill offenders; relevance for assessing and managing risk across offending populations

Chair: Sarah Brown, University of Edinburgh

Symposium Abstract:

The results of a comprehensive neuropsychological assessment administered to mentally ill offenders (n=103) will reveal significant and pervasive impairment. Follow-up of this cohort using an identical battery at 10-12 years (n=49) indicate that impulsivity, inattention, working memory and auditory delayed memory worsen over time, and measures of impulsivity and working memory significantly predict risk-related outcomes during the intervening period. Preliminary meta-analytic examination of cognition and violent offending reveals small but significant effect sizes for the domains of impulsivity, attention, planning, concept formation, intelligence, verbal fluency and empathy in the prediction of violence, further elucidating the relationship between cognition and risk.

Individual Abstracts

Cognitive Decline in Mentally Ill Offenders and the Implications for Risk of Violence: A 10-12-year Follow-up Study

Sarah Brown, PhD Candidate in Clinical Psychology, The University of Edinburgh

It is now well established that there are core cognitive impairments associated with a diagnosis of schizophrenia. In parallel with our increased understanding of these core deficits, our awareness that mentally ill offenders (MIOs) are at additional risk of cognitive impairment due to an increased rate of traumatic brain injury and substance abuse has also grown. Absent from the literature is evidence of whether these cognitive impairments change over longer periods of time in MIO's and whether these changes, or baseline abilities, impact an individual's risk of violence. The State Hospital is in possession of unique data that can address these gaps in the literature. We conducted a 10-12-year follow-up of N=49 patients who underwent neuropsychological assessment while in the State Hospital, Scotland in 2004-5. We conducted a series of repeated measures MANOVAs and hierarchical linear regressions to test our hypotheses. Our results propose that cognitive abilities significantly change over time ($F(1.51, 30.1) = 5.98, p = .011$), but direction of change is ability dependent. We found that impulsivity (Effect Size (ES) = .253), inattention (ES = .233), working memory (ES = .288) and auditory delayed memory (ES = .268) worsen over time, and measures of impulsivity and working memory significantly predicted risk-related outcomes. We did not find that traumatic brain injury, substance misuse or alcohol misuse significantly mediated change in cognition over time. Further results, clinical implications, limitations and suggestions for future research will be discussed.

Neuropsychological impairment in Mentally Ill Offenders is severe and pervasive

Suzanne O'Rourke, Lecturer Clinical Psychology, The University of Edinburgh

Mentally ill offenders (MIO) remain under researched despite their growing numbers and the significant impact of their actions. In the context of growing evidence that cognitive impairment is associated with violence we describe for the first time the results of a uniquely comprehensive neuropsychological battery in a population cohort. Given the high prevalence of multiple risk factors for neurological damage, we hypothesised rates of cognitive impairment would be significantly raised. All consenting and capacitous patients in a high secure hospital during a single year were offered a comprehensive neuropsychological assessment (n=103) in addition to screening for Dyslexia, ADHD and Autistic Spectrum Disorders. Mean scores on each measure and the percentage categorised as impaired were calculated. In contrast to a normal distribution, where 9% fall in the borderline range or below, the prevalence of significant impairment was elevated across all cognitive domains. Significant impairment was observed in skills required for treatment engagement; full scale IQ (43%), processing speed (61%), immediate memory (52%), and cognitive flexibility (75%) and those relevant to risk assessment including impulsivity (40%), problem solving (48%) and facial affect recognition (40%) amongst others. Given that cognitive impairment is associated both with violence and an individual's ability to benefit from treatment we recommend that work to identify and address the aetiology of these deficits becomes a priority. Forensic mental health services should seek guidance from the existing adaptation literature for brain injured and intellectual disability populations and consider the introduction of cognitive remediation.

Cognitive Contributors to Violent Risk: A Systematic Review and Meta-Analyses

Sarah Janes, PhD Candidate in Clinical Psychology, University of Edinburgh

Background Brain injury can lead to impairments in many of the key skills that allow individuals to behave in a pro-social manner. Impairments may contribute directly to violence or compromise an offender's ability to benefit from treatment programmes. This review aims to identify cognitive impairments that have been found to correlate with or predict violence risk in forensic populations, and then to calculate the mean effect that each has by conducting meta-analyses. Methods A highly sensitive search strategy was employed in summer 2016. Study inclusion/exclusion criteria were defined using the PICO framework. Full-text review against the inclusion criteria and quality assessment of the resulting studies by two independent raters is ongoing. All studies meeting inclusion criteria will be included in a critical narrative review of the research field. Studies assessed to be of 'acceptable' quality will contribute to quantitative synthesis of the effects of cognitive impairments on violence risk. Effect sizes will be calculated based on the primary outcome after grouping studies by similar impairment. Results and Conclusion Preliminary results of primary studies indicated small effect sizes for domains of impulsivity, attention, planning, concept formation, general intelligence, verbal fluency and empathy. We will present the final findings following completion of full-text review of additional references, data extraction and quality assessment. We will conclude by talking about the challenges and limitations of looking at predictors of violence where a majority of research designs are cross-sectional, as well as looking at the very broad way in which violence can be defined.

#266688 - Symposium - H8.1

Clinical outcomes for people with Intellectual Disabilities detained in secure forensic services: A European perspective

Chair:DeborahMorris, Clinical Psychologist, St Andrews Healthcare, UK. (United Kingdom)

Symposium Abstract

Across Europe there is increasing emphasis on demonstrating positive clinical outcomes and reducing recidivism for people with Intellectual Disabilities detained in forensic and prison services. This focus creates a number of dilemma's for clinicians. Dilemma's relate to the appropriateness of current treatment programmes, what constitutes a meaningful clinical outcome, whether outcomes should focus on reducing risk vs. increasing wellbeing and to what degree should outcomes be personalised. The dilemma's occur in the context of limited aftercare resources .This symposia will present three papers from the UK, Germany and Spain that present and review empirical outcomes from three European services.

Individual Abstracts

Clinical outcomes from a UK specialist Learning Disability Forensic Service: What constitutes a meaningful clinical outcome?

Deborah Morris,Consultant Clinical Psychologist, Clinical Psychologist, St Andrews Healthcare, UK.

In the UK there is increasing focus on demonstrating positive clinical outcomes and lowering recidivism rates in secure, and costly, inpatient forensic services. This focus is driven by clinical, cost efficiency drives and public protection factors. Within this debate the tension between focusing on lowering risk verses increasing wellbeing is becoming more prominent in learning disability settings as services move to broaden outcomes away from reducing risk, to include the Positive Behaviour Support (PBS) and personalisation frameworks. One outcome from this tension is that the patient voice of what constitutes a holistic and meaningful clinical outcome, is increasingly being heard. This paper will present the clinical outcomes from a comprehensive psychosocial treatment programme for men and women with mild learning disabilities, detained in forensic inpatient services. The programme addresses neurodevelopmental, mental health and offending behaviour needs. Clinical outcomes will cover knowledge, wellbeing, coping, impulsivity, risk and adaptive behaviour variables. The challenges of evaluating the long term clinical and cost effectiveness of treatments are also discussed. The final section of the paper reviews the concept of 'clinical outcomes' from different stakeholder standpoints, including patient, clinician and commissioner perspectives. Emphasis is placed on developing the clinical outcomes framework to include the personalisation of outcome and patient perspectives about what constitutes holistic and meaningful changes.

...and don't you come back no more – discharge of intellectually disabled offenders from forensic psychiatric hospitals

Martin Neumann, Psychologist, VitosHaina Forensic Psychiatric Hospital, Germany

In Germany the UN Convention on the Rights of Persons with Disabilities has triggered an increasing awareness of experts in this field about the lack of appropriate after-care facilities. Insufficient availability of after-care facilities causes a crucial bottleneck for forensic inpatients with intellectual disabilities compromising (re)inclusion efforts. Due to this shortage hospital treatment time is prolonged more than necessary. Therefore, one of the possibly unintended consequences of the UN Convention is that forensic psychiatric treatment for this group of patients is called into question as a whole by some experts. This paper describes the outcome of the release efforts at the VitosHaina Forensic Psychiatric Hospital for offenders with intellectual disabilities. Some data will be reported with respect to the length of time spent in the community after release, number of attempts until success of release attempts and reasons for revocation. Important aspects, opportunities and deficits from a clinician's perspective will then be outlined, taking into account the literature on this topic. Finally, the results will be checked against the current state of the experts' discussion mentioned above.

Outcomes and recidivism for Learning Disabled offenders in the Spanish prison system

Vincente Tort Herrando, Vincente Tort Herrando, ParcSanitari Sant Joan de Deu, Barcelona

There is an increasing interest in the Spanish prison service relating to recidivism in people with a Learning Disability. In this presentation, I will give an overview of the care of this group of patients, reviewing data for recidivism in this population. This paper will compare recidivism data between prisoners with and without an LD. This includes consideration of variables such as co morbid mental disorder and drug abuse. The paper hypothesises that the LD population may have a higher recidivism due to the difficulties with engaging with specific treatment programs offered within the prison system.

#266753 - Symposium - E5.1

Reorganising Forensic Care Pathways

Chair: Harry Kennedy, University of Dublin Trinity College (TCD) (Ireland)

Symposium Abstract

This symposium describes different approaches to similar problems across jurisdictions. By using structured professional judgement instruments for risk, need for therapeutic security and routine outcome measurements, care pathways for forensic patients can be mapped within and between secure forensic hospitals.

Aims

- To compare methods of review for forensic pathways and patients in different jurisdictions
- To describe the use of SPJ instruments as a means of ensuring patient-centred decision making that is consistent and objective
- To consider systemic mapping of whole pathways and specific and special parts of whole pathways.

Individual Abstracts

Reorganising Forensic Care Pathways

Harry G. Kennedy, BSc, MD, FRCPI, FRCPSych, Executive clinical director, National Forensic Mental Health Service, Dublin and Trinity College Dublin

This seminar describes different approaches to similar problems in different jurisdictions. By using structured professional judgement instruments for risk, need for therapeutic security and for routine outcome measurements for patients, care pathways can be mapped within and between secure forensic hospitals.

Reorganising forensic care pathways in Belgium

Ingeborg Jeandarme, OPZC Rekem

Background: In Belgium, after an offender has been found not guilty by reason of insanity (internees), it is necessary to assess the level of security needed to ensure safe care and treatment. The systematic allocation of patients to appropriate security levels is central to the operation of forensic mental health services. However, in practice, decisions for admissions are made on the basis of clinical judgment, with a panel of clinicians examining the ideal placement without the use of a standard protocol, guidelines or instruments to assess security levels. Risk assessment instruments can be used to evaluate recidivism risk but this is not mandatory. Method: In the literature different instruments are currently available to measure the security level such as the Security Needs Assessment Profile (SNAP; Collins & Davies, 2005) and the DUNDRUM-1 triage security scale (Flynn, O'Neill, McInerney, & Kennedy, 2011). The current study assessed the applicability of the DUNDRUM-1 to assess security level in Flemish internees. Results: a mapping exercise will relate measures of need for therapeutic security to placements. The feasibility of matching secure placement to need

and defining the pathways from high security to medium, medium to low secure and onwards to the community will be presented as the essential first step in reorganising forensic care pathways in Belgium. Conclusions: it is seldom possible to design a national forensic mental health service starting from a blank slate. A sequence of needs assessment using internationally benchmarked measures and mapping of current and future resources offers a way forward.

Therapeutic programme completion, risk and recovery in Broadmoor High Secure Hospital, England.

Mary Davoren, Broadmoor Special Hospital, Berks, UK

Background: Patient moves along their care pathways to less secure places are a key marker of recovery in forensic mental health settings. In Broadmoor High Secure Hospital, such moves consist of transitions both to less secure places within the hospital e.g. from acute wards to rehabilitation wards, as well as moves from Broadmoor onto Medium Secure Hospitals. We aimed to evaluate whether successful therapeutic programme completion, recovery and reduced violence risk were linked to patients moves to less secure places among in-patients in this high secure setting. Methods: Structured assessments of violence risk (HCR-20-V3), therapeutic programme completion and recovery (Dundrum programme completion and Dundrum recovery scales) and overall functioning (GAF) were completed for all in-patients in Broadmoor Hospital during May – June 2016 (n=199). All patients were followed up to ascertain which individuals moved along their care pathways, either positively i.e. to less secure units or negatively i.e. back to more secure units. All patients were males and included patients on both the Mental Illness (MI) and Personality disorder (PD) pathways of the hospital. Results: We found that those individuals who had successfully completed more therapeutic programmes as measured by the Dundrum tool and had higher functioning as measured by the GAF were more likely to move to less secure places within the hospital. Conclusions: we found that measuring therapeutic programme completion, risk and recovery in a structured manner is both possible and useful in planning care pathways for patients in a high secure hospital.

Clinical restructure of a forensic mental health service in New Zealand

Jeremy Skipworth, Regional Forensic Psychiatry Service, Auckland, New Zealand

Background: Mason Clinic, Auckland, New Zealand, is a 108 bed secure forensic service providing predominantly medium secure and minimum secure beds. With increasing demand and waiting lists, a service wide operational review redesigned the role and function of different service areas, the delivery of therapeutic programmes, and introduced a structured decision making process assisted by the DUNDRUM quartet of measures, to guide admission to the service, and progression through different levels of therapeutic security. Key performance indicators for waiting time, and length of stay were developed. Method: The model of care was redesigned in two key areas: therapeutic programme delivery; and patient flow from higher to lower levels of therapeutic security. An acute treatment role was assigned to two medium secure units. Other units were grouped in rehabilitation care pathways. Admission to the acute units, and to a rehabilitation stream, became structured decision-making processes assisted by the DUNDRUM 1 and 2 tools and HCR-20. Progression

to lower levels of security was tethered to 'milestones' informed by DUNDRUM 3 and 4 tools and HCR-20 C and R items. Results: DUNDRUM and HCR 20 C and R item ratings are presented. Two key performance indicators are discussed and presented in relation to the pre and post implementation periods: waiting times for admission, and median length of stay. Conclusions: The development of clear forensic sub-service areas with specific clinical focus supported by structured decision making can assist the efficiency of forensic services, and improve outcomes both for the service and service users.

Need for care in high secure settings and the urgency of that need among referrals to Broadmoor High Secure Hospital, England.

Hannah Kate Williams, West London Mental Health Trust, UK

Background: Broadmoor Hospital is a 212 bed high secure hospital serving London and the South of England, a catchment area of in excess of 20 million people. Criteria for admission include that the patient is suffering from a mental disorder and poses a grave and immediate risk to the public. Most referrals for admission come from prisons or medium secure hospitals. In the UK in recent years, prison reports have found increasing rates of violence within prison settings. Our aim was to ascertain if this was reflected in an increase in referrals to the high secure hospital and an increase in the urgency of need for admission. Methods A review of all referrals to Broadmoor Hospital over a three year period was completed (2014-2016). All cases were rated using the Dundrum-1 Triage Security and Dundrum-2 triage urgency scales by two researchers, using only information available at the time of pre-admission assessment. A third researcher collated data on the views of the referring and assessing clinicians; and time from referral and assessment to admission, as a proxy for the clinical view of urgency. Results: During the study period, Broadmoor Hospital received 190 referrals and admitted 110. All were male and included admissions to both the mental illness (MI) and Personality Disorder (PD) pathways. The majority of referrals came from prison settings. Patients admitted to the PD pathway had higher needs in terms of security however patients on the MI pathway had greater urgency of need for admission.

#266780 - Symposium - D4.3

Long-term Forensic Psychiatric Care - COST Action IS1302

Chair:EllenVorstenbosch, Parc Sanitari Sant Joan de Deu (Spain)

Symposium Abstract

A significant proportion of mentally disordered offenders may require long-term, potentially life-long, forensic psychiatric care. Some patients do not seem to profit from the currently offered treatment methods, and get stuck into the forensic psychiatric system. Only recently this sub-group of patients received attention e.g. through the COST Action IS1302 - a European research framework on long-term forensic psychiatric care. During this symposium the participants will learn about the most relevant patient characteristics of this sub-population, the internal and external factors related with poor treatment progress, and non-criminogenic needs and quality of life of long-term forensic psychiatric patients in Europe.

Individual Abstracts

Introduction COST Action IS1302

Peter Braun, Pompe Foundation

Participants will get a short introduction about the COST Action IS1302, including: the target population, the principal (research) challenges, the objectives and the first achievements. This presentation is given to set a framework for the more in-depth presentations of the main findings and outcomes of the Action's Working Groups (WG).

Determination of patient characteristics

Harry G. Kennedy, BSc, MD, FRCPI, FRCPsych, Executive clinical director

National Forensic Mental Health Service, Dublin and Trinity College Dublin

This contribution is aimed at looking into the prevalence, length of stay and determinant characteristics of long-term forensic psychiatric patients. An overview of the patient characteristics (e.g. psychopathology, treatment history, risk assessment and index offence) associated with poor treatment progress as well as preliminary results regarding prevalence of long-term forensic psychiatric patients in Europe will be presented. The aim is to enable early stage recognition of patients who might be in need of long-term forensic psychiatric care in order to offer them the most appropriate treatment pathway.

Towards best practice in long-term forensic psychiatric care

Franco Scarpa, NHS Forensic Psychiatric Hospital Montelupo

This contribution is aimed at studying benefits and disadvantages of forensic systems for long-term care in different EU states. We will focus on external factors that influence slower progress of patients i.e. policy, juridical contexts, admission responsibilities and economic implications. A European overview will be presented of different European systems for patient progression. Also, the influence of clinical practice and 'what works' experiences of

practitioners within long-term forensic psychiatric care (e.g. psychiatrists, psychologists, nurses) will be explored. The aim is to formulate policy recommendations on best practices leading to new treatment programs and interventions.

Meeting patient needs and optimizing quality of life

Ellen Vorstenbosch, Msc, Researcher, ParcSanitariSant Joan de Deu

Long-term forensic psychiatric patients may well require a different type of services. A more individualized approach might be needed with interventions tailored to the patient's particular needs. Participants will learn about the most prevalent met and unmet needs in forensic psychiatric units, identified through a recent systematic literature review. Also, the concept quality of life gets another connotation in a forensic psychiatric context. The restrictive setting and the severe mental illness affect many aspects in their daily life. Participants will hear about the current state of the art on quality of life research in forensic psychiatry based on the results of another systematic literature review. Finally, as both needs and quality of life are subjective concepts, the experiences of long-term forensic psychiatric patients across Europe and their perception on these experiences have been explored to determine needs and define quality of life. Participants will learn about the most important aspects related with needs and quality of life in forensic psychiatric units, based on the analysis of 38 semi-structured interviews with patients from 12 European countries.

Long-stay in high and medium secure forensic psychiatric care – prevalence, patient characteristics and pathways in England

Birgit Völlm, MD, PhD, Professor of Forensic Psychiatry, University of Nottingham

This contribution will present findings of a multi-centre, cross sectional study exploring the prevalence of long-stay and characteristics of long-stayers in high and medium secure forensic psychiatric care in England. We employed a mixed-methods approach including the analysis of administrative data, case file reviews, patient interviews, consultant questionnaires, interviews with clinicians and commissioners and a Delphi survey. 25% (n=401) of our sample were experiencing long-stay. This patient group has a heterogeneous set of characteristics and needs relating to their diagnosis, offending history, risk and therapeutic need and have experienced a variety of care pathways through secure care. We found a greater number of long-stay patients than originally estimated with a set of characteristics and needs that are arguably different to that of the general forensic population, therefore calling for a specific care pathway and service provision for this patient group with a greater focus on autonomy and quality of life. The views of patients on their situation and of senior clinicians and service providers regarding designated long-term services will also be presented.

#266807/266634 - Symposium–D4.2

Where science meets practice: Dutch forensic application of innovative methods based on neuroscience

Chair: Josanne Van Dongen, Erasmus University Rotterdam & Maaikes Kempes, Netherlands Institute of Forensic Psychiatry and Psychology (Netherlands)

Symposium Abstract

This symposium will address how new insights regarding neuroscience finds its way into forensic assessment and intervention. Presenters focus on hostile attribution biases in relation to reactive aggression, the development of new training tools and how virtual reality can be used to address these problems in forensic patients and how oxytocin administration affects social emotional behaviour in psychopaths. Further, this symposium will give an overview of findings from research using different (neurobiological) techniques (electroencephalography; diffusion tensor imaging, and signal detection) in the study of social-emotional processing in psychopathy.

Individual Abstracts

Cognitive Biases of Forensic Psychiatric Outpatients with Aggression Regulation Problems and Innovative Methods for Treatment

Danique Smeijers

Individuals with aggression regulation disorders tend to interpret emotional facial expressions as hostile, i.e. they display a hostile interpretation bias. This bias is highly likely to be a characteristic of disproportionate aggressive behavior displayed in forensic settings. Such biases are important causes and maintaining factors of maladaptive aggressive behavior. Furthermore, it was revealed that this bias did not change after a regular aggression intervention, which suggests that other interventions need to be developed in order to alter these kind of underlying neurocognitive characteristics. Alongside this hostility bias, it is thought that avoidance movements can reduce anger and aggression among individuals with chronic anger management problems. Interventions that alter these biases and tendencies, alongside with treatment as usual will help to reduce the recurrence of aggression more successfully. An Anger Reduction Tool is developed in order to train forensic psychiatric outpatients with severe aggressive behavior to make avoidance movements to angry faces. Patients use this tool in combination with their aggression treatment. It will be investigated whether this combination results in a more successful reduction of aggressive behavior. The design and procedures of this innovative study will be explained in further detail.

Virtual reality aggression prevention training in forensic psychiatric centers in the Netherlands – results of a pilot study

Stephanie Klein-tuente

Aggression is a common problem in forensic psychiatric centers (e.g., Dack, Ross, Papadopoulos, Stewart, & Bowers, 2013). Besides being perpetrators, forensic inpatients are also more likely to become victims of aggression of fellow inpatients. Not surprising, as a lot of inpatients suffer from antisocial personality disorder, a lack of impulse control and a high degree of impulsivity (Bogaerts, Polak, Spreen, & Zwets, 2012; Lobbestael, Cima, & Lemmens, 2015). Reactive aggression is an impulsive and uncontrolled outburst of anger as a reaction on a perceived provocation, threat or frustration (Fung et al., 2009; Poulin & Boivin, 2000; Raine et al., 2006). Inpatients with reactive aggression problems often suffer problems in their Social Information Processing (Dodge & Coie, 1987). Therefore the SIP-model is used as a theoretical framework for Virtual Reality Aggression Prevention Training (VRAPT). The main goal of VRAPT is to reduce aggression. The opportunity to expose inpatients to realistic situations eliciting aggression is limited. Yet, Virtual Reality overcomes this problem. Different interactive provocative social scenarios were designed with the main focus on controlling behavior, emotions and impulses. In an interactive three-dimensional virtual environment inpatients have the opportunity to practice de-escalating aggressive behavior of virtual characters. Twelve inpatients of three Dutch forensic psychiatric centers participated in the pilot of 16 biweekly individual treatment sessions. They were monitored with the SDAS by staff for aggression on a weekly basis during three months before the research until at least the end of the pilot and self-report questionnaires were completed. Results will be presented.

Social-emotional behaviour in male psychopaths after placebo-controlled intranasal administration of oxytocin

Ronald Rijnders

The neuropeptide oxytocin (OT) is thought important in regulating affective responses and behavior regarding social bonding, attachment and parental care, as well as aggressive behavior. It is postulated that empathy and OT are interrelated. A lack of affective empathy – a core feature of psychopathy – is thought to encourage antisocial or aggressive behavior in psychopathic individuals. As such actions might be facilitated in those who fail to truly appreciate the feelings of others. The objective of this study is to investigate the underlying mechanism of OT's action on information processing and empathy processing in male psychopathic patients who are admitted to a forensic psychiatric hospital. The study consists of a within-subjects, placebo-controlled OT intranasal administration in 20 patients. Results will be presented.

Electrophysiological correlates of empathy and psychopathy in forensic patients

Josanne D.M. van Dongen, Assistant Professor, Erasmus University Rotterdam

A lack of empathy is one of the explanations of violent behavior in forensic patients, and may be associated with higher levels of psychopathy in these individuals. Recent studies have demonstrated that empathy for pain recruits brain areas involved in affective and motivational processing. However, less is known about the electrophysiological correlates of dysfunctional empathy in violent forensic patients when viewing victims of aggression. In a previous study using electroencephalography (EEG), we found that psychopathic meanness in 'healthy' volunteers was inversely related to the amplitude of the late positive potential (LPP) when perceiving victims of aggression. In the current study, we aim to include 25

forensic inpatients and 25 control subjects to investigate the difference in empathic processing between these two groups. Preliminary results indicate that forensic patients score higher on psychopathy, especially the antisocial and lifestyle traits, and higher on self-reported proactive and reactive aggression. Moreover, forensic patients show reduced LPP amplitudes compared with healthy controls in response to pictures of victims of aggression. The current findings add to a neurobiological understanding of the neurobiological underpinnings of psychopathic personality in violent forensic patients. Thereby, it contributes to the development of new neurophysiological based interventions for psychopathic personality.

Relationship between white matter integrity and psychopathic traits in offenders

Anouk Vermeij, Netherlands Institute of Forensic Psychiatry and Psychology

Psychopathy is characterized by a lack of empathy and impulsive antisocial behavior. Little is known about the neurobiological basis of psychopathic traits. Therefore, the aim of the present study was to link abnormalities in the integrity of white matter (WM) tracts in the brain to psychopathic traits. The study was performed in a forensic pre-trial assessment clinic. Diffusion tensor imaging was used to assess WM integrity in 15 male offenders with impulse control problems, and 10 without impulse control problems. Psychopathic traits were assessed using the Psychopathy Checklist-revised (PCL-R). In offenders with impulse control problems, WM integrity was negatively correlated with PCL-R outcomes (i.e. Total, Factor 1, and Facet 2 scores) at several locations in the temporal and frontal cortex, especially in the right hemisphere. No significant correlations were present in offenders without impulse control problems. These results suggest that dysfunction of neural circuits mediating emotional behavior and executive functioning may underlie psychopathic traits, in particular the affective aspects. We will apply tractography to further identify the involved WM tracts.

#266813 - Symposium - G7.1

National Recovery Initiatives in the UK - symposium

Chair: Ian Callaghan, Rethink Mental Illness (United Kingdom)

Symposium Abstract

This Symposium brings together three papers that describe important recovery initiatives in the UK and their evaluation. The first describes the Recovery and Outcomes network that brings together service users, staff and commissioners and which aims to increase the recovery focus of services while influencing national commissioning. The second paper presents the findings of the evaluation of this network by the University of Central Lancashire, which involved a multiple methodological approach. The third paper describes the work of the Rethink Mental Illness Innovation Network in secure services with evaluations of care and safety planning interventions and peer support projects.

Individual Abstracts

The Recovery and Outcomes programme - a national initiative in the UK

Ian Callaghan, Co-ordinator Recovery and Outcomes Network, Rethink Mental Illness

This paper presents updates about the Recovery and Outcomes programme and provides opportunities to learn about: 1. The ethos and practice of the Recovery and Outcomes network in the UK. 2. The ways in which alliances are formed between service users, staff and commissioners to progress recovery initiatives via user-led networks. 3. The ways in which the network influences local and national commissioning and fosters co-production in these processes. During this paper, we will discuss the Recovery and Outcomes programme and details of the outputs from the National Recovery and Outcomes Conference. Recovery and Outcomes is a recovery-focused initiative in forensic services across the UK. Building upon earlier work presented in previous years, this paper describes the continued impact of the network of nine regional Recovery and Outcomes Groups. This network was established to bring together service users, practitioner staff, managers and commissioners to reflect upon local progress and share best practice and is facilitated by Ian Callaghan, himself an ex-user of secure services. Discussing themes such as communication, relationships and happiness and hope, the groups are strongly influencing practice in the delivery of forensic services. The groups and national conference also feed into nationally important work, including procurement processes, improvements in the way secure services are commissioned, and the work of the Five Year Forward View for Mental Health. Most recently, the network has provided service user input into the NHS England Secure Care Programme that is looking to develop novel community support for people in secure care.

Evaluation of the Recovery and Outcomes network

Mick McKeown, PhD, BA(Hons), RMN, Reader in Democratic Mental Health University of Central Lancashire

This paper reports upon an evaluation of the Recovery and Outcomes network for secure

mental health services in England. The network brings together staff and service users from all of the medium and low secure services, The network meetings model inclusionary alliances and democratic discussions and decision making. Creative approaches are often a feature of these interactions. A purpose of the network is to assist services to act co-operatively to share best practice and influence strategic developments locally, regionally and nationally. The evaluation was commissioned to find out how the network works and what impact it makes. The study comprised four main elements: 1. Ethnographic observations of what happens in the network meetings 2. Mapping key outcomes information collected by commissioners against the activity of the network. 3. Close case studies in four of the regions involving interviewing service users and staff and documentary analysis. 4. A questionnaire survey of all the units/services. The evaluation will be complete in time to present complete results at the conference. Emergent findings from the ethnographic observations suggest the network produces a unique culture that is conducive of involvement practices. These have an impact at both the level of services and for the individuals who participate. For service users this has been noted as pivotal within personal recovery journeys, and numerous individuals continue to support and contribute to the network beyond discharge from forensic services. For services, the network is influential on commissioning and contracting and has served to support various practice innovations.

Innovation in Care and Risk planning in UK secure services: the Rethink Mental Illness Innovation Network secure care programme

Charli Hadden: Senior Innovation Officer, Rethink Mental Illness

Rethink Mental Illness is a national mental health charity in England. Formed 40 years ago, the charity provides services for over 60,000 people. In 2012, the Schizophrenia Commission made 42 recommendations with several relating to the provision of services in secure settings. In response to the report, Rethink Mental Illness formed their Innovation Network, made up of 11 NHS Trusts and one independent sector provider, together with Rethink Mental Illness as a voluntary sector provider. The Innovation Network includes two evaluated approaches to address the recommendations for secure care, namely Effective Care and Safety Planning and Peer Support. The Innovation Network is supporting the evaluation of a programme of interventions in the areas of collaborative 'care planning' and 'safety planning', focused on working alongside service users in the early identification of recovery pathways that address personal, clinical and safety orientated goals. This paper describes the interventions in each of these areas of practice and the way they are being implemented in each secure service. It discusses the methodology of the evaluation and the difficulties and challenges of data collection. The evaluation included the audit of patient records, qualitative data collection, focus groups with service users and staff and the use of a recovery environment assessment tool. This paper will present the findings of the final evaluations and will discuss the implications these have for future service improvement, together with further applications for development in the national context. It makes recommendations for other providers of secure services based on our learning.

#266816 - Symposium - F6.1

Improving Outcomes for Mentally Ill Remand Prisoners.

Chair: Harry Kennedy, University of Dublin Trinity College (TCD) (Ireland)

Symposium Abstract

Persons with severe mental illness, substance misuse problems and homelessness are over-represented in prison populations. Prison in-reach mental health services face many challenges in implementing treatment pathways for these vulnerable and stigmatised individuals. This symposium will describe how a systematic, sustainable and synergistic approach can improve outcomes for mentally ill remanded prisoners. There will be a particular focus on overcoming barriers to healthcare for homeless prisoners with major mental illness. Finally, an evaluation of the service's effectiveness in achieving transfer of care will be presented.

Individual Abstracts

Transfer of care on discharge from prison mental healthcare: Outcomes for 363 consecutive discharges from a remand prison, over a one year period.

Jamie Walsh Ph.D.

Background: The post-release period is associated with an increased risk of morbidity and mortality. Previous studies have identified deficits in pre-release planning for mentally ill prisoners, particularly in remand settings. **Aims:** We aimed to determine the proportion of mentally ill remand prisoners referred to community mental health teams (CMHTs) and prison in-reach mental health services who achieved contact within one month of discharge. **Method:** This observational study was based in Ireland's main male remand prison. Participants included all those individuals discharged from the prison in-reach service during 2015. We measured the proportion of these individuals achieving transfer of care (defined as face-to-face contact with the receiving service). This was confirmed by written correspondence from the receiving service or by follow up telephone call. **Results:** Outcomes were recorded for all 363 prisoners discharged within the study period. Of these, 32% (N=117) had a diagnosis of Severe Mental Illness (SMI) and 36% (N=129) were homeless. Within one month of discharge, transfer of care was confirmed for 59% (N=37) of those referred for CMHT outpatient follow up (N=63) and 88% (N=43) of those referred to another prison in-reach mental health service (N=49). Of the 63 individuals referred to community outpatient clinics, 41% (N=26) did not attend, however 7 individuals (11%) attended, but not within the required one month post-discharge timeframe. **Conclusions:** Successful transfer of care can be achieved in remand settings using a systematic approach with an emphasis on early and sustained interagency liaison and the mapping of patient pathways.

STRESS-testing clinical activity and outcomes for a combined prison in-reach and court liaison service: A three-year observational study of 6177 consecutive male remands.

Conor O'Neill, National Forensic Mental Health Service, Ireland and Trinity College Dublin

Background: People with major mental illness are over-represented in prison populations however there are few longitudinal studies of prison in-reach services. Aims: We aimed to examine measures of the clinical efficiency and effectiveness of a prison in-reach and court liaison service over a three year period. Rates of identification of psychosis and diversion to healthcare were compared with rates previously reported for the same setting. We adopted a STRESS-testing model for service evaluation. Method: All new male remand committals to Ireland's main remand prison from 2012 to 2014 were screened. Demographic and clinical variables were recorded along with times to assessment and diversion. The DUNDRUM Toolkit was used to assess level of clinical urgency and level of security required. Results: All 6177 consecutive remands were screened of whom 1109 remand episodes (917 individuals) received a psychiatric assessment. 4.1% (95% C.I. 3.6-4.6) had active psychotic symptoms. Median time to full assessment was 2 days and median time to admission was 15 days for local hospitals and 19.5 days for forensic admissions. Diversion to healthcare settings outside prison was achieved for 5.6% (349/6177, 95% C.I. 5.1-6.3) of all remand episodes and admissions for 2.3% (95% CI 1.9-2.7). Both were increased on the previous period reported. Mean DUNDRUM-1 and DUNDRUM-2 Triage Security Scores were appropriate to risk and need. Conclusions: The mapping approach described shows that it is possible to sustainably achieve effective identification of major mental illness and diversion to healthcare in a risk-appropriate manner.

A Synergistic Approach to Improving Outcomes for Homeless Mentally Ill Remand Prisoners

Damian Smith, MB BCH, MRCPsych, Senior Registrar in Forensic Psychiatry National Forensic Mental Health Service, Ireland and Trinity College Dublin

Background: Homelessness is prevalent among mentally ill remand prisoners and this may impede their ability to access healthcare upon release. A housing support worker (HSW) joined a prison in-reach and court liaison service with the aim of improving access to housing for this vulnerable and stigmatized group. Aims included measuring the homeless status of individuals seen by the HSW at the time of committal and housing and mental health outcomes achieved following this intervention. Methods: Over the two year period from 2014 to 2016, all homeless individuals seen by the in-reach mental health service were referred to the HSW. Demographic and clinical variables were recorded. Housing outcomes at the time of committal were compared with those arranged upon release. Results: The HSW met with 123 separate committal episodes (90 individuals). The lifetime prevalence of psychosis was 63% (n=57), and 92% (n=83) of these individuals had a history of polysubstance abuse. At the time of discharge, 16% (n=20) required hospital admission and 53% (n=66) were followed up by community based outpatient or primary care services. 30.1% (n=37) of new committals seen by the HSW had been sleeping rough at the time of committal. No participants were released to rough sleeping and the majority accessed more stable accommodation at the time of release. Conclusions: Housing outcomes were improved following input from the HSW including improvement in housing status and enhanced links with community based supports.

#266848 - Symposium - A1.1

Randomized Controlled Trials and Secure Environments: Unique Problems, Unique Benefits

Chair: Harry Kennedy – University of Dublin Trinity College (TCD)

Symposium Abstract:

This symposium will report a number of RCTs currently nearing completion, some in forensic secure hospitals, one in a prison setting. The ethical and practical barriers to such research are considerable; the benefits are surprising and are both direct and indirect.

Aims:

- To explore topics specific to forensic populations that require RCTs
- To discuss the barriers to successful RCT research and ways of overcoming these
- To elucidate the potential benefits of carrying out RCTs over and above scientific and clinical progress in the topic chosen.

Individual Abstracts

A content analysis of forensic mental health patients' experience of participating in a randomized controlled trial of cognitive remediation.

Harry G. Kennedy, BSc, MD, FRCPI, FRCPsych

Background: Understanding how forensic patients perceive participating in cognitive remediation therapy (CRT) is important for establishing the acceptability and thus the generalizability of CRT within forensic mental health settings. Method: 32 patients who participated in 56 sessions of CRT anonymously completed a service user developed interview for assessing patient's experiences of CRT. The interview was administered by a clinician with no other involvement in the study and who was blind to patient performance during the trial. Content analysis was used to evaluate patient's responses. Results: The three main content areas observed were 1) sessions and tasks 2) the relationship with the therapist 3) perceived impact of CRT, on cognitive ability, impact on daily life and impact on the self. Regarding sessions and tasks 90% of participants reported that they received an appropriate number of sessions and 96% said that they improved on the tasks over time. Regarding relationship with therapist 96% reported experiencing a positive relationship with their therapist. Regarding the impact of CRT 85% reported that cognition had improved at follow up, 96% reported that CRT had an impact on their daily life and 96% reported feeling more positive about themselves. Conclusion: CRT appears to be an acceptable and valued intervention within the context of an epidemiologically valid sample of a national forensic cohort of patients with schizophrenia and schizoaffective disorder.

Randomised controlled trial of the short term effects of OROS-methylphenidate on ADHD symptoms and behavioural outcomes in young male prisoners with attention deficit hyperactivity disorder (CIAO-II)

Lindsay D.G. Thomson, MB, ChB, MPhil, MD, FRCPsych

Background: The symptoms of ADHD are known to improve with medication but to date there has only been one small randomised controlled trial of methylphenidate (MPH) in a forensic population, a sample of 30 Swedish prisoners with ADHD. An epidemiological study indicated the potential benefits of treating ADHD among offenders. This large survey of 25,656 Swedish patients with ADHD found a 6-fold higher rate of criminal convictions in ADHD patients compared to controls and a 32% reduction during periods of drug treatment for ADHD with either MPH or atomoxetine; but not when antidepressants were prescribed, suggesting the specificity of these findings to the treatment of ADHD. Aims: To describe the purpose and objectives of this trial; To set out the trial design; To discuss issues arising from organising trials within a prison setting. Trial Design: An 8-week parallel arm randomised placebo controlled trial of an extended release formulation of MPH (OROS-MPH), on ADHD symptoms, behaviour and functional outcomes in young male offenders aged 16-25, meeting DSM-5 criteria for ADHD. Participants are randomised to 8-weeks treatment with either OROS-MPH or placebo, titrated over 5 weeks to balance ADHD symptom improvement against side effects. 200 participants will be recruited with 1:1 ratio of drug to placebo. Randomisation will be conducted by the King's CTU with blinding of both investigators and participants. OROS-MPH will be offered to both the OROS-MPH and placebo treated groups as part of their clinical care once the 8-week trial is completed. The trial commenced in October 2016.

A randomized controlled trial of cognitive remediation for a national cohort of forensic mental health patients with schizophrenia or schizoaffective disorder.

Ken O'Reilly

Background: Many patients with schizophrenia and schizoaffective disorder experience cognitive impairment. To date there has been no randomized controlled trial (RCT) cohort study of cognitive remediation therapy (CRT) within a forensic hospital. Methods: 65 forensic mental health patients with schizophrenia or schizoaffective disorder were randomized to TAU or CRT. CRT involved 42 thrice weekly individual sessions and 1 group therapy session delivered over a 14-week period. Patients cognitive performance was assessed at baseline, end of treatment and at 8 month follow up by assessor's blind to treatment allocation. Results: Using the ITT analysis there was no significant improvement on the MCCB composite score ($p = .051$; $d = 0.4981$; 95% CI 0.0003 to 0.9959) at end of treatment. There was a significant improvement on the subscales of the MCCB for visual memory ($p = .034$; 95% CI = 0.0498 to 1.1196) and working memory ($p = .007$; $d = .7541$ CI 0.212 to 1.2962). Conclusion: cognitive remediation appears to be an effective and acceptable intervention for improving cognitive difficulties experienced by patients within a forensic mental health setting.

#266870 - Symposium -B2.1

Treatment As Usual (TAU) in Secure Environments: What Is It, Does It Work, How Does It Work?

Chair: Harry Kennedy, University of Dublin Trinity College (TCD) (Ireland)

Symposium Abstract

According to best evidence, the treatment of complex problems should be intensive, prolonged and multi-modal. This symposium will report on attempts to describe treatment as usual (TAU) in forensic secure settings and to measure outcomes. This is an essential step in designing any randomised controlled trial and ought to be central to quality improvement and commissioning.

Aims:

- To explore approaches to describing TAU in forensic settings
- To discuss the balance between individualisation and reliance on research evidence
- To elucidate ways of assessing progress in treatment and outcomes of treatment.

Individual Abstracts

Evolution, Evaluation and Treatment as Usual

Harry G. Kennedy, BSc, MD, FRCPI, FRCPsych, Executive clinical director, National Forensic Mental Health Service, Dublin and Trinity College Dublin

Background: The evaluation of effectiveness for secure forensic mental health services requires a critical approach that requires randomised controlled trials (RCTs). Defined treatment as usual (TAU) is a necessary step for RCTs and therefore is necessary prior to outcome measurement. There are well-defined methods for matching patients to well-defined levels of therapeutic security. These criteria typically include need for specialist treatments – broadly included as TAU in forensic secure settings. But there are no systems for assessing this. Method: a theoretical framework is described that differentiates the levels of development and quality of governance for delivering TAU in secure services. Criteria include values and rights, clinical organisation, consistency, time scale, specialisation, routine outcome measures and research activity. Results: a combined Delphi and self-evaluation survey across services and jurisdictions will be presented. Conclusions: while there is enormous diversity between services, core values are consistent. TAU is a broad concept but can be described under consensus themes and headings. Quality improvement schemes, commissioning and inspection frameworks should pay more attention to TAU and the systemic factors described here as relevant to TAU. In this system, the capacity to complete RCTs is an indicator of excellence. The necessity of defining and delivering well-defined and consistent TAU as a pre-condition for RCTs and as a pre-condition for excellence will be discussed.

A case study of the challenge to design and implement an appropriate control condition for a treatment trial and implications for evidence based forensic mental health care

Lindsey Gilling McIntosh, MSc, PhD candidate in psychiatry; Assistant Psychologist, University of Edinburgh, Edinburgh UK; the State Hospital, Carstairs, UK

Background: The selection and design of the control condition in a randomised controlled trial can significantly impact trial outcomes. Each type of control has its own weaknesses and this crucial design choice subtly dictates research questions addressed by the study. It can be challenging to design a trial that is scientifically and clinically valuable and also ethically justifiable, particularly in forensic services. Method: The aim of this presentation is to elucidate the tension and explore the relationship between research design and ethics using the example of a proposed feasibility trial of the 'On the Road to Recovery' (OTRTR) psychological therapy. OTRTR is a brief, low intensity intervention and a key component of a stepped care model of service delivery in the Scottish Forensic Network. The proposed study spans high, medium, low secure inpatient and community-based services. This invoked challenging service- and organisational-level constraints. Results: Ultimately, we selected a single control condition that could be feasibility implemented in each service yet facilitates scientifically meaningful inferences about OTRTR. The proposed condition of 'constrained usual care', despite raising additional ethical concerns, will preserve the effects of this low intensity therapy from non-study therapies (otherwise part of 'usual care') typical of forensic mental health services, generally highly specialist and resource-intensive. Conclusions: We will additionally discuss wider implications for evidence-based care using findings from a recent systematic review of psychological interventions for forensic inpatients, demonstrating how design and implementation of control conditions necessarily affect the conclusions of primary studies and scientific reviews.

To treat or not to treat: an evaluation of the effectiveness of psychosocial programs within a sample of forensic patients with schizophrenia or schizoaffective disorder

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

Background: Although there is evidence that forensic patients are at a lower risk of re-offending compared to prisoners, it is an open question whether lower risk results from treatment. The factors which may moderate treatment success are also poorly understood. These factors likely include the method of measurement used to evaluate outcome, length of stay, and cognitive impairment. Methods: 123 forensic mental health patients with a diagnosis of schizophrenia or schizoaffective disorder were followed up for a 4-year period or until the point of discharge. Patients were assessed at baseline using the HCR-20 and the Dundrum Program Completion Scales. Cognitive impairment was assessed using the Matrics Consensus Cognitive Battery (MCCB). We hypothesized that there will be a significant difference in patient performance on the Dundrum Program Completion Scale but not the HCR-20 over the follow up period. We hypothesize that patients who are hospitalized for less than five years will benefit more from treatment than those hospitalized more than five years. We hypothesized that cognitive impairment will account for a significant amount of the variance on patients' ability to benefit from treatment programs, controlling for age, gender, psychopathology and length of stay. Results: Length of stay (more or less than five years) determines treatment response. The extent to which this is explained by cognitive impairment will be presented. Conclusions: Understanding whether patients benefit from forensic treatment programs in addition to outcome moderators is an important priority for forensic mental health services.

#266877 - Symposium - H8.2

Parental Acceptance-Rejection and Psychopathy: A symposium discussing the findings between perceived parental acceptance-rejection and multiple self-report psychopathy measures.

Chair: Evan Norton, Alliant International University, San Diego (United States)

Symposium Abstract

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. This symposium will explore one of these facets specifically, relationships with parental figures. Perceived parental acceptance-rejection, as assessed by the Parental Acceptance-Rejection Questionnaire and two self-report measures of psychopathy (Psychopathic Personality Inventory-Revised and the Self-Report Psychopathy Scale- 4th) were administered to over 125 college students (ages 18-24). Correlations and an exploratory factor analysis were conducted, to analyze the relationships between these instruments. Results, future research directions, clinical and forensic implications are discussed.

Individual Abstracts

Parental Acceptance-Rejection and Psychopathy: A symposium discussing the findings between perceived parental acceptance-rejection and multiple self-report psychopathy measures.

Evan S. Norton, M.A., Student, Alliant International University, San Diego

This study investigated the relationship between two self-report measures, the Parental Acceptance-Rejection Questionnaire (PARQ Maternal Form and Paternal Form) and the Psychopathic Personality Inventory-Revised (PPI-R). The goal of this research was to quantitatively explore the relationship between parenting and features of psychopathy. Over fifty college students participated in the study and correlational statistics were conducted on total score and scale scores between the two instruments. Findings of this study suggest individuals who perceived their maternal and paternal figures as rejecting of them at crucial times during their development, also endorsed higher levels of social anxiety, general worry, and perceive themselves as less influence in their interpersonal relationships compared to their peers. Key differences were found between perceived rejection from maternal compared to paternal figures and these findings will be addressed. Implications for clinical/forensic application are discussed as well as future research direction.

Parental Acceptance-Rejection and Psychopathy: A symposium discussing the findings between perceived parental acceptance-rejection and multiple self-report psychopathy measures.

Robert Lark, Ph.D., Professor Emeritus, Forensic Psychology, Independent Forensic Practice

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. This symposium will explore one of these facets specifically, relationships with parental figures. Perceived parental acceptance-rejection, as assessed by the Parental Acceptance-Rejection Questionnaire and two self-report measures of psychopathy (Psychopathic Personality Inventory-Revised and the Self-Report Psychopathy Scale- 4th) were administered to over 125 college students (ages 18-24). Correlations and an exploratory factor analysis were conducted, to analyze the relationships between these instruments. Results, future research directions, clinical and forensic implications are discussed.

Parental Acceptance-Rejection and Psychopathy: A symposium discussing the findings between perceived parental acceptance-rejection and multiple self-report psychopathy measures.

Samantha Story, M.A., Student, Alliant International University, San Diego

This study is an expansion of the first. In an effort to determine if the findings from study one are applicable across self-report measures of psychopathy the sample size was increased and a different instrument measuring features of psychopathy was used. Over one hundred college student's profiles were utilized to expand upon initial research. The PARQ (Maternal and Paternal forms) and Self-Report Psychopathy Scale-4th (SRP-4) scales and total scores were correlated in an effort to further quantify the relationship between parental acceptance-rejection and psychopathy. The SRP-4 (Paulhus, Neumann, Hare, Williams, & Hemphill, 2016) is the latest self-report measure of psychopathy that directly emulates Hare's Psychopathy Checklist-Revised (PCL-R). This instrument was chosen as it is the only self-report measure that addresses behaviors consistent with the construct of psychopathy. Findings as well as implications for clinical/forensic application are discussed.

Parental Acceptance-Rejection and Psychopathy: A symposium discussing the findings between perceived parental acceptance-rejection and multiple self-report psychopathy measures

Kori Ryan, Psy.D., Assistant Professor, Fitchburg State University

Lastly, an exploratory factor analysis was conducted across all four instruments, the Parental Acceptance-Rejection Questionnaire Maternal and Paternal Forms (PARQ), the Psychopathic Personality Inventory-Revised (PPI-R) and the Self-Report Psychopathy Scale 4th Edition (SRP-4). Factor clustering and loadings were conducted in an effort to find "likeness" between the instruments. Differences between behavioral and affective loadings on the self-report psychopathy measures suggest these constructs are affected differently by parental acceptance-rejection. Future research directions and ethical considerations will be incorporated. Implications for forensic and clinical settings will be discussed at length.

Parental Acceptance-Rejection and Psychopathy: A symposium discussing the findings between perceived parental acceptance-rejection and multiple self-report psychopathy measures.

Kevin S. Douglas, Simon Fraser University is a discussant for the symposium.

#267249 - Symposium - E5.6

A program for substance abuse in a high security forensic setting: history, implementation, results and program evaluation

Chair: Tiziana Costi, Institut Philippe Pinel de Montreal (Canada)

Symposium Abstract

Substance abuse is an important issue in mental health and a risk factor for violence. In forensic setting it is a real challenge for assessment, treatment and management of risk. This symposium will discuss the program for substance abuse in Institut Philippe Pinel in Montréal, a high security forensic setting. It will describe the origin of the program, the implementation and the results after 5 years, as well as the program evaluation completed in 2016.

Individual Abstracts

Introduction

Tiziana Costi, Psychologist, Institut Philippe Pinel de Montreal

Brief presentation of the symposium, of the presenters and of the individual presentations.

Description of the Program

Melissa Mc Donald, Criminologist, Chief of the Psychology and Criminology Services, Institut Philippe-Pinel de Montreal

This presentation will describe the program implemented in 2012, including a sensibilisation program and a relapse prevention program, preceded by a structured assessment of substance abuse problems. Some data concerning the participants will be shared. This part will also talk about the form, the content and the functioning of the program and will discuss the problems encountered in the implementation and continuation of the program.

The context

Marie Limoges-Mongeau

This part will describe the setting, Institut Philippe Pinel de Montreal, the patients, the problems and the data concerning substance abuse and the origin of the program in 2010. It will discuss the past experience, the groups for substance abuse existing since around 2005, the needs and the questions concerning a structured assessment and treatment program of toxicomania in a high security forensic hospital. The discussion will take into consideration the theoretical approaches focusing on the treatment of those comorbidities (violence, substance abuse, mental health).

The results and the future

Tiziana Costi, Psychologist, Institut Philippe Pinel de Montreal

This final presentation of the symposium will describe some results after 5 years of implementation of the program. It will also discuss the data from a program evaluation

completed in 2015-2016, as well as the future trends for the program, in a new context of reorganization of forensic services and of reduced budgets, as well as discussion with other partners in the health and justice services.

#291317 – Symposium – F6.3

The Next Generation of Risk Assessment and Management: The eHARM-FV One Year Later

Submitter: GaryChaimowitz
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Authors:

Gary Chaimowitz

Katelyn Mullally

Mini Mamak

The electronic Hamilton Anatomy of Risk Management – Forensic Version (eHARM-FV) was developed with an aim to enhancing the assessment, monitoring, and management of risk at the clinical interface using analytics. The eHARM is an easy to use electronic tool that allows for innovative data input and data output. From a risk assessment and management perspective, the tool generates automatic individual analytics which allow users to easily track progress and change. From a research and quality improvement perspective, the tool also allows for group analysis and is SPSS compatible. Over one year after implementation, exploration has begun into the many research, quality improvement, and evaluation opportunities that this tool affords. The tool will be introduced and psychometric uses of the tool will be presented.

The Hamilton Anatomy of Risk Management – Forensic Version (HARM-FV) is a structured professional judgment tool developed in an effort to enhance the short-term risk assessment and risk management processes in forensic psychiatry. The HARM-FV combines static and dynamic risk factors to facilitate team discussions of risk, and guide treatment planning, privilege requests, and risk management. By guiding through relevant risk factors, the HARM facilitates a continuous process, eventually guiding the team to make an informed judgment regarding risk, prior to making decisions regarding treatment and privileges. After nearly a decade of successful use, we sought to advance the functionality of the HARM-FV through the use of embedded analytics. The result of this is the innovative electronic Hamilton Anatomy of Risk Management – Forensic Version (eHARM-FV). The eHARM-FV combines the risk assessment and risk management processes with built-in analytics to enhance and inform these processes in a way never-before-seen by forensic psychiatry. Specifically, the innovative electronic tool generates longitudinal patient-level analytics using real-time data, which are accessible to the team at any point during or after a risk assessment. While patient-level analytics allow users to target treatment and view trends in performance on an individual level; group-level analytics allow users to view trends in diagnoses, treatment, aggressive incidents, and more across any number of patients. Moreover, the eHARM-FV allows users to download patient risk assessments into an SPSS and Excel-compatible document for further analyses. The outcome of this is a rich database created at the clinical interface, which consists of an extensive variety of relevant variables and numerous time points, and thus holds immeasurable opportunity. The eHARM-FV has the capability to enhance everyday clinical practice, as well as transform research, quality management, and program evaluation. The eHARM-FV has been successfully implemented in several psychiatric settings in Canada, with additional versions, translations, and training opportunities now available. Through this presentation, we intend to share learnings regarding the use of analytics in forensic psychiatry and the ways in which such a tool can enrich clinical practice in this setting. In addition, the eHARM-FV will be introduced and preliminary psychometric data and initial research findings from four sites will be presented.



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- Advanced violence risk assessment and management
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- Substance misuse and offending
- Problem behaviours
- Trauma and offending
- Forensic mental health nursing
- Working in corrections and youth justice
- Forensic issues across the lifespan.



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ROUNDTABLES

Abstracts

Sorted by rising #numbers

ID# 0 – Roundtable – G7.3

What are protective factors and what do you do with them?

Chair: Ed Hilterman, MSc, GGzE Center for Child & Adolescent Psychiatry, Netherlands and Justa Mesura, Spain

Ed Hilterman,

MSc, GGzE Center for Child & Adolescent Psychiatry, The Netherlands and Justa Mesura, Spain

Michiel de Vries Robbé,

PhD, Van der Hoeven Kliniek, The Netherlands

Abstract

Description

The attention for protective factors is on the rise, is it? Just one decade ago risk assessment tools that incorporated protective factors were scant and need-oriented treatment was principally focused on risk factors and consequently on the deficits of the offender. Research showed that clinicians perceived protective factors as not very relevant and they played a minor role in the decision-making on risk and needs.

Since then several tools that focus on protective factors have been published, the Good Lives Model entered the realm of forensic treatment, and risk assessment could be more balanced between strengths and vulnerabilities. This possible shift could facilitate treatment plans more focused on positive treatment goals.

So, we all use protective factors in our risk assessments and treatment plans, do we? But what exactly are protective factors? Aren't they just the opposite of risk factors? Do they really contribute in the assessment of recidivism risk, and more importantly, are they helpful in the formulation of risk and treatment goals? What are appropriate tools to assess protective factors?

These and more questions will be answered in this roundtable about protective factors. Presentations will be concentrated on research and clinical use of SAPROF (de Vogel, de Ruiter, Bouman & de Vries Robbé, 2009) and SAPROF-YV (de Vries Robbé, Geers, Stapel, Hilterman & de Vogel, 2015). The use of the SAPROF-YV will be illustrated by a case of a juvenile offender. After the initial presentations the presenters will invite the audience for discussion and exchange of ideas and experiences. In this discussion there will be special attention for the use of dynamic protective factors to orientate and evaluate treatment. Also the exploration of future research questions that could be relevant for the further development of protective factors and their use in the field will receive special attention.

ID #265856 – Roundtable - A1.5

Cross-cultural issues in forensic assessment: problems and solutions

Chair: Barry Rosenfeld, Fordham University (United States)

Barry Rosenfeld,

PhD, Professor, Fordham University

Stephen Hart,

Professor, Simon Fraser University

Monica Rivera-Mindt,

Professor, Fordham University

Stephane Shepherd,

Senior Lecturer, Centre for Forensic Behavioural Science, Swinburne University of Technology, & Victorian Institute of Forensic Mental Health (Victoria, Australia)

Virginia Barber-Rioja,

Ph.D., Clinical Director, Correctional Health Services, Rikers Island Correctional Facility

Abstract:

Forensic mental health clinicians are increasingly confronted with individuals from diverse cultures and linguistic backgrounds. Application of forensic assessment techniques to culturally and ethnically diverse individuals raises numerous questions, including which assessment techniques are sufficiently robust as to be reliable and valid when used "cross-culturally". This roundtable brings together experts to discuss cross-cultural problems and solutions in a range of forensic contexts, including violence risk assessment, neuropsychological testing, immigration and asylum proceedings, assessment of psychopathy, and malingering. In addition to brief presentations, audience members will be encouraged to discuss case dilemmas and possible approaches.

Summary:

Forensic mental health clinicians are increasingly confronted with individuals from diverse cultures and linguistic backgrounds. Whether in the criminal justice, civil, or the ever expanding immigration context, clinicians are often asked to evaluate individuals who differ from themselves culturally and ethnically, or speak a language other than their own. Determining what forensic assessment techniques can be used with an individual from another cultural background or who does not speak the region's native language raises numerous questions, including which assessment techniques are sufficiently robust as to be reliable and valid when used "cross-culturally". This roundtable brings together experts to discuss cross-cultural problems and solutions in a range of forensic contexts. Specifically, Dr. Stephane Sheppard will discuss cross-cultural issues in violence risk assessment, drawing in part on his research with aboriginal cultures in Australia; Dr. Monica Rivera Mindt, an expert on neuropsychological testing in Hispanic/Latino immigrants in the U.S., will address neurocognitive testing issues; Dr. Virginia Barber-Rioja will discuss issues related to immigration and asylum proceedings (drawing on her forthcoming book on this topic), Dr. Stephen Hart will focus on cross-cultural issues in psychopathy assessment (focusing on both the PCL and CAPP), and Dr. Barry Rosenfeld will address cross-cultural issues in the use of malingering and effort measures (incorporating the results of a recently published meta-analysis). In addition to brief presentations by the roundtable members, the audience will be encouraged to discuss specific case dilemmas they have encountered in order to highlight possible approaches and solutions.

#265947- Roundtable - F6.2

Redesigning Forensic Care Pathways in England: The New Models Pilot Programme

Chair: QuaziHaque, Institute of Psychiatry (United Kingdom)

Patrick Neville,

recent head of NHSE Mental Health Portfolio, Elysium healthcare

Mary Harty,

South London New Care Models

Abstract:

NHS England commissions secure services and have approximately 7719 inpatient beds in secure mental health services, of which approximately 795 are in high secure, 3192 in medium security and 3732 in low security. The current spend of £1.2 billion and variation in practice and outcomes is currently being addressed as part of a Five Year Forward View pilot seeking to have local forensic networks deliver local innovation and viable alternatives to hospital care. This roundtable will review progress with this national initiative with contributions from senior mental health professionals with clinical, managerial and commissioning backgrounds directly involved in the pilots.

#266296 - Roundtable - B2.2

Vulnerability of the forensic expert in the public arena

Chair: Corinede Ruiter, Maastricht University (Netherlands)

Corine de Ruiter, Ph.D.

Professor of Forensic Psychology, Maastricht University

Jane L. Ireland, Ph.D.

Chair in Forensic Psychology, University of Central Lancashire

Robert Lark, Ph.D.

Professor Emeritus, Forensic Psychology, Independent Forensic Practice

Abstract:

The present (social) media landscape, the culture of litigation and complaint, and confusion about professional roles of the applied psychologists (e.g., forensic psychologist, clinical psychologist) have resulted in increased vulnerability of forensic experts in the public arena. Drs. Ireland and De Ruiter will briefly sketch two very different complaint cases against them which were heavily publicized in the media. Because forensic experts operate within the public, legal arena, the risk of reputation damage may be considerable. We invite the audience to offer comments and solutions to an increasing problem.

Summary:

The present (social) media landscape, the culture of litigation and complaint, and confusion about the professional role of applied psychologists (e.g., forensic psychologist, clinical psychologist) have resulted in increased vulnerability of forensic experts in the public arena. Drs. Ireland and De Ruiter will sketch two different complaint cases against them which were heavily publicized.

Dr. Ireland wrote a critical research report on the quality of expert witness reports, and a group of independent expert witnesses resorted to an organized campaign against her to discredit the research, which included reporting her to her regulatory body. A core issue of difficulty for the regulatory process appeared the application of current practice guidelines to research, along with difficulty in distinctions between different applied psychologists. No case to answer was the conclusion of the regulators but the process to reach this took over four years.

Dr. De Ruiter was reprimanded by the Netherlands Institute of Psychologists (NIP) based on a newspaper article by a freelance journalist and summary notes made by a court clerk about a court hearing on July 24th, 2014 in the court of The Hague. The writings of the journalist and those of the clerk were incomplete and factually incorrect. The NIP review board did not have access to De Ruiter's forensic psychological report in which findings were elaborately substantiated by forensic psychological assessment, file review (1500 pages), witness statements and references to the relevant academic literature. Just as Ireland, De Ruiter was held against a clinical set of guidelines.

#266771 - Roundtable- E5.5

eHealth and Forensic Mental Health - What are the benefits, barriers and possibilities?

Chair: Hanneke Kip, University of Twente, Faculty of Behavioural, Management and Social Sciences, Center of eHealth and Wellbeing Research (Netherlands)

Hanneke Kip

PhD student, University of Twente, Faculty of Behavioural, Management and Social Sciences, Center of eHealth and Wellbeing Research

Yvonne Bouman

StichtingTransfore

Anne Marike Halma

Lisette van Gemert-Pijnen

Professor, University of Twente, Faculty of Behavioural, Management and Social Sciences, Center of eHealth and Wellbeing Research

Abstract:

In the Netherlands, a lot of attention is being paid to innovation in forensic mental healthcare. A promising way to innovate is by using e-health technology during the assessment, treatment and rehabilitation process of offenders. In this Round Table session, three concrete examples of eHealth technologies that are suitable for forensic settings are presented. The first is a web-based toolbox with online tools and psychological interventions; the second is a personalized mobile app that supports patients during their leave; and the third a Virtual Reality application. Their benefits, limitations and potential for forensic practice will be discussed.

Summary:

The Round Table will be lead by four experts: a researcher in forensic psychiatry (dr. Yvonne Bouman), a staff member who focuses on e-health and who is a therapist in forensic mental healthcare as well (Dirk Dijkslag), an e-health professor (prof. dr. Lisette van Gemert-Pijnen) and a researcher who focuses on the development of e-health in forensic mental healthcare (Hanneke Kip, MSc). The goal is to critically evaluate three examples in order to activate an interactive discussion with the experts on the use of e-health in forensic psychiatry. First, a general introduction of e-health will be provided to make sure that every participant gets acquainted with its definition, goals and possibilities. In this session, e-health is defined as the use of information and communication technology to improve health, wellbeing and healthcare within a forensic setting. Some of its potential benefits are a focus on self-management of patients, improved effectiveness of treatment, and decreasing costs. After the introduction, three concrete examples will be shown to elicit a discussion about the added value and limitations of each technology. The first example is MindDistrict (www.minddistrict.com), which provides modules specifically aimed at forensic psychiatric patients. The second example is the 'Verlofhulp app', a Dutch mobile application that is personalized to fit the specific user and supports patients during their leave. The third example consists of several Virtual Reality applications that are suitable for forensic practice, e.g. virtual environments that aim to improve self regulation and relaxation techniques (example: <http://clevr.net/en/products>).



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PAPERS

Abstracts

Sorted by rising #numbers

#252466 – Paper

Faith in thy Threshold: an empirical analysis of juror decision making and information integration

Submitter: LeeCurley

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Authors:

LeeCurley, Edinburgh Napier University (United Kingdom)

Rory Maclean, Edinburgh Napier University

Jennifer Murray, Edinburgh Napier University

Phyllis Laybourn, Edinburgh Napier University

The current study focusses on the decision making processes of jurors. The study looked to see how jurors make a decision, if they integrated information within their decision making process, and if cue utilisation thresholds promoted confirmation bias. To do this 108 participants listened to one of nine cases. These participants were asked to give a likelihood of guilt rating after each piece of evidence, and give a final verdict at the end of a case. The results highlighted that threshold decision making was being utilised, and that there was evidence of both information integration and confirmation bias.

Background/Aim: Previous research has shown that decision makers make decisions once a boundary or threshold is reached (Ratcliff & Smith, 2001). However, this decision making model has never been studied in a legal environment before. This study aimed to rectify this. Previous research from Estrada-Reynolds, Gray, & Nuñez, 2015) has provided evidence for both confirmation bias and information integration within the court room. Furthermore, the aim of this research is to establish whether jurors integrate information. The paper, also, looked to see whether confirmation bias was promoted by threshold decision making.

Method: A quasi-experimental design was implemented. 108 participants were shown one of nine trials. This number was chosen to allow the results of the current study to be more generalizable than if all the participants saw the same case. Each of the trials were recorded, which simulated the court process of jurors listening to evidence. This also allowed the evidence to be standardised, with the same pieces of evidence being read at the exact same pace and tone. For all the cases participants heard an opening statement from a judge initially, then participants were asked to give a likelihood of guilt rating from 0 to 100, which was the dependent variable (DV). Zero here represented that the person was innocent, and 100 symbolised that the person was guilty. Then participants heard each piece of evidence; overall eight pieces of evidence were heard (four prosecution and four defence). Participants were asked to repeat their likelihood of guilt statement after each piece of evidence. Once all evidence was heard, the participants listened to the closing statements from each of the councils. Once again participants were asked to give a likelihood of guilt rating. After the closing statements were heard participants were asked to give a final verdict, which could either be guilty or not guilty. Finally, participants were asked to state the last piece of evidence needed to make their decision. This rating was used to symbolise the threshold. Further, three independent variables were utilised in this analysis; verdict given, threshold and evidence type. Results: A generalised estimating equation was used to analyse the results. Firstly, it was found was that there was a significant main effect of verdict given on the DV. Secondly, it was shown the independent variable of threshold was having a significant main effect on the DV. Thirdly, it was shown that evidence type was having a significant main effect on the DV. Finally, there was a significant interaction between verdict given, threshold and evidence type on the likelihood of guilt rating. Conclusion: In conclusion, the results suggest that information integration seems to be occurring

throughout the decision making process of jurors. However, the results suggest that thresholds may promote confirmation bias. One explanation is that jurors integrate information until they reach a boundary (Ratcliff & Smith, 2001), once this boundary is reached, they then use confirmation bias (Nickerson, 1998) (and possible pre-decisional distortion) in an attempt to decrease cognitive dissonance (Ask, Reinhard, & Marksteiner, 2011).

#253920 – Paper

Examining extremist violence profiles and intervention strategies

Submitter: MarijeKeulen-de Vos

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Authors:

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MarijeKeulen-de Vos, Forensic Psychiatric Center 'de Rooyse Wissel'

Sophie Berjot, Reims University

Massil Benbouriche, Wayne State University

Radicalisation is one of the world's most pressing concerns. A closer look at the forces that drive extremist behaviours sheds light on the special challenges of terrorist detainees and the need to use targeted approaches to manage them. In this presentation we shall draw upon a de-radicalisation programme that we are currently developing in France with a team of international experts. We shall present the theoretical models behind our assessment and intervention strategies, comprising, inter alia, the RNR model, cognitive distortions, motivation, emotional states, and identity uncertainty/fusion. We are also innovating by using Self-Determination Theory and Schema Therapy.

Radicalisation is defined as a social and psychological process by which previously passive individuals become so aggrieved that they become revolutionary, militant or extremist, and may become ready to sacrifice their lives and the lives of innocent people to make ideological statements. Radicalisation, and its culmination in terrorism, represents a grave threat to the security and stability of the world. It is one of the world's most pressing concerns. The demands of protecting the public from terrorists are different from those related to the typical criminal offender. This difference lies not only in the degree of threat, but also in the motivations that propel the actor. A closer look at the forces that drive extremist behaviours sheds light on the special challenges of terrorist detainees and the need to use targeted approaches to manage them. In this presentation we shall draw upon a de-radicalisation programme that both authors are currently developing in France with a team of international experts in criminology, psychology, extremism studies, and modern theories of Islam and Arabic culture and language. Our approach is essentially psycho-criminological with a strong focus on evidence-based practices. However, in view of the lack of clear-cut and fully validated treatment framework we had to work on the basis of a theory-driven approach. We shall therefore present the theoretical models behind our assessment and intervention strategies, comprising, inter alia, the RNR model (criminogenic needs/levels of risk) with a strong emphasis on Responsivity, treatment of cognitive distortions, motivation, emotional states, and identity uncertainty and identity fusion. We are also innovating by using Self-Determination Theory and a Schema Therapy Approach.

#255115 – Paper

Boston offender needs and delivery program

Submitter: LeilaSalem

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Authors:

LeilaSalem, University of Massachusetts Boston (United States)

Stephanie W. Hartwell, University of Massachusetts

The Boston Offender Needs Delivery (BOND) project is a longitudinal study (2014 - 2016) of adult inmates with a history of substance use and co-occurring mental health disorders returning to the community following detention in one of Massachusetts' State correctional facilities. Participants received several services (e.g. case management; peer to peer coaching) during the 6 months that followed their return to the community. Results reveal that both structural and social services had a significant impact on our participants' outcomes. Furthermore, interaction effects underline the need to tailor type and frequency of services to different profiles of offenders.

IntroductionThe Boston Offender Needs Delivery (BOND) project is a longitudinal study (2014 -2016) of adult inmates with a history of substance use and co-occurring mental health disorders returning to the community following detention in one of Massachusetts' State correctional facilities. The objectives of the BOND project (funded by the Substance Abuse and Mental Health Service Administration) were to provide services immediately following release from detention in order to prevent recidivism, reduce substance use as well as symptoms of mental health disorder and increase employment. **Methods**Study design and proceduresDetainees who were within three months of release from a state correctional facility and being discharged without parole supervision to the greater Boston area were recruited (n=222). Participants received case management, substance use and recovery counselling services during the 6 months that followed their return to the community. Self reported measures were taken at baseline (referring to the period prior to incarceration) and 6 months following release (n=160 at follow-up).**Results**Bivariate analyses reveal significantly reduced rates of self-reported substance use, depression, anxiety and trouble controlling violent behaviour at follow up compared to the period prior to incarceration. Results also show reduced rates of engaging in illegal activities. Furthermore, 44% of those who declared being unemployed prior to incarceration were employed on a part time or full time basis at follow-up. Looking at social connectedness following incarceration, nearly 40% of those who reported having no one to turn to at baseline, were able to identify a family member, a friend or another source of support in the community.**Negative binomial regressions** reveal that both structural and social services have a significant impact on our participants' outcomes. On the structural side, transportation services are associated with increased employment as well as reduced substance use and reduced involvement in criminal activities at follow up. Social services such as case management recovery support, individual counseling, as well as peer to peer coaching are also associated with reduced substance use and reduced involvement in criminal activity. Further analyses reveal several interaction effects: heavy substance users who received higher intensity case management recovery services present with significantly reduced rates of substance use at follow up compared to those who reported lower symptoms at baseline (prior to incarceration). Furthermore, looking at self reported criminal activity, our analyses revealed that peer to peer coaching reduced rates of involvement in criminal activities among participants who presented with low criminal activity prior to incarceration; however, participants who were involved in criminal activities at an increased rate prior to incarceration report even higher criminal

activity following 6 months of peer to peer coaching. These results could suggest the possibility of criminal networking. Conclusion Preliminary results reveal the positive clinical effect of providing both structural and formal social support community re-entry services immediately following incarceration. Results will be discussed in relation to the Risk Needs Responsivity model; underlining the need to tailor type and frequency of services to different profiles of offenders.

#255756 – Paper

Human Rights, Mental Health and Canadian Corrections: A Prison Ombudsman's Perspective

Submitter: IvanZinger

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Author:

IvanZinger, Office of the Correctional Investigator of Canada (Canada)

This presentation will provide a brief overview of the role and legislative mandate of the Office of the Correctional Investigator, (Canada's prison ombudsman for federally sentenced offenders) and highlight challenges faced by correctional authorities in ensuring compliance with human rights of prisoners with mental illness. Offenders with serious mental illness are entitled to programs and services that conform to professionally accepted mental health care standards, yet the number of offenders with significant mental illness being admitted into Canada's penitentiaries continues to increase. Prison-based mental health services remain inadequate to address their needs and to the task of preparing them for safe and timely release into the community. In terms of outcomes, prisoners with mental illness are more often unable to complete programs; preyed upon or exploited by others; placed in segregation and isolated from human interaction; classified at higher security levels; and released later in their sentences. The Office's findings and recommendations on prison self-injury, suicide and the implementation of the Optimal Model of Mental Health Care in federal corrections will be discussed. It will be argued that the criminalization of persons with mental health issues (often correlated with the reduction of health care services in the community and the introduction of law and order legislative measures), as well as their custody in inappropriate and ill-equipped prison settings, is not only poor public health and criminal justice policy, but can also be tantamount to human rights violations.

This presentation will provide a brief overview of the role and legislative mandate of the Office of the Correctional Investigator, (Canada's prison ombudsman for federally sentenced offenders) and highlight challenges faced by correctional authorities in ensuring compliance with human rights of prisoners with mental illness. Offenders with serious mental illness are entitled to programs and services that conform to professionally accepted mental health care standards, yet the number of offenders with significant mental illness being admitted into Canada's penitentiaries continues to increase. Prison-based mental health services remain inadequate to address their needs and to the task of preparing them for safe and timely release into the community. In terms of outcomes, prisoners with mental illness are more often unable to complete programs; preyed upon or exploited by others; placed in segregation and isolated from human interaction; classified at higher security levels; and released later in their sentences. The Office's findings and recommendations on prison self-injury, suicide and the implementation of the Optimal Model of Mental Health Care in federal corrections will be discussed. It will be argued that the criminalization of persons with mental health issues (often correlated with the reduction of health care services in the community and the introduction of law and order legislative measures), as well as their custody in inappropriate and ill-equipped prison settings, is not only poor public health and criminal justice policy, but can also be tantamount to human rights violations.

#257153 – Paper

Predictors of quality of life amongst inpatients in a forensic mental health setting.

Submitter: PadraicO Flynn

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Roisin O' Regan, National Forensic Mental Health Service - HSE

Background Optimising quality of life (QOL) for patients in a forensic inpatient setting is an important treatment objective. **Aim** To analyse the predictors of QOL within a forensic hospital. **Methods** Fifty-two service users with schizophrenia participated in the study. QOL was measured using the World Health Organisation Quality of Life - Bref. A range of psychosocial variables were measured. **Results** Stepwise regression showed that meaningful activity, level of ward security, and therapeutic hold accounted for 40% of the variance of QOL. **Conclusion** The provision of meaningful activities, level of ward security and therapeutic hold contributes to QOL amongst forensic inpatients.

Background Quality of life is of obvious importance in forensic mental health. Coid argues that 'any discussion on the quality of life of a detained person must proceed on the principle that basic or moral rights exist... and that they should be reflected in the law'. Within a European context it is common for patients to be detained within forensic mental health services for periods of greater than five years. Because patients may have a longer period of stay within forensic inpatient services, maximising their quality of life is an essential treatment objective. Despite quality of life now being recognised as a core outcome in forensic mental health, there remains a paucity of research investigating the predictors of quality of life in forensic mental health inpatient settings. Therefore, this study aims to analyse the predictors of QOL from a range of psychosocial factors such as engagement in meaningful activity, ward atmosphere (therapeutic hold, experienced safety and patient cohesion), social and occupational functioning, community leave, length of stay and level of ward security. To our knowledge, no previous research has explored these issues.

Methods This study is a naturalistic, cross-sectional, observational study. Eligible participants for this study were recruited from the inpatient population residing in high, medium or low-secure wards within the National Forensic Mental Health Service in the Republic of Ireland (n=67). Of the 67 that were asked if they wanted to participate in the study 52 (78%) consented.

Data Collection The data collection tools used were the World Health Organisation Quality of Life Assessment (WHOQOL- Bref) to measure quality of life, the 'Essen Climate Evaluation Schema' (EssenCES) to measure ward atmosphere, the Social and Occupational Functioning scale (SOFAS) and the Engagement in Meaningful Activity Survey (EMAS). There were other variables measured such as community leave status, length of stay and level of ward security.

Results Stepwise regression showed that engagement in meaningful activity, level of ward security and therapeutic hold statistically predicted quality of life. Engagement in meaningful activity was automatically entered first into the model R^2 of .31, $F(1, 51) = 22.5$, p

#258075 – Paper

The legal position of Dutch forensic mental health patients; balancing safety, treatment and legal protection

Submitter: SanneStruijk

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Michiel van der Wolf, Erasmus School of Law (Netherlands)

SanneStruijk, Erasmus School of Law

Since 1997 the Dutch Act *Beginselenwet verpleging ter beschikking gestelden* (Bvt) is in force, providing regulations and rights concerning the TBS (entrustment) detention of mentally disordered offenders. As the Act requires a periodical review, this presentation gives an account of its third evaluation. The main research question was: Do the provisions in the Bvt and its current practice serve the goal of a balance between the dimensions of safety, treatment and legal protection? Twenty-one bottlenecks were identified through interviews with all relevant parties in the field and an analysis of case law, with subsequent recommendations regarding legislation, policy and practice.

Perhaps the most (in)famous sanction in the Dutch penal sentencing arsenal is the ‘entrustment of dangerous mentally disordered offenders at the Government’s pleasure’ (Terbeschikkingstelling; TBS). Given the nature of this safety measure and its prospective aim of safeguarding society from future harm, it may be prolonged indefinitely by judiciary for as long as the convict still poses a risk to commit violent offenses. In contrast to many other safety measures the TBS detention is always combined with treatment. Besides the two TBS dimensions of safety and treatment, a third dimension is the legal protection of these forensic mental health patients. In that regard in 1997 the Act *Beginselenwet verpleging ter beschikking gestelden* (Bvt) was enacted under Dutch criminal law, providing both regulations and rights concerning the TBS detention. Art. 85 of this Bvt Act requires a periodical evaluation concerning its effectivity in practice. In order to fulfill this legal requirement, the abovementioned presenters conducted the third evaluative study. In our presentation we will give an outline of this evaluation, its outcomes, and our recommendations regarding legislation, policy and practice. The two main research questions were the following: 1. Do the provisions in the Bvt and its current practice serve the goal of a balance between the dimensions of safety, treatment and legal protection? 2. Is the Bvt itself sustainable in light of the future landscape of forensic mental health in the Netherlands? To answer these questions, we focused on bottlenecks as they are experienced in the field. These bottlenecks were identified through the previous evaluations, interviews with all relevant parties in the field and an analysis of case law, including a quantitative analysis of the case law of the complaint committees of the individual TBS-facilities (2012-2015) and the central appeal committee (2008-2015). Although for the greater part it appears that the legislation, and subsequent case law, functions well as a guideline for professionals in practice, still 21 bottlenecks were identified. They appeared after studying whether the provision at hand a. is adequately regulated, b. strikes an optimal balance between the dimensions of safety, treatment and legal protection in the present situation, and c. ensures sustainability with regard to the intended dynamic landscape of forensic mental health. Furthermore, we made subsequent recommendations mainly aimed at strengthening the legal protection regarding the treatment, by rethinking basic principles or proposing specific changes in legislation and/or policy. One of the reasons for these recommendations is that both treatment and the most important treatment instrument of leave are currently not formulated as rights of the forensic mental health patient but as duties for the director of the

TBS-facility. To enhance the possibilities for the patient to challenge the opinions and actions of the facility, we recommended, inter alia, that the decision of the director of the TBS-facility to revoke an unaccompanied leave should be open for complaints, and that some specific legal duties concerning the treatment should be formulated as rights in order to ensure admissibility of the patient's complaints.

#260793 – Paper

Psychopathic traits and ADHD-related symptoms

Submitter: MalinPauli

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Katarina Howner, Karolinska Institutet and National Board of Forensic Medicine

A plausible hypothesis to cognitive deficits associated to psychopathy is that ADHD (deficiency in attention, hyperactivity and impulsivity) can be an underlying factor. In this cross-sectional study, male offenders (n = 100) are recruited from all high security correctional facilities in Sweden. The aim of the study is to investigate the associations between cognitive functions and ADHD-symptoms in relation to PCL-R Factor 1 and Factor 2 psychopathy, as well as in relation to the domains of the CAPP (Cooke, Hart, Logan, & Michie, 2012) and TriPM (Patrick, Fowles, & Krueger, 2009). Data collection is ongoing. Preliminary results will be presented.

Trying to clarify how psychopathy relates to functions of the brain has long been a focus of research. However, earlier studies are heterogeneous in measures of cognitive functions. Even more problematic is the disarray of operationalization of antisocial behavior, which have been demonstrated to have a clear impact on the results, with larger effect-sizes linked to criminality compared to measures of psychopathy. Previous research in forensic settings indicate that psychopathic subcomponents have differential effects on cognitive functions, both regarding intelligence and executive functions. The differential relationships of psychopathy and cognitive functions are of special interest as it can contribute to understanding the etiological processes of psychopathy. Research however is sparse with mixed results and heterogeneous methods, why further studies clearly are warranted. Furthermore, few studies of cognitive functioning associated to antisocial behavior and psychopathy have investigated the effects of possible mediating or confounding factors as substance abuse and ADHD (Ogilvie et al., 2011). A plausible hypothesis to cognitive deficits associated to psychopathy is that ADHD (deficiency in attention, hyperactivity and impulsivity) can be an underlying factor. In this cross-sectional study we aim to approach these methodological issues by 1) controlling for ADHD-symptoms and 2) investigating the individual effect of components of psychopathy on cognitive functioning in offenders. The aim of the study is to investigate the associations between cognitive functions and ADHD – symptoms in relation to Factor 1 and Factor 2 psychopathy, as well as in relation to the domains of the CAPP model. We aim to address the following hypothesis: Impulsivity and antisocial behavior connected to psychopathy (Factor 2), the CAPP Behavior and Cognitive Domain as well as TriPM Inhibition are associated to difficulties regarding inhibition, working memory and intelligence. The divergent associations between specific psychopathic personality aspects and cognitive functioning can be explained by comorbidity with ADHD. Participants (n = 100) are male offenders recruited at high security correctional facilities in Sweden. They are interviewed with a structured protocol and undergo PCL-R scoring. Correctional professionals with good knowledge of the participants are asked to assess psychopathic personality traits using the Staff Rating Form of the CAPP model (Cooke, Hart, Logan, & Michie, 2012). The participants complete self-rating instruments regarding psychopathy (Patrick, Fowles, & Krueger, 2009), impulsiveness, general personality and ADHD-symptoms. Participants will undergo neuropsychological assessment of IQ (estimated

by two subscales from WAIS-IV, Block Design and Similarities), working memory (Digit Span from WAIS-IV) and executive functions (Stop it! Stop signal task and Color-Word Interference from D-KEFS). As data collection is still ongoing only preliminary results will be presented (n = 75). Further examination of the associations of psychopathy and clinical features as cognitive functioning and ADHD-symptoms can provide useful information of the developmental pathways of criminal conduct and early identification of individuals at risk, as well as contributing to the understanding of the psychopathy construct.

#261010 – Paper

Legislation as a driver of change in forensic mental health services: Appeals against detention in conditions of excessive security

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Scottish mental health legislation introduced the right to appeal against detention in conditions of excessive security. Aims: to investigate appeal outcomes and to examine Tribunal decision making. Methods: Quantitative analysis of appeal cases (n=253). Qualitative analysis of Tribunal's decision-making. Results: successful appeals were associated with psychiatric support, placement on transfer list and not having a learning disability. Qualitative analysis produced 5 themes and 17 subthemes which were used to develop a 'checklist' to improve understanding of relevant appeal factors. Conclusions: Services developed in response to this change driver. The checklist may be useful as a training tool and clinical guide.

Background

Drivers of change in forensic mental health services are varied but include assessment of need, adverse events, changes in policy and new legislation. This paper presents findings on a legislative example – the introduction of the appeal against excessive security contained within the Mental Health (Care and Treatment) (Scotland) Act 2003. It relays the history of the development of this legislation following the finding that over 50% of patients were inappropriately placed in high security (1997) and the failure of services to develop in spite of clear government policy (1999).

The appeal against excessive security allows patients or their representatives to appeal against their ongoing detention in high security. In November 2015, this provision was extended to medium security.

Aims

To quantitatively analyse appeals against detention in conditions of excessive security

To determine any changes in decision making over time

To qualitatively analyse the tribunals findings via their full findings and reasons (FFR) document to investigate their decision making process

Method

Quantitative analysis: data were collected by a retrospective analysis of case notes at the State Hospital for all appeals (n=253, collected in 3 cohorts) made under this provision (Section 264) from 2006-2015. 2 papers have been published and a third is under review.

A qualitative analysis of the Tribunal's decision-making was carried out by analysis of its full findings and reasons forms (FFRs) to identify themes and sub themes. A comparison was made of these findings in all 3 research cohorts.

Results

From May 2006 to March 2015 108 (43%) of appeals were upheld, 86 (34%) were withdrawn or cancelled and 59 (23%) were not upheld. Support from the Responsible Medical Officer, placement on the transfer list and not having a diagnosis of a learning disability were associated with a successful appeal.

The qualitative analysis of the FFR forms revealed 5 themes and 17 sub themes. The themes included suitability of lower level of security, clinical state, treatment, risk assessment and evidence and opinion. A question framework was developed from these to assist clinicians, legal professionals, patients and tribunal members in preparing for rehabilitation and tribunals.

Conclusions Services in the form of 2 medium secure units developed in response to this driver of change. Neither appeal outcomes nor patient characteristics changed over time. The checklist framework may be useful as a training tool and clinical guide. With the extension of the excessive security appeal to medium security, a further study is underway. It will test the content validity of the question framework. It may be that the use of legislation in a similar way in other jurisdictions may act as a catalyst for change.

#261320 – Paper

Developing the evidence-base in understanding and explaining revenge pornography.

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Sharing of sexually explicit media has recently gained significant interest, particularly when shared without the consent of those pictured (known as revenge porn). Quantitative data collected from young adults (aged 18-15) in the U.K. examining the nature and prevalence of consensual and non-consensual sharing of sexually explicit material (images and film) will be presented. Additionally, interview data that explores the use and non-use of sharing sexually explicit material in U.K. young adults including: intended outcomes, perceived risks, and decision-making process about sharing (or not-sharing) sexually explicit materials of self/others will be discussed. Implications for perpetrators and victims will be examined.

BackgroundSharing of sexually explicit media has recently gained significant interest, particularly when it is shared without the consent of those pictured (known as revenge pornography). A systematic review by the authors, of research primarily undertaken in the U.S. has identified that a small but significant number of individuals are experiencing and/or perpetrating the sharing of images and video without consent. However, little is understood about the nature, prevalence, and individual motivations for sharing sexual media and revenge pornography, and no research on this has been conducted in the UK. This poster will present the results from research that is currently being undertaken that aims to (i) Determine the nature and prevalence of consensual and non-consensual sharing of sexually explicit material (images and film) among U.K. young adults; (ii) Explore the use and non-use of sharing sexually explicit material in U.K. young adults including: intended outcomes, perceived risks, and decision-making processes about sharing (or not-sharing) sexually explicit materials of self/others.

MethodMulti-site recruitment of 400 young adults (age 18-25) is currently taking place, across three universities. Participants are required to complete an online survey which includes questions about prevalence and frequency of consensual and non-consensual sharing of images and video, gender differences in perceptions about and experience of sending and receiving of sexually explicit materials, as well the motivation for why individuals share sexually explicit images without consent. Follow-up interviews will then be carried out with a subsample of these participants (n = 20). These interview will seek to explore in-depth, the experiences and perceptions of young adults regarding: storing and sharing sexually explicit images; risks and benefits associated with these behaviours; motivations for sharing (and non-sharing); and decision-making processes behind storing and sharing sexually explicit images. This data will be analysed using thematic analysis in order to develop a theoretical framework to explain the decision-making process associated with this phenomenon. ResultsData collection is currently on-going but initial findings from the quantitative data suggest that the majority of those questioned believe that it is fairly/very common to have sexually explicit pictures shared with others than the one(s) they were meant for and that this is equally likely to be carried out by males or females. The actual sharing of images, both pictures and videos, without consent was also found to be common in this population. All data collection and analysis will be completed by February, 2017 and the project findings will be fully reported within this presentation. Findings from the research will provide knowledge and evidence on what is needed to prevent the sharing of explicit

images without consent, how to intervene (i.e., an evidence-base to inform primary secondary and tertiary intervention) and how to support those who have experienced it.

#261429 – Paper

Distinct pathological profiles of inmates showcasing Cluster B personality traits regarding violent behaviors

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Cluster B personality disorders, which are overrepresented in prison and forensic psychiatry settings, are at an increased risk of auto and hetero-aggression. Yet, the specific link remains largely unknown. Literature studying the differential personality traits concerning these acts has been scarce. Hence, our objective was to differentiate profiles of inmates following different violent patterns regarding their personality traits. 728 subjects were recruited from penitentiary and forensic psychiatric settings. Multiple Correspondence Analysis and Cluster Analysis were used to identify clinical violent subgroups. Six differing clusters emerged: possible 'Primary psychopaths', 'Sensation seekers', possible 'Secondary Psychopaths', 'Non-violent criminals', 'Suicidal inmates' and 'Narcissistic offenders'.

Background: Cluster B Personality Disorders (PD), which are overrepresented in prison and forensic psychiatry settings, are at an elevated risk of violence both towards others and self. While this association has been documented countlessly, the precise link remains unknown. This may be because of the heterogeneity of these disorders, their frequent co-occurrence and comorbidity with Axis I disorders. Consequently, a categorical approach may be problematic to thoroughly recognize what makes certain individuals in this high-risk population more vulnerable to these behaviors. A more trait-based approach may aid to rule out the distinct features associated with violence. Nevertheless, only a limited amount of literature has paid attention to the extent to which specific aspects of PDs affect the tendency towards both auto and hetero-aggression. The purpose of this exploratory study was to distinguish, by Cluster Analysis (CA), diverse profiles amongst inmates with a combination of Cluster B personality traits and substance abuse in association with violence. To our knowledge, no prior study has done so. Method: 728 male adults, recruited from prisons, forensic psychiatric facilities and inpatient facilities across Quebec, were included. Data was obtained through standardized interviews, questionnaires as well as consultation of criminal and psychiatric records. To analyze our data, Multiple Correspondence Analysis (MCA) was employed. This is an exploratory graphical method that allows the detection of individual profiles using the chosen variables; its objective is to redefine the principal dimensions of the space to capture most of the inertia. This was followed by CA, which is a hierarchical clustering technique applied to a limited number of the dimensions obtained. Comparisons between profiles were based on Cluster B traits (Antisocial (ASPD), Borderline (BPD), and Narcissistic PD (NPD)) and violent behaviors. Results: Six Clusters were identified. Both Profiles 1, possible 'Primary psychopaths', and 3, possible 'Secondary psychopaths', included inmates having committed serious violence, having ASPD and NPD traits as well as a high proportion of Substance Use Disorders (SUDs). Profiles 3 was differentiated by the presence of BPD traits and suicide attempts. These 2 latter components were also mainly found in cluster 5 'Suicidal inmates'. Profiles 3 and 5 demonstrated the highest prevalence of Axis I psychiatric disorders (mood and psychotic illnesses). Moreover, Profile 2, 'Sensation seekers', differed from profile 1 by the low prevalence of severe violence; they more likely

pursued driving offenses and drug related crimes. They had the lowest proportion of Axis I illnesses. Profile 4, the most educated subgroup, termed 'Non-violent criminals', included inmates without any Cluster B PD traits, Axis I disorder nor severe violence. Individuals in Profiles 4 and 6 were the least to have any type of SUD. The latter Profile, termed 'Narcissistic offenders', displayed the highest prevalence of NPD. While not having the uppermost proportion of severe violence, this Profile was the only one with the largest percentage of homicidal acts. Conclusion: These results compel us to view PDs more on a dimensional level than a unitary construct to ultimately develop better predictive and preventative strategies for violence amongst offenders.

#261455 – Paper

A scoping review of recovery in mental illness for justice-involved individuals: Moving from management to empowerment?

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The process of recovery has taken an important place in advocacy, research, policy, and practice involving individuals with mental illness. Yet, it is unclear how this holds true for individuals who are criminally-involved, as recovery concerns are often trumped by safety issues. A scoping review was conducted to explore the literature regarding recovery with criminally involved individuals. Recovery was discussed mostly through a risk management lens, focusing on obstacles, such as symptom management, substance misuse, distress, and coercion. However, recent studies have increasingly focused on strengths-oriented recovery aspects, such as therapeutic alliance, healthy diet, self-efficacy, and community integration.

Introduction: Recovery has taken an important place in advocacy, research, policy, and practice relating to mental illness. Yet, it is unclear how this applies to individuals who are criminally involved, as recovery concerns are often trumped by safety issues. Aim: The objective of this paper is twofold. First, it aims to review the literature pertaining to the conceptualization of recovery and the place of recovery-oriented care in relation to individuals living with mental illness who are involved with the criminal justice system, including offenders with mental illnesses and individuals in forensic mental health services. Second, this review will act as a case study of how to apply a generic model to a specific population. Method: A scoping review informed by the framework articulated by Levac et al. (2010) was conducted. Recovery was conceptualized as a six-dimensional construct (clinical, physical, existential, social, functional, and “offender” recovery), adapted from Whitley and Drake (2010)’s five-dimensional model. Studies were identified via PsycINFO, EMBASE, PubMed, ProQuest Theses and Dissertations, key organizations, and manual searches of reference lists. In order to be included into the review, selected studies had to: 1) consist of empirical research; 2) sample adults; 3) sample individuals with a severe mental illness; 4) sample individuals accused of a criminal offense; 5) include at least one of the five dimensions of recovery in their objective; and 6) be in English or French. Results: Discussions of recovery were mostly presented in relation to risk management, violence, treatment effectiveness, and re-offending or re-admission. Most studies were conducted with forensic inpatients, as opposed to outpatients or offenders with mental illnesses within the criminal justice system. Clinical recovery focusing on symptom management was the most frequent theme addressed, in line with the biomedical traditions of forensic settings. Substance misuse was the most frequently discussed aspect of physical recovery, whereas distress, hopelessness, coercion, and confinement most frequently emerged to illustrate existential recovery. Moreover, behavioral problems and safety to others were important subjects in relation to social recovery. However, recent studies have begun to focus more on strengths-oriented recovery aspects, such as therapeutic alliance, healthy diet, self-efficacy, and community integration. Conclusion: Future research with criminally involved individuals with a mental illness should be conducted in all settings, including forensic, inpatient, outpatient, carceral, and community contexts. Future studies should also integrate a more holistic vision

of recovery in order to align research with current policy and practice in mental health. Recovery in mental illness in offender populations can be explored through the lens of a six-dimensional model (clinical, physical, existential, social, functional, and “offender” recovery), where each dimension includes factors both supporting and hindering recovery. References: Levac, D., Colquhoun, H., & O’Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implement Sci*, 5(1), 1-9. Whitley, R., & Drake, R. E. (2010). Recovery: A dimensional approach. *Psychiatric Services*, 61(12), 1248-1250.

#261753 – Paper

An exploration of Forensic Mental health nurse attitudes towards risk assessment within a secure service

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Mental health nurses are key agents in the assessment of risk, and safety planning forms a significant part of everyday practice (Downes et al 2016). This is arguably never more integral to the role than it is for Forensic Mental Health Nurses in inpatient settings (Low, medium and high secure). Despite this, limited research exists into nursing practices or views about risk assessment and safety planning within secure services. This paper will present the findings of a study undertaken in a Medium secure Unit in England that has sought to address this issue with a full cohort of nurses.

Mental health nurses are key agents in the assessment of risk, and safety planning forms a significant part of everyday practice (Downes et al 2016). Although this is true across all mental health services, it is arguably never more integral to the role than it is for Forensic Mental Health Nurses in inpatient settings (Low, medium and high secure). Despite this, limited research exists into nursing practices or views about risk assessment and safety planning within secure services.

In 2016 Downes et al undertook a study that explored policy, practice and attitudes in relation to risk assessment and safety planning among mental health nurses in Ireland. However, this study did not recruit from secure services, and instead focused upon adult service users which may have reduced the generalisability of findings to those nurses working within secure services.

This study replicates the Downes et al (2016) study with their permission. It is based upon a complete sample of nursing staff working within an adult male medium secure unit in England, and measures attitudes and beliefs in relation to nurse's roles within risk assessment, to establish if there are significant differences within secure services.

Aims• To explore the attitudes of ward based nursing staff in forensic mental health towards formal risk assessments • To promote the necessity of formal risk assessments in clinical settings, specifically in forensic mental health• To ensure that different professionals take responsibility for completing formal risk assessments

Hypotheses• Ward based nursing staff hold the view that formal risk assessments are not their responsibility, and that they should be completed by professionals such as doctors and psychologists • Qualified nurses are more likely to understand the need for formal risk assessments compared to healthcare support workers• Ward based staff are more likely to believe that their own judgement of a situation in relation to risk is more valid than a formal risk assessment

This paper will present the results of the ongoing study due for completion in February 2017.

#261797 – Paper

The Role of Punishment Orientation in Jurors' Perceptions of the Insanity Defence

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This study sought to examine the role of juror punishment orientation (i.e., the degree to which participants feel that punishment is justified by either harsh or ideal conceptualizations of retributivism or utilitarianism) in insanity defense trials. Community members completed insanity defense attitude and punishment orientation scales, and then were invited to the lab to read a trial transcript involving an insanity defence claim. Results demonstrated that attitudes toward the insanity defence are strongly related to punishment orientation. Further, those voting guilty endorsed higher levels of harsh retributivism, as well as more negative attitudes toward the insanity defence.

Previous research has demonstrated that attitudes toward the insanity defence are negative in the United States (e.g., Skeem, Loudon, & Evans, 2004) and Canada (Maeder, Yamamoto, & Fenwick, 2015), and that consequently, jurors may be unwilling to apply the defence when legally appropriate. These effects have been resistant to change via education regarding the defence (Maeder et al., 2015) and education regarding mental illness (Yamamoto, Maeder, & Fenwick, under review). The current study sought to investigate the potential role of punishment orientation. Given that the insanity defense can tap into fears regarding public safety (a utilitarian concern) and perceptions of 'just deserts' (a retributive focus), we predicted that punishment orientation is related to both attitudes toward the defense and jury outcomes in insanity cases.

Method

Participants were 83 community members (57% men) from a large Ontario city, ranging in age from 18-62 ($M=29.01$, $SD=11.47$). The sample was predominantly White (64%), with small numbers of Asian, Black, Latina/o, and Aboriginal Canadian participants.

Participants were recruited via ads posted on Kijiji. After completing juror screening (i.e., minimum age, Canadian citizenship), participants completed the Insanity Defense Attitudes-Revised (IDA-R; Skeem et al., 2004) and Punishment Orientation Questionnaire (POQ; Yamamoto & Maeder, under review) scales in counterbalanced order online. The IDA-R consists of 19 items measuring two factors – strict liability (the notion that mental state is irrelevant to criminal responsibility; $\alpha=.86$ in this sample), and injustice and danger (the belief that the insanity defence threatens public safety; $\alpha=.85$). The POQ consists of 20 items measuring four factors – ideal utilitarianism (the belief that punishment should benefit society; $\alpha=.83$), ideal retributivism (the notion that innocents should not be punished; $\alpha=.81$), harsh utilitarian (the idea that harsh punishment is necessary to ensure public safety; $\alpha=.82$), and harsh retributivism (the notion that punishment is necessary to restore justice; $\alpha=.84$).

Participants then came to the lab to read a trial transcript involving a second-degree murder charge with a defendant claiming Not Criminally Responsible on Account of Mental Disorder (NCRMD; Canada's insanity defence). In the trial, a psychiatrist testified for the defence as to the defendant's history of schizophrenia. The transcript included jury instructions regarding the charge, the NCRMD defence, and burden of proof. After reading the transcript, participants provided a verdict (guilty/not guilty/NCRMD).

Results/Discussion

The two subscales of the IDA-R were strongly correlated ($r=.49$). As predicted, these beliefs were also strongly related to punishment orientation. Those scoring higher on the strict liability subscale showed lower levels of ideal retributivism ($r=-.28$) and ideal utilitarianism ($r=-.35$), and higher levels of harsh retributivism ($r=.46$) and harsh utilitarianism ($r=.35$). The same pattern emerged for injustice and danger, although the relationship with ideal utilitarianism was not statistically significant.

In terms of verdict, most participants favoured a guilty verdict (60%). Those voting NCRMD showed lower levels of strict liability ($t[80]=-2.13$, $p=.04$) and injustice and danger ($t[80]=-2.35$, $p=.02$) attitudes, as well as lower levels of harsh retributivism ($t[78]=-2.14$, $p=.04$), suggesting that both attitudes and punishment orientation are related to verdict choice in insanity defence trials.

#261825 – Paper

What do we tell patients about sex? An analysis of patients' views on communications from staff about sex and sexuality.

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Research into how people with intellectual disabilities (ID) pursue intimate relationships in care settings presents some contradictory findings. Despite increasingly liberal staff views, service users experience significant restrictions. This study attempts to explore this gap within a secure hospital, examining service user's representations of staff discourses about sexuality and intimate relationships. Semi-structured interviews with eight service users were analysed using critical discourse analysis. Three categories of themes were identified: maintaining the integrity of the institution, enabling staff to occupy a position of power, and service users' responses to perceived control. Implications for future service provision and research are highlighted.

Background: The sexuality of individuals with intellectual disability (ID) remains a contentious and under-researched topic (Friedman et al., 2014). This is particularly notable within care environments, where staff are often unclear as to the appropriateness of intimate relationships, and service users (SUs) feel that staff require further training in order to provide adequate support (Bane et al., 2012). Communications about sexuality are likely to be of crucial clinical importance in services where a significant minority of service users have histories of sexual offending. **Method:** Semi-structured interviews were carried out with individuals with ID, and analysed using the principles of Critical Discourse Analysis (CDA; van Dijk, 2008b). CDA looks at the narratives and discourses used in human interaction, and considers the functions these serve in the speakers' context. CDA is particularly important in exploring, and preparing for action against, power imbalances within institutions (van Dijk, 2008a), such as those inherent in care services, and considers these within both the immediate and wider socio-psychological context. Interviews were conducted with eight individuals with ID living in a secure hospital in the North of England. The service supports individuals with a range of mental health and offending needs. **Results:** Eleven themes were identified (see Figure 1), relating to participants' experience of discussions around sex and relationships with staff within the hospital. Three categories were constructed from the data analysis, which appeared to be closely linked in representing control over participants, while incorporating nuanced differences in the function of discourses and whose interests these served. The first category related to discourses which appeared to maintain the integrity and stability of the institution, while the second captured the specific discursive strategies used by staff, to maintain their position of power. A final category capture the dichotomised positions that participants appeared forced to adopt, in response to the controls imposed by the staff and wider institution. **Conclusions:** Staff values and attitudes are important considerations in light of the current findings. Restrictive or discriminatory attitudes are potentially damaging in an environment where prevalent cultural discourses are the foundation for developing sexual identity. The level of staff control over intimate relationships also raises questions of responsibility for offending behaviour. Participants reflected on perceived inability to control sexual urges, implied by constant staff presence. Acceptance of responsibility is a key aspect of sex offender treatment. If staff take responsibility for prevention of sexual contact through external management, this implies the need for continuous external management within the community, and could remove the opportunity for SUs to develop their own internal inhibitors, with potentially negative

implications for future offending. Future research could explore the possibility that similar discourses may shape other secure services for people with ID. It may be probative to focus on non-forensic ID environments, to consider the impact of the forensic context. Outcome studies could examine the effectiveness of staff training in promoting service user choice around sex and relationships, or investigate the impact of introducing values-based recruitment into services.

#262218 – Paper

working with families in secure forensic Learning Disability services: The outcomes of a family support service

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Key strategy documents stress the importance of including families in the care of people with learning disabilities and in those detained in forensic services. The Family Support Service (FSS) in the Learning Disability pathway, St. Andrews Healthcare, was developed to provide specialist assessments, psycho education and family interventions for patients and their families. The FSS aims to improve the wellbeing of the patient, increase the sense of efficacy families report in understanding the needs of their family member, and where appropriate, to increase family involvement in patient care. The current paper reports of the initial clinical outcomes of the FSS.

Background: Key National Strategy documents stress the importance and benefits of including families in the care of people with learning disabilities and with patients detained in forensic care services. In psychiatric settings involving families in care has been associated with fewer admissions to inpatient care, shorter lengths of stay, improvements in the quality of life of patients and overall improvements in a patients recovery. Reductions in carer strain have also been reported for a range of psychiatric presentations.

Despite significant advances being made in the promoting family inclusion and in the provision of family therapy in Learning Disability (LD) and psychiatric services, there is limited provision and evaluation of family interventions and services in forensic settings, including learning Disability Forensic services.

The Family Support Service (FSS) is a multi disciplinary team developed to provide specialist assessments, psycho education relating to formulations and diagnoses to families and to offer specialist family interventions to patients and their families. The team consists of clinical psychologists, senior nurses and social workers. The overall aims of the FSS are to, improve the wellbeing of the patient, increase the sense of efficacy families report in understanding the needs of their family member, where appropriate, to increase family involvement in patient care and to review the efficacy of the family interventions offered by the FSS.

Focus: The current paper describes the setting up and initial clinical outcomes of the FSS over a six month period. It reports on the initial referrals, clinical services offered and clinical outcomes of interventions offered to families. Clinical interventions include (i) DBT treatment programmes, (ii) Psycho-education about diagnoses and formulations, (iii) Consultation to ward teams, (iv) Behaviour Family Therapy (BFT) and (v) upskilling families to support patients to generalise and use the skills that patients have developed in therapy. Family and patient feedback relating to their experience of the FSS is offered. The impact on clinician workload and the challenges of working with families in forensic settings, the impact are also discussed.

#262439 – Paper

Motivators for Engagement in Group Offending Behavior Programs

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Offender engagement in group offending behavior programs (GOBPs) is under-theorized. Furthermore, there is no research on facilitators' engagement. The Program Engagement Theory (PET) was developed using constructivist grounded theory to analyze interviews and session observations from 23 facilitators and 28 offenders. This paper focuses on engagement motivators. Offenders' motivators were classified as internal drivers (e.g. seeing self as an agent for change) and in-session drivers (e.g. relating to facilitators). Facilitators' motivators included knowing about offences and on-going behavior, vs knowing about offenders as people). The PET presents implications for referral procedures as well as the design and facilitation of GOBPs.

BACKGROUND: Poor attendance and low completion rates, indicating a lack of treatment engagement, are common for most offending behavior programs. This needs to be rectified for programs to have any success, however, offender engagement in group offending behavior programs is poorly understood and under-theorized. In addition, there is no research on facilitators' engagement. In order to address this gap, the authors developed the Program Engagement Theory (Holdsworth, Bowen, Brown & Howat, 2016), which accounts for both facilitators' and offenders' engagement in group offending behavior programs. According to the PET, group members' engagement and facilitators' engagement are interrelated processes. This paper focuses on an important aspect of the PET, which explains the motivators for offenders' and facilitators' engagement.**METHOD:** Four UK Probation Trusts took part in this research. From these four Trusts, 23 GOBP facilitators (15 females and 8 males) and 28 offenders (19 males and 9 females) volunteered to take part. Facilitators' were program tutors with 12 months – 15 years' experience of delivering at least one type of accredited offending behavior program. Some facilitators (8 females and 4 males) also had at least one year's experience of delivering brief solution-focused programs. The offenders ranged from low to high risk, and comprised generally violent offenders, domestic violence offenders, and sexual offenders. A constructivist grounded theory methodology was employed for data collection and analysis, following the guidelines set out by Charmaz (2006). Data collection comprised 26 semi-structured interviews and the observation of eight program sessions. The programs participants referred to included: Thinking Skills Program group (TSP: 19-session program targeting self-control, social problem-solving, and positive relationships); Integrated Domestic Abuse Program (IDAP: 27-session program targeting respect, accountability and honesty, negotiation and fairness); Drink-Impaired Drivers' Program (DIDs: 16-session program targeting attitudes towards the use of alcohol, patterns of drinking and related behavior); Sexual Offender Treatment Program (SOTP: 38-session program targeting relationship skills, attachment style deficits and victim empathy); and Aggression Replacement Therapy (ART: program targeting aggression and anger). There were also non-accredited programs that were solution-focused (SF: 10-session programs targeting skills and strengths).**RESULTS:** Offenders' motivators for engagement were classified as internal drivers and in-session drivers. Internal drivers included: learning about self, and seeing self as an agent for change. In-session drivers

included: relating to facilitators, and realizing program relevance. Facilitators' motivators for their engagement in the facilitation of programs were classified as resources for facilitating engagement, and included: being confident in understanding program content; knowing about group members' offence and on-going behavior; and knowing about group members as people. CONCLUSIONS: Engagement should take center stage in the design and development of offending behavior programs and the relevant referral procedures. The PET indicates that motivating, informative referrals that instill perceptions of choice in group members are important to initiating engagement and minimizing the potential for resistance. Engagement motivators do not only precede engagement, they are reciprocally related to the engagement process, becoming reinforced through the course of programs, and therefore targets for treatment.

#262462 – Paper

Front-line staff perspectives on mental health screening

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While screening is an intuitive intervention to increase access to services, there is limited evidence of its effectiveness. We conducted individual and small group interviews with staff involved in mental health screening in Canadian prisons. Preliminary analyses using a grounded theory approach highlighted, (1) limited impacts of screening on access to care, but strong ethical, value-based or political motivations to screen; (2) high rates of adjustment issues and false positives among referrals; (3) repetition of mental health screening at earlier points in the justice system; (4) inconsistent terminology when discussing key activities such as screening, triage and assessment.

Background. Timely access to mental health services supports recovery and minimizes risk of adverse outcomes associated with mental illness. While screening is an intuitive intervention to increase access to services, there is limited evidence of its effectiveness. Correctional Service of Canada screens new intakes to prison at multiple points after admission, including at 24 hours by nursing and correctional staff, and at 14 days using a computerized screen. Potential redundancies have been noted, and prior research has highlighted high false positive rates and potential inefficient allocation of sparse clinical resources. **Methods.** Individual and small group interviews with staff involved in the various intake screening processes at 12 of the 17 intake sites. Transcripts of interviews were coded by all three authors to identify major themes using a grounded theory approach. **Results.** Preliminary analyses highlighted, (1) limited impacts of screening on access to care, but strong ethical, value-based or political motivations to screen; (2) high rates of adjustment issues and false positives among referrals; (3) repetition of mental health screening at earlier points in the justice system; (4) inconsistent terminology when discussing key activities such as screening, triage and assessment. **Conclusions.** Staff perspectives reinforced prior findings of limited benefits of mental health screening. Nonetheless, consistent with wide-spread public support for screening, staff opinion was divided whether to eliminate screening. Robust research designs are needed to quantify the costs and benefits of screening, and pathways through the criminal justice system to identify points at which the value of screening may be greatest.

#262468 – Paper

Mental health screening and access to treatment

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While there is consensus about the need to increase access to mental health treatment, it is debated whether screening is an effective solution. This observational study examined service use patterns of 7,965 inmates admitted to Canadian prisons in relation to previously known mental health needs and screening results. Inmates newly identified through screening had very brief service use, suggesting lower needs that may reflect adjustment to prison rather than mental illness. Mental health screening may divert resources from the highest need cases towards these individuals. Further work is needed to determine the most cost-effective interventions to increase uptake of services.

Background. While there is general consensus about the need to increase access to mental health treatment, it is debated whether screening is an effective solution. **Method.** Observational study examining service use patterns of 7,965 inmates admitted to Canadian prisons (median follow-up of 14 months). Mental health service use patterns - time to treatment, duration of treatment, number of treatment episodes, and total time in treatment - of inmates were examined in relation to previously known mental health needs and screening results. **Results.** 43% of inmates received at least some treatment, although this was often of short duration (i.e. only 8% received treatment over at least half of their incarceration). Screening results were predictive of initiation of treatment and recurrent episodes, with stronger associations among those who did not report a history prior to incarceration. Service use patterns of inmates with a treatment history prior to incarceration were weakly related to screening results, and recurrent treatment episodes were more common among this group than among those without a recent mental health history. **Conclusions.** Inmates with newly identified mental health needs through screening had very brief service use, suggesting lower needs that may reflect adjustment to prison rather than mental illness. Mental health screening may divert resources from the highest need cases towards these individuals. Further work is needed to determine the most cost-effective responses to positive screens, or alternatives to screening that increase uptake of services.

#262518 – Paper

Suicide by mental health in-patients under observation

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Observations in in-patient settings are used to reduce suicide, self-harm, violence and absconding. The aim was to describe the characteristics of in-patients who died by suicide under observation, using data from a national consecutive case series in England and Wales (2006-2012). There were 113 suicides by in-patients under observation. Most were under intermittent observation, 5 deaths occurred while under constant observation. Patient deaths were linked with the use of less experienced staff, deviation from procedures and absconding. Key elements of observation that could improve safety included using experienced skilled staff and using observation levels determined by clinical need not resources.

Background There were over 5100 registered suicides in England and Wales in 2013 (ONS, 2013). Recent data from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH, 2015) showed 28% of suicide deaths in England were by patients in contact with mental health services 12 months before their death (23% in Wales). Patients are admitted to acute in-patient care at a time of crisis and observation is an intervention used to reduce risk of serious adverse incidents such as suicide. Concern has previously been raised that there is a lack of evidence for the effectiveness of observation in preventing harm or in providing therapeutic benefit (Manna, 2010). The current literature is limited by methodological shortcomings, predominately focusing on constant or 'special observations' (Duffy, 1995), qualitative studies, (Green & Grindel, 1996; MacKay et al; 2005) case reports, and small case series designs (Bowers et al, 2000; Whitehead & Mason, 2006). **Method** We used unique data from NCISH to examine a consecutive case series of in-patient suicide while under observation in England and Wales. We aimed to describe the demographic and clinical characteristics of in-patients who died by suicide under observation and examine the service-related antecedents in relation to clinical care and safety. We studied deaths that occurred between 2006-2012. By contacting NHS trusts and independent hospitals in the deceased's district of residence, we identified whether individual's had contact with mental health services. If recent contact was confirmed, a questionnaire was sent to the consultant psychiatrist responsible for the patient's care. Serious Untoward Incident (SUI) reports were requested from NHS trusts and independent hospitals where the incidents occurred. **Results** There were 715 in-patient suicides during this period, 8% of all patient suicides. At the time of their death, 113 (16%) in-patients were under observation, an average of 16 deaths per year. The majority had a history of self-harm. Over a third were detained under mental health legislation at the time of their death. Most had serious mental illness (affective disorder or schizophrenia and other delusional disorders). Almost half had a secondary diagnosis, most commonly affective disorder (13/54, 24%), alcohol dependence/misuse (12/54 22%) and drug dependence/misuse (11/54, 20%). The most

common method of suicide was hanging (63, 56%). Of those with SUI reports, we found that suicide under observation occurred when observation was implemented poorly (46/76, 61%). Poor ward design hindered observation in 17 cases (15%). Twenty-seven deaths (27/48, 56%) occurred when observation was by less senior staff (i.e. student nurses or nursing/healthcare assistants) or by staff who were likely to be unfamiliar with the patient (e.g. bank/agency staff). Also, there were examples of poor documentation (11/42, 26%), with no information on the patient's presentation or how staff engaged with the patient. Conclusion Patient deaths were linked with the use of less experienced staff, deviation from procedures and absconding. Key elements of observation that could improve safety included using experienced skilled staff and using observation levels determined by clinical need not resources.

#263358 – Paper

Minnesota Multiphasic Personality Inventory – 2 Predictors of Institutional Misconduct in Samples of Male and Female Offenders in Custody

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The aim of the study was to evaluate an ability of MMPI-2 scales to differentiate offenders who have violated rules of correctional institutions from offenders who haven't. One-year follow-up prospective study design was used. The sample consisted of 148 male and 15 female offenders. Statistically significant differences between groups were found on several MMPI-2 scales, including Antisocial Behavior, Hypomanic Activation, Antisocial Practices, Social Responsibility, Disconstraint and Aggressiveness scales. Relative risk ratio analyses indicated that offenders who had elevated scores on the scales were up to 3 times more likely to violate institutional regulations than those with non-elevated scores.

The aim of the study was to evaluate an ability of MMPI-2 scales to differentiate offenders who have violated rules of correctional institutions from offenders who haven't. One-year follow-up prospective study design was used. Initial random sample of 287 male and 47 female offenders from Lithuanian custodial institutions was selected for the study. Participants of the study were evaluated with the MMPI-2. After one year the data related to institutional misconduct was collected. Data analysis was conducted with cases which satisfied several conditions: protocols had to be valid according to validity scales values (CNS

#263377 – Paper

The Implementation of Forensic Psychiatric Services in the Western Balkans

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Most Western Balkan countries are still in their initial stage to implement state-of-the-art services for the placement and treatment of mentally ill offenders. Many inter-sectoral aspects and problems have to be addressed when implementing forensic psychiatric hospitals in systems that were poorly provided with such services before or are lacking them completely. The paper will detail these issues on the example of the EU-supported implementation process of the Kosovo Forensic Psychiatric Institute which lasted from 2011 to 2014 and the lessons learned. Conclusions will be drawn for similar processes in other Balkan regions.

Apart from a longer forensic psychiatry tradition in few, most Western Balkan countries are still in their initial stage to implement state-of-the-art services for the placement and treatment of mentally ill offenders. Many inter-sectoral aspects and problems have to be addressed when implementing forensic psychiatric hospitals in systems that were poorly provided with such services before or are lacking them completely. In addition to general psychiatry, the judicial and the prison sector are deeply affected and need to adapt or develop new interfaces and collaborative structures to the new forensic psychiatric sector. On an organisational level, the most urgent issues include capacity building in human resources, the definition or review of legal and court trial procedures, the regulation of diagnostic and assessment procedures or discharge and forensic psychiatric aftercare etc. The paper will detail these issues on the example of the EU-supported implementation process of the Kosovo Forensic Psychiatric Institute which lasted from 2011 to 2014 and the lessons learned from the initial period of operation. A comparison to recent developments in forensic psychiatry in Central Europe is made and conclusions will be drawn for similar processes in other Balkan regions.

#263602 – Paper

Focusing on the Needs, not the Deeds - A Partial Hospitalization Program in Prison for Mentally Disordered Inmates

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Since 2013, the 'Zentrum für integrative Psychiatrie' (ZiP;Germany) provides psychiatric consultations within the prison of Neumünster. Examination of these consultations revealed that the majority of patients (N=192; 98.5%) needed further treatment (e.g. monitored drug adjustments, psychotherapy), often difficult to realize due to insufficient financial and professional resources and the prison setting itself. To improve treatment possibilities, a Partial Hospitalization Program (PHP) was implemented within the prison; a novel concept for the German justice system. To initiate a discussion on mental health care in prison, this presentation aims at informing about the current development, preliminary findings and novelty of this project.

Background:Current literature demonstrates a high prevalence of mental disorders in prisons including substance use (20-50%), affective (10%), psychotic (4%) as well as personality disorders (68%;1;2).A qualitative analysis of 195 psychiatric screening sessions provided by the mental health institute 'Zentrum für integrative Psychiatrie' (ZiP) in the prison of Neumünster revealed most of the patients (N= 192; 95.8%) were in need of further interventions (e.g. psychopharmacological (N=156; 80%); psychotherapeutic (N=74; 37.9%); diagnostic (N=13; 6.7%) and other interventions (N=56; 28.7%);3). Frequently, implementing recommended interventions could not be realized. Specialized treatment facilities within German prisons are rare and accessing public mental health services presents itself a challenge for inmates (4). For instance, in Neumünster there are merely 1.5 psychologists available to 598 inmates. Hence, inmates are excluded from a variety of mental health services usually available to the general society such as various treatment providers, settings or approaches. These deficiencies aren't limited to the prison of Neumünster, as most penal institutions in Germany face similar challenges (4).

Problem:Accordingly, Germany has not met the postulated ethical criteria and obligations of the "Trenčín statement" as well as the "World Health Organization guide to the essentials in prison health", both demanding equitable provision of mental health care services, as compared to the general society, focusing on the assessed needs of the inmates, additionally (5;6). To improve individualized and effective mental health care, the federal Ministry of Justice assigned the ZiP in 2016 to develop and implement a Partial Hospitalization Program (PHP) in cooperation with the prison of Neumünster. **Program:**The PHP is located within the prison and was introduced on October 2016. It is run by a multi-disciplinary team of occupational therapists, nurses, psychiatrists and psychotherapists, as well as prison staff. The institution aims at offering disorder- specific therapeutic and medical treatment as well as adjuvant socio-therapeutic interventions to incarcerated patients suffering from psychiatric disorders. As a unique concept within the German prison system, the treatment staff is present during at daytime. During the night the patients remain on ward for the

duration of their treatment (6-8 weeks) supervised by prison staff. Since there is no treatment staff overnight, patients who need permanent monitoring due to their mental or other medical conditions are not eligible for treatment. Standard diagnostic procedures are established during admission and discharge, covering the assessment of cognitive functioning (CFT-20R), psychiatric symptoms (SCL-90R) and personality disorders (ADP-IV; SKID-II). Three months following discharge, patients will complete a follow-up screening. Representing an institution with a novel treatment approach within Germany, the program will be closely monitored and evaluated over the next three years, ensuring quality management across all aspects of treatment.

Aim: Attending this presentation, the audience will become familiar with

1. a novel concept in Germany; a partnership between psychiatry and prison, 2. its current development and 3. preliminary findings.

Furthermore, the presentation aims at initiating a more in-depth discussion on appropriate and effective mental health care in prison across various countries.

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#264414 – Paper

Early indicators of different pathways through the forensic Hospital

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The length of stay of patients with schizophrenia in forensic hospitals varies greatly. The present study aimed to identify factors early in treatment that predict length of stay. Symptoms and behaviours during the first six months after admission to hospital were compared in a long-stay group (n= 39), mean length of stay 12.8 years and a short-stay group (N= 35), mean length of stay 3.1 years. During the first six months in the hospital long-stay patients showed little reduction in symptoms, less insight into the illness, longer time in seclusion following admission, more assaults and disruptive behaviours and more adjustments of medication were necessary compared to the short stay group. In contrast, some variables, which might be likely candidates to predict the length of stay such as insight into delinquent behaviour, medication-compliance, participation in ergo-therapy, or a high level of security, did not differ between the groups.

Introduction: The length of stay of patients with schizophrenia in forensic hospitals varies greatly. The aim of the present study was to identify variables which differentiate between schizophrenic long-stay and short-stay patients within the first six month after admission to a forensic psychiatric hospital. Method: In this retrospective study, symptoms and behaviours during the first six months after admission to hospital were compared via file analyses between two groups: a long-stay- (N= 39; in-patients since more than 8 years and still not discharged; mean of 12.8 years in hospital) and short-stay-group (N= 35; from admission to discharge less than 5 years; mean 3.1 years in hospital). Results: During the first six months in the hospital long-stay patients showed little reduction in symptoms, less insight into the illness, longer time in seclusion following admission, more assaults and disruptive behaviours and more adjustments of medication were necessary compared to the short stay group. In contrast, some variables, which might be likely candidates to influence length of stay such as insight into delinquent behaviour, medication-compliance, participation in ergo-therapy, or a high level of security, did not differ between the groups. Discussion: The results indicate that a long-stay- and short-stay-group differ already at an early stage in some symptoms and behaviours. Nevertheless it has to be pointed out, that not all variables, that would be presumable candidates to distinguish between the groups, showed significant differences. The results might help to identify more accurate and especially earlier those patients, which are likely to show good and quick treatment outcomes and those, who need a more intense therapy to accelerate the treatment process. Replications of the results and prospective research designs would be helpful to further validate the presented findings.

#264446 – Paper

To Tell or Not To Tell: Do Evaluators Provide Feedback in the Context of Forensic Evaluations

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Although feedback to the evaluatee is traditionally part of the assessment process, forensic contexts are commonly identified as a potential exception to the rule. Some rationales for this include the evaluatee not being the client, the ultimate opinion belonging to the court, and limited time. However, little research exists on feedback in forensic contexts. This paper will discuss both the ethical guidelines surrounding feedback in forensic settings (e.g., APA Ethics Code, the Specialty Guidelines for Forensic Psychology) as well as results from a survey implemented to analyze the experiences of current forensic practitioners on providing feedback to their evaluatees.

While feedback is a traditional part of the assessment process in most psychological disciplines (e.g., neuropsychology), the Ethics Code contemplates that forensic evaluations are a context in which assessment feedback might be precluded. The Specialty Guidelines for Forensic Psychology indicates that providing testing feedback to the evaluatee should be the standard, but acknowledges that sometimes “communication about assessment results is precluded” (p. 16) and instructs psychologists to inform evaluatees at the outset if no feedback will be provided. Importantly, neither source offers further guidance on determining what circumstances reasonably preclude assessment feedback. These provisions create a dilemma and obligation for forensic psychologists: first, they must decide whether to provide assessment feedback, and, if not, inform the evaluatee appropriately. They also indirectly raise questions about how to address examinee requests for other types of feedback. Currently, no standard of practice exists for feedback in forensic evaluations. The purpose of this paper is twofold: to introduce the results from a survey that examined forensic practitioners’ experiences regarding feedback and to address the ethical parameters of when and how to provide feedback in forensic evaluations.

Methods

Participants

Preliminary analyses come from 138 participants with experience conducting forensic evaluations. The majority of participants were Caucasian ($n = 90$) and ranged in age from 23 to 73 ($M = 43.78$; $SD = 13.77$). Though some participants were graduate students ($n = 26$), the majority were professionals ($n = 112$).

Procedures

Participants were emailed via psychology-law listservs and asked to participate in a survey. The survey requested information about different types of feedback and how practicing forensic psychologists and psychiatrists handle these requests in terms of frequency of feedback, the factors that influence decisions about whether to provide feedback, and common responses to requests for feedback. It also explored forensic practitioners’ perceived ethical and legal considerations when handling requests for feedback.

Results

When asked about the ethics and legality of providing feedback, participants provided a range of responses: 36% of participants noted that it may be ethically and/or legally permissible to share feedback with evaluatees, whereas 16% responded that they may be ethically and/or legally prohibited from doing so. Twelve percent of participants noted they

did not know and 36% reported “it depends” or “other” as their response. Participants also reported on frequency of evaluatee requests for feedback on a scale from 0 (never) to 10 (all the time). Results reveal that evaluatees regularly asked for feedback about the psycholegal question ($M = 3.97$; $SD = 2.80$) and with response to how they have done generally ($M = 3.51$; $SD = 2.29$). Further, 40% of participants reported experiences where they wanted to share feedback with the evaluatees but felt they could not.

Discussion

Currently, no standards of practice exist for providing feedback in forensic evaluations. The results from this study suggest that evaluatees are regularly asking for feedback and clinicians are unsure of their legal and ethical responsibilities. Thus, this paper will discuss the ethical framework that will aid development of practice standards in this area.

#264601 – Paper

Do Risk Assessment Tools Help to Manage Risk of Violence and Reoffending?

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Although it is widely believed that risk assessment tools aid in managing risk, evidence for this is unclear. Thus, we conducted a systematic review and synthesis of empirical research. Results indicated that professionals have mixed views regarding the utility of risk assessment tools for risk management. Even when risk assessment tools are used to identify clients' needs, many of these needs are not addressed through interventions. Furthermore, despite some positive findings, research is mixed as to whether tools lead to reductions in violence. In sum, even though risk assessments may be a starting point to risk management, further efforts are needed.

Violence risk assessment tools are now used throughout the world (Singh et al., 2014). Driving this widespread uptake is a belief that these tools can help professionals to manage and reduce risk (Andrews & Bonta, 2010). Specifically, structured risk assessment tools are thought to provide a starting point for risk management efforts by helping to ensure that offenders and patients receive treatments that are appropriate in intensity, and which address underlying criminogenic needs (Andrews & Bonta, 2010). However, despite their popularity, a number of scholars have questioned the assertion that risk assessment tools help to manage risk (e.g., Wand, 2012), arguing that they provide a "beguiling, but flawed, rationale for the distribution of resources" (Nielsen, Ryan, & Large, 2011, p. 270). Furthermore, some authors have expressed concerns that risk assessments may have adverse consequences in certain cases, such as draconian punishments or a withdrawal of treatment resources (e.g., Hannah-Moffat et al., 2009; Large, Ryan, Callaghan, Paton, & Singh, 2014). Thus, in the present study, we conducted a systematic review to determine the extent to which advocates' and critics' arguments are supported by empirical data.

METHODTo identify relevant studies, we systematically searched 11 databases (e.g., PsycINFO, Google Scholar, MEDLINE, Criminal Justice Abstracts, ProQuest Dissertations & Theses Global, Web of Science) for the period from 1990 to 2016. Abstracts were screened for relevant studies. If the study appeared to meet inclusion criteria, the full text was reviewed. Research assistants coded the studies using a structured coding protocol. Thus far, 54 studies have been identified for inclusion, and data collection is ongoing.

RESULTSIn surveys of professionals, respondents reported mixed views about the perceived utility of risk assessment tools in informing risk management. In addition, many professionals reported that they did not apply the results from their risk assessments to guide intervention-planning.

In archival file review studies, some studies found that individuals who were rated high risk on a tool received more intensive interventions than those rated as low risk. Although this could suggest that tools improve match between risk level and interventions, most studies lacked control groups. Furthermore, even when individuals' criminogenic needs were identified via a risk assessment tool, the vast majority of these needs were not addressed through interventions.

Of the studies which examined how the implementation of tools impact reoffense rates, approximately half found that the use of risk assessment tools led to reductions in violence or offending. The remainder of the studies found null, negative, or mixed results. Thus, the utility of tools for risk management may be impacted by other factors such the specific type of tool and how the tool was implemented (e.g., training provided to professionals).

DISCUSSION Although risk assessment tools may provide a starting point for risk management, the results of this systematic review suggest that tools are insufficient, in and of themselves, to ensure effective risk management practices. Thus, we outline an agenda for future research and describe strategies that may help bridge gaps between risk assessment and effective risk management efforts.

#264902 – Paper

Implementation of the CORE-34 as a routine outcome measure in a high secure forensic setting

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In 2013 the State Hospital initiated a hospital-wide roll out of the Clinical Outcome in Routine Evaluation outcome measure (CORE-34-OM) in order to track changes in individual patient's psychological distress over time. We report on the results of an audit into the implementation of this process, which has had some success but has also been met with several challenges. We conclude by sharing ideas for future research to answer important questions generated by this process.

Aims: It is well recognised that psychological therapy services should be subject to ongoing monitoring and evaluation (DHSSPSNI, 2010). Routine outcome measurement is central to the drive towards improved quality and accountability of services (NIMHE, 2005). With this in mind, Psychological Services (PTS) at the State Hospital (TSH) wished to demonstrate the effectiveness of our interventions and measure levels of distress in our population over time.

Method: The CORE outcome measure (CORE-34-OM) is a 34-item, self report measure of psychological distress. Patients answer using a 5-point Likert scale based on the frequency they have experienced distress-related thoughts and feelings over the past week.

PTS initiated hospital-wide (with the exception of an LD ward) routine administration of the CORE-34-OM in February 2013. The CORE-34-OM is completed as part of a semi-annual case review process, and administered before and after commencing any psychological therapy. Therefore, each patient should complete the CORE-34-OM at least twice per year and more frequently if he is engaged in psychological treatment. This allows clinical teams to monitor changes in patients' psychological functioning both over longer periods of time as well as throughout engagement in a particular psychological intervention.

In September 2016 we commenced an audit into the implementation of the CORE-34-OM at TSH. This audit is currently in progress. We aim to derive a hit and miss rate for completion of the CORE at the semi-annual case reviews over a one year period, from October 1st 2015 to 30th September 2016. Additionally we will solicit PTS staff views on the utility of the CORE-34-OM in this setting using an 8-item survey.

Results & Conclusions: We await full result of this audit, which will be presented at the conference. However, preliminary findings show that full implementation of the CORE-34-OM for all TSH mental health patients has not been achieved. We note several barriers in this process. This includes a significant minority of patients who either refuse to complete the CORE-34-OM, or who are viewed to be too unwell to provide meaningful data on the measure. The challenge going forward is how best to monitor distress in this group of patients, and reconsider whether the self-report method is appropriate for a hospital-wide routine outcome measure. Furthermore, in examining the responses of patients who do complete the CORE-34-OM, on average patients' scores are consistent with healthy, non-clinical populations, including on a subscale relating to risk of harm to self or others.

Considering this is a high-risk patient population with serious and complex mental health needs, this raises questions about the validity of this measure for TSH patients.

Future directions: This work has generated several important questions we plan to explore in a new programme of research. In particular, we intend to study the psychometric properties & structure of the CORE-34-OM in this population, and use other routinely collected

measures to study the CORE's validity as a measure of psychological distress and indicator of risk of harm for our patients.

#264917 – Paper

Mental disorder in people convicted of homicide: a national clinical survey

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Homicide rates have fallen in the general population. It is unclear if this also applies to offenders with mental illness. This study examined trends and court outcomes, using data from a consecutive case series (England and Wales, 1997-2014). The number of homicides by people with schizophrenia decreased during 2005-2014, having previously increased. Most homicide offenders were imprisoned (91%). A third with schizophrenia were imprisoned. The fall in homicide by people with mental illness has not been as marked as in the general population. The overall down turn could be linked to improved pathways to care and a fall in co-morbidity.

Background The rate of homicide has fallen markedly internationally including in the UK over the past decade. It is unclear whether a similar decline has been observed in the rate of homicide by people with mental illness. **Aims** The aims of this study were; to examine trends in general population homicide and homicide by people with mental illness using 5 definitions and; to explore trends in court outcome including determination of the proportion of offenders with mental illness who were imprisoned. **Method** A national consecutive case series of people convicted of homicide in England and Wales (1997-2014). Mental illness was defined in several ways including (1) diagnosis of schizophrenia (2) abnormal mental state at the time of the offence (3) recent contact with mental health services (4) verdict of manslaughter section 2 diminished responsibility (5) hospital disposal. **Results** There has been a fall in homicide in the general population and by offenders with mental illness over the 17-year study period. However, trends differed according to the definition of mental illness used. The number of homicide by people with schizophrenia decreased during the second period of the study (2005-2014), having previously increased. The majority of homicide offenders were imprisoned (91%). A third of offenders diagnosed with schizophrenia and half of offenders, who experienced an abnormality of mind at the time of the offence, were imprisoned. **Conclusions** Homicide rates have fluctuated over the past two decades, with a significant fall observed over recent years, but less so for mental health related homicides. Although there is no single explanation for this down turn, the decrease in homicide by people with mental illness could be linked to improved pathways to care, including via liaison and diversion schemes and a fall in co-morbidity. Further research is necessary to evaluate the impact of these initiatives in a broader public health context. However, people with serious mental illness continue to be imprisoned. Improvements in prison mental healthcare and the timely transfer of prisoners to NHS services are required.

#264929 – Paper

Patient reflections on recovery: 20 Years on from high secure care

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The Recovery Model for Patients within a High Secure Setting: A 20 year Follow Up is a mixed methods study with a longitudinal design created by repurposing previously collected information. The data relate to a specific cohort of 241 high secure patients interviewed in 1992/3 and those with a diagnosis of schizophrenia (N=169) interviewed in 2000/1. The 20 year Follow Up centres upon subjective recovery. This presentation explores the themes emerging from the qualitative aspect and how data is being explored with a view to translation into practice to promote recovery among a new group of high secure psychiatric patients.

Background Through the Mental Health Strategy for Scotland (2012 – 2015) the Scottish Government set out its approach for addressing what has become one of Europe's major health challenges. A commitment has been made to ensuring improved mental health and wellbeing services and outcomes are delivered for individuals and communities. Recovery is one of the seven themes of the Scottish Government's Mental Health Strategy (2012) which includes developing the outcomes approach to include personal, social and clinical outcomes. Individuals located within forensic services represent a particularly vulnerable and challenging group with specialist needs. Care costs per week for a long stay psychiatric patient in Scotland is approximately £2000 whereas for a long stay forensic patient the cost is approximately £5500 (ISD, 2016), highlighting the differences in care requirements. As such the forensic psychiatry journey towards recovery will be significantly different to those receiving general long term psychiatric inpatient services. Methods During the period August 1992 – August 1993, the entire inpatient population of the State Hospital, Scotland, UK were interviewed (where possible) and subject to case note review as a whole population survey (Thomson et al, 1997). During 2000/01 this specific cohort were revisited and those with a diagnosis of Schizophrenia (N= 169) were again interviewed and subject to case note review year on year from 1992/3 to 2000/1, this time the focus was on the role of symptoms in levels of aggression (Thomson et al, 2008). The Forensic Network inpatient census, 2013, highlighted that only 48 of the original 241 State Hospital Survey cohort remained as inpatients within the Scottish Forensic estate. This prompted the decision to examine, through the lens of recovery, the varying trajectories that the original 241 participants had taken through services over the previous 20 years and to explore their subjective experience of recovery. The literature relating to recovery within general psychiatry is continuing to grow but there is little representation of forensic patients. Of the small number of published studies all are cross sectional in design and fail to address the long timescale associated with improvements in forensic mental health. Examination of mortality among forensic patients is one area where longitudinal studies can be found (Clarke et al 2011) however we are not aware of any longitudinal studies that have actually attempted to meet up with participants to explore their subjective experience of recovery following decade long breaks in contact. Results This study has repurposed previously collected information to create a longitudinal design allowing variables including change in symptoms, violence and aggression and IQ over time to be examined. It also presents the opportunity for participants to

consider a specific point in time (The State Hospital Survey, 1992/3) and qualitatively explore their “journey” through services to 2015/16. Clear themes are emerging from the qualitative data collected so far (N=25) with the intention of exploring how the words and experiences reported by previous participants may be used to influence early approaches to recovery among a fresh group of current high secure care patients.

#265094 – Paper

Parent Management Training and Emotion Coaching for Children with Callous-unemotional Traits: A Treatment Development Study

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Youth with conduct problems and callous-unemotional (CU) traits have a unique etiology of conduct problems, are less responsive to treatment, and are at significantly increased risk for entering the juvenile justice system. We will describe the development and ongoing evaluation of an emotion-coaching intervention combined with an evidence-based parent management training program (Helping the Noncompliant Child) for use with young clinic-referred children with oppositional defiant disorder who also present with CU traits. We will report initial findings regarding family baseline characteristics, initial responses to sessions, and indicators of treatment and research feasibility.

BACKGROUND Conduct problems are common referrals to child mental health services, and parent management training (PMT) is the gold standard for treatment. Although disseminated widely, on average PMT has a medium effect size. Children with conduct problems who also have elevated callous-unemotional (CU) traits (e.g., lack of guilt and empathy) are a distinct subgroup that has a unique etiology of conduct problems, are less responsive to PMT, and are at significantly increased risk for entering the juvenile justice system. Thus, there is a pressing need to tailor existing PMT interventions for children with conduct problems and CU traits.

AIMThis presentation will describe the development and initial evaluation of a brief emotion-coaching (EC) intervention in combination with an evidence-based parent management training (PMT) program, Helping the Noncompliant Child (HNC; McMahon & Forehand, 2003), for use with clinic-referred children with oppositional defiant disorder (ODD) who also present with CU traits. Given evidence that children with ODD who are high in CU traits have deficits in the awareness/recognition of emotion and in empathy, incorporating an emotion-focused intervention into traditional PMT may enhance child outcomes. We will describe a) the rationale for incorporating EC into traditional PMT; b) the EC content and its integration into HNC; c) quantitative and qualitative methods used to assess the clinical and research feasibility; and d) initial findings from a pilot RCT comparing HNC-EC and HNC alone.

METHODSWe employ a treatment development model, in which clinical and research feasibility of the combined HNC-EC intervention are assessed. We have developed an empirically based combined HNC-EC parenting intervention to reduce conduct problems in children with ODD and CU traits. Participants are mothers and their 3-7 year-old children who have been referred for treatment of ODD (and with elevated CU traits) in a community mental health setting. In addition to traditional outcome measures, we will establish the treatment feasibility (e.g., family and therapist-level feasibility, participant satisfaction) and research feasibility of the HNC-EC intervention compared to HNC alone.

RESULTSThe intervention has been developed, two cohorts of therapists have been trained, HNC-EC has been implemented with pilot families; and the RCT is now underway. We will

report initial findings regarding family baseline characteristics, initial responses to sessions, and indicators of treatment and research feasibility for both HNC-EC and HNC.

CONCLUSIONSHNC-EC is one of the first interventions targeting known developmental mechanisms related to child CU traits. Should this intervention prove efficacious, it will not only provide guidance to the field for future revision of this approach, it also has the potential to have a substantial public health impact, given the poor prognosis for these children. In particular, the preventive implications for reducing entry into the juvenile justice system are highly significant.

#265150 – Paper

Psychopathic personality traits as predictors of drug use. A comparison of psychopathy assessment measures

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In our study we wanted to enhance the understanding of the link between psychopathy and drug-use, and also look at differences between two different conceptual models of psychopathy (PCL-R and CAPP). We found a significant relationship between psychopathy and self-reported drug use, but there was some divergence in the findings, with PCL-factor 1 negatively correlated with drug use while PCL factor 2 positively correlated. We only found positive correlations between the CAPP and drug use. These results will be discussed in relation to the existing literature on the heterogeneity within the psychopathy construct.

Background: Several studies have reported high levels of comorbidity between personality disorders and substance use disorders (SUDs). Also, antisocial behavior and criminality are frequently reported as co-current to substance use problems. Whereas much research over the last decades has been conducted on and confirmed a sizable association between antisocial personality disorder (APD) and problems related to substance use, there is considerably less known about psychopathy and substance use. Some of the studies that do exist seem to report a stronger association between the antisocial and behavioral traits of psychopathy compared to the more affective and interpersonal traits. In our study, we wanted to enhance the understanding of the link between psychopathy and drug-use. The inclusion of the CAPP in the study opens up for a comparison of two conceptually different psychopathy models. While much is known about the PCL-R and its relation to different behavioral variables, there is considerably less empirical literature regarding the CAPP. This use of dual instrument allowed us to investigate potential differences related to psychopathy assessment instruments.

Method: Eighty male (N=80) inmates at Bergen prison participated in this study. The 11-item self-reported Drug Use Disorder Identification Test (DUDIT; Berman et. al., 2007) was used to assess drug-related problems. Psychopathy was assessed with Psychopathy Check-List Revised (PCL-R; Hare, 1991) and the Comprehensive Assessment of Psychopathic Personality (CAPP; Cooke et. al., 2004).

Outcome: Psychopathy was significantly correlated to the self-reported drug use. However, there were substantial differences within and between the psychopathy measures used. For the PCL-R there was a significant positive correlation between factor 2 traits and problematic drug use ($r=.406$, $p=.001$), while there was a negative correlation for factor 1 ($r=-.316$, $p=.009$). In contrast, we only found positive correlations between the CAPP and reported drug use. Significant correlations were found between drug use and the behavioral domain ($r=.440$, p

#265158 – Paper

Examination of the Use of the B-SAFER Across Different Ethnic Groups

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Ethnicity in the context of violence risk assessment is receiving increased attention. For structured professional judgement instruments, identifying which risk factors underscore a client's overall level of risk can assist in matching management and therapeutic strategies for different populations. 946 B-SAFER risk assessments completed by police in Sweden for alleged perpetrators of intimate partner violence were examined. Instrument scores were compared across seven ethnic groupings: Sweden, Northern Europe, Europe, Eastern Europe and Russia, Middle East, Africa, and Asia. Results show small differences at the total score and item levels suggesting some consistency in scoring. Implications for risk management are discussed.

Background. Ethnicity in the context of violence risk assessment is receiving increased attention. This is partially due to the 2015 decision in *Ewert v. Canada* where a federal court judge censured the use of actuarial tools with Aboriginal prisoners until such time as they were shown to be cross culturally valid. Although the decision did not apply to structured professional judgement (SPJ) tools given differences in instrument construction, it underscores the importance of considering cross-cultural differences in violence risk assessment. In particular, understanding which risk factors are most strongly related to overall risk could assist in identifying which management strategies are most relevant for certain populations. **Method.** The present study examines B-SAFER risk assessments (n = 946) in cases of alleged intimate partner violence completed in vivo by police officers in Sweden. Cases were separated into seven broad categories based on perpetrator ethnicity: Sweden (75%), Northern Europe (4%), Europe (2%), Eastern Europe and Russia (3%), Middle East (9%), Africa (6%), and Asia (1%). Cases from North and South America as well as Australia were excluded due to small sample size (

#265191 – Paper

The Needs Profile of Inmates with Severe Mental Illness

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Research has identified an overrepresentation of severe mental illness (SMI) amongst individuals in the correctional system (e.g., Simpson, McMaster & Cohen, 2013). Further, these disorders are potentially treatable, yet it has been reported that less than half of persons diagnosed with SMI received mental health treatment while incarcerated (Simpson, Brinded, Fairly, Laidlaw, & Malcom, 2003). Identifying this need, the Centre for Addiction and Mental Health (CAMH) in collaboration with the Toronto South Detention Centre developed the Forensic Early Intervention Service (FEIS). Year two findings and service outputs will be discussed as well as the expansion of FEIS into a female correctional facility.

There is a higher prevalence rate of severe mental illness (SMI) within correctional facilities in comparison to the general prison population (e.g., Simpson, McMaster & Cohen, 2013). SMI includes schizophrenia and related disorders, bipolar disorder, and major depressive disorder. Despite the identified presence of SMI in prisons, it has been reported that less than half of persons diagnosed with SMI received mental health treatment while incarcerated (Simpson, Brinded, Fairly, Laidlaw, & Malcom, 2003). Identifying this need, the Centre for Addiction and Mental Health (CAMH) in collaboration with the Ministry of Health and Long-Term Care and the Ministry of Community Safety and Correctional Services funded the CAMH Forensic Early Intervention Service (FEIS) at the Toronto South Detention Centre (TSDC). FEIS has also been funded to expand its services to Vanier Correctional Centre for Women in early 2017. FEIS is a consultative service that provides early assessment and triage to inmates who are at risk of entering the forensic mental health system. In collaboration with TSDC healthcare services, FEIS provides assertive in reach care to these inmates and utilizes the STAIR model of care. STAIR represents Screening, Triage, Assessment, Intervention and Reintegration/Recovery and intends to link service activities to epidemiologically-derived access and intervention targets (APA, 1989; Livingston, 2009; Ogloff, 2002). By offering early engagement, FEIS aims to identify inmates who may have fitness to stand trial concerns or who may have the not criminally responsible on account of mental disorder finding available to them. Additionally, FEIS creates an opportunity for inmates to receive timely access to mental health services within TSDC as well as in the community once released from custody. From January 2016 to October 2016, FEIS has received 1855 new referrals, which is a significant increase from the total of 1212 received throughout 2015. In addition, during these ten months, FEIS has accepted 246 clients onto its caseload, this again is an increase from the 187 clients during the 2015 calendar year. A snapshot of 67 FEIS clients was presented during IAFMHS 2016. This paper will build on the findings from the previous presentation by describing additional FEIS service outputs and client needs from a larger pool of data. In addition, this paper will describe the implementation and expansion of FEIS into a female correctional facility and compare and contrast the client profiles of male versus female mentally disordered offenders.

#265195 – Paper

Adaptation or Adherence in Dialectical Behaviour Therapy for the Learning Disability Population: The clinical outcomes of an Adherent approach

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In recent years Dialectical Behaviour Therapy has been adapted to meet the needs of broader clinical populations including adults with an intellectual disability (ID). Reviews of published programmes used with this population suggest that significant changes are often made to DBT, to the extent that two learning disability DBT programmes appear to have little in common. This compounds difficulties in evaluating DBT with this population. This paper will describe an adherent DBT programme and its positive clinical outcomes with an intellectual disability inpatient forensic service. Within this programme adaptations relate to the delivery of DBT rather than to the model.

BackgroundIn recent years Dialectical Behaviour Therapy has been adapted to meet the needs of broader clinical populations including adults with an intellectual disability (ID). Reviews of published programmes used with this population suggest that significant changes are often made to DBT, to the extent that two learning disability DBT programmes appear to have little in common. This compounds difficulties in evaluating DBT with this population. The St Andrews Learning Disability DBT service offers all five functions of DBT in the context of an adherent model. Adaptions are made to the delivery of DBT, rather than to the model or skills themselves. This paper describes the adherent DBT model used, how adaptations are made to the delivery of DBT and the clinical outcomes of this service.

MethodAll patients referred to DBT between 2011-2014 were reviewed. Measures included pre and post levels of aggression (self and others), impulsivity, coping strategies, psychopathology and risk assessment scores.

ResultsBy the end of the first cycle of DBT reductions in psychopathology, impulsivity and aggression to self and others were noted in the context of an increase of adaptive coping strategies. By the completion of the full DBT programme significant increases in observable adaptive behaviours were recorded and reductions in risk as measured by the HoNoS were also noted.

OutcomesEvidence suggests that patients can tolerate and positively benefit from an adherent model of DBT, where by adaptions are made to the delivery of DBT rather than to the core skills and model. Future service developments are also discussed

#265210 – Paper

Proof problems in assessing capacity for criminal responsibility of offenders with drug-induced mental disorders

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To overview one of the recent hot spots and difficult points in forensic psychiatry in China: The evaluation of the capacity for criminal responsibility for an offender who breaks the criminal law under psychotic state and loses his capacity to recognize and/or control his behavior due to voluntary drug-intake. To discuss proof problems in the forensic assessment, such as what presumption should be taken when making etiological diagnosis in difficult and complex cases? What standard of proof should be taken when making the etiological diagnosis? etc.

How to evaluate the capacity for criminal responsibility (CCR) for an offender who breaks the criminal law under psychotic state and loses his capacity to recognize and control his behavior due to voluntary drug-intake? This topic has been a hot spot and difficult point in recent years in China. The capacity for criminal responsibility (CCR) is defined as the capacity to bear criminal responsibility. According to the criminal theory popular in China, an individual without CCR is not a legally qualified subject to commit a crime. Therefore, he shall not bear criminal responsibility even he breaks the criminal law and should be criminally punished otherwise. Forensic psychiatrists in China are routinely asked to evaluate the CCR for offenders suspected of insanity. However, according to the guideline for assessment of capacity for criminal responsibility for mentally disordered offenders (SF/Z JD0104002-2001) released in 2011 by Bureau of Judicial Expertise Administration, Ministry of Justice, PRC., drug-induced mental disorders are special mental disorders, and therefore, forensic psychiatrists are recommended not to assess the CCR for offenders if he broke the criminal law under psychotic state due to voluntary drug-intake. In practice, such offenders will be handled by judges as sane offenders and sentenced as normal offenders. Whether the individual's mental disorder is induced by voluntary drug-intake becomes a key issue faced by forensic psychiatrist, especially in those difficult and complex cases. What presumption should be taken in making etiological diagnosis? What about the relations between the presumption taken in assessing this special type of mental disorders and the presumption of sanity in forensic psychiatric assessment and presumption of innocence in criminal procedures? What standard of proof should be taken when making the etiological diagnosis? beyond reasonable doubt standard or preponderance of evidence standard? Such proof problems are discussed.

#265215 – Paper

Intimate Partner Homicide and Immigration: A Norwegian 22-Year Cohort Study.

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Intimate partner homicides (IPH) rates have decreased. Immigrants remain at risk for IPH. We scrutinized (a) IPH characteristics and sentencing issues, (b) sociodemographic, contextual, and clinical factors, and (c) previous IPV incidents, by immigrants with Norwegian citizenship, inhabitants without a Norwegian citizenship and native Norwegian perpetrators. All IPHs in Norway from 1990 to 2012 (N = 177) were included. Information concerning risk factors was gathered by using validated risk assessment tools. Multivariate logistic regression analyses were conducted. There were significant differences concerning IPH characteristics and sentencing issues, and concerning sociodemographic, contextual and clinical factors. No differences emerged concerning previous IPV.

Background: Intimate partner homicides (IPH) are fatal violent attacks perpetrated by intimate partners. Although IPH rates have decreased, immigrant women, poor women and young women have an increased risk for becoming an IPH victim. Immigrants are known to be overrepresented in the crime statistics of Nordic countries. This may be explained by both country of origin and populations structure (age and gender). There is limited knowledge about IPH among immigrants. A number of studies have shown that immigrants are overrepresented in the IPH statistics, although the majority of IPHs are committed by and towards the majority population. Hence, immigrants' IPHs do not represent a large proportion of the prevalence of IPH. The principal research aim was to investigate possible differences between IPH incidents committed by immigrants with Norwegian citizenship (INC), inhabitants without a Norwegian citizenship (NoNC) and native Norwegian (N) perpetrators. We scrutinized (a) IPH characteristics and sentencing issues, (b) sociodemographic, contextual, and clinical factors, and (c) previous IPV incidents. Method: This study was part of a mixed methods study with a convergent parallel design. In this paper, we only report findings from the quantitative analysis. The study was approved by the Norwegian National Research Ethics Committee. The Norwegian Higher Prosecuting Authority provided legal access to the court documents. All IPHs in Norway from 1990 to 2012 that had received a final judgment (N = 177) were included. The material was extracted from the court documents. Court documents contain all the information collected and used during the court trial, including forensic expert witness reports. Information concerning risk factors was gathered by use of the Danger Assessment R20 (DA-R20), the Spousal Assault Risk Assessment (SARA), and the Severe Intimate Violence Partner Risk Prediction Scale (SIVIPAS). Initial comparisons of IPHs by INC, NoNC and N perpetrators were conducted by simple cross-tabulations. Univariate and multivariate logistic regression analyses were used to measure the association between risk factors and the dependent variable: (1) IPH incidents with perpetrator without Norwegian citizenship (NoNC) versus perpetrators with Norwegian citizenship (INC and N). (2) IPH incidents with immigrant (INC and NoNC) versus native perpetrator. Results: The verdicts for immigrant perpetrators referred that they had other modus operandi, were based on other motives, and resulted in longer sentences than was the case in IPHs committed by native perpetrators. Concerning sociodemographic, contextual and clinical factors, cases with NoNC perpetrators and cases with immigrant

(NoNC or INC) perpetrators differed from other IPHs by the same variables; Victim's origin and perpetrators' source of income. There was no significant difference concerning previous IPV neither when comparing citizenship nor native origin.

#265218 – Paper

Renewed forensic law in Germany in 2016

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In 2016 the forensic law in Germany was renewed. The government had planned doing this for a couple of years. The reasons were to precise the text of the law on the one hand and to try to save money on the other hand. A committee providing advice to the government had found out that the total amount of inpatients became more as well as the time a single person stayed in detention rose. So one openly claimed aim was to reduce the number of people being sentenced to detention as well as to shorten the years of imprisonment.

In the presentation I will talk about the renewed forensic law in Germany, which came into effect in August 2016. The government had planned to renew the law for a couple of years because the total amount of inpatients in forensic hospitals in Germany more than doubled between 1990 and 2013. In addition to that the time one patient had to stay before a conditional discharge rose between 2008 and 2012 from 6 to almost 8 years (in average in the whole of Germany). The government has the aim with the renewed law to lower the total amount of inpatients. At the moment round about 7800 people are in detention in forensic hospitals in Germany and they cost about 800 Mio. € per year. If this amount could be dropped by only 5 % (390 people), Germany could save 40 Mio. € per year. If the average detention period of staying in forensic hospitals could be lowered from 8 to 6 years again even more money could be saved. So the re-definition of the law covered two aspects. The part of the forensic law, which defines under what conditions a person can be sentenced to stay in a forensic hospital, was reformulated and is now stricter, meaning it is more difficult for a judge to send someone into a forensic hospital (e. g. if the offense covers only economic aspects and no physical or psychological damage to a human being, a sentence to detention in a forensic hospital is not possible). The other aspect concerns the question how long a person has to stay in detention. The new law wants an external expert opinion after three and six years, and after that every second year (the old law wanted external expert opinion every fifth year). A totally new aspect of the law concerns the total amount of years spent in a forensic hospital; there will be a kind of cut after six and after ten years of detention. The clinic the patient is in, has to define precisely to the deciding court why this person cannot be sent on conditional discharge. In the presentation I will define exactly the new words of the law (BT Drucksache 18/8267 vom 27.04.2016). I will also try to start a discussion if with the new forensic law in Germany the aim to save money can be reached.

#265237 – Paper

Factors to focus on/ elaborate while using the HCR20 for patients with Autism Spectrum Condition

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The paper aims to study whether some of the individual HCR 20 factors give consideration to the symptoms of Autistic Spectrum Condition and its association with violence. The symptoms of ASC may not be associated with violence in the similar way as other symptoms of mental illness. Some of the symptoms of ASC in relation to its association with violence are fairly complex and need elaboration while using the HCR 20.

Aim and hypothesis Some of the individual HCR 20 factors need further elaboration when used to describe the risk of violence in patients with Autistic Spectrum Condition.

Background Academic evidence has shown that individuals with autistic spectrum condition are overrepresented in forensic populations compared to the general population, and the presentation of some ASC symptoms can predispose to potential criminal actions.

There are very few studies looking at the use of the HCR 20 in patients with Autism. It has been observed among clinicians working in a specialist ASC unit, that some of the individual factors of the HCR 20 may need further elaboration and description when applied to assessing violence risk in ASC populations.

Method A clinical commentary was documented after a series of planned meetings between clinical staff working in the ASC unit. Comments were documented in relation to specific areas that need consideration and elaboration when describing and rating individual factors of the HCR 20. The records of 50 patients with ASC were then analysed as to whether description and consideration of these areas were done at the time of completing the HCR 20. In addition the formulation, scenarios and any additional comments in the HCR 20 documents were looked at to determine if these required areas of clinical concern were considered.

Results The results indicated that the current description of some of the HCR 20 factors did not elaborate/ underestimated or overestimated the violence risk in patients with ASC. Some of the factors need to be elaborated or re-defined in relation to accurately reflecting the risk of violence in patients who have an ASC.

#265246 – Paper

Systematic review and meta-analysis of structured psychological interventions for forensic psychiatric inpatients

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We completed a systematic review and meta-analysis of the effects of structured psychological therapies for forensic psychiatric patients. Sixty-two studies are reviewed in a narrative synthesis, and 18 studies controlled studies were eligible for inclusion in the meta-analysis. Meta-analysis found small to moderate effects of psychoeducation on insight and knowledge of mental disorder and a small effect of cognitive skills therapies on criminal attitudes, but no effect on other outcomes including problem-solving ability or self-reported anger. Practical recommendations for future research studies are made following a critical examination of the methodological quality of treatment evaluation studies in this field.

The landscape of forensic mental health care research is rapidly changing. In its early days the field was driven largely by existing local practice, and as a result previous efforts to synthesize the effects of psychological therapies in this setting have been impeded in large part by methodological shortcomings of the primary studies. Over the past five years, however, there has been an exponential increase in both the number of published studies and the adoption of more rigorous scientific methods to evaluate interventions. Given this recent progress, a systematic review of structured psychological therapies for forensic psychiatric inpatients was now both possible and warranted. This review has three aims: 1) Critically review the methodological quality of evidence in this field; 2) Audit the reporting of adverse event monitoring procedures and incidence of adverse events; 3) Evaluate the effectiveness of structured psychological interventions for forensic inpatients.

A highly sensitive, standardized search strategy was employed in Spring 2016. Search terms utilized database subject headings and text-word searching. Study inclusion and exclusion criteria were defined using the PICO framework. Two raters independently completed full-text review and quality assessment. Aim 1: Methodological quality was informally assessed using several indicators and formally assessed using the SIGN methodology checklist for controlled trials. Aim 2: References to any plan to monitor adverse therapeutic effects, and any reports of adverse events (e.g. deterioration in mental state) were recorded for each study. Aim 3: All included studies were summarized in a narrative review, and controlled studies of sufficient quality were included in meta-analyses. Studies were grouped according to common intervention focus. Where at least three studies were available per intervention focus, weighted effect sizes (Hedge's g) for key outcomes were calculated using random effects models.

The search returned 10,330 results. Sixty-two studies met inclusion criteria. Thirty-eight studies were before/after evaluations without comparison groups; 14 studies were non-randomised controlled studies and 10 were randomised controlled trials. The majority of studies were of low or unacceptable methodological quality. Only one study referenced a plan to monitor adverse events during treatment. No explicit instances of adverse events were reported but 9 studies described participant attrition due to deterioration in mental state. Meta-analytic effect sizes were calculated for psychoeducation and cognitive skills

intervention types. Psychoeducation was associated with improved insight and knowledge of mental disorder. Cognitive skills programs were associated with reduced criminal attitudes but no effect on problem solving ability or anger.

Methodological quality of studies in this field remains poor, however this appears to be improving with researchers more frequently adopting experimental or quasi-experimental designs. Meta-analysis revealed positive outcomes for psychoeducation, and some limited success for cognitive skills therapy with forensic psychiatric patients. On the basis of these findings, we make several practical recommendations to those conducting treatment evaluation research in this field. In particular, we highlight the need for future treatment evaluations to place as much importance on establishing treatment safety as establishing its efficacy.

#265256 – Paper

Factor profiles linked to treatment motivation among inmates

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Background: Correctional programs must be completed to be effective, but many are abandoned prematurely by inmates lacking motivation. Knowledge about their motivation is insufficient. **Objectives:** Examine uniformity of motivational correctional measures and identify factors linked to inmates' treatment motivation. **Method:** Mental health assessments and correctional service file reviews were undertaken for 563 inmates. **Results:** Final results will allow considering factor profiles associated with motivation at treatments' start. It will then be possible to focus on factors important for each inmate throughout treatment to influence their motivation, helping to program completion.

Correctional programs aim to ensure social reintegration and reduce risk of recidivism by targeting risk factors associated to criminal behavior. Inmates have access to various correctional programs based on recommendations according to needs identified. Major programs' areas are violence, family violence, sexual offending, substance abuse, living skills and behavior in community. For those programs to be effective, they must be completed. However, many are not, largely because inmates lack motivation, which decreases progress and increases risk of recidivism. Correctional treatments' success largely depends on inmates' efforts, requiring motivation to change.

It has been shown that the absence of intrinsic motivation at admission was not problematic because it could develop alongside extrinsic motivation while being treated, which is fundamental given that inmates often are or feel forced to enter treatment. However, intrinsic motivation is considered the strongest predictor of persistence and goal achievement, while high extrinsic motivation alone showed deleterious impacts on treatment outcome. Thus, motivation should be identified from the starting point of a program and encouraged to move from external to internal motivation. Otherwise, the development of intrinsic motivation should at least be favored. This focus on motivation would be in order to ensure treatment completion and conserve changes after withdrawal of correctional service contingencies.

Unfortunately, knowledge about inmates' motivation is insufficient to allow a thorough evaluation of factors influencing their motivation before treatment. Studies about inmates' motivation mostly focus on one type of program in one place, limiting the possibility to generalize the results. The present study includes 563 inmates for whom motivation towards recommended interventions and identified needs was evaluated. Of those, 315 attended at least one correctional program and approximately 200 of the latter had their motivation assessed before treatment. Correctional programs attended addressed different major areas across a dozen of federal prisons. The first objective of this study was to see if the different Correctional Service Canada's (CSC) motivation measures went in the same direction and could be taken altogether to simplify and clarify inmates' motivation measures towards interventions. The second objective was to identify factors linked with inmates' treatment motivation. Hypotheses concern factor profiles grouped under common themes that could be associated to motivation; they integrate variables that have only been correlated independently with offenders' motivation in the past. Considering sets of factors instead of independent variables will limit degrees of freedom, increasing statistical power. Mental health assessments (e.g. SCID I-II, HCR-20), as well as Royal Canadian Mounted Police and

CSC file reviews provided information on mental health disorders, offenses, program participation, treatment motivation and more. This study encompasses final results for the separate but related goals aforementioned after data gathering of several years. After the clarification of motivation's measurement, followed by a thorough identification of external and internal factors associated to treatment motivation, it will be possible to assess those factors at the beginning of treatments and focus on those important and mostly internal for each inmate. This will at least allow maintaining, but ideally increasing motivation throughout treatment, helping to program completion.

#265325 – Paper

A Cross-Cultural Analysis of the Test of Memory Malingering among Latin American Spanish-Speaking Adults

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Cognitive efforts tests, such as the Test of Memory Malingering (TOMM; Tombaugh, 1997) are widely used internationally, yet there is a dearth of research that has assessed the utility of these measures in different cultures, countries, and languages. This study evaluated the specificity of the TOMM among a sample of 3,690 Spanish-speaking adults residing in eight Latin American countries. Analyses examined error rates and optimal cut scores across countries, and whether specific variables (i.e., education, gender, and age) or interactions between them (e.g., education by country) impacted TOMM scores by country. Clinical implications and future research directions are discussed.

One of the most widely used cognitive effort tests is the Test of Memory Malingering (TOMM; Tombaugh, 1997). Research with the TOMM has demonstrated adequate sensitivity and specificity in English-speaking, North American samples (Sollman & Berry, 2011). Despite the widespread use of such cognitive effort tests, there is a dearth of research assessing the utility of these measures with individuals from different cultures, countries, and languages (Nijdam-Jones & Rosenfeld, in press). For example, although most research in the U.S. has demonstrated little impact of education on TOMM results (Tombaugh, 1997), some studies using Hispanic/Latino participants have found such associations (Strutt et al., 2012; Ramirez, 2004). This raises questions about the comparability of TOMM scores across languages and cultures, and highlights the need for more extensive research examining the cross-cultural validity of this measure, particularly focusing on variables that may influence test performance. This study evaluated the TOMM in eight Latin American countries. We examined differences in error rates and optimal cut scores across countries, as well as associations with several potential covariates (e.g., age, education). It was hypothesized that age, education, and interactions between education and country would be significantly associated with performance on the TOMM. This study's sample consisted of 3,690 adults residing in Argentina, Bolivia, Chile, Colombia, Mexico, Paraguay, Peru, and Puerto Rico who were involved in a larger study generating normative data for several neuropsychological instruments (Rivera et al., 2015). Participants were administered the TOMM, with Trial 2 scores serving as the basis for all analyses. Demographic information was collected through self-report. The study was approved by the University of Deusto's Ethics Committee. Preliminary analyses showed that the mean TOMM scores for the eight countries were above the cutoff score of 45. However, there were significant mean differences of TOMM scores across countries, $F(7,3682)=53.64$, p

#265349 – Paper

Forensic Medium Secure Units; Do they work?

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Forensic medium secure units (MSUs) first originated in England in 1976 and are currently the largest resource within forensic mental health provision. Patients in MSUs are expected to move through rehabilitation, towards leave and discharge or transfer to lower secure services. However, a significant minority will return to prison or be transferred to higher security services. This paper will attempt to evaluate the performance of MSUs. Findings from the literature and three prospective follow up studies will be analysed and what the 'best' MSUs look like will be considered. Hypotheses to guide future evaluations in this area will be presented.

Forensic mental health services in England and Wales are provided for (a) individuals with a mental disorder (including neurodevelopmental disorders) who (b) pose, or have posed, risks to others and (c) where that risk is usually related to their mental disorder. Forensic medium secure units (MSUs) first originated in England in 1976 and are currently fundamental for achieving these aims. They are viewed as the 'gatekeeping' services to high and low forensic mental health services and the largest resource within forensic mental health provision in England and Wales.

Patients in medium secure services are expected to move from admission, through rehabilitation, and towards leave and discharge or transfer to lower secure services. However, a significant minority will return to prison or be transferred to higher security services.

Since 1995 there has been a 40% increase in the number of MSU beds and currently there are over 3500 in England and Wales and a commensurate rise in admissions to approximately 1500 per year. Despite the growth in MSU activity and numerous research and evaluations it remains unclear how successful MSUs are in rehabilitating offenders and there does not appear to be a consensus on key performance measures.

This paper will present a review of the previous literature evaluating MSUs and make specific reference to three recent prospective cohort follow up studies; two of which were conducted in the north West of England and one across England and Wales, to evaluate the effectiveness of MSUs. The objectives of the paper are to:

- Review findings from current literature into MSUs
- Analyse findings from three prospective follow up studies which included forensic and non-forensic samples
- Consider what the best MSUs look like and identify key performance indicators for MSUs
- Recommend hypotheses to inform and guide future research and evaluations in this area.

#265371 – Paper

Relational Discovery: A relationally-focused model for systemic culture change in forensic mental health settings

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Within forensic mental health, a "relationship" is typically construed as a manipulable object, such as the therapeutic alliance in the context of treatment delivery, or a dynamic factor on structured risk assessments. The Relational Discovery Model at Langdon Hospital aims to reform knowledge and understanding of "relationship" from object to implicit professional wisdom, clinical practice and ideally, the cornerstone of a forensic mental health system. This paper describes the Relational Discovery model and how it aims to achieve this goal; challenges experienced thus far and those forecasted in implementing such an ambitious model, with proposed medium and longer term solutions.

Langdon Hospital is a Regional Secure Unit in the South West of England, delivering inpatient services to men. Despite attracting national recognition in 2015 for its achievements, Langdon saw a need to improve further, by developing a model to support cultural change and therapeutic pathways that are not only focused on service user needs and public protection-oriented outcomes, but equally and meaningfully promote the wellbeing and development of staff so that they can continuously improve delivery of excellent care. This model is called Relational Discovery (RD) and is briefly summarised as a relationally focused service model that fosters a therapeutic learning culture to nourish and improve the quality of life of all people working within or using our services, their families and friends.

An emphasis on the Relational is consistent with developments in the field where the role of meaning-making and relationships is emphasized, where it has largely been neglected or arguably feared and avoided in the past. It is being increasingly recognised that the way we think and feel about ourselves and the ways we relate to others are important for our wellbeing and safety. When we relate with ourselves and others in a healthy way, mental health can improve and risk behaviours decrease. This knowledge also forms the foundation of the Royal College of Psychiatrists Centre for Quality Improvement's (CCQI) Enabling Environments project (2013) and other approaches to mental health difficulties, such as the Finnish Open Dialogue approach (Seikkula et al, 2006) and Cognitive Analytic Therapy (Ryle & Kerr, 2002).

The "success" of RD depends on it being widely experienced as capable of delivering effective interventions, leading to outcomes including reduction in length of stay in secure services, in mental health and offending relapse rates, and reported improvement in wellbeing, mastery and safety, especially within relationships. The operationalization of RD is via the this interlinked sequence: - Recruitment and retention that values capacity for working relationally and compassionately with the self and others- Local Induction package for all disciplines that is relationally-informed. This graduates to in-situ "high-intensity-interval-training"-inspired continuous learning- Skills-based training for all disciplines in therapeutic and risk-focused models- Promoting RD in all layers of the organisational culture e.g. through supervision, reflective practice

The innovation behind Relational Discovery lies in the commitment to and implementation of a relational focus to core elements of an inpatient forensic service and allocation of

resources to the development and wellbeing of staff as much as service users, as well as on the health and existence of a culture as opposed to focusing on single components such as just training, or just therapy. As with any significant attempt at a culture shift within a forensic context, it is vulnerable to economic and political forces of change as well as resistance to practices that invite access to unconscious fears about harm and loss of control. This paper will discuss in detail not only the RD model, but how the service plans to address inevitable challenges and ways to improve over time.

#265428 – Paper

Cultural identity, unmet needs in custody and recidivism: An Australian analysis

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Programs addressing the cultural needs of offenders are often inconsistently implemented or unavailable in custodial settings. This is of concern for Aboriginal and Torres Strait Islander people in custody given the importance afforded to cultural identity and their disproportionate representation in the criminal justice system. This study seeks to identify whether both the treatment and cultural needs of 122 Aboriginal and Torres Strait Islander people were being met in custody and how this impacted future behaviors and re-offending. Results indicate that a strong cultural identity buffers against mental health symptoms and recidivism underlining the importance of maintaining a strong cultural identity in prison settings. Recommendations for service delivery are discussed.

Background There has been minimal inquiry into the cultural identities of Indigenous Australians in custody despite decades of overrepresentation and recent attempts by state justice departments to provide culturally themed custodial care. The retrieval of culture as a healing mechanism is now a regular feature of contemporary health discourse. The extent to which cultural identity mitigates maladaptive responses for groups within the criminal justice system is poorly understood. This study presents a novel opportunity to address some of these concerns by assessing the influence of cultural identity and cultural engagement on mental health symptoms, personal agency, discrimination and offending for Indigenous people in custody. **Method** Participants were 122 (Male = 107; Female = 15) individuals in custody who were formally registered as Aboriginal and Torres Strait Islander persons with Victorian prison services. Participants undertook a semi-structured interview incorporating a battery of self-report health related questionnaires in custody. The semi-structured interview canvassed Social and Emotional Wellbeing factors (inclusive of cultural identification and life stressors), mental health symptoms, psychological distress, service use access and cognitive measures. Aboriginal and Torres Strait Islander identity was measured via the Aboriginal and Torres Strait Islander identity Scale and Cultural Engagement was measured as a composite score of three questions pertaining to participation in cultural events and connection to culture. Follow up criminal history data were collected for participants released from custody into the community for up to two years. **Results/Findings** Findings suggested that prison services met the general needs of many Indigenous prisoners. These included food, accommodation, daytime activities, self-care, physical health, safety to self, company and general treatment. However two commonly unmet needs were frequently self-reported: psychological distress and safety to others (putting others in danger). Prisoners who had more unmet needs in custody were more likely to re-offend. Those who re-offended were more likely to have their treatment needs unmet in prison. After partitioning the sample into stronger and weaker Indigenous identity groups, we then explored the impact of cultural identity across a range of outcomes. Weak identifiers possessed higher levels of distress compared to stronger identifiers who also reported higher levels of personal agency. Regarding re-offence, cultural identity had no meaningful impact on recidivism outcomes alone. However when coupled with strong 'Cultural Engagement' in custody, stronger identifiers were significantly less likely to violently reoffend. These are key findings for treatment and cultural strengthening initiatives in custody.

#265432 – Paper

Self-Reported Traits and Behavior Among Intimate Partner Violence and Prior Intimate Partner Stalking Offenders

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Characteristics of the relationship between intimate partner violence (IPV) and intimate partner stalking (IPS) have rarely been studied. The current paper intends to examine group differences in self-reported traits and behavior between three groups of offenders: intimate partner violence, intimate partner stalking, and intimate partner stalking offenders who also engage in violence. Self-report scales included the Aggression Questionnaire (AGQ) and the State-Trait Anger Expression Inventory (STAXI). Significant group differences were found for the Verbal Aggression Scale of the AGQ. Additional analyses will also include the Empathy Questionnaire (Mehrabain & Epstein, 1972) and the Barrett Impulsivity Scale (Barrett, 1994).

Introduction Most research studies that report a relationship between intimate partner violence (IPV) and intimate partner stalking (IPS) focus on the prevalence and type of, and risk factors leading to stalking and violence within intimate partner relationships. Few of these studies, however, address the specific nature of the relationship or incorporate offender characteristics that distinguish IPV from IPS offenders.

Previous analyses of the data used for the current paper, examined differences in demographic, diagnostic, and criminal history variables between three groups of offenders: IPS, IPV, and those who engage in both intimate partner violence and stalking (IPVS). Results indicated that significant differences exist between these groups for race, current relationship status, work history, past substance abuse, diagnosis of a cluster B Personality Disorder, and presence of prior stalking convictions. The current paper sought to explore differences and similarities in self-reported traits and behavior among the same three groups: IPS, IPV, and IPVS offenders.

Methods Participants consisted of 143 male offenders charged with IPV or IPS related offenses, who were court ordered to attend treatment. Only those who victimized a current or former intimate partner were included in the current analyses. The mean age was 34.41 (SD=10.77). For these analyses, participants were divided into IPV offenders (n=36), IPS offenders (n= 55), and IPVS offenders (n=52).

Stalking was defined as behavior that includes communicating with, following, or approaching the victim or the victim's family, friends, or acquaintances with the intent to harass, annoy, cause fear, or alarm the victim. Participants were considered a stalking offender if they had a stalking charge or if their offense included behavior meeting the stalking definition above. Furthermore, any physical or threat of physical harm was considered violence.

After providing informed consent, participants completed an intake evaluation consisting of a semi-structured interview and multiple self-report scales, including the Aggression Questionnaire (AGQ, Buss & Perry, 1992), the State-Trait Anger Expression Inventory (STAXI; Spielberger, Jacobs, Russell, & Crane, 1983), the Paulhus Deception Scales (PDS, Paulhus, 1998), the Empathy Questionnaire (Mehrabain & Epstein, 1972) and the Barrett Impulsivity Scale (Barrett, 1994). Preliminary analyses focused on the AGQ, consisting of 29 items over four domains: Physical Aggression, Verbal Aggression, Anger, and Hostility, and the STAXI, consisting of 20 items divided into a State Anger Scale and a Trait Anger Scale.

Preliminary Results Group differences in self-report data were analyzed using an ANOVA. A significant difference between group means was found for the Verbal Aggression Scale of the AGQ, $F(2, 115)=3.47$, $p = .034$. No other group differences existed. To control for defensive responding, an additional analysis was conducted eliminating those subjects that scored above the cut-off score of 17 on the PDS. However, this resulted in similar results again showing a significant mean difference for the Verbal Aggression Scale of the AQ, $F(2, 54)=3.54$, $p = .036$. Additional planned analyses will examine group differences on the remaining self-report scales that were used in this study and will also include multivariate analyses differentiating the groups.

#265443 – Paper

Have you ever been diagnosed with a mental disorder? Concurrent validity of psychiatric history taking in a prison setting.

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Given the high prevalence of mental illness in the prison population, correctly identifying those prisoners with serious mental health needs is a key priority for services. Effective identification relies on a reliable, valid and feasible mental health screening method. The current study considers the concurrent validity of psychiatric history-taking measured against assessment for the presence of specific current symptoms, identified using a range of validated screening instruments for various mental disorders. Findings indicate that self-reported psychiatric history may be inadequate with regard to the identification of current mental health need in prisoners.

Background:The prevalence of mental illness, including serious mental illnesses such as schizophrenia, is significantly higher in the prison population compared to the general population, both internationally and locally in New South Wales (NSW), Australia. Given the burden of mental health need presented by prisoners, it is important to identify those with such need using a screening method which is reliable, feasible and valid. Many prison mental health screening approaches rely on asking prisoners about their history of being diagnosed and treated for mental illness but this approach has not been rigorously evaluated. The current study looked at the concurrent validity of the history taking approach, with the comparison criterion for validity assessment being the results of validated mental health disorder screening tools to detect current symptoms of mental disorders. **Method and Results:**The current study is part of a large scale prison population health survey, the Network Patient Health Survey (NPHS), conducted routinely approximately every five years in NSW, Australia. The 2015 survey was cross-sectional in design and was carried out utilising face-to-face interviews across all correctional centres in NSW, with 1131 participants completing the interviews. The mental health component of the survey included: psychiatric history, self-harm and suicide risk assessment, and a range of validated screening instruments for mental disorders including anxiety, mania, psychosis, personality disorder, trauma and Post-traumatic Stress Disorder. Receiver Operating Characteristic (ROC) curve analyses producing the Area Under the Curve (AUC), sensitivity and specificity parameters were obtained to assess the concurrent validity of self-reported past diagnosis in relation to the results of symptom screening instruments. The AUC's ranged from 0.544 for current symptoms of psychosis to 0.682 for current symptoms of depression, with sensitivity ranging from 0.13 for personality disorder to 0.71 for current symptoms of depression, and specificity ranging from 0.66 for current symptoms of depression to 0.96 for personality disorders. In addition, sensitivity was below 0.50 for current symptoms of PTSD, mania, and psychosis. **Conclusions:**The results of the current study indicate that psychiatric history taking (self-report of past diagnosis) may not be a sufficiently sensitive approach to prison mental health screening and may miss many prisoners with active current symptoms of serious mental disorders. Prison mental health screening may need to incorporate both psychiatric history taking and current symptom screening if mental health need is to be effectively identified.

#265448 – Paper

Police and Northwestern Mental Health Triage Service - Greater Knowledge Leads to Less Action

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The Enhanced Critical Response Program (ECRP) is a pilot program by the Department of Health & Human Services, Victoria Police, and Northwestern Mental health (NWMH) which is one of the largest publicly funded mental health services in Australia. This unique collaboration between the Victoria Police's Security Services Division (SSD) and NWMH Triage Service to provide timely and valuable clinical information to SSD in critical incidents. As a result there is reduced harm to individuals, emergency responders, members of the public, and provide better outcomes for individuals who are mentally-ill and are at risk of violence.

The over-representation of individuals who appear to be mentally –ill in police critical incidents, including fatal police shootings is well documented. The frequency of contact that police have with these individuals is not unique in Victoria but occurs in many parts of the world. It is an everyday occurrence for police to have frequent contact with individuals who are mentally-ill. These individuals often have the co-morbidity of substance abuse and which can escalate the risk of violence towards themselves and others in the community.

The Security Services Division (SSD) is a component of the Victoria Police which includes the Special Operations Group (SOG) and Critical Incident Response Team provides rapid specialised response in high risks incidents such as violent offenders, high risks arrests, suicide interventions, barricade incidents and sieges. Overwhelmingly, data has shown that SSD have attended incidents that are related to individuals with mental illness and substance use. Experience has demonstrated that the best response to individuals in a mental health crisis involve collaboration between police and health and emergency services to provide timely and safe responses. The lack of resources to meet the demand for mental health services is not unique to the state of Victoria but also on a global level with mental health being a major international public health issue. The demand for services and the need for inter-agency collaboration are the impetus in developing an innovative approach that is less resource intensive but at the same time it is able to improve outcomes. It is well established that the lack of information exchange between police and mental health service providers is preventing a uniformed approach to those who are mentally-ill. Due to operational difficulties and privacy issues, stakeholders cannot readily access each other's databases and provide vital information which can potentially be part of the decision-making process for SSD operations.

The Enhanced Critical Response Program (ECRP) is a joint initiative between the Victoria Police, Department of Health & Human Services and Northwestern Mental Health Triage Service (NWMH) to improve information exchange between SSD and mental health services. The program explores a new model to improve service coordination and thus improving safety and outcomes for the public, patients and police. The new model requires NWMH Triage to act as a state-wide 'portal' for SSD to access clinical information when mobilizing to attend a critical incident. Triage clinicians will provide SSD with a clinical picture of the individual's mental health history. Then SSD will use this information to assess and manage risks, and to resolve incidents involving mentally-ill individuals. SSD will then provide feedback to the NWMH triage to see if further mental health follow-up is required for the

individual. This presentation will discuss the principles of this unique collaboration and challenging aspects of information exchange. Furthermore, we will discuss outcomes from the first 12 months of the program provided by triage clinicians to assess and manage risks, and to resolve incidents involving mentally-ill individuals.

#265499 – Paper

Evaluating a Supportive Release Programme for Ex-Prisoners with Mental Health Needs – The RESET Study

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There has 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 service following release from prison into the community. This paper presents an evaluation of a time limited supportive release service compared to prisoners receiving the standard planning service upon release. The study used a mixed methods design. Quantitative, qualitative and social network analysis is being undertaken. Findings examining the effectiveness of this programme will be discussed.

The prison populations in England and Wales have rapidly increased over the last decade to just over 86,000 prisoners detained (GOV.UK, 2016). Research has shown that a higher prevalence of psychiatric morbidity exists amongst prisoners than currently found in the general population. Whilst in prison, prisoners with mental health needs have access to a multitude of support services (Senior et al, 2013), after release, these prisoners disengage with services in their communities (Harty et al, 2012; Wilson, 2012).

Research indicates that almost half those released (47%) will be reconvicted within the first year of release (Prison Reform Trust, 2012) while there is an increased risk of released prisoners committing suicide within the first 28 days following their release (Pratt et al, 2006). The repercussions of this can cause further re-offending leading to returning to prison, a decline in their mental health causing admission to hospital, increased suicide risk, and possible death (Lennox et al, 2012).

Whilst previous research studies have mainly focused on supported release from prison schemes with the general prison population, there have only been a limited number of research interventions examining support for prisoners with mental health needs after release from prison. This study focuses on a specific group of very complex and challenging individuals, who had offended and have identified mental health needs. These prisoners present different challenges to the service, have different needs, and require a more focused approach.

This mixed methods design study has started to recruit 120 prisoners with mental health needs from two prisons within South East London and Kent. All prisoners are being offered the service. Those who receive the “Supportive Service” are classified as the intervention group, and the participants who were “lost to the service”, due to being transferred out of the prison early, form the comparison group and receive ‘Standard Release Planning’. The programme is a short-term support service, which starts before the participant’s release date, and continued for a period of up to three months post-release. The service aims to develop an individually tailored release plan for each participant that includes accessing specific services based on the individual’s needs.

Data is being collected at baseline (within 2 weeks of release), 3 months post release and 9 months post release. The study compares the intervention and comparison groups’ housing situation, recidivism, admission to hospital, and engagement with services using quantitative analysis. For the intervention group only, the participants’ social networks are being explored using social network analysis. A qualitative examination of participants’ views of their

experiences of the intervention is also being undertaken using follow-up individual interviews.

This paper will explore the evaluation of this supportive release service. The presentation will offer only preliminary thoughts for discussion at the conference based on analysis of baseline and 3 month data. The findings of this paper will help to develop a dialogue in advising services regarding future release planning for individuals with mental health needs, and review learning outcomes developing value of preventative measures.

#265534 – Paper

The effects of gang membership on self-conscious emotions, mental ill health, victimisation and violence: A systematic review of the literature

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Gang-related violence poses serious problems worldwide. Consequently, gang members suffer a range of adverse experiences, often as childhood victims who then transition to adolescence as offenders. This systematic review synthesized the literature on mental ill health, socio-cognitive and emotional processes, and the relationship between victimization and desistance among gang populations. A search strategy of electronic and hand searches (1980 – June 2016) revealed $n = 306$ peer reviewed papers included in a preliminary scoping review, with $n = 29$, meeting the inclusion criteria. Narrative synthesis revealed gang members may be at increased risk of mental ill health and negative emotions.

Background: Internationally, gang membership is problematic. In the US, 1.4 million individuals have been identified as gang members (Federal Bureau of Investigation, 2011), with membership occurring during adolescence to early adulthood (Pyrooz, 2014). In the UK, recent findings reveal that 22% of all serious violence, and 50% of gun crime is committed by gang members (Mayor's Office for Policing and Crime (MOPAC), 2014). Since a strong association between mental health difficulties and violent behaviour exists (Steuve & Linl, 1997), it is feasible that gang members will be vulnerable to mental health and emotional problems. The risks to gang members' mental health posed by their group activity are implicit in the gang literature. For example, gang members have higher levels of risk-taking behaviours (Browne et al., 2014), and experience transitional issues from adolescence to adulthood (Petering, 2016). Recent findings show how exposure to gang-related violence can be detrimental to gang members' mental health (Kelly, Anderson, Peden, & Cerel, 2012). Findings from both the UK (Coid et al., 2013) and US (Harris et al., 2013) showed that gang involvement is related to a range of mental health disorders, such as antisocial personality disorder, anxiety, conduct disorders, posttraumatic stress disorder, and psychosis. As a result, gang membership can expose its members to life-long vulnerabilities, including the effects of victimisation (Wood, Kallis, & Coid, in prep) and increased involvement with the criminal justice system (Gatti, Tremblay, Vitaro, & McDuff, 2005). Method: The Participants, Intervention, Comparison, Outcome, and Study Design (PICOS) framework was used to guide the literary search and an inclusion/exclusion criterion was set for studies. A scoping review was conducted to identify search terms relevant to each research question. Search terms were utilised in various combinations including anger, emotions, gangs, guilt, mental health, moral disengagement, paranoia, trauma, and violence. To account for changes in vocabulary across databases, subject headings for each database were scoped and truncation was used to avoid excluding research papers in error. Research papers were firstly screened using the title and abstract. Papers meeting this screening approach were then screened using the outcomes stated in the method section of each paper. The full texts for studies deemed to meet the inclusion criteria were subsequently reviewed by the primary reviewer and assessed using the quality criteria by Kmet et al. (2004). Results: A total of 29 papers were included having met the criteria for quantitative papers ($n = 23$), qualitative papers ($n = 1$) and theoretical ($n = 5$). The majority of quantitative studies utilized cross-sectional design ($n = 17$), some employed a mixed design of cross-sectional and longitudinal data ($n = 4$), and a minority of the papers used longitudinal design ($n = 2$). Clear evidence of an association

between gang membership and mental ill health was demonstrated through government and policy reports (Madden, 2013) and cross-sectional studies. Findings highlight the urgent need for practitioners, researchers, and law agencies to consider the impact of gang membership on the mental and emotional well being of gang members.

#265549 – Paper

Measuring disability amongst forensic mental health in-patients with schizophrenia.

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Schizophrenia is one of the world's most disabling illnesses with deficits across all areas of functioning. Aim: To analyse the relationship between functional ability (FA) (what one has ability to do) and real world functioning (RWF) (what one typically does) with forty inpatients. Methods: FA was measured using the UPSA. performance based assessment. RWF was measured using the SLOF. Results: Spearman correlations show a moderate correlation ($r=0.43, p=0.004$) of FA with RWF. Conclusion: FA is associated with RWF. These constructs are related but distinct and should be measured separately. Other factors accounting for deficits in functioning need to be considered.

Introduction Schizophrenia is one of the world's most disabling illnesses. Impaired everyday functioning in people with schizophrenia spans a pervasive range of domains of independent living. Neuro-cognition, social cognition, functional ability, negative symptoms and physical health status are major contributors to deficits in real world functioning for patients with schizophrenia.

In addition, there may be other factors to consider within a forensic mental health setting such as the environment which may play a role in contributing to real world functional deficits. For instance particular patients within a secure setting may be functionally more able than is reflected in their typical everyday routine. For example a patient may possess a particular skills-set to manage instrumental activities of daily living such as shopping and budgeting but may not have opportunities to deploy these skills due to ward environments and risk management.

There is a paucity of research looking at the factors contributing to functional deficits and effects of targeted treatment strategies for improving functional outcomes within forensic mental health. Furthermore a consensus for the most effective way to measure functioning in this setting is needed.

Aim: The aim was to correlate functional ability with real world functioning and secondly to propose a model for consideration of other factors which may underpin functional deficits. This model will be further discussed within the presentation.

Methods: The UPSA performance based measure was used to measure functional ability. The Specific Levels of Functioning (SLOF) was used to measure real world functioning.. Data was collected as part of routine clinical practice with 40 inpatients.

Results: Spearman correlations showed a moderate association ($r=0.43, p=0.004$) between functional ability and real world functioning.

Discussion This evaluation shows that when measuring functioning, it is important to measure functional ability (what one is able to do) alongside real world functioning (what one typically does in their environment). It is clear that ability is a major contributor to real world functioning but within this setting there may also be a disparity between what one is able to do and what one actually does. This may be due to risk management and ward environments. Additionally there may be a large array of other factors such as symptoms, neurocognition and physical health which may contribute to real world functioning deficits. Some of these factors may contribute to deficits in functional ability e.g. neurocognition, whilst other factors may contribute to real world functioning independent of ability and

environment e.g. apathy, anhedonia due to negative symptoms. Further studies controlling for additional variables such as symptoms, neurocognition and the environment may be useful. Targeted treatment strategies such as skills training, cognitive remediation, remotivation, provision of meaningful activity, environmental adaptations, and pharmacological strategies should be deployed accordingly.

Conclusion In conclusion we have shown that functional ability and real world functioning are related but different constructs in this setting. The clinical implication of this finding implies that both constructs should be measured. Additionally as their predictive factors may be different, strategies for improving them may be different as well.

#265552 – Paper

Engaging offenders with mental health problems after release: What are the elements of good practice and how do they ‘work’?

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The Engager study aims to develop and evaluate a complex collaborative care intervention for prisoners with common mental health problems, near to and after release from prison. As part of the development of the Engager intervention we wanted to learn from services providing support and/or treatment for people with mental health problems involved with criminal justice agencies; about what is and isn't effective in engaging people, maintaining contact and improving mental health and other aspects of their lives. This presentation will outline the four case study services, the methodology used and the main themes identified.

Background Offenders have complex health and social care needs, but characteristically make little use of services after they leave prison. Given their complexity inter-agency collaboration between health and criminal justice agencies is essential. However, a habit of ‘working in silos’ had been identified, leading to a lack of information sharing, distinct policies and practices, and disjointed care. In the UK several government publications have advocated for a joined-up approach to services. However there is evidence that in some cases health and criminal justice agencies have struggled to implement such partnerships. As part of the development of the Engager intervention we wanted to learn from a range of services providing support and/or treatment for people with mental health problems involved with criminal justice agencies; about what is and isn't effective in engaging people, maintaining service contact and improving mental health and other aspects of their lives.

Method We used an explanatory, multiple case study design. This was used as the details of ‘what works for whom, when and why’ within each service was unlikely to be adequately detailed in the research. Also, we were just as interested in why things were not effective, as why they are; therefore selection was not driven solely by best practice. Case study sites were selected based on a pre-agreed criteria i.e. services already delivering important components of the Engager logic model and/or based on gaps highlighted by other parts of the development of the Engager intervention. All documents (e.g. evaluations, reports etc.) relating to each site were collected, read and underwent content analysis in advance of the site visit. Site visits lasted between 2-4 days and involved observing the function of the service and making field notes. These notes were supplemented by semi-structured 1:1 interviews with managers, practitioners and service recipients (10-15 from each site). Interviews focused on how the service does and does not work, for whom, and how it could be improved. Field notes and interviews underwent thematic analysis. Analysed data were then entered into a framework matrix and a ‘thick description’ of each theme was produced.

Results/Discussion Themes centred around one main aspect: that, if professionals can work effectively with each other then this enabled them to work effectively with service recipients. Ensuring an engaged and motivated workforce was found to depend upon three commonly discussed themes; (1) having access to shared systems; (2) valuing the unique contribution of each specialism (e.g. no duplication of effort); and (3) staffing factors. If managed correctly, and in conjunction with each other, these factors were seen to prevent silo-working. The

engagement and motivation of service recipients' was contingent upon the above, and importantly, on the nature of the relationship that professionals were able to develop with them. Three main themes were identified as being important for the establishment of a positive relationship: (1) communication; (2) time and (3) rapport and trust.

#265553 – Paper

Mitigating the Impact of Bias in Forensic Evaluation: Lessons from Forensic Science

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This paper examines various factors that can bias observations and inferences in forensic evaluation. Lessons learned from forensic science are used to propose solutions to these problems. Sir Francis Bacon's doctrine of idols is used to expand Dror's five-level taxonomy of sources of bias within forensic science to create a seven-level taxonomy. We describe ways in which biases can arise and impact work in forensic evaluation at each level, highlighting potential solutions for mitigating the impact of these biases, and conclude with a proposal for using scientific principles to improve forensic evaluations.

Research and commentary have emerged in the last decade surrounding cognitive bias in forensic examinations, both with respect to various domains within forensic science (e.g., fingerprinting, see Dror & Rosenthal, 2008; DNA, see Dror & Hampikian, 2011) as well as with respect to forensic psychology (i.e., forensic evaluations in civil and criminal domains; see Murrie, Boccaccini, Guarnera, & Rufino, 2013; Neal & Brodsky, 2016). Indeed, in 2009 the National Research Council (NRC) issued a 352-page report entitled, *Strengthening Forensic Science in the United States: A Path Forward* that delineated several weaknesses within the various forensic science domains and proposed a series of reforms to improve the issue of reliability within the forensic sciences. Prominent among these weaknesses was the issue of cognitive factors, which impact an examiner's understanding, analysis, and interpretation of data. Cognitive factors are relevant to all aspects of human perception and decision-making and thus are implicated in many domains of forensic science as well as in forensic psychology. The purpose of this paper is to examine and consider the various factors that can bias observations and inferences in forensic evaluation and to apply what we know from forensic science to propose solutions to these problems. We use Sir Francis Bacon's doctrine of idols—which underpins modern scientific method—to expand Dror's five-level taxonomy (Dror, 2015) of the various stages at which bias can originate within forensic science to create a seven-level taxonomy. We describe the ways in which biases can arise and impact work in forensic evaluation at these various levels, highlighting potential solutions and various means of mitigating the impact of these biases, and conclude with a proposal for next steps on the path forward. Factors that might interfere with observations and inferences, and thus lead to potentially biased decision making, exist at a number of levels. We describe a 7-level taxonomy that summarizes the various influences that might interfere with objective decision-making in forensic domains. Each of the seven levels is discussed within the context of forensic evaluation, drawing from forensic science domains. These levels include: cognitive architecture and the brain; training and motivation; organizational factors; base rate expectations; irrelevant case information; reference materials; and case evidence. Increased knowledge and understanding of the ways in which cognitive factors can impact a forensic evaluator's observations and conclusions is an important first step in attempting to mitigate the effect of bias in forensic evaluation; however, knowledge is not enough. In addition to using principles of the scientific method to improve the way forensic evaluations are conducted, these same principles can be applied to test assumptions and hypotheses about forensic evaluation as a science. Identifying weaknesses in forensic evaluation and conducting research and testing proposed counter measures to reduce the impact of bias will serve to improve the methods and procedures in this area. Being scientific

about forensic evaluation and using scientific principles to understand and improve it appears to be a path forward for reducing and mitigating bias. Three considerations will be highlighted: evaluator characteristics, evaluation methods, and training.

#265555 – Paper

Comparing quality of forensic psychiatric care in Denmark and Sweden

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Background

Most industrialized countries measure, report, and improve the quality of medical care. Despite this, there is limited internationally comparable data available on quality of forensic psychiatric care. Collaboration between countries to produce internationally comparable data permits benchmarking and allows policymakers and clinicians to identify specific areas where individual countries could improve.

Aim

The aim of the study is to compare the quality of forensic in-patient psychiatric care perceived by patients and staff in Denmark and Sweden.

Method

A total of 1037 individuals in forensic psychiatry, 268 patients and 769 staff, in Denmark and Sweden completed the Quality of In-patient Forensic Care (QPC-FIP) and the Quality of In-patient Forensic Care (QPC-FIPS) instruments. The QPC-FIP and QPC-FIPS measures quality of care using 34 items across seven dimensions: Encounter, Participation, Discharge, Support, Secluded environment, Secure environment, and a Forensic-specific dimension. Confirmatory factor analyses show that the factor structure of the Danish versions of QPC-FIP and QPC-FIPS are equivalent with the original Swedish versions.

Results

Staff in Denmark and Sweden generally perceived the quality of care higher than the patients except in Encounter and Secluded environment. In Encounter there were no differences in ratings between the Danish and Swedish participants. In Secluded environment the Danish patients rated the quality higher than the staff whereas in Sweden the staff rated the quality higher than the patients. There were few differences in perceived quality among patients. Danish patient's rated Support and Secure environment higher than Swedish patients. Among staff, Danish staff rated the quality of care higher in all dimensions except in Secluded environment which was rated higher by the Swedish staff.

Staff was generally more positive to the quality of care provided whereas the patients were less positive to the care they received. Staff and patients were however quite similar in their perceptions of the low quality of participation. Interestingly, the staff rated the quality of Secure environment lower than the patients, regardless of country.

Conclusions

Although Denmark and Sweden are similar countries, there were large discrepancies between patients and staff perception of perceived quality of care. The present study thus reveals the importance of assessing both patients and staff perception of quality of care and it demonstrates the potential of using QPC for international benchmarking in forensic psychiatry.

#265664 – Paper

Comparing the Comprehensive Assessment of Psychopathic Personality (CAPP) to the Psychopathy Checklist, Screening Version (PCL-SV)

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Psychopathy is generally regarded as a constellation of many factors including affective deficits, interpersonal difficulties, and behavioral problems. The “gold standard” Psychopathy Checklist has been criticized for including criminal behavior as a component of psychopathy rather than a consequence. The recently published CAPP offers a broader conceptualization of psychopathy with less emphasis on criminal behavior. The current study compared the CAPP to the PCL-SV in their associations with affective deficits and antisocial behaviors among probationers charged with stalking or domestic violence. Results indicated that both measures were significantly associated with prior substance use and violence, but not empathy.

Introduction Psychopathy is a constellation of affective deficits (e.g., lack of empathy), interpersonal difficulties (e.g., grandiosity), and behavioral problems (e.g., impulsivity), which may lead an individual to engage in antisocial behavior. The Psychopathy Checklist (PCL) scales are considered the “gold standard” of measuring psychopathy (Pedersen, Kunz, Rasmussen, & Elsass, 2010). Yet, these scales have been criticized for emphasizing antisocial behavior as a component of psychopathy rather than a consequence (Cooke, Michie, & Hart, 2006).

Recently a new measure of psychopathy, the Comprehensive Assessment of Psychopathic Personality (CAPP; Cooke, Hart, Logan, & Michie, 2004), was developed as an alternative. The CAPP assesses psychopathy more broadly, consisting of 33 items across 6 domains (i.e., attachment, behavior, cognitive, dominance, emotional, self) and does not assess antisocial behaviors explicitly.

Only one published study (Pedersen, et al., 2010) has compared the PCL scales to the CAPP and predictive accuracy in forecasting violence was similar across measures. The current study builds upon these findings by assessing each measure’s relationship with affective deficits and antisocial behaviors. We hypothesized that there would be less association between the CAPP and antisocial behavior than between the PCL-SV and antisocial behavior. Yet, both the CAPP and PCL-SV should be related to affective deficits, namely lack of empathy.

Method Participants included 79 offenders, primarily male (91.1%, $n = 72$), with an average age of 34.2 ($SD = 11.4$), referred to a community-based treatment program. Participants committed either a stalking offense (57%, $n = 23$) or a domestic violence incident (44.3%, $n = 35$). Most participants were either African American (32.9%, $n = 26$) or Caucasian (30.4%, $n = 24$).

Baseline interviews included the CAPP, PCL-SV, and the Questionnaire Measure of Emotional Empathy (QMEE; Mehrabian & Epstein, 1972), which is a 31-item self-report measure of empathy. Antisocial behaviors included substance use, prior violence and scores on the Buss Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992), which is a 29-item self-report measure separating aggression into physical aggression, verbal aggression, anger and hostility. Substance use and prior violence were dichotomized as present or absent.

ResultsThe CAPP total score had excellent reliability ($\alpha=.96$), as did the BPAQ ($\alpha=.92$). Furthermore, the PCL-SV and QMEE both had adequate reliability ($\alpha =.87$, $\alpha=.76$ respectively).

Psychopathy ratings for the sample were low, with a mean CAPP score of 72.87 (SD=42.45) and a mean PCL-SV score of 11.19 (SD=6.01). The CAPP scores ranged from 7 to 164 (possible scores: 0 to 198) with twenty-three participants (29.1%) scoring above the mid-point score of 99. The PCL-SV scores ranged from 0 to 22 (possible scores: 0 to 24) with thirty-five participants (44.3%) scoring above the mid-point score of 12.

Those with a history of substance use and prior violence scored significantly higher on both measures than those with no prior substance use or violence. Both the PCL-SV and the CAPP were associated with aggression, including physical aggression and anger. However, only the CAPP was significantly associated with hostility ($r=.32$, p

#265822 – Paper

HMP Grendon Therapeutic Community and what ‘works’: The residents experience

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Research suggests HM Prison Grendon therapeutic community (TC) reduces recidivism and has positive psychological impacts. Less is known about what influences these positive impacts from the prisoner’s perspective. The aim of the current study was to identify the factors which contribute to change at HMP Grendon from the residents’ perspective. A mixed methods study suggests Small group therapy, Discussing offence impact, Resolving problems with others, Feeling responsible for self and actions, and Open communication were perceived as the most important factors in terms of ‘what works’. Feeling safe, and trusting and supportive relationships were integral to the process of change.

Background: HM Prison Grendon therapeutic community (TC) is the only prison in the UK that is run entirely as a TC. Research suggests Grendon, and other prison TCs, reduce recidivism and have other beneficial impacts, including improved quality of life and social climate, improvements in prisoner psychological wellbeing and attitudes, and reduction in criminogenic risk. Less is known about the factors that influence these positive impacts from the prisoner’s perspective. This paper discusses the factors perceived as most effective in changing behaviour, from the perspective of residents at HMP Grendon TC.

Aim: To identify the factors which contribute to change at HMP Grendon from the perspective of the residents.

Design: Mixed Methods

Methodology: A questionnaire was developed in collaboration with staff at HMP Grendon based on different aspects of the regime which measured perceived importance of different factors. This was completed by 65 (33%) male residents at HMP Grendon TC. Qualitative interviews with 36 residents, carried out over a period of 6 months in 2014, explored these issues in greater depth and detail. Framework analysis was used to analyse the qualitative data.

Findings: Mean age of participants was 42 and the mean length of stay at Grendon at the time of the study was 20.47 months. Questionnaire data suggested Small group therapy, Discussing offence impact, Resolving problems with others, Feeling responsible for self and actions, and Open communication were perceived as the most important factors in terms of ‘what works’. Qualitative interviews supported these findings, and feeling safe, as well as trusting and supportive relationships with other residents and staff were seen as an integral part of the process of change. The desire for real change underpinned the experience of many, and appeared to be a greater motivator than eventual release for some. However, Grendon did not ‘work’ for all participants, and a small minority felt that it was not the right place for them.

Research limitations/implications: This study builds on previous research, giving insights into the process of change for residents, how the components of the TC experience are valued and their perceived impact. It is limited by the cross-sectional nature and relatively small number of factors considered, and the lack of longitudinal data and follow up data post-release.

#265831 – Paper

Male-on-female sexual homicides in Sweden 1990 to 2013

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Sexual homicides are gruesome but unusual crimes and the study aims to differentiate sexual homicides. Cases were identified in a database on all homicides in Sweden 1990 to 2013 (N=34). Male-on-female sexual homicides constituted 1.6% of all homicides, the clearance rate were slightly under 80%. However, the cases were reported to the police significantly later than other homicides and took significantly longer time to solve. Four factors differentiated sexual homicides from non-sexual homicides, where strangulation modus, younger age of the victim, single status of the victim and the absence of eyewitnesses were all associated with sexual homicides.

Background Sexual homicides have an especially gruesome character, however, since this type of offense is rare, it has not been devoted as much scientific attention as many other homicide types. The lack of research on sexual homicides is especially true within the European context, and there is no Swedish study on sexual homicides. The study aims to: I) describe sexual homicides; II) compare male sexual homicide offenders with other male homicide offenders; and III) compare female sexual homicide victims with non-sexual homicide victims.

Material and methods Sexual homicides were identified in a database comprising all homicides in Sweden between 1990 and 2013 (N=34). The dataset was collected by the National Council for Crime prevention. The sexual homicide offenders (SHOs; n=24) were compared to other male homicide offenders killing strangers or victims they knew vaguely. The sexual homicide victims (SHVs; n=34) were compared to female non-sexual homicide victims killed by male strangers or male offenders they knew vaguely.

Results Preliminary analysis shows that male-on-female sexual homicides constitute 1.6% of all homicide incidents in Sweden. The clearance rate was slightly under 80%, which is similar to the overall clearance rate in Swedish homicides. The sexual homicides were reported to the police significantly later than other homicides and took significantly longer time to solve. Our findings disclose a decrease in numbers of sexual homicides, from 15 during 1990-1997, 8 and 11 in the years 1998-2005 and 2006-2013 respectively. There were significantly less often eyewitnesses in the sexual homicide cases, most likely reflecting the planning by the offenders.

Three of the 24 convicted SHOs were serial homicide offenders (13%). When compared to the non-SHO the SHOs were, at mean, roughly in the same age (28 vs 29 years). The groups equally often attacked in a public place (50% vs 64%) and were to the same extent intoxicated by alcohol or drugs (50% vs 64%), as were the victims (37% vs 53%). Strangulation was the most common way of killing the victims in sexual offenders (50% vs 5%), while sharp violence was more common in the non-SHO group (50% vs 21%). There were no differences in the proportion of offenders convicted to forensic psychiatric care (about 15% in each group). Of the SHOs were 60% convicted of a previous violent crime and 27% for a previous sexual offence.

The SHV were, at mean, significantly younger than the non-SHV (32 vs 47 years).

Strangulation was significantly more often used in the killing of SHV (41%) compared to non-

SHV (14%). There were no significant differences between the groups with regard to victims being intoxicated. The victims were equally often killed in an urban area; were equally seldom previously convicted for a crime; however, SHV had more often single status.

Discussion and conclusions
The present study corroborates that male-on-female sexual homicides are unusual. Few factors differentiated sexual homicides from non-sexual homicides, where strangulation modus, younger age of the victim, single status of the victim and the absence of eyewitnesses were all associated with sexual homicides.

#265839 – Paper

Prediction of compliance to self-harm command hallucinations in individuals with major mental disorders.

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Concerns about command hallucinations came from their potential threat to individuals themselves or others and their relative resistance to drug treatments. However, the risk factors of acting upon self-harming commands are largely unknown. Our objective was to predict compliance to self-harm command hallucinations. Secondary analyses from the MacArthur Study were performed on 70 participants with a major mental disorder reporting such commands. Binary logistic regressions were used to examine the predictive value of psychopathological factors on compliance in the week preceding admission. Four independent predictors emerged: Physical abuse during adolescence, drug abuse, hallucinatory behavior and diagnosis of major depressive disorder.

Background Concerns about command hallucinations came from their potential threat to the individuals themselves or to others as well as their relative resistance to drug treatments. Since the emergence of a cognitive approach to auditory hallucinations, studies have mainly focused on beliefs about voices to understand why individuals would act upon them. However, recent results suggest that psychopathological factors may also contribute to explain compliance to command hallucinations. While little is known about self-harm command hallucinations, studies suggest that approximately one fifth (18%) to one third (66.7%) of psychiatric patients hearing such commands will obey, leading occasionally to suicide. Moreover, clinicians are often left with the difficult task of assessing and managing the risk of violent behaviors in individuals having command hallucinations, which may result in substantial rates of false positive (i.e. abusive or maladapted interventions when unnecessary) and/or false negative errors (i.e. no interventions placed when necessary). To our knowledge, no study has specifically investigated the risk factors of compliance to self-harm command hallucinations. In an attempt to better guide clinicians, our objective was to predict compliance to self-harm command hallucinations. **Method** Data was obtained from a longitudinal study of 1136 male and female civil psychiatric inpatients (MacArthur Risk Assessment Study). Due to a high number of missing data, a retrospective design was privileged. A sample of 70 participants with a major mental disorder having reported self-harm command hallucinations was included. By considering temporal proximity, bivariate analyses were used to determine the associations between demographic and clinical variables as well as compliance in the week preceding psychiatric admission. Binary logistic regressions were then used to examine the predictive value of the variables significantly associated with compliance in bivariate analysis. To ensure parsimony, a backward stepwise entry logistic regression was performed. **Results** A large majority of the sample perceived their voices as malevolent (98.57%). Bivariate analysis revealed that perception about having to obey to the voices was not associated with compliance to self-harm command hallucinations. Nevertheless, emotional disturbance, current diagnosis of drug abuse, hallucinatory behavior, history of compliance, physical abuse during adolescence and current diagnosis of major depressive disorder were all found to be significant predictors of compliance to self-harm commands in the week preceding psychiatric admissions. A more

parsimonious model that correctly identified 84.1% of the sample was formed by a diagnosis of drug abuse (OR = 18.32, p

#265842 – Paper

Keeping focus: Using eye-tracking to identify decisional-style and risk cues used in suicide risk assessment

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Suicide is one of the largest causes of death internationally. Over 250000 people are admitted to psychiatric wards following an attempted or serious expression of suicide (NHS Choices, 2012). Despite this, suicide risk assessment remains poor, with 60% of inpatient suicides having been unsuitably assessed (Burgess et al., 2000). This research used eye-tracking to measure which suicide risk factors people actually fixated on when making decisions based on written vignettes, and which they subjectively believed were important, and used these data to identify decisional-style. A heuristic (intuitive) decision-style was most apparent when assessing suicide risk.

Background: Suicide is one of the largest causes of death internationally. Over 250000 people are admitted to psychiatric wards following an attempted or serious expression of suicide (NHS Choices, 2012). Despite this, suicide risk assessment remains poor, with 60% of inpatient suicides having been unsuitably assessed (Burgess et al., 2000). In addition, no standardised NICE guidelines or 'gold standards' exist in suicide risk assessment. Before being able to develop a reliable, empirically informed suicide risk assessment tool, we must first understand what people focus on and how they come to make decisions in suicide risk assessments. As there is no strong guidance for clinicians on how to assess for suicide risk, and no research to the authors' best knowledge on decision-making processes and styles used when assessing suicide risk, the current study aimed to identify what risk information is focused on in suicide risk assessment and what is subjectively perceived as useful, and any contradictions between the two, and what decision-style, rational or heuristic, is used when assessing risk.

Method: Twenty-one participants read three vignettes each, containing descriptions of an individual who was presenting at their Emergency Department as at risk of suicide. Vignettes were counterbalanced for level of suicide risk, including consistent risk factors, and were of approximately equal length (M=111 words long). A Tracksys RED250 stationary eye-tracker was used to non-invasively track participants' numbers and lengths of fixations while reading the vignettes, and to measure pupilometry (pupil dilation). The three measures of pupil dilation, number of fixations, and mean fixation length were used to indicate decisional-style. Additional analysis investigated the suicide risk factors that were actually fixated on when reading the vignettes, and a subjective 10-item rating scale measured participants' subjective ratings of which of the risk factors they believed were important when making a decision about each case. A final measure of risk for suicide (high, moderate, low) and confidence in their assessments was asked.

Results: Decisional-style was investigated through three measures: mean fixation length; total number of fixations; and pupil dilation. A rational decision-style should demonstrate longer mean fixation lengths (>500ms), a larger number of total fixations, and pupil dilation. The norm mean fixation for silent reading on standard, non-arduous tasks is 225ms. If decision-style is heuristic, one would expect a mean fixation length of 225-500ms, a low

number of total fixations, and low pupil diameter readings. Mean fixation length was 353.70ms (SD 57.94ms), indicating a low-medium fixation length. The average number of fixations was 25.44 (SD 16.24), again indicating a low number of fixations. Pupil dilation analysis again indicated that a heuristic decision-making process was being used. There was no correlation between the subjective ratings of importance of risk factors and these factors' fixation lengths.

Conclusions: When assessing risk of suicide, people use heuristic rather than rational processing. They focus attention on risk factors that appear to have no relationship to those which they rate important to their assessment of risk, suggesting that assessment of suicide risk may be largely unconscious and intuitively guided.

#265844 – Paper

Forensic Mental Health Services Restrictive Intervention Benchmarking

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Background: Research in Victoria, Australia was undertaken to consider prolonged duration of restrictive interventions (RI) in mental health services. Findings from this project suggested a distinct difference in rates, duration and multiple use of RI in Forensic Mental Health Services (FMHS). **Method:** A Delphi method was used to achieve consensus in developing benchmarks for frequency, duration and multiple use of RI across FMHS in Australia and New Zealand. **Findings:** The outcome of this process is reporting including obstacles to consensus including policy directives determining their use and the use of night safety orders as proxy seclusion in some services.

Background: The Department of Health and Human Services in Victoria, Australia has undertaken a project to consider the prolonged duration of restrictive interventions use (physical restraint, mechanical restraint and seclusion) in mental health services in Victoria. Findings suggest there are distinct differences in the rates, duration and multiple use of restrictive interventions in forensic mental health services over and above those experienced in general mental health services. This indicates the need for specific forensic mental health services benchmarks to assist in reducing restrictive interventions in such services. **Method:** The aim of this study was to develop suitable restrictive intervention benchmarks for reducing restrictive interventions in forensic mental health services for Australia and New Zealand, based on consensus from a group of experts within the field. A Delphi Method was used to gain consensus. A Delphi Method is a structured communication technique, originally developed as a systematic, interactive forecasting method which relies on a panel of experts (the Directors of Nursing in Australia and in New Zealand or nominated delegates in each forensic mental health service). **Findings:** The outcomes of this consensus decision-making process for the use of physical restraint, mechanical restraint and seclusion are reported. Obstacles in the decision-making process are also discussed, including policy directives determining the use of mechanical restraints when service users are taken off-site for medical purposes; the use of restraint when people are being assessed while in seclusion, and the use of night safety orders as proxy seclusion in some services.

#265886 – Paper

Construct Validation of the TRIN/VRIN scales: Impact of simulated distortion and derivation of standardized cut scores

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Data from subjects age 7-26 was examined to derive TRIN/VRIN scale by age grouping. A separate study was done to determine the effectiveness of the scales to detect distorted responding. Subjects (n=150, mean age = 18.63 SD = 1.01) completed the JI-R under direction to respond in accurate and distorted responding. The data showed test scores could differentiate between simulated and standardized groups. The paper provides the results of the discriminant function analysis to identify potential cut scores for use in measuring accuracy of responses. Implications for risk assessment will be discussed.

Background: Test score interpretation rests upon validity of scores. Given response style differences, a multi-modal model best helps with score interpretation. Psychologists have developed scales to help determine the accuracy with which individuals respond to self-report inventories. Two common scales found in self-report measures that are used to measure item response accuracy are the True Response Inconsistency Scale (TRIN) and the Variable Response Inconsistency Scale (VRIN). These response scales can assist an examiner in interpreting validity of self-report measure scores. The Jesness Inventory-Revised (JI-R) is a measure of psychopathology and personality most commonly used with juvenile delinquent and young adults. Pinsoneault (1998) developed a TRIN for the Jesness Inventory (JI). This paper presents the expanded findings of a study (Ryan, Lark, McMahon, 2014) that examined the effect of instructed distorted responding on the scores of the TRIN and the VRIN of the Jesness Inventory-Revised with a larger data set. In the prior study, (n=75), a one-way analysis of variance showed a statistically significant difference between groups. A post-hoc analysis consisting of a Tukey's honest significant difference (HSD) found a statistically significant mean score difference between the faking bad group and the honest and faking good groups, but no statistically significant mean score difference between the faking good and normal instruction group. A discriminant analysis determined that the TRIN was able to correctly categorize 69.3% of protocols. Method and Results: In the expanded study, subjects (n=150, mean age = 18.63 SD = 1.01) completed the JI-R under direction to respond in accurate and distorted responding. The data from simulated instruction to respond inaccurately along with standardized instruction are provided. In addition, the paper presents the results of the discriminant function analysis to identify potential cut scores for use in measuring accuracy of responses on the JI-R for the TRIN and VRIN. Finally, correlations between TRIN and VRIN and clinical scales will be presented and discussed. Implications for use in risk assessment in forensic settings will be discussed.

#265949 – Paper

Quality Improvement in Forensic Services: Involvement of Families and Carers

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The Quality Network for Forensic Mental Health Services, a programme organised by the Royal College of Psychiatrists Centre for Quality Improvement, engages low and medium secure hospitals across the UK and Ireland in an annual process of quality improvement. Since its inception in 2006, the programme of work has continually strived for means to involve patients and their families and carers through the review process and the development of specific quality standards. This paper will review data from 2015-2016 across secure services concerning performance related to pertinent quality standards, and consider key areas for future quality improvement and policy development.

The Quality Network for Forensic Mental Health Services, a programme organised by the Royal College of Psychiatrists Centre for Quality Improvement, engages low and medium secure hospitals across the UK and Ireland in an annual process of quality improvement. It works in collaboration with key stakeholders including commissioners, service providers, patient groups and the Ministry of Justice. and encourages a holistic approach to service development. Since its inception in 2006, the programme of work has continued to develop the involvement of patients, families and carers. Since 2015 the network has introduced carer representation in peer-review visits across secure providers, and also introduced new review standards and data collection tools specifically focussed on improving the involvement of families and carers in how forensic providers deliver services. This paper will present data from the 2015-2016 review cycle of how forensic services perform against carer specific quality standards, and also consider key areas for future quality improvement and policy development.

#265997 – Paper

Inpatient violence in a Dutch forensic psychiatric hospital: prevalence and characteristics

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Inpatient violent behavior is a major problem with large consequences in terms of traumatic experiences for victims and bystanders, an unsafe treatment climate, and high financial costs. Insight into patterns of this inpatient violent behavior is necessary to adequately undertake preventive measures. Therefore, a study was conducted in a Dutch forensic psychiatric hospital on the violent behavior of all patients admitted between 2008 and 2014 (n=503). Differences are demonstrated between male and female patients, civil and forensic patients and in temporal factors. Interventions aimed at reducing the number of violent incidents should take these differences into account.

Background – Patients in forensic psychiatric hospitals usually have a history of severe (sexually) violent behavior. They receive mandatory treatment to ensure they can safely return to society. However, violent incidents occur also during this treatment. These incidents may have a great impact on staff and patients in terms of traumatic experiences for victims and bystanders, an unsafe treatment climate, and high financial costs. The existing literature points at differences between settings, patient characteristics and contextual factors that may influence patterns of inpatient violence. Knowledge of these patterns can be vital in developing effective policies to decrease violent incidence rates. Therefore, this study aims to gain more insight into the frequency and nature of violent incidents that take place in a forensic psychiatric hospital in the Netherlands admitting both men and women and patients with different judicial statuses.

Methods – The study was conducted at the Van der Hoeven Kliniek, a forensic psychiatric hospital in the Netherlands admitting both male and female patients. All patients in this hospital are adults and sentenced by either criminal or civil court to mandatory inpatient treatment with the aim to reduce violence risk. Data on inpatient violence were extracted from hospital files on 503 patients between 2008 and 2014.

Results – A total number of 2434 violent incidents was recorded between 2008 and 2014. During this study time, 54.9% of all the patients (n = 276) displayed verbal aggression on at least one occasion, whereas 27.2% of all patients (n = 137) exhibited one or more incidents of physical violence. A gradual rise of the number of recorded violent incidents during the years was observed. A small number of patients was responsible for a large number of violent incidents. More violence was found to take place on the earlier days of the week. Some population differences were observed: female patients were responsible for more physically violent episodes than male patients and patients with a civil commitment exhibited more violent behavior than patients with a criminal commitment. Finally, the relation between length of hospitalisation and inpatient violence was studied. For methodological reasons, this was done only for patients with a civil commitment. Violent patients with a civil commitment had a significantly longer length of stay than non-violent patients with a civil commitment. Causes and implications of this longer treatment duration are discussed.

Conclusion - This study points at important differences between groups of forensic inpatients in frequency and type of inpatient violent behavior. Subsequently, differences in temporal

factors are demonstrated. Interventions aimed at reducing the number of violent incidents should take these differences into account. Further research is necessary to gain more insight into the background of inpatient violence.

#266001 – Paper

Patterns of criminal justice involvement among homeless persons with mental illness

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Homeless persons with mental illness are at increased risk of criminal justice involvement. We will describe the lifetime criminal justice involvement patterns and associated factors of 1,452 homeless adults with mental illness in three Canadian cities. Nearly three quarters of participants had a lifetime criminal record. Being male, aboriginal, having experienced family dysfunction, witnessing violence in childhood, having a psychotic disorder or a substance use disorder, and being younger when first experiencing homelessness were associated with criminal justice involvement. Results are discussed in terms of adapting services to the criminogenic and mental health needs of homeless persons with mental illness.

Introduction: Homeless adults with mental health problems have a high rate of criminal justice involvement, including arrests, convictions, and incarcerations (Roy et al., 2014). The consequences of criminal justice involvement for this already marginalized population are many: longer duration of homelessness, fragmentation of medical and psychiatric care, reduced employment and community integration prospects when transitioned into housing, higher rates of stigma and victimization, as well as increased costs through increased use of health, social, police, and justice services. Aim: The objective of this paper is threefold: 1) describe the criminal justice involvement of the At Home/Chez Soi participants over their lifetime; 2) describe the diversity in patterns of criminal justice involvement; 3) identify the psychosocial characteristics of the justice-involved participants. Method: The sample consists of At Home/Chez Soi participants in three Canadian cities (Vancouver, Montreal, Toronto: n = 1,452). Criminal justice involvement was measured using official criminal records from the Royal Canadian Mounted Police (RCMP) Finger print services for all consenting participants. These criminal records include lifetime criminal charges, court outcomes and sentencing up to study enrollment. Psychosocial characteristics include the level of needs, demographic variables, psychiatric diagnoses, severity of psychiatric symptoms and substance misuse, history of homelessness, victimization and trauma were measured through self-reports at study enrollment. Results: Fully 73% of participants had a criminal charge in their lifetime according to official records from the RCMP. Bivariate logistic regressions were conducted to assess the association between individual characteristics and having at least one lifetime criminal charge. Lifetime criminal involvement is significantly associated with: male gender, self-identified Aboriginal status, adverse childhood experiences, specifically family dysfunction or witnessing criminal or violent behavior, diagnosis of psychotic disorder and of substance or alcohol related disorder, and younger age at first episode of homeless. Cluster analyses of data in order to identify patterns of criminal justice involvement are ongoing. Conclusion: Criminal justice involvement has important public policy implications, such as individual health and well-being, public safety and protection as well as significant economic costs; these issues are also of considerable public interest and concern. Understanding the criminological background and patterns can help identify service needs and focus intervention strategies.

#266010 – Paper

Characteristics of long stay and short stay forensic patients

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We compared two groups of forensic in-patients suffering from schizophrenia: 'Long-stay' (n= 39), mean of 12.8 years in hospital and 'short-stay' (N= 35), mean 3.1 years in hospital. Results: 'Long-stay' patients were characterised by chronically high levels of positive and negative symptoms, poor response to antipsychotic medication, and lack of insight into their illness. They repeatedly engaged in offensive behaviours and in violence. 'Short-stay' patients presented low levels of psychotic symptoms and prosocial behaviour, complied with all aspects of treatment, obeyed rules, and were generally reliable and responsible. Biographical information does not contribute to separate these two extreme groups.

There are several important reasons for attempting to limit the time that offenders with schizophrenia spend in forensic hospitals, including the right to liberty and the least restrictive alternative to provide care and safety, the high costs of inpatient forensic care, and the possible loss of social and interpersonal skills resulting from long-term institutionalization. Yet, typically within forensic psychiatric hospitals there is a small group of patients with schizophrenia and a history of violence that remains for many years. The present study aimed to identify the characteristics of these long-stay patients. Method: Within a large forensic psychiatric hospital in Germany, two groups of in-patients with schizophrenia and a history of violent crime were compared: 39 long-stay patients with a mean in-patient stay of 12.8 years; and 35 short-stay patients who remained in hospital for 3.1 years. Results: The two groups were similar as to socio-demographic characteristics, age of onset of illness, age of first treatment for psychosis. The long-stay patients had been first admitted to general psychiatry at a younger age than the short-stay patients, and had spent more time in general psychiatry prior to the offence that lead to admission to the forensic hospital. By contrast, short-stay patients had accumulated a greater number of criminal convictions prior to admission to the forensic hospital. Throughout their time in the forensic hospital, the long-stay patients, as compared to the short-stay patients, showed higher levels of positive and negative symptoms despite antipsychotic medication, a lack of insight into their illness, and repeatedly engaged in incidents of verbal and physical aggression that were not well-predicted by risk assessment tools. Further, the long-stay patients continually disagreed with staff about arrangements for discharge such as housing and out-patient care. By contrast, short-stay patients presented low levels of psychotic symptoms and prosocial behaviors, complied with all aspects of treatment, obeyed rules, and generally were reliable and responsible. Conclusion: Both characteristics of the illness, such as high levels of psychotic symptoms, and on-going aggressive behavior towards others, distinguished the long-stay from the short-stay patients. Despite medications that reduce symptoms among most people with schizophrenia and behavioral and cognitive-behavioral interventions that reduce aggressive behavior in most offenders with schizophrenia, this small group of men continued to be symptomatic and aggressive. Further research is needed to develop interventions to treat both their illness and violence.

#266025 – Paper

Gender-sensitive violence risk assessment. Predictive validity of the FAM, HCR-20 V3, SAPROF, START and PCL-R in female forensic psychiatric patients

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Results will be presented on the predictive validity for violent and general recidivism of several risk assessment instruments in a sample of 78 female forensic psychiatric patients. The Female Additional Manual (FAM), HCR-20 V3, SAPROF, START, and PCL-R were coded based on file information for 78 women who had been discharged between 1993 and 2012 from one of four different forensic psychiatric hospitals in the Netherlands. The ratings on the different tools were related to official reconviction data. Implications of this study for clinical practice will be discussed and suggestions will be provided for gender-sensitive violence risk assessment.

Although women constitute only a minority population in the penitentiary system and in forensic psychiatry, it appears that worldwide in the past two decades female violence is on the rise. The assessment of risk for violence in women differs in several aspects from violence risk assessment in men. Mental health professionals who work with women in daily practice recognize these differences and have expressed the wish for more specific guidelines for risk assessment in women. Despite the great advances in risk assessment over the past decades, almost no specific tools have been developed for the assessment of violence risk in female offenders. Most of the commonly used risk assessment tools have been developed and validated for predominantly male populations and there is contradicting evidence for the usefulness of these tools in female populations. The Female Additional Manual (FAM; De Vogel et al., 2011, 2014) is a developed additional guideline to the HCR-20 or HCR-20 V3 for assessing risk for violence in women. The FAM contains eight specific risk factors for women as well as three additional final risk judgements (the risk for Self-destructive behavior, Victimization, and Non-violent criminal behavior). The aim of the FAM is to provide mental health professionals with clinically relevant and useful guidelines for accurate, gender-sensitive assessment of violence risk, which offers concrete guidelines for risk management in women. Preliminary findings of a prospective study with the FAM in a Dutch forensic psychiatric hospital have shown good results for the interrater reliability and predictive validity for incidents of violence to others and self-destructive behavior during treatment. In addition, two small scale studies in North America have found promising results. However, much more research is needed into the FAM, as well as into other risk assessment tools in female populations (see de Vogel & Louppen, 2017).

In 2012, a multicentre research project was started into gender differences in forensic psychiatry (de Vogel et al., 2015). Several risk assessment instruments, including the HCR-20, HCR-20 V3, FAM, SAPROF and START, as well as the PCL-R, were coded based on file information for all women who are - or have been admitted to one of four different forensic psychiatric facilities in the Netherlands. In addition, an extensive list of criminal, demographic, psychiatric and treatment characteristics was collected. For comparison, the list and tools were also coded for matched male forensic psychiatric patients from the four facilities. All female patients who had been discharged between 1993 and 2012 were included in the present study (N=78). Official reconviction data will be retrieved in December 2016 from the Judicial Documentation register of the Ministry of Justice. In this paper,

findings will be presented regarding the predictive validity of the different risk assessment instruments for both violent and general recidivism. Furthermore, implications will be discussed and suggestions will be provided for gender-sensitive violence risk assessment. The clinical value of the combined use of the HCR-20 V3, FAM and SAPROF for violence risk assessment and management in women will be demonstrated with some brief clinical examples.

#266230 – Paper

The identification and management of Early Warning Signs of Aggression in patients with Huntington Disease.

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Huntington disease [HD] is an inherited fatal disease destroying brain cells. Symptoms vary from physically uncoordinated body movements, talking problems to mood and mentally problems. During the first phase of the disease severe aggression often occurs. Nurses were trained to identify and manage early warning signs of aggression by means of ERM [Early Recognition Method]. ERM in HD-patients was studied. Outcome was the number of aggressive incidents, nature of early warnings signs and team climate. The first preliminary results suggest ERM to contribute to a better understanding and management of aggression in HD patients.

BackgroundHuntington's disease (HD), also known as Huntington's chorea, is an inherited disorder destroying brain cells. Symptoms usually begin between 30 and 50 years of age, but can start at any age. About 8% of cases start before the age of 20 years. The earliest symptoms are often subtle problems with mood or mental abilities, however severe aggressive episodes are likely to occur which burden the social network. As the disease advances, uncoordinated, jerky body movements become more apparent. Physical abilities gradually worsen until the patient is even unable to talk. Death typically occurs fifteen to twenty years from when the disease was first detected.

ObjectiveThe most common behavioral problems in patient with Huntington's disease (HD) are addressed adequately by nurses aiming to avoid escalation or crisis. However, in case when aggression or escalation is imminent, a risk management strategy is needed, e.g. ERM [Early Recognition Method]. By means of ERM nurses of a 'Skilled HD unit' in a long term care facility were trained to identify early warning signs of aggression in HD patients. The early warning signs were recorded in an early detection plan and exchanged with HD patients in order to apply early interventions and avoid crises.

Aim of the studyTo explore the feasibility of ERM Risk Management by identifying early warning signs of aggression and monitoring behaviors from stability to deterioration in HD patients.

MethodThe ERM strategy is described in the ERM-protocol-HD version. In a training program the nursing staff learned to apply the protocol. In weekly evaluations early warning signs of aggression were explored and discussed between nurses and patients. When early warning signs arise, nurse and patient carried out early interventions in order to stabilize patient's behavior. Early warning signs were rated on the FESAI [Forensic Early warning Signs of Aggression Inventory]. The effects of applying ERM will be studied by comparing the number of incidents in the period before and after ERM is implemented. Outcome measures are: number of incidents, team climate (EssenCES) and HD-behavior (BOSH).

ResultsERM was introduced on 2 Skilled Nursing Facilities. All nurses followed the training program and they showed enthusiasm to apply the ERM protocol in clinical practice. The first experiences are positive. Nevertheless, due to patients' communication problems, not in all eligible cases the early warning signs could be discussed with the patients. In those cases, nurses applied the ERM as an observation strategy within the team. Nurses reported an increased alertness for small behavioral changes. Some patients show their active involvement in the way they adopt elements of ERM when discussing their behavior with nurses or family.

ConclusionThe preliminary results suggest that ERM may contribute to effective behavioral aggression management for nurses working with HD patients admitted at a long term HD-care facility.

#266231 – Paper

The Contional TBS Order in the Netherlands: A comparison between patients who are treated successfully and those who fail

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In the Netherlands, the Conditional TBS Order (CTO) is a court ordered sentence possible for patients with a severe mental illness who have committed a serious crime. The patient needs to abide by certain conditions, such as supervision by probation services and usually resides in community. When the patient seriously violates the conditions of the CTO, it can be converted into a Mandatory treatment TBS Order (MTO), involving admission in a closed forensic psychiatric hospital. In the present study, we examined how often a CTO is converted into a MTO and what factors are associated with CTO success or failure.

BackgroundIn the Netherlands, people who have committed violent crimes and who have been declared partially or completely unaccountable for these crimes due to severe mental disorders can be sentenced to ‘disposal to be treated on behalf of the state’ (terbeschikkingstelling), the TBS order. The TBS order either involves admission and mandatory treatment in a closed forensic psychiatric hospital, the mandatory treatment TBS order (MTO), or involves abiding by certain conditions while residing in community, such as supervision by probation services: the Conditional TBS Order (CTO). When sentenced to a CTO, admission and treatment in a closed forensic hospital is conditional: if the patient does not abide by the conditions of his CTO or still poses too much of a danger to society, he will be admitted and the CTO will be converted into a MTO by a judge in criminal court. Until now, it is unknown how often a CTO gets converted into a MTO. Furthermore, it is unknown what, if any, factors are associated with CTO failure and success. The present study was set up to study these gaps in knowledge.
MethodsAn extensive structured file study was set up. Information on all patients who started a CTO between 1.1.2000 and 31.12.2014 was gathered (N=1.012) and after applying some inclusion criteria it was determined if they had succeeded or failed their CTO (n=686). Further, factors pertaining to the patients’ history, such as prior convictions and prior encounters with regular mental health care, factors regarding the start of their CTO, such as demographic factors and information on the index offence, and factors pertaining to the conversion of the CTO, such as the conditions that were violated, were scored from the patient files in an organized manner. For this part of the study, two groups of patients were randomly selected: 60 patients who had successfully completed their CTO and 60 patients who had failed their CTO. Then, the factors that were scored from their patient files were compared between the two groups. Data sources within the patient files were official conviction records by the Judicial Documentation Services, psychological and psychiatric reports in which psychopathology and intellectual functioning was determined, progress reports by the Dutch probation services, information from the public prosecutors and the judges’ decisions on CTO and MTO. **Results** 182 patients (26.5%) had failed their CTO and had to be admitted into a forensic psychiatric hospital under a mandatory treatment TBS order. Thirteen factors were significantly more often present for patients with a conversion of their CTO as compared to patients without a conversion of their CTO. Among others, the results indicated that the patients who needed to have their CTO converted into a MTO had more complex (psycho)pathology from the start of their CTO. These and other results will be presented and implications for clinical practice will be discussed.

#266277 – Paper

The Effects of Head Injury on Risk-related Outcomes and Self-harm in Forensic Psychiatric Hospitals across Scotland

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The negative impact head injury has on an individuals' cognitive, behavioural and psychological functioning is well documented. These changes can lead to an increased likelihood of violence and crime, resulting in disruption and harm on both an individual- and societal-level with national financial implications. The present study sought examine the cross-sectional association between head injury, substance abuse and risk-related outcomes of all individuals within the forensic network in Scotland for which data could be extracted (N=428). Results suggested that head injury had a significant effect on violence proneness (HCR-20) and violent incidents over and above substance misuse and schizophrenia.

Background: The negative impact head injury (HI) has on an individuals' cognitive, behavioural and psychological functioning is well documented. Many of the negative outcomes resulting from HI, namely lack of foresight, inability to plan ahead and perceive consequences of actions, increased disinhibition and increased aggression and irritability, can lead to an increased likelihood of violence and crime.

Furthermore, forensic psychiatric inpatients are considerably more likely than the general population to meet the criteria for substance misuse or dependence. The relationship between substance misuse and head injury in psychiatric populations appears to be circular in that there is no definite answer as to which factor consistently precedes or causes the other. Evidence suggests that the use of alcohol and drugs in traumatic brain injury (TBI) populations is common predating injury, however it TBI also acts as a risk factor for development of behavioural disorders and relapse into substance misuse post TBI. It is well documented that substance misuse has vast implications for the assessment and management of risk, as well as self-harm. Therefore, in order to effectively examine the impacts of head injury on violence-related outcomes and self-harm, we must also examine the impacts of substance misuse.

Methods: There is currently a scarcity of knowledge regarding the prevalence of head injury within Scotland and its association with risk-related outcomes. The Forensic Network Census and Service User Database contains information on a large sample of individuals that can cast light onto this knowledge gap. The present study sought examine the cross-sectional association between head injury, substance abuse and risk-related outcomes of all individuals within the forensic network in Scotland for which data could be extracted (N = 428). Individuals with a primary or secondary diagnosis of a learning disability were excluded. Two Factorial MACOVAs were conducted in order to assess (a) impact on violence and (b) impact on history/current episodes of self-harm.

Results: Results suggested that head injury had a significant effect on all three violence outcomes, namely violence during admission ($n = .025$, $p = .011$), violence proneness (HCR-20) ($n = .025$, $p = .010$), and a history of violent offences ($n = .015$, $p = .048$). History of drug misuse and an alcohol misuse*schizophrenia interaction only had a significant impact on history of violent offences ($n = .033$, $p = .003$; $n = .023$, $p = .014$ respectively). Head injury did not significantly associate with either historical or current self-harm, however alcohol misuse, drug misuse and schizophrenia did.

Conclusion: Our results highlight the impact that head injury has on violence-related outcomes, over and above substance misuse and a diagnosis of schizophrenia. This has vast implications for clinical practice regarding risk management, assessment, and treatment planning. Further clinical implications, limitations and suggestions for future research will be discussed.

#266288 – Paper

Implementing 'Positive Behavioural Support' within Secure Forensic Services

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Positive Behaviour Support (PBS) is a practical approach for decreasing problem behaviours and improving quality of life for individuals of all ages and abilities. This paper describes the implementation process in a forensic setting and the challenges faced. The three main learning outcomes for delegates are to: 1. Increase knowledge of how to implement PBS into a secure forensic service; 2. Increase confidence of PBS implementation; and 3. Increase motivation for implementing PBS into an existing service.

Objective: Positive Behaviour Support (PBS) is a practical approach for decreasing problem behaviours and improving quality of life for individuals of all ages and abilities (Horner, 1990). PBS acts as a framework for developing an understanding of an individual's challenging behaviour and for using this understanding to develop effective support. PiC Midlands have adopted the RAID approach since 2012, which has been the interface utilised to cultivate our PBS milieu. The RAID approach is a 3 day training course developed by The Association for Psychological Therapies which is based on a PBS framework. Our RAID-PBS project has comprised various elements that have been necessary to successfully develop a 'whole service' approach to positively managing challenging behaviour which include: Training; Implementation team; Transforming procedures and documentation; Policy; Integrating electronic systems; Service user involvement; and Evaluation, audit and consultation. This paper describes the implementation process in a forensic setting and the challenges faced. **Method:** All clinical staff within five secure units received RAID training, a PBS e-learning training package and a half-day training course on PBS and functional analysis. An implementation group, consisting of two leads and a representative from each ward was responsible for the implementation and integration of the approach into the service. **Results:** An overview of the implementation project will be given which will include the challenges and opportunities that this presented. **Conclusions:** The project will be discussed in terms of the potential of utilising a PBS framework across a regional secure service. Future implications and directions will be discussed. **References:** Horner, RH. Dunlap, G & Koegel, R. (1990). Positive Behaviour Support: Definition, Current Status and future Direction. Learning Disability Review 11, 4-9. APT Training Group. (2012). RAID Training. [ONLINE] Available at: <http://www.raid.co.uk/pbs.html>. [Accessed 10 July 15].

#266321 – Paper

Diffusion of forensic psychiatrists' risk assessment practices across informal professional networks

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The purpose of this study was to analyze peer influence of psychiatrists (t0) on colleagues' subsequent (t1) use of risk assessment items in their recommendations to Review Boards. Using data from the National Trajectory (NTP), we had access to 6,763 reports written over 5.7 years by 639 psychiatrists responsible for the care and regular risk assessment of 1,800 forensic patients. Psychiatrists who had the same patients were considered 'peers'. Using patient transfers to define networks, we conducted social network analysis and found that 'expert peers' (reported more risk assessment items in their reports) positively influenced subsequent psychiatrists' report quality.

Context: Like other physicians, psychiatrists are embedded in informal professional networks. These networks have been shown to facilitate peer-learning and foster diffusion of innovation and knowledge. Informal professional networks were used to infer diffusion of knowledge in terms of risk assessment in (expert) report writing.

Objective: To examine the longitudinal effect of informal professional networks on the use of empirically established risk factors in reports to legal decision-makers.

Sample: Using data from the National Trajectory (NTP), we had access to a sample of 1,800 individuals found NCRMD across three Canadian provinces, with 639 psychiatrists responsible for their care and regular risk assessment. Patients were followed for 5.7 years, on average, after their initial NCRMD verdict. We had access to 6,763 psychiatrists' reports for the NTP sample. Psychiatrists generally prepare these reports annually and present them to independent tribunals, called Review Boards, to help evaluate patients' risk levels and clinical progress to inform Review Board decisions (e.g., conditions, if further detention versus release (conditional/absolute) is warranted).

Method: Using social network analysis, we have identified these informal professional networks:

- Patient-sharing forms the basis for physician informal professional networks. During the study, 999 (approximately 56%) patients transitioned 1 between psychiatrists; 1,417 transfer ties were observed among 639 psychiatrists. We considered the date of the first transfer between two psychiatrists as the starting date of their peer relationship.
- Psychiatrists who discussed more risk items in their assessment were considered 'expert peers'. The risk items assessed were items from the HCR-20 (V2), one of the best-researched and most widely used risk assessment measures to date.
- Based on these networks, we used crossed random effects models and entered assortativity, temporal consistency, and duration of the effect into the models.

Results: (1) Assortativity: Individuals with higher quality reports (Alters) are not systematically clustered together. (2) Temporal consistency of the effect: A modest effect of Alter report quality on Ego report quality was noted: an increase of 1 item on the HCR risk

scale in an Alter's report will increase by 0.01 items the number of items mentioned in an Ego's report. Egos had access to an average of 34.3 Alter reports (SD = 48.9). If all of Ego's subsequent reports would increase consideration of risk assessment factors by 1 item, this might result in an increase of 0.44 items during the observation period.(3) Duration of the effect: There is a decay effect - after each year separating the two reports, there is a 0.01 item decrease on the Alter's effect.

Conclusion: A modest but clear effect of knowledge diffusion is observed in psychiatrists' informal professional networks. Peer networks in forensic psychiatrists can serve as important agents in knowledge transfer concerning appropriate risk assessment procedures. In a context where we have limited resources to bolster best-practice uptake and knowledge diffusion, one might consider leveraging the structural properties of peer network to optimize these processes. Decision-makers could use this process to identify and train central expert in the network to maximize diffusion of knowledge.

#266325 – Paper

The Hope(S) Clinical Model to Reduce Long Term Segregation in Secure Hospitals

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The presentation describes a multi-faceted; recovery based clinical model and Positive Interventions Approach to working with long-term segregated (LTS) patients within the UK High Security Hospitals. This approach consists of a checklist to assess barriers to progress and maintaining factors, a model to guide interventions and practical strategies to work with staff and individuals in segregation. The clinical benefits of a proactive approach with individuals in segregation will be evidenced. Strategies to assess, analyse and deliver effective changes in the environment, individual and the system are discussed.

Background

The presentation outlines an innovative clinical model to inform positive practice and address key difficulties with a group of patients with high risk behaviours in long-term segregation (LTS) in UK High Security Forensic Hospitals. LTS is seclusion which exceeds 7 days, but may last years. The impact on patients includes exacerbation of: mental health symptoms; challenging behaviour; interpersonal difficulties and physical health difficulties.

Development

The HOPE(S) approach to reducing LTS which has been developed by the Positive Intervention Programme at Ashworth Hospital, Mersey Care NHS Foundation Trust to address the issue of Long Term Segregation and its associated consequences. The HOPE(S) clinical model was developed from qualitative research, specialised clinical experience and service user feedback. The associated assessment the 'Barriers to Change Checklist' provides a structured approach for staff teams to formulate the factors which present barriers to progressing individuals out of segregation from a systemic, individual and environmental perspective. The checklist enables staff teams to develop robust intervention plans and target resources effectively.

Implementation

The clinical model describes strategies to address the complex process of LTS by: Harnessing the system through key attachments and partnerships with patients and staff; providing Opportunities for positive behaviours and engaging in meaningful and physical activities; identifying Protective and preventative risk and clinical management strategies; Enhancement of daily coping skills of both staff and patients and attention to maintenance of progress and transitions. Whilst teams are engaging in these tasks the System needs to be carefully managed and developed to provide support throughout all stages of the approach. The Positive Intervention Programme was a specialist team developed to implement the model with LTS patients. Programmed activities for these patients emphasise increased physical activity, low demand social interaction, pro-social behavioural modelling, arousal management and recovery based, collaborative care.

The ultimate goals of the programme are to improve the quality of life of LTS patients, improve individual functioning and reduce dynamic risk factors, leading to successful progression out of segregation and effective integration into the ward community.

Service Evaluations in three sites have show significant clinical utility in using this approach in working with patients in LTS and an adaptation of the model is also currently being piloted in the High Secure Prison Estate.

A detailed clinical case study will illustrate: the pathway, formulation, clinical and systemic strategies and efficacy of this approach, with this complex and hard to reach patient group.

#266446 – Paper

Does Life Satisfaction Protect Against Adolescent Offending?

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Interventions for offenders often focus on reducing risk rather than increasing quality of life. However, it is possible that life satisfaction might protect adolescents from subsequent offending. To test this hypothesis, we conducted two prospective studies. In study 1, life satisfaction significantly predicted lower self-reported offending in a sample of 406 high school students. Similarly, in study 2, life satisfaction predicted lower offending in a sample of 120 at-risk youth (e.g., youth on probation). These findings suggest that life satisfaction may be a viable treatment target for reducing adolescent offending. However, further research is needed.

Intervention programs for adolescent offenders often focus on reducing risk factors for offending, rather than increasing quality of life. Indeed, within most leading models of offender treatment, life satisfaction is not considered to be a key treatment target (Andrews & Bonta, 2010). Despite this, a couple of studies suggest that adolescents who are happy and satisfied with their life are less likely than other adolescents to commit crimes (e.g., Sun & Shek, 2012; see also Ward & Maruna, 2007). While promising, these findings are difficult to interpret; most studies are concurrent rather than prospective, and few have controlled for risk factors for offending. To address these gaps, we conducted two prospective studies. In the first study, we tested associations between life satisfaction and offending in a normative sample of adolescents. In the second study, we attempted to replicate these results in a sample of at-risk adolescents (e.g., youth on probation).

STUDY 1 Study 1 included 406 grade 8 students (55.8% female) from the Greater Vancouver area. The mean age was 13.07 (SD = 0.40).

During the baseline assessment, adolescents completed the Brief Multidimensional Students' Life Satisfaction Scale (alpha [α] = .88; Hueber & Gilman, 2002), a well-validated 6-item self-report scale (Abubakar et al., 2016). They also completed the Delinquent Peers Scale (Thornberry et al., 1994) and the Drug and Alcohol Use Scale (Bosworth & Espelage, 1995). At a six-month follow-up, adolescents completed the Self-Report of Offending (α = .69; Huizinga, Esbensen, & Weiher, 1991), a 23-item self-report measure that includes a variety of criminal behaviors (e.g., assault, theft). The follow-up was completed by 81.0% of the sample (n = 329).

In negative binomial regression models, higher total scores on life satisfaction significantly predicted lower self-reported offending, Exp (b) = .92, SE = .02, Wald χ^2 (1) = 26.29, p

#266450 – Paper

Patient Profiles and the Use of Seclusion in a Forensic Psychiatric Hospital

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Seclusion is a well-established practice in mental health, but negative consequences are substantial (physical injury, trauma). Research suggests the majority of episodes involve a small proportion of patients who share similar historical factors, but little research has examined these profiles or how to best reduce the use of seclusion. The nature of seclusion events and patient profiles at a Canadian forensic hospital will be examined using administrative data and file reviews. Results will be used to inform risk assessment practices and formulate more efficient strategies for reducing seclusion episodes.

There has been widespread push across psychiatric services to reduce seclusion use and restraint practices (Kohn et al., 2000) due to ethical concerns and potential adverse effects (physical injury, trauma, loss of patient's dignity). In light of these concerns and in line with provincial guidelines, a Canadian forensic hospital strives to use seclusion as a final resort and has implemented a number of policy and practice changes (2014–2016) in an effort to reduce its use. However, the impact of these changes is unknown. Further, little is known about the profiles of secluded patients. The current project will investigate (1) the prevalence, incidence and duration of seclusion and changes that have occurred as a result of implementing new policies and procedures; (2) patient profiles of secluded patients; and (3) differences in patient profiles between those secluded long- vs. short-term or multiple vs. single seclusion(s).

MethodData on the number of seclusions, seclusions/1000 patient days, and duration of seclusion (Question 1) was obtained from an electronic management system that records all incidents of seclusion as standard practice.

Data to examine the clinical profiles are being collected from clinical files (Questions 2 & 3). Retrospective file reviews of seclusion cases begin in January 2013 and proceed at six-month intervals (eg., July 2013, January 2014, July 2015, etc.) for eight time periods, always reviewing the first week of the month. Patients already in seclusion at the start of the one-week period and patients brought into seclusion during the one-week timeframe, for each of the eight time periods, are included in the sample. For each patient, we collect sociodemographic, mental health, criminal history, and adverse behaviors (eg., aggression, self-harm) that occurred prior to seclusion.

Results & ImplicationsThere has been a notable decline in seclusion use since the 2013/14 fiscal year. The number of new episodes of seclusion has dropped from 70-80 new seclusions per month in 2015 to ~40-50 as of May 2016. In 2015/16, 88% of seclusions were 5 days or less, with only 2% of seclusions lasting more than 30 days, whereas in 2013/14, ~50% of seclusions were 5 days or less and 22% were > 30 days. Finally, the rate of seclusion per 1000 patient days has dropped from 88 (2013/14) to 73 (2015/16), with a further drop to 62 as of September 2016. Upon completing the file review, analyses will focus on describing patients placed in seclusion, including comparing patients held long- vs. short-term and multiple vs. one-time seclusions.

The findings to date suggest a downward trend in seclusion use at the hospital; however, there remain patients held in seclusion for extended periods (>10 days). Future analyses on the nature of the incidents and patient profiles will provide a better understanding of risk factors for seclusion events, which will inform risk assessment practices and guide management strategies for continuous efforts to reduce seclusion use. The results may also guide policy and practice development, for instance, supports for returning long-term seclusion patients to the unit (eg., step-wise integration; extra staffing).

#266478 – Paper (converted from symposia #266478)
Recidivism in intimate partner violence among antisocial and family-only perpetrators

Author:

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Research of recidivism among intimate partner violence (IPV) perpetrator subtypes has demonstrated inconclusive results. The present study sought to outline the recidivism patterns between two subtypes; antisocial and family-only perpetrators. The aim of this study was to compare these subtypes regarding IPV recidivism rates and type of recidivism crime. We also explored and compared time to IPV recidivism between the subtypes. In this prospective study data was obtained from the Swedish police. The material constituted of 628 male IPV perpetrators subjected to a structured violence risk assessment between 2011 and 2014 in two Swedish police districts. The perpetrators were categorized as antisocial (n = 327) or family-only (n = 301) based on general criminality. Recidivism was measured as any new police report of an IPV related crime. The mean follow-up time was 28 months (SD=11.0, R=5-50). Results demonstrated that antisocial perpetrators recidivated to a larger extent than family-only perpetrators (27.2% vs. 12.9%). Antisocial perpetrators were more prone to recidivate in both physical and non-physical violence. Furthermore, antisocial perpetrators had a longer critical time period for recidivism and recidivated faster in non-physically violent IPV compared to family-only perpetrators. These findings highlight the need to consider different risk management strategies depending on the type of IPV perpetrator in order to prevent future violence.

#266511 – Paper

Violence Risk Assessment of Indigenous Peoples: Lessons From Ewert v. Canada

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Globally, Indigenous Peoples are disproportionately affected by violence due to the legacy of colonialism. I begin by discussing the role of culture in violence risk assessment, particularly in relation to assessment of Indigenous Peoples. Next, I summarize a recent Federal Court case in Canada that claimed actuarial violence risk assessment tools are biased for use with Indigenous Peoples. Finally, I outline implications for policy, practice, and research with respect not only to Canada, but internationally; with respect not only to Indigenous cultures, but all cultures; and with respect not only to actuarial instruments, but all violence risk assessment procedures.

Culture has a major impact on violence. Culture is believed to be responsible for many of the observed differences in the prevalence of various forms of violence across nations, as well as across subgroups of the population within nations. As a consequence, effective assessment and management of violence risk requires cultural competence. Globally, Indigenous Peoples are cultural groups that raise special concerns with respect to violence risk assessment and management. Indigenous Peoples inhabited geographic areas for thousands of years that subsequently were colonized by European nations. The process of colonization included such things as the appropriation of traditional lands; forced removal from homes and communities and forced resettlement of entire communities; disruption and even outlawing of traditional cultural practices and the imposition of the languages, laws, and cultural practices of colonial powers; and restriction or denial of the legal rights afforded to the citizens of colonial powers. Due to the trans-generational social upheaval and trauma that are part of the legacy of colonialism, the communities Indigenous Peoples are disproportionately affected by crime and violence. This is well documented in many countries, including (but by no means limited to) Australia, Canada, New Zealand, and the United States. A recent legal case in Canada, *Ewert v. Canada* (2015), focused on assessment of offenders who are Indigenous Peoples. Ewert filed formal complaints and grievances for 15 years that actuarial violence risk assessment tools used by the Correctional Service of Canada are biased with respect to Indigenous Peoples. These complaints and grievances eventuated in a hearing before the Federal Court, in which conflicting evidence and opinions were presented by multiple experts regarding the cross-cultural validity of the actuarial tools. There was general agreement among experts (with one notable exception) that the existing evidence base was insufficient to reach firm conclusions regarding the cross-cultural validity of the actuarial tools (i.e., that further research is needed), but opinions differed as to whether the absence of good evidence meant the tools should or should not be used to assess Indigenous Peoples. The legal outcome of *Ewert v. Canada* (2015) is uncertain as the matter is still before the courts. But its implications are broad. First, potential culture bias in violence risk assessment is a problem not only in corrections, but in all settings. Second, the issue is relevant not only with respect to Indigenous Peoples in Canada, but to Indigenous Peoples and other cultural minorities in all countries. Third, the issue is relevant not just to actuarial tools, but to all violence risk assessment procedures. Fourth, what we learn from dealing with issue of potential culture bias also applies to potential bias to due to gender, age, physical or mental disability, and other important group differences. I conclude by making recommendations for how better to incorporate culture in policy, practice, and research on violence risk assessment.

#266550 – Paper

A mixed choir of staff and patients to fight stigmatization in a forensic hospital

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This paper will talk about an experience in a high security forensic setting: a mixed choir of staff and patients has been created since three years, to fight stigmatization. It will describe the origin of the project, the implementation and the evolution through the last three years, and will discuss the effects on participants and the changes needed to maintain this activity. The paper will also discuss the problems and the limitations in relation with the financial cuts in budgets and reduction of resources in this forensic setting.

Music and singing has been proved to have a therapeutic effect on people. It may be a tool in working with patients with multiple comorbidities. But it is also a mean of relaxing for staff working with difficult patients. So, why not to use it as a way of fighting stigmatization? This paper will talk about an experience in a high security forensic setting: a mixed choir of staff and patients has been created since three years and we will describe the origin of the project, the implementation and the evolution through the last three years, and will discuss the effects on participants and the changes needed to maintain this activity. This program needed drastic changes in some security rules in the hospital. The paper will also discuss the problems and the limitations in relation with the financial cuts in budgets and reduction of resources in this forensic setting. The paper will describe the forensic setting, the type of patients, the origin and structure of the activity and the evolution on a three year period. It will give some quantitative and qualitative results and will try to evaluate the program and the goals attained. A discussion on the benefits of this kind of project will conclude the paper.

#266560 – Paper

Validation of the LOCUS Tool in Assessing Risk and Transition Readiness in a Forensic Psychiatric Population

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In this study LOCUS, a level of care tool, was used to identify the required level of care in a forensic population from secure inpatient to outpatient services. LOCUS risk dimension and total scores were compared with “gold standard” risk tool scores from both the HCR-20 and LS/CMI for this population for the 2015 calendar year. Results showed that total LOCUS score correlated positively with both total HCR-20, and all sub-scores and with the LS/CMI total, dynamic and historical sub-scores. This study is the first to show a correlation between risk assessment and level of care determinants using the LOCUS tool.

At present there are no rapid tools to identify the correct level of needs/care allocation for service users in forensic mental health. Level of service needed is often correlated with level of risk (eg the LSI suite of tools). In this study, we assessed the potential for LOCUS (Level of Care Utilization System for Psychiatric and Addiction Services), a level of need/level of care tool developed for general psychiatry settings, to identify the correct level of need/resource intensity in a forensic psychiatric population along a continuum from secure inpatient to outpatient services. A retrospective study design compared LOCUS risk dimension and total scores as well as LOC (Level of Care) allocations with “gold standard” risk/needs tool scores from both the HCR-20 and LS/CMI for low secure forensic inpatients and Forensic Service outpatients at Ontario Shores between January 1, 2015 and December 31, 2015. We found that total LOCUS score (and thus, level of care recommendations) correlated positively with both total HCR-20, and all sub-scores, with the most significant correlation being with the Clinical item score. LOCUS total score also correlated positively with LS/CMI total and dynamic and historical sub-scores, with the highest correlation with dynamic factors. This study is the first to show a correlation between risk assessment and level of care determinants using the LOCUS tool. This suggests that transition-readiness could be assessed using LOCUS in a forensic population, and provide a more nimble approach to determining length of stay at a given service level, and safely improve flow.

#266565 – Paper

A Multi-Country Snapshot of Test Usage in Forensic Mental Health Assessment Using Case Law References

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Prior research on psychological test usage among forensic mental health professionals has relied exclusively on practitioner surveys (of mostly United States clinicians). This paper provides the results of an alternative but complimentary research approach. Specifically, a case law survey was conducted to examine when and how often various traditional psychological tests, forensically relevant instruments, and forensic assessment instruments had been cited in Canadian, Australian, and United Kingdom case law. Results regarding the most popular tests were consistent with practitioner surveys. The methodology also yielded unique information about temporal trends and jurisdictional similarities and differences. Implications, limitations, and future directions are discussed.

Researchers have periodically surveyed forensic mental health practitioners to examine psychological testing patterns [references omitted due to word limit]. While this approach has numerous strengths, it is also limited by the questions that are asked of respondents and the potential for non-representative sampling. We utilized a complimentary strategy, systematically examining the frequency with which numerous forensic assessment instruments, forensically relevant tools, and traditional clinical measures were referenced in Canadian, Australian, and United Kingdom case law. The present survey significantly expanded upon prior case law surveys, which were limited to one or two tests in the United States or Canada.

Method

All cases included in WestlawNext's Canadian, Australian, and United Kingdom case law databases were searched for references for full test names (as well as foreseeable variations and typographical errors) making use of the phrase, root expander, and exclude connectors. Acronyms–initialisms were not used due to overly broad or narrow search results observed during pilot testing. Data were double-coded to address transcription errors. The primary study variables for each test–test family were the total number of citing cases and frequency within a given decade (from any time prior to 1970 to the end of 2015). Noteworthy jurisdiction dissimilarities were also examined, operationally defined as at least a three-fold contrast. Preliminary results reported below pertain to the 61 tests (or family of tests) found to be the most common in a recent practitioner survey. Finalized results (to be presented) will involve an expanded database of test names (> 280).

Results

Across the three jurisdictions, test references generally increased across decades. As a class, intelligence tests, personality tests (relatively structured ones), and symptom-specific measures were the most commonly cited traditional psychological tests. Risk assessment tools were the most frequently cited class of forensically relevant instruments. The few specialized forensic assessment instruments that were examined were referenced very infrequently. Also, relatively few references to youth tests were observed.

There were far more Canadian results returned compared to Australia and the United Kingdom. Moreover, noteworthy jurisdictional distinctions were observed for traditional psychological tests, forensically relevant instruments, and forensic assessment instruments. As an example, regarding traditional psychological tests, the Minnesota Multiphasic Personality Inventory suite was cited proportionally more often than the Personality Assessment Inventory suite in Canada and the United Kingdom, while the reverse was true for Australia.

Discussion

This case law survey offered converging evidence for the popularity of traditional clinical tests of personality and intellectual and academic functioning in forensic mental health assessment in multiple countries. In comparison, forensic assessment instruments were referenced relatively infrequently. The frequent references to risk assessment tools, infrequent references to youth tests, and jurisdictional differences are likely due to multiple factors. Limitations of the methodology, including those pertaining search term construction and the scope of databases, are discussed to prevent misunderstandings of the implications of the findings. Directions for future research, including comparing findings with United States data, and exploring potential implications of different expert evidentiary admissibility standards from an international perspective, are discussed.

#266587 – Paper

Solitary confinement, access to services and community reintegration of mentally ill federal inmates

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The goal of this study was to explore the effects of mental illness and history of segregation on services offered during detention, and access to early release opportunities for federal Canadian inmates (n=558). When controlling for empirically validated risk factors, presence of a severe mental disorder is not associated with a reduced likelihood of participating or succeeding in rehabilitative programs. However, solitary confinement is significantly associated with reduced access to, as well as poor performance in rehabilitative programs. Segregated inmates also have reduced access to early release opportunities and are more likely to see their release revoked.

Introduction According to the Corrections and Conditional Release Act (CCRA, 1992), Correctional Service Canada (CSC) has an obligation to provide every inmate with access to mental health care that will contribute to the inmate's rehabilitation and successful community reintegration (S. 86.1(b)). Studies reveal that correctional programs reduce prison misconduct (see French & Gendreau, 2006 for a review) while placing inmates in segregation limits their access to programs, and rehabilitation opportunities (Shalev, 2008). Furthermore, research, including our previous study on this sample (Salem et al., submitted), reveal that mentally ill inmates are at an increased risk of being placed in solitary confinement. The goal of this study was to explore the effects of mental illness and history of segregation on rehabilitation programs received during detention, as well as on access to early release opportunities and community reintegration outcomes (i.e. revocation) of federal Canadian inmates. **Methods** Data was extracted from a large epidemiological study of 558 Canadian federal inmates admitted between November 2007 and December 2011 for a sentence of two years or more. **Analyses** Various regressions models were conducted controlling for socio-demographic, clinical (i.e. presence of a severe mental illness, substance use and personality disorder comorbidity) and criminological variables (i.e. history of incarceration, index offence). **Results** Logistic regressions reveal that index offense is the best predictor of the types of rehabilitative programs offered to inmates. Individuals incarcerated following severe index offenses were more likely to be integrated in programs related to violence, including sexual and domestic violence. Individuals who committed drug offences and those who present with co-occurring substance use disorder at intake were more likely to be integrated in rehabilitative programs related to substance use. When controlling for other individual factors, presence of a severe mental disorder had no impact on access to rehabilitative programs. However, placement in solitary confinement, likely to cause a disruption in inmates' functioning, is associated with a reduced access to rehabilitative programs as well as a reduced likelihood of successfully completing those programs. Additionally, results reveal that amongst other factors (personality disorder, history of incarceration, violent index offence), increased number of placement in segregation during detention is associated with a reduced likelihood of being granted any early release opportunity; whereas increased number of successfully completed rehabilitative programs significantly predicts early release in the community. Finally, for those who were granted

early release, cox regression results suggests that higher number of placement in solitary confinement increase the likelihood of releases being revoked. ConclusionThe present study suggests that placement of inmates in solitary confinement is associated with reduced opportunities for participation and completion of rehabilitative programming. Segregated inmates also present with reduced likelihood of obtaining early release thereby impeding their community reintegration and facing a higher risk of being revoked. These results will be discussed in relation to our previous findings on predictors of solitary confinement among mentally ill inmates and the importance of tailoring services and programs to this vulnerable population in order to maximise their successful community reintegration.

#266590 – Paper

Description of an indigenous forensic mental health secure rehabilitation service: A case study of Te Pāpākāinga o Tāne Whakapiripiri

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Indigenous peoples are over represented in forensic mental health services. In New Zealand Māori constitute 43% of this population. The Auckland Regional Forensic Psychiatry Service has established a secure rehabilitation service based on core Māori values.

An illustrative case study was undertaken to provide an exemplar of this culturally specific model of care combining mixed methods data.

There is value in understanding how the model functions through this descriptive account.

The symbiosis of Māori cultural values and the medical model is described. The intent is to guide the transformation of other services, where indigenous peoples are over-represented.

Indigenous peoples and ethnic minorities are over represented internationally in forensic mental health services (Dunn et al, 2014). In New Zealand indigenous Māori constitute 15% of the population, yet are 43% of the forensic mental health population (Te Pou, 2015).

Anecdotal disquiet has been expressed regarding the inability of mainstream mental health services (based on the medical model) to meet the culturally specific needs of such populations. Yet there is a dearth of literature on culturally specific models of care which present an alternative.

The Auckland Regional Forensic Psychiatry Service has established a “kaupapa Māori” secure rehabilitation service (Te Pāpākāinga o Tāne Whakapiripiri [TWP]) in 2006. This service focuses on cultural integration based on cultural needs assessment and interventions, acceptable to the culture concerned. The unit functions on the basis of core Māori cultural values. These values determine daily life on the unit and are intended to exist in partnership with the traditional model of service delivery, based on the medical model. However, there is no indication of how these values are translated and reflected in the daily life on the unit or how the cultural model of care co-exists alongside the traditional medical model.

An illustrative case study was undertaken to provide an exemplar of this culturally specific model of care combining mixed methods of data collection. The research was also situated in a ‘kaupapa Māori’ research framework. ‘Kaupapa Māori’ research gives full recognition to Māori cultural values and systems, and is carried out in accordance with Māori cultural ethics.

A retrospective file review of all service users who have accessed the unit over the past 10 years was collected and analysed using descriptive statistics. A description was developed of the caseload and patterns of response to care and treatment in the service. Semi structured interviews were also undertaken with service users, staff and family (N = 6 x 3 = 18) asking questions about how core cultural values are embedded in everyday life on the unit and the relationship between this culturally determined way of life and the medical model.

Participants were asked about their perceptions of the challenges, barriers, and enhancers in relation to the day to day functioning of TWP. Interviews were thematically analysed.

This study does not claim to establish the efficacy of this cultural specific model of care.

There is value, however, in understanding how the model functions through this descriptive

account. The symbiosis between Māori cultural values and the medical model is described. The intent of this case study is to guide the transformation of other forensic mental health services, where indigenous peoples and ethnic minorities are over-represented.

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#266592 – Paper

The face validity of the DUNDRUM-3 and DUNDRUM-4 structured clinical judgment instruments: A Māori Participatory Action Research perspective.

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The Auckland Regional Forensic Psychiatry Service has refined its integrated recovery pathways for service users. The service has introduced metrics to inform structured clinical judgment (DUNDRUM-3 and DUNDRUM-4).

Indigenous Māori constitute 43% of the forensic mental health population. There is the need to consider the face validity of the metrics for Māori. Participatory action research was used to determine this involving a gathering of Māori clinical and cultural experts.

The metrics need to capture the spiritual domain, central to Maori culture.

Recommendations are made regarding this refinement, which are worthy of consideration in future developments of these important measures.

Forensic mental health services (FMHS) internationally are coming under increased pressure to manage burgeoning caseloads within existing resources and infrastructures. Alongside this challenge is the clinical need to make sure that the pathways of people through FMHS align with core values that guide service delivery.

The Auckland Regional Forensic Psychiatry Service has refined its integrated recovery pathways for service users through the service. Traditionally, movement along such pathways have been based on referral and assessment by the receiving unit. Within the refined recovery pathways, progress will be determined by programme completion and attainment of key recovery milestones. To assist in decision-making regarding milestone achievement, the service has introduced metrics to inform structured clinical judgment by introducing the DUNDRUM-3 and DUNDRUM-4 (Kennedy et al., 2015).

In New Zealand, Māori constitute 15% of the general population, yet are 43% of the forensic mental health population (Te Pou, 2015). Therefore, there is the need to consider the face validity of the DUNDRUM-3 and DUNDRUM-4 in relationship to the cultural reality of forensic mental health service delivery in New Zealand.

The aim of this participatory action research study was to determine the face validity and appropriateness of use of the DUNDRUM-3 and DUNDRUM-4 for Māori. The stages of the participatory action research process involved identifying and defining the problem through reflection; consideration of alternative courses of action; selecting a course of action; studying the consequences of the action; and identifying general findings (O'Brien, 2001). A one-day hui (gathering) was held to enable a discussion of Māori perspectives of DUNDRUM-3 and DUNDRUM-4. Participants in the hui consisted of Māori clinical staff and cultural experts (N = 12). The hui was held in accordance with Māori tikanga (protocol) of the host marae (culturally specific gathering space). The hui was taped and analysed using a six phase thematic analysis (Braun & Clarke 2006).

A need was identified for the metrics to capture the spiritual domain, central to Maori culture. Recommendations are made as to how the measures might be refined to consider this need. These are suggestions worthy of consideration in any future development of these important measures, in consultation with those that have developed them.

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#266594 – Paper

No idle threat: Precursors to action in threateners with mental disorders.

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Violent threats are common with most threats being an expression of emotion however some threats serve as a warning of impending violence. While mental health professionals are likely to witness their patients utter violent threats there is little guidance for how they should respond to threats. This study attempted to address the lack of research and to identify factors which differentiated violent and non violent threateners. Over half of the threateners in this study were violent and psychosis was one of the risk factors for threat related violence. This study has implications for how clinicians assess and manage threats.

The base rate of actual violence committed by threateners is low (Meloy, Hart & Hoffman, 2014) however a small proportion of violent threats are warnings of intended violence (Meloy & O'Toole, 2011; Warren et al., 2011) with threats being evident prior to shootings in schools (Verlinden, Hersen & Thomas, 2000), attacks on public figures (Fein & Vossekuil, 1998), some homicides (Warren, Mullen, Thomas, Ogloff & Burgess, 2008; MacDonald, 1968) and also within client-clinician relationships (Bernstein, 1981). Many mental health professionals have encountered a client who made threats of violence (Stewart & Bowers, 2013; McKenna, Poole, Smith, Coverdale, & Gale, 2003). Some of these professionals were the target of the violent threat but could also be the third party to whom threats are exclaimed. Duty of care guidelines, and in some countries legislation, direct clinicians to assess whether violent threats indicate a risk of harm to others (Borum & Reddy, 2001). The notion that every threat should be assessed for indicators of intent is consistent across threat assessment literature (Cornell, Allen & Fan, 2012; O'Toole, 2000, Fein & Vossekuil, 1998). Determining the difference between an empty threat and a serious violent threat is a difficult task, particularly given the lack of uniform indicators for threat related violence. This is further complicated by the general consensus that violence risk assessment tools are inadequate for assessing threats of violence (Krauss, 2005; Borum & Reddy, 2001; Meloy, Hoffmann, Guldemann & James, 2012). Threat assessment literature highlights that threat assessments are indicated when a client communicates a threat and further that violence risk assessment tools are insufficient for the task of threat assessment. Across all domains of threat assessment research, there is consensus that all threats should be assessed for violent intent. Given the broad range of research, the lack of empirical validation for threat assessment models and the inapplicability of violence risk assessment tools, how does a clinician assess the potential for violence when a client makes a violent threat? To address this question, the current study reviewed file records of mentally ill threateners for 12 months prior and 12 months post the violent threat. Of interest, those with a previous history of violence were not more likely to violently enact a threat than those without a history of violence. Also the severity of the threat and the specificity of the threat did not relate to threateners who were violent and those who were not. Intellectual disability and psychosis were key differentiating features between violent threateners and non violent threateners. Static factors for violence, as defined in violence risk assessment research, were recorded as were factors related specifically to the threat and factors related to dynamic violence risk factors. Based on the results, a model of threat related violence prediction was developed which included psychosis, intellectual impairment, young age and an absence of

illicit substance use. This study has implications for how mental health staff assess threats for violent intent and how they determine which threats will result in violence.

#266604 – Paper

Prisoner suicide, self-harm and assault: new insights from England and Wales

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Safety in custody is a subject of intense public concern in England and Wales, with a record number of prisoner suicides in 2016 and high rates of assault on prisoners and staff. The Advanced Analytics Unit of the National Offender Management Service is working to understand individual- and prison-level risk factors for suicide, self-harm, assault and disorder, through techniques such as regression, text mining of case notes, and network analysis. These insights are then used to assist policymakers and prison governors, through scenario modelling and innovative management information. This presentation summarises recent methods and results from this ongoing research programme.

As discussed by email with Dr Haque, it is not possible to give exact details of this presentation. This is partly because the work is still ongoing and it could be possible to present really interesting results in June that don't yet exist! It is also because it is extremely politically sensitive, and the contents will have to be negotiated through my management line. (Far less of this work will ever be published than would be typical for an academic institution.) Therefore I have to ask for some trust that I'll be able to put together an interesting and informative presentation – this approach was successful for my presentation to the 2016 conference, which included an example of the new dashboard identifying hotspots for prison assault by location (e.g., cell, wing, activity area) by time of day. However, to give a flavour (please handle this in confidence)- at present, a colleague is building quantitative predictive models for suicidal acts and other self-harm, while another is text-mining casenotes to look for phrases or sentiments that may have prognostic value for suicidal acts. (I'm providing ongoing peer review and methodological advice on both of these.) One or both of these projects might feed into a report for governors to identify the prisoners most at risk- yet another colleague is looking into whether the prison intelligence system can provide useful inputs for a kind of seismology for the rare and serious episodes of concerted prison indiscipline- the Cell Sharing Risk Assessment is being revisited to make sure that it correctly identifies those who need the support of a cell-mate versus those who should not be placed with certain others (e.g., members of rival gangs)- we might well be running analysis to understand which prison officers leave the job, as high levels of resignation and medical retirement could hamper efforts to reduce assault through increased staffing levels- more strategically, there's an ICT project to combine data sources in a more automated manner, which should eventually enable automatic overnight updating of reports and dashboards (based on much of the above work) for prison governors, maximising their everyday opportunities to take action to reduce risk

#266617 – Paper

Evaluation of cultural competence of staff in a secure mental health service using a validated self-assessment tool: A feasibility study.

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Aims: To explore feasibility of using a tool for the assessment of cultural competence (CC) in a secure service. **Method:** This study used a 50-item tool, modified from a tool developed in the USA for the assessment of cultural competence. **Results:** 151 staff members were interviewed over the 2 cycles of the study. Some recommendations from the first phase were implemented, like improvement of décor, but challenges remained in other areas like cultural competence promotion. Staff involvement in policy development was a key factor in improvement. **Conclusions:** The tool can be used for assessment of CC in secure services.

AIMS Cultural Competence (CC) is defined as a set of behaviours, attitudes, policies and structures that enable professionals to work efficiently across cultural situations. Currently, there are no recognised tools to assess the cultural competence of staff working in mental health services. The aims of this study were to try and address this issue by piloting an assessment tool devised in the USA for use in health services, to see how suitable it is for assessing the cultural competency (CC) of staff members at a low secure mental health unit. **METHOD** The study was a self-evaluation of current clinical practice at a low secure hospital in the UK. The first part was carried out in 2013 by an undergraduate from King's College. It made various recommendations to the organisational management from its findings. The evaluation was repeated 3 years later by 2 post-graduate students from King's College, using the same tool. The tool was originally called the Cultural and Linguistic Competence Policy Assessment (CLCPA), developed by the National Center for Cultural Competence in Washington DC. It was modified for use in a UK setting, and the questions on linguistic competence were taken out. The revised tool was called the Cultural Competence Policy Assessment (CCPA), a 47 item Likert-scaled questionnaire comprising of seven subscales evaluating CC on dimensions such as policy, structure, practice and values. All permanent members of staff working in the unit were eligible for participation. Each was presented with an information sheet which once signed constituted informed consent. They were then presented with a paper copy of the questionnaire and encouraged to complete one response for every question. The researcher sat with the participant to clarify any doubts. The average time for completion was 30-45 minutes. **RESULTS** There were 151 respondents in total, 50 in the first phase of the study and 101 in the second phase. There were 59 male and 92 females within the overall study sample. 105 were White and 46 staff from other ethnic backgrounds. The first evaluation made recommendations to improve the décor to reflect greater diversity and also to provide incentives for the improvement of cultural competence in the organization. The second evaluation found the greatest increases in conducting activities to engage diverse communities, in improvement of décor, and in the provision of interpreters. The greatest reductions were in the areas of culturally diverse individuals as

clerical staff, in planning of the programme for the unit and in staff hiring policies. On the whole, the CC of staff members significantly improved in the second study, but there remained issues around incentivisation of cultural competence promotion and in staff hiring practices. Factors such as speaking more than one language, and involvement in policy formation were linked to higher CC scores. CONCLUSIONS It is highly feasible to use the CCPA in secure services. Recommendations from it can be acted on by the organization but ideally such a tool needs to be used annually as a self-assessment by every organization keen to improve CC.

#266624 – Paper

Supervision - thoughts on early training issues

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Training fledgling psychologists, especially those who intend on working within a forensic population, requires significant time and resources. From academic coursework, research (most often involving statistics, research design and the creation of a thesis) and the development of practical skills, intern psychologist need to learn a myriad of skills including the management of their anxiety, understanding how to effectively utilize supervision, learning how to be reflective and recognizing limits of competency (and bias). This oral presentation focuses on some of the key issues in how to provide effective supervision practices to forensic trainees.

How do we know if we are effectively training interns in developing the multitude of skills they require to function as an autonomously practicing psychologist? Most undergraduate psychology programs provide a strong theoretical underpinning in psychological theory, research methodology and statistical analysis. Most graduate students come into their training never having seen a client or dealt with a client focused ethical issue, other than in a theoretical framework. Academically successfully, many interns struggle as they learn to manage their anxieties through the early training stages, most especially in dealing with mistakes and failures that inevitably accompany acquisition of new skills.

From learning how to effectively utilize supervision (being vulnerable, knowing how to create a good supervision agenda, learning how to ask for (and receive) critical feedback, learning how to be reflective on self as a clinician (and understanding the role of bias), the client and the process, and learning at the edge of competence) these are skills that are difficult to teach to competence in a relatively short timeframe.

We are in the process of surveying graduates from the program (from the past 15 years the program has been operating) to gain a sense of whether, from a retrospective viewpoint, can identify what skills they gained through their graduate training and which they learned (or came to competence) subsequent to their training.

This oral presentation will focus on defining some of the skills we have come to focus on teaching within the program, and the results of the survey with graduates to perhaps have a small insight into whether our training is indeed effective.

#266627 – Paper

Update to the evaluation of a low-intensity psychological intervention at Scotland's high-secure hospital: Four years On the Road to Recovery

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We previously presented evidence for reduced self-reported distress in high-security psychiatric patients completing the low intensity therapy 'On the Road to Recovery' (OTRTR). This year we present results of outcome analyses on therapy-specific measures including insight, coping skills, and mental health recovery progress. Additionally, we use moderator analyses to consider which patient groups are most likely to benefit from OTRTR. Finally, we will detail how this preliminary research has led to an ongoing feasibility trial of this intervention in Scotland.

Forensic mental health services across Scotland have restructured their service delivery according to a stepped care model outlined in the Forensic Mental Health Matrix. On the Road to Recovery (OTRTR) is a low intensity intervention delivered in accordance with this stepped care approach. The programme is comprised of two modules, Awareness & Recovery and Looking After Yourself. This intervention has specific aims to improve patients' understanding of their mental disorder, plan out a mental health recovery journey, and develop appropriate coping skills patients can use to manage their distress. At the State Hospital, OTRTR is also considered to have the non-specific effect of preparing new patients for future group therapy; introducing them to a psychological framework through which they can understand and communicate their experiences to others.

OTRTR is thought to be a transdiagnostic intervention that targets underlying mental health needs common to most forensic psychiatric patients. Additionally, it is considered most useful and appropriate for patients who are either new to forensic mental health services or new to psychological therapy.

The State Hospital, Scotland's high secure hospital, has routinely delivered OTRTR since 2012, along with ten other services across the Forensic Network and the Scottish Prison service. We presented preliminary evidence at the 2016 IAFMHS conference in the first formal study of OTRTR to date.

We previously showed evidence of reduced psychological distress in patients completing OTRTR, particularly in the coping skills focussed Looking After Yourself module. This year, we will present updated data from recent groups run at TSH. In particular, we will present outcome analyses on therapy-specific measures including insight, coping skills, and mental health recovery progress. Furthermore, we will use patient clinical characteristics as moderating variables of OTRTR effectiveness, giving formal consideration to the intervention's target patient population. Finally, we will detail how this preliminary research has led to an on-going feasibility randomised-controlled trial of OTRTR in the Scottish Forensic Network.

#266652 – Paper

Breaking down the wall – challenges in resocialization

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Forensic psychiatric patients admitted to a high secure hospital will at some point be faced with the challenge of going back to society. After years of hospitalization they need to rebuild their lives outside the hospital, for most patients not an easy thing to do. How can caregivers facilitate this road to freedom and reintegration in society? This is not only challenging, but sometimes risky as well. This presentation gives insight in the way the resocialization phase can be organized and carried out successfully.

Protecting society from offenders with severe psychiatric or personality disorders by offering treatment aimed at reducing the risk of recidivism, is the main goal of inpatient forensic psychiatric treatment. Gradual and safe reintegration into society is an important - but also challenging - part of this process. Forensic psychiatric patients admitted in a high secure hospital at some point need to rebuild their lives outside the hospital. After years of residing in the relatively safe environment of the hospital, for most patients this is not an easy step to take. This presentation will focus on how caregivers can facilitate this road to increased freedom, which is not only challenging but sometimes risky as well. Based on extensive clinical experience, forensic psychiatric treatment in the Netherlands has developed a diversity of resocialization pathways, in which the level of care and supervision is gradually adjusted to the individual patient's risks and needs. Intensive supervision and personalized care is provided multidisciplinary on all relevant life domains and organized around individual care plans that focus on increasing protective factors in addition to reducing risk factors. The main focus of this presentation will be on how to design and carry out successful reintegration plans in daily clinical practice. Through case examples, different approaches to 'transmural care' (across hospital walls) will be demonstrated. Specific attention will be paid to the importance of collaboration with former and future caregivers, in order to guarantee a gradual transfer and continuity of care.

#266653 – Paper

Experiences of pregnancy, childbirth and motherhood of women in prison in England

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As part of a larger mixed methods study looking at pregnancy, child birth and mental health in prison, qualitative interviews were carried out to explore the experiences of women who were pregnant and in prison and who gave birth whilst in custody. The aim was to provide an understanding of the women's complex and interacting personal experiences of imprisonment, mental disorder and pregnancy and the process of applying for a place in a prison Mother and Baby Unit. Findings suggest women experience high levels of stress, distress, often feel isolated, powerless, and often feel they have lost privacy and dignity.

Women in prison have higher rates of mental disorder, including depression, than women in the general population. Vulnerability to depression is exacerbated in pregnancy. In order to avoid the negative impact that early mother-child separation has, six English prisons have Mother-and-Baby Units (MBUs). Prison MBUs allow mothers and babies to remain together during the mothers' imprisonment for a maximum of 18 months. There are approximately 200 births to imprisoned women in England each year, and an unknown number of women who give birth shortly before imprisonment. There are however, only places for 65 mothers and 69 babies in prison MBUs. Therefore, only a small proportion of those eligible receive a place, despite evidence to suggest that MBUs offer a safe and supportive environment. Research suggests that the existence of a mental disorder may impact on the decision to apply/be offered a place in a prison MBU, yet little is known about the impact of such a placement upon maternal health and wellbeing, or the impact of not being given a place or about women's experiences of being pregnant and giving birth whilst in custody.

Aim: to provide an understanding of the women's complex and interacting personal experiences of imprisonment, mental disorder and pregnancy and the decision making process of applying for a place in an MBU.

Methods: Interviews were carried out with a sub sample of women from the quantitative sample, examining their experience of pregnancy and imprisonment, the application process, possible separation, and decision to apply/not apply for a prison MBU, and the outcome of the decision. Quota sampling was used so that equal numbers of women who were and were not accepted in an MBU were included in the sample. Approximately 35 interviews were completed pre- and postnatally.

Preliminary findings: Women reported high levels of stress and distress during pregnancy, and the long period of time prior to a decision being made about whether or not they would be admitted to an MBU or be separated from their child was the main cause of this. They often felt isolated and powerless during this period, and many felt unsupported. The experience of giving birth in custody made many feel they had lost their privacy and dignity. Post-birth, those women who were admitted to an MBU reported feeling relieved and grateful. Those who had been separated from their babies were devastated, frustrated, angry, and struggled to understand the reasons why. Contact was limited and difficult and women had little control over what was happening to them and to their children.

#266658 – Paper

Family carers and secure mental health services

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This paper reports a national study of family carers in English secure care services. Wider literature reports that families often feel unsupported or even excluded from services. In this study we aimed to: 1. Survey all English secure mental health services 2. Survey family carers in contact with a relative within secure care services 3. Interview a sample of 50 carers. Questionnaires and interviews were designed to elicit information relating to both the support services provide to meet family carers' needs and the extent to which families are encouraged to be involved in different aspects of the service.

This paper reports upon a national study of family carers in the secure care context across services in England. The research team includes academics with relevant clinical experience, family carers, and service users. The team have a substantial experience researching forensic care services, including studies of involvement practices and carer support; over a period of 25 or more years that includes efforts at introducing programmes of psychosocial family care in high, medium and low secure units in the UK. This body of work will be drawn upon to contextualise the current study and recommendations for practice and policy improvement. A small but significant body of literature reports that around 40% of secure care service users are in contact with their families, but that families often feel unsupported or even excluded from services. Extant issues for family carers include: difficulties accessing supportive information or being involved in care, care-decisions or strategic deliberations (often complicated by service positions on confidentiality); stress dealing with their relative and inter-family relations (including a burden of care that includes extended travelling and/or violence or other offending victimisation; stress dealing with care services; specific stresses at or around visiting times; stigma and strained relations with neighbours and community. Secure services have developed a number of responses to better meet the needs of family carers and/or more systematically ensure their involvement in different aspects of care and treatment. Implementation, however, is patchy - with few units/services offering ideal, comprehensive programmes of support and involvement. The latter is complicated by matters of resource allocation and change implementation.

In this study we aimed to: 1. Survey all English secure mental health services 2. Survey as many as possible family carers in contact with a relative within secure care services using snowballing techniques 3. Interview a smaller sample of 50 family carers. Aspects of the study methodology replicate previous English surveys and a study of our own in Scotland (Ridley et al 2014). The questionnaires have been designed to elicit information relating to both the support services provide to meet family carers' needs and the extent to which families are encouraged to be involved in different aspects of the service, from the perspective of services and families respectively. The interviews explore in-depth the experiences and viewpoints of family carers.

NHS England commissioned the project to utilise the findings to inform the development of a toolkit with the dual purpose of guiding the future commissioning of relevant services and assisting family carers to navigate secure care pathways. The study is underway and will be

complete in time (end date March 2017) to report fully at the conference, including presentation and discussion of the draft toolkit. As such, it will be opportune to present and discuss the findings alongside the toolkit with a view to taking on board audience feedback to assist with further refinements to the toolkit.

#266666 – Paper

Changing attitudes: the effect of a training course on a forensic psychiatric units staffs attitudes

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Preventive measures, de-escalation techniques and traditional methods such as restraint, seclusion and medication are used on a daily basis when managing patient aggression and violence in a forensic psychiatric ward. However, staffs choice of method and behaviour in critical situations are influenced by staffs' attitudes on aggression and violence. Research has shown a limited effect from training programs on change of attitudes in staff members, nevertheless a revision of training quality is generally recommended from this. The current study looks at the effect of 4 weeks training on attitude change of 24 staff members at a newly established psychiatric unit.

Background Preventive measures, de-escalation techniques and traditional methods such as restraint, seclusion and medication are used on a daily basis when preventing and managing patient aggression and violence in a forensic psychiatric ward. However, staffs choice of method and behaviour in critical situations are influenced by staffs' attitudes towards aggression and violence (Foster et al. 2007; Duxbury, 2002). Three broad theoretical approaches are used in literature to describe staff's attitudes towards aggression and violence. The internal attitude model views patients as the cause of aggression and violence and justifies thus medical treatment, restraint or seclusion of aggressive patients. The external model focuses on environmental factors, such as the ward atmosphere and the staff, and requires therefore various interventions in the management of patients' aggression. The situational/interactional attitude model incorporates the internal and external factors and refers to the context of the aggressive behaviour. The interaction between staff and patient is central in this model (Duxbury, 2002; Duxbury & Whittington, 2005). Aim Research has shown a limited effect from training programs on change of attitudes in staff members, nevertheless a revision of training quality is generally recommended from this (Hahn et al. 2006; Abderhalden et al. 2006). Comprehensive and targeted staff training in aggression management can potentially target attitudes and result in lasting improvements in understanding the 'external' and 'situational/interactional' factors in patient aggression.

The aim of this study is to examine the effect of 4 weeks multidimensional and targeted training in aggression management on staff's attitude change.

MethodThe current study looks at the effect of 4 weeks training on attitude change of 24 staff members at a newly established forensic psychiatric unit. The design of the study was a pre-/post-test method using a Danish version of the Management of Aggression and Violence Attitude scale (MAVAS) (Duxbury, 2002). The MAVAS is a highly validated and reliable scale (Duxbury, 2002) incorporating 13 statements about causes of violence and 14 statements related to approaches to aggression management. The MAVAS scale was administered before and after 4 weeks training program, and again 6 month later (May 2017). The staff also completed a questionnaire with demographic data (including experience and the amount of previous training), and questions about their own personal experience of patient aggression and violence. The aggression management training was a part of 4 weeks introduction package for the staff of a newly established forensic psychiatric ward and consisted from 50 hours effective training including topics of legislation,

psychopathology, risk assessments, prevention, de-escalation, communication and containment measures.

Data analysis Data analysis will be carried out a question- by-question basis and the descriptive comparisons of pre-/post-training will be made.

Results Are currently being processed.

ConclusionsThe long-term goal of this research is to design a specific training program for staff, addressing the core competencies and attitudes needed in management of aggression and violence in the context of forensic psychiatry.

#266684 – Paper

Sexual behaviours and experience of intimate partner violence in men and women with an intellectual disability detained in secure settings

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An examination of sexual behaviour and intimate partner violence by men and women with Intellectual Disability detained in secure services. A retrospective cross-sectional design was used to record sexual behaviours in five secure Intellectual Disability wards over a six month period; a structured interview and questionnaire was used to explore perpetrated and experienced intimate partner violence in both men and women. The participants in the study were all detained under the Mental Health Act and were all detained in Medium or Low Secure units.

A retrospective cross sectional design was used to record sexual behaviours and intimate partner violence in participants detained four secure forensic ID inpatient forensic units. The service consists of two male and two female units, with one LSU and MSU for each gender. Two measures were used.

Sexual behaviour data for a six month period was collected using the St Andrews Sexual Behaviour Assessment (Knight et al., 2007) to record the type, frequency and severity of four types of sexual behaviour: verbal comments, non-contact, touching and exposure.

The Conflict Tactics Scale Version 2 (CTS-2) was used to record experiences of resolving conflicts within relationships, both adaptive and maladaptive. Although designed to be self-administered, it was administered face-to-face to facilitate understanding and support the participants should they become distressed.

Findings Over a six month period 31 of 47 (65.96%) participants displayed at least one behaviour measured on the SASBA scale with three participants displaying all four types of behaviour at least once. Overall, touching others was the most frequent behaviour displayed, followed by verbal comments and exposure. Non-contact behaviours were the least displayed. A total number of 55 recordings for the most serious, very severe categories, were recorded, with 46, comments, six exposures and three touching being noted. There were no gender differences in the frequency of sexual behaviours. No differences were found in the severity of behaviour across the genders. Higher levels of displaying sexual behaviours were associated with length of stay, age in males and total number of forensic needs for females. Across both genders, there was a high level of both experienced and perpetrated intimate partner violence. Overall, the results show that women with a mild ID and forensic care needs engage in relationships categorised by high levels of bilateral psychological and physical aggression.

64% - reported experiencing severe psychological tactics
50% - reported experiencing severe physical assaults
36% - report experiencing severe sexual violence
64% report engaging in severe psychological tactics and minor physical assaults
43% report engaging in major physical assaults
43% in causing in minor physical injuries
14% in causing severe injuries, minor sexual assault and major sexual assault

There was no significant difference between the rates of experienced and perpetrated violence, other than for severe injuries and minor sexual coercion, in which participants had experienced these significantly more than they had perpetrated them. In many cases, the

participants had experienced and perpetrated intimate partner violence while detained in hospital. This is not surprising, given the length of stay of some patients.

Implications
Consensual and non-consensual sexual behaviours occur across both male and female units and require proactive care planning and management to ensure that patients have adaptive outlets for sexual expression. By contrast sexually inappropriate behaviours can be a significant factor in contributing to deterioration of mental health or in delaying discharge. In order to facilitate recovery, it is vital that maladaptive sexual behaviour is recognised, recorded and addressed and that sexual and intimate behaviour needs are recognised by services as care needs.

#266687 – Paper

The development of a quality tool for assessment of HCR-20 version 3 within a secure service.: A feasibility study.

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Aims: To develop a tool for quality assessment of HCR-20 version 3. **Method:** A quality assessment tool was developed for HCR-20 version 2, adapted from a violence evaluation tool called The Competency Assessment Inventory for Violence (CAI-V). This tool was found to be feasible for use in 2 audits carried out previously, the results of which were published. This tool was modified for use on the HCR-20 Version 3 (HCR-20v3). **Results:** 50 HCR-20v3 assessments were audited, which identified several areas of improvement, particularly the need for multidisciplinary involvement. **Conclusions:** The new tool is feasible to use for HCR-20 version 3.

Background Best practice guidelines recommend that every inpatient should be assessed using an evidence-based and validated structured professional judgement (SPJ) instrument. The most widely used SPJ violence risk guide in the UK and internationally is the Historical, Clinical, and Risk Management-20 (HCR-20), and suggested by some as the best choice for all secure psychiatric services and forensic settings. Given its importance, it is somewhat surprising that there are no tools for services to assess the quality of its use. The only published structured guide to assess quality is the Competency Assessment Instrument for Violence (CAI-V), which was developed in the US to evaluate psychiatry and psychology trainees' competence in violence risk assessment and management. This was used as the basis by the lead author to develop an instrument to audit the quality of HCR-20 assessments in a low-secure service, the results of which have been published. However, this was based on HCR-20 version 2, and needed to be modified for HCR-20 version 3. **Method** The current audit using the modified tool was carried out in summer of 2016 at a low secure service in the United Kingdom. HCR-20v3 assessments are completed within 10 weeks of admission for every patient and updated at least every 6 months. The instrument from HCR-20v2 was amended, particularly in areas like formulations. A detailed key for scoring was developed. 8-9 HCR-20v3 assessments were assigned to 6 evaluators on wards where they do not normally work to reduce bias. The evaluators were trained in use of the audit tool and inter-rater reliability checks carried out by the lead author. There were 4 overall categories for assessing competence:- Sources of Information, Types of Information, Case Formulation and Presentation, and Treatment Planning. Each category had 5 questions, which were rated from 1-4, providing an overall score by adding the scores from all 20 items. A score of 3 was accepted as the level of achieved competence for individual items. The overall mean score was achieved by the total score divided by 10 and 5 was agreed as the minimum score for competence. **Results** 50 HCR-20v3s were audited from 3 wards:- male complex needs (15), male mental illness (16) and female complex needs (19)). Two of the three wards were found to have achieved competence (male complex needs = 5.69; male mental illness = 6.20). The inter-rater reliability co-efficient was 0.917. The overall results suggested four broad areas of

improvement:1. Obtaining collateral information from family/significant others2. Relating all HCR factors to violence3. Consider the use of psychoactive medication4. Consider involving family/significant others

ConclusionsThe audit identified a key area of improvement as an attempt to increase multidisciplinary involvement in the HCR-20 assessment process. The tool seemed to work well as it picked up key areas relevant to violence risk assessment within the service. The good inter-rater reliability suggests other services could also use it. This tool is the first attempt to develop a quality tool for HCR-20 version 3, and the results are encouraging.

#266690 – Paper

Mobile applications in forensic practice: Why should we start using them and what are the risks?

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From 2013 to 2015, the number of mobile Health applications (165,000) available in the Apple iTunes and Android app stores had almost doubled. (IMS institute for healthcare informatics) These are primarily targeted at service users and aim to improve patient control, awareness and adherence. We will discuss the security, legal and ethical requirements for these applications at a health provider level. We piloted a mobile phone application based on a risk assessment tool within an acute unit in the Central Mental Hospital in Dublin. We will evaluate the application itself within a culture of increasing technology usage in medicine.

From 2013 to 2015, the number of mobile Health applications (165,000) available in the Apple iTunes and Android app stores had almost doubled. (IMS institute for healthcare informatics) The applications are primarily commercial enterprises targeted at service users. They aim to improve patient awareness and adherence thus enhancing an individual's ability to manage their illness. For example, mobile health initiatives to improve outcomes in the primary prevention of cardiovascular diseases have become a useful way to facilitate behavioural change. The largest category of mobile Health (mHealth) applications is for people with mental health disorders. One example is the 'Challenger app' which targets Social Anxiety Disorder. This app includes real-time location awareness, notifications, anonymous social interaction between users, high degree of personalization and use of gamification techniques. The main issue with these applications is the currently lacking evidence base for effective mHealth. As a surrogate for this evidence base, physicians in the US are being encouraged to use 'ASPECTS: Actionable, Secure, Professional, Evidence-Based, Customizable and TranSPARENT' when evaluating a phone application. In contrast, hospital-based mobile applications are aimed at increased efficiency, reduction in paperwork and, in turn reduced cost. However they also need to be user-friendly, sustainable and most importantly, they need to meet privacy and security requirements. Hospital-based mobile phone applications have already been implemented across a range of specialities from the prevention of health care-associated infection to pathology. This exponential rise in mHealth usage has implications for forensic psychiatry. Risk management tools are central to forensic psychiatry and hard copy recordings are far from ideal. Appropriate supports would need to be employed for the regular usage of such applications as coding errors and break downs would hinder progress and reinforce the status quo. In this study we had two aims. Firstly to look at the potential role of medical applications in Forensic Psychiatry and secondly to examine the Dynamic Appraisal of Situational Aggression: Inpatient version (DASA) in mobile application form. This is a risk management tool that is well validated and widely used across different countries. It involves short-term risk assessment, which is defined as 48 hours. We created a cross-platform mobile DASA application which we installed on three mobile devices. The overall architecture was that of a closed and encrypted system. The three devices were put under the control of the nurse manager, who managed access to the devices. We employed the application in the acute unit of the medium secure forensic

mental health hospital in Ireland. I intend to discuss the user experience of the application, the security and privacy constraints, as well as the ethical implications of this exciting and advancing area. I will also discuss the practicalities of having a mobile application in a medium secure forensic setting and where we believe this technology would be best used.

#266694 – Paper

Shame Coping Styles in Female Forensic Patients: The Compass of Shame Scale

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The Compass of Shame Scale – Version 5 (CoSS-5) and the Experience of Shame Scale (ESS) were administered to 31 adult female forensic patients in a medium secure psychiatric service in order to explore the reliability and concurrent validity of the CoSS-5. A comparison sample of 27 female staff members was also included. The CoSS-5 was found to have high reliability in both samples. The CoSS-5 scales of Attack Self, Attack Other, and Withdrawal showed significant, positive correlations with the ESS. The patient sample showed significantly higher levels of shame on the ESS. Limitations and directions for future research are discussed.

The Compass of Shame Scale – Version 5 (CoSS-5) and the Experience of Shame Scale (ESS) were administered to 31 adult female forensic patients to explore the reliability and concurrent validity of the CoSS-5. Psychiatric diagnosis included; personality disorder, mental illness, personality disorder with co-morbid mental illness, and autistic spectrum conditions. A comparison sample of 27 female staff members was also included. The CoSS-5 was found to have high reliability in both samples. The CoSS-5 scales of Attack Self, Attack Other, and Withdrawal showed significant, positive correlations with the ESS. CoSS-5 Avoidance was found to be uncorrelated in the patient sample; in the staff sample a moderate, positive correlation was obtained. For the patient sample, significant inter-correlations were also found between the CoSS-5 scales with the exception of Avoidance and Attack Self; however in the staff sample a significant, positive correlation was obtained. Additional exploratory analyses showed significant differences between the samples in the scores obtained for the CoSS-5. Again Avoidance was the exception with no difference observed between samples. The Adaptive scale of the CoSS-5 was uncorrelated with the ESS in both samples. Results indicate that the CoSS-5 is a reliable measure for use with female forensic patients. Whilst findings also provide some support for the validity of the CoSS-5, further research is required. Results obtained for CoSS-5 Avoidance should be given particular consideration. Limitations and directions for future research are discussed.

#266746 – Paper

Runaway episodes in the youth protection system: the influence of reward seeking and self-regulation

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Youth protection centers are preoccupied with repeat runaway adolescents. Compared to first-time runaway youths, they have more severe antecedents, such as childhood maltreatment. Surprisingly, to improve the understanding of repeat runaway episodes, no study considered the adolescent risk-taking literature. The current study explored the influence of dual systems model of adolescent risk-taking, more precisely reward seeking and self-regulation, in addition to childhood maltreatment, to understand repeat runaway episodes. Among 76 runaway male adolescents under supervision of youth protection system, both physical neglect and lack of premeditation are associated with repeat runaway episodes. Future studies and implications will be discussed.

Background The adolescent years are a developmental period of heightened risk-taking. To understand adolescent risk-taking, various studies considered dual systems model (Steinberg, 2004, 2007, 2010) where reward seeking, as demonstrated by higher sensation seeking, is overactivated (mainly in the presence of peers) and where self-regulation, as demonstrated by impulsivity, is not yet matured (Duell et al., 2016). Understanding risk-taking is noteworthy since it may lead some adolescents to serious consequences, such as prosecution, injury and even, premature death. Among others, runaway episodes are at-risk situations where adolescent may engage in a variety of high-risk behaviours (e.g. substances abuse, delinquency). This phenomenon is a priority for Quebec's youth protection systems where as much as 1 439 adolescents have run away in 2015-2016 (Ministère de la Santé et des Services sociaux, 2016). More importantly, repeat runaway youth deserves attention since they have a variety of negative antecedents such as more familial problems, more history of psychological and physical abuse, juvenile justice involvement and more high-risk behaviours than first-time runaway youths (Thompson & Pollio, 2006). Although past negative antecedents may explain runaway episodes, the mechanisms involved in the adolescent risk-taking have never been investigated. In order to untangle the consequences associated with repeat runaway episodes, we explore the influence of negative antecedents (i.e. self-reported childhood maltreatment), self-reported reward seeking and self-regulation, and risk taking to explain runaway episodes severity. We hypothesized that risk taking, reward seeking (i.e. sensation seeking, resistance to peers) and self-regulation (i.e. impulsivity) will, above and beyond childhood maltreatment, be associated with runaway episodes frequency. **Method** The ongoing study included 76 male adolescents under supervision of youth protection system who has a runaway history (ranges 1-150). Participants answered the following questionnaires: Sociodemographic Information, Childhood Trauma Questionnaire (CTQ; emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect), UPPS (Urgency, lack of Premeditation, lack of Perseverance, Sensation seeking) Impulsive Behavior Scale, Resistance to Peer Influence Scale, and Balloon Analogue Risk Task (BART; risk taking task). Hierarchical linear regression was performed with logarithmic frequency of runaway episodes as the dependent variable, childhood maltreatment enters at the first step and reward seeking, self-regulation and risk-

taking at the second step. Results Preliminary results suggested that the final model is significant ($F(2,74) = 6.82, p = .002, r^2 = .16$) with physical neglect ($t = 1.83; p = .072$) and lack of premeditation ($t = 2.92; p = .005$) explaining runaway episode frequency. Discussion As hypothesized, the consideration of the dual system's model is useful, above and beyond the influence of negative antecedents, to improve our understanding of repeat runaway episodes. More specifically, the lack of premeditation explained an additional 10 % of variance in frequency of runaway episodes. As such, the frequency of the runaway episode is influenced by lack of self-regulation rather than reward seeking. The implications for the youth protection system will be presented.

#266777 – Paper

Mentally disordered offending immigrants - new challenges for forensic psychiatric hospitals

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More than 476,000 asylum applications were registered in Germany in 2015. In 2016 the admission number of forensic-psychiatric patients with immigration status increased noticeably. The larger part was refugees from the Middle East and North Africa. Important issues for refugees were uncertainties due to the kind of offences, difficult stages in the asylum procedure, cultural difference, language barriers, missing skills and a lack of time to process systematically. Forensic psychiatry is playing an increasingly important role in the initial immigration process and in performing psychiatric evaluations of resettled refugees in criminal proceedings.

Introduction: More than 476,000 asylum applications were registered in Germany in 2015, with officials putting the total number of arrivals at over a million. About 80.000 of these immigrants were located at the state of Hesse. This immigration wave confronted the state's institutions with unprecedented challenges with respect to accommodation, care and integration. By now having established sufficient infrastructure and having covered the basic needs, refugee mental health is a growing area of concern in general as well as in forensic contexts. The following survey exemplifies the challenge immigrants (legal immigrants: refugees, asylum seekers, economic migrants; illegal immigrants), present to a forensic psychiatric hospital based on the Hessian data. Methods: All patients with immigration status admitted in the last 10 years were identified and analyzed with respect to their home countries, reasons for leaving their home countries, length of stay in Germany until arrest and admission to the Haina Forensic Psychiatric Hospital, legal, psychiatric and social problems. Results: In 2016 the admission number of patients with immigration status increased noticeably. From January to September the percentage of migrants rose by 5% to 25% of the whole hospital population. Two thirds of the migrant patients had no German citizenship, the larger part was refugees from the Middle East and North Africa. As for the non-immigrant patients reasons for admission were classic psychiatric disorders. In contrast however, further issues for refugees were uncertainties due to the kind of offences, difficult stages in the asylum procedure, cultural difference, language barriers, missing skills and a lack of time to process systematically. Critical in patient management were difficulties in risk assessment due to language barriers in 40% of all migrant cases and due to lacking psychiatric and criminal records. Consequently close observation and supervision were necessary. Conclusion: Immigrants, especially refugees have to endure a multitude of psychosocial stressors, including trauma and torture, life at refugee camps, the immigration process, and finally resettlement. Issues of acculturation, language inadequacy, poverty and often time hostility of fellow citizens contribute to prolonging and worsening the stress of resettled refugees. Forensic psychiatry is playing an increasingly important role in the initial immigration process and in performing psychiatric evaluations of resettled refugees in criminal proceedings. This patient group confronts forensic psychiatry with new challenges with respect to ethical and practical issues.

#266793 – Paper

Adding positive focus to risk assessment and treatment: the value of the SAPROF-YV and SAVRY in juvenile justice

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Treatment of juvenile and young adult offenders generally focuses on reducing risks, but also on developing personal, relational and situational strengths, which together facilitate safe reintegration into society. Yet most applied risk assessment tools still heavily rely on a risk-focused approach. In 2016, the SAPROF-YV was implemented nationally across Dutch juvenile justice institutions, as a strengths-based tool to complement risk assessment practice with the SAVRY. Validation studies aim to evaluate the additional value of protective factors. The current paper presents initial retrospective findings. Implications for clinical practice are discussed and recommendations provided for increasingly strengths-based and individualized risk assessment practice.

Treatment of juvenile delinquents has been shown to be most effective when individually specified criminogenic risk and needs are targeted. The emphasis on both risk factors and protective factors in risk assessment is crucial for an accurate prediction of recidivism. This two-sided approach provides input for personalized care aimed at reducing the risk of reoffending. Focusing on protective factors can provide additional treatment guidelines and may enhance treatment motivation amongst patients and practitioners. Despite the positive influence of these protective factors, Dutch juvenile justice institutions previously had little emphasis on protective factors in risk assessment. and risk assessment was mainly used to assess the risk of reoffending, while it's potential for guiding treatment was not widely explored.

In 2016, the SAPROF-YV was implemented nationally across all juvenile justice institutions in The Netherlands in order to enhance the focus on protective factors and facilitate treatment guidance. A large-scale validation study was designed to evaluate the implementation process and assess the psychometric properties of the SAPROF-YV and SAVRY for juveniles and young adults in juvenile justice. Trough repeated assessments of risk- and protective factors treatment progress is monitored over time and feedback is provided to enhance personalized treatment and risk management. In a retrospective file study among discharged juvenile and young adult offenders, the predictive validity of the SAPROF-YV and SAVRY is investigated for different subgroups of juvenile and young adult offenders. In addition, for the young adult offenders group the adult risk assessment tools HCR-20V3 and SAPROF are also investigated. Moreover, comparison of repeated assessments over time provides an evaluation of treatment progress regarding risk- and protective factors, which in turn is related to violent outcome.

In this presentation the realization of the current project will be illustrated and the objective and methodology of the evaluation studies will be discussed. Moreover, first results regarding the retrospective validation study will be presented.

#266800 – Paper

The association between victimization, suicidal and violent behavior - comparing methods of analysis

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Suicidal behavior, victimization and violent behavior are over-represented among patients with major mental disorder. These adverse outcomes appear to be associated with one another both in terms of occurrence and in terms of common risk factors. This paper explores the association between past victimization, suicidal and violent behavior in psychiatric patients by using different statistical approaches. Specifically descriptive analysis of frequency, logistic regression, configural frequency analyses and latent class analyses will be used on data obtained from a general psychiatric emergency ward in Bergen, Norway. Results from the different methods of analysis will be presented and discussed.

Suicidal behavior, victimization and violent behavior are over-represented among patients with major mental disorder. These adverse outcomes appear to be associated with one another both in terms of occurrence and in terms of common risk factors. Especially are there support for an association between victimization and violent behavior, and between victimization and suicidal behavior. This paper explores the association between past victimization, suicidal and violent behavior in psychiatric patients by using different statistical approaches.

Methods used for analysis data is specifically descriptive analysis of frequency, logistic regression, configural frequency analysis and latent class analysis will be used on data obtained from a general psychiatric emergency ward in Bergen, Norway. The 19-bed emergency ward has responsibility for all acute admissions in a catchment area of approximately 400,000 inhabitants. As part of the routine admittance procedure patients are systematically asked about past suicidal behavior (including suicidal ideation and self-harm), victimization and violent behavior (including violence ideation). In addition patient characteristics, diagnostic codes and treatment variables were assessed at admission. Approximately 1700 patients were admitted during the study period.

There was a high lifetime prevalence of all three outcomes, with the highest for suicidal behavior (48%), followed by victimization (40%) and violent behavior (30%). Results from logistic regression analyses found a strong association between victimization and violent behavior, and small association between suicidal behavior and victimization. Results from configural frequency analysis found two patterns in the data that occurred significantly more often than chance (called Types). Those types were 1) having a history of all three outcomes, and 2) having a history of both victimization and violent behavior, but no history of suicidal behavior. In addition two patterns in the data that occurred significantly less than chance (called Antitypes) also was found. Those antitypes were 1) having only history of violent behavior, and 2) having only history of victimization. Results from latent class analysis found two groups of subtypes (latent classes).

By using additional methods of analyzing data we found support for a stronger association between all three outcomes, and groups (Types or subtypes) of patients where all three outcomes occurred. These findings could be important for clinical practice when it comes to assessment, treatment and management. For research there is a question if these findings could be replicated. Other research questions are if these outcomes seem to occur at the same time or whether they seem to succeed each other over time.

#266815 – Paper

Does Traumatic Stress Symptoms Enhance Identification of Delinquent Behaviors in Justice-Involved Youth?

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Juvenile risk assessments are increasingly used to guide case planning but are not considered trauma-informed. Additionally, trauma screening has been recommended as an essential element of a trauma-informed juvenile justice system. This study investigates the utility of linking trauma screening results with risk assessment results in predicting the frequency and severity of delinquent behavior. Trauma screening (STRESS) and violence risk (SAVRY) obtained at detention intake are used to predict frequency and severity of delinquent behaviors post-intake in a large sample of detained youth. Implications for integrated screening and case planning for justice-involved youth are discussed.

Background

Advances in the use of risk assessment tools to inform case management with justice-involved youth have been achieved. Use of risk assessments is supported by evidence documenting predictive validity (Olver, Stockdale, & Wormwith, 2009) and field-based implementation studies (Vincent et al., 2012). However, common risk assessment tools provide limited coverage of prior trauma exposures and symptoms (Cruise, 2013). This is problematic given high rates of polyvictimization (Ford et al., 2010), PTSD (Abram et al., 2004) and research linking both to aggression and delinquent behaviors. Becker and Kerig (2011) reported that PTSD symptom severity predicted the frequency and severity of past 12-month delinquent behaviors reinforcing a possible trauma-delinquency risk link. A limitation of their study was postdictive prediction and no information regarding delinquency risk. Therefore, the current aims were to examine the associations between trauma screening and risk assessment results, and determine if trauma results add incremental validity to risk assessment results in predicting future delinquent behavior in detained youth.

Method

Intake data were obtained from 313 youth representing consecutive admissions to two juvenile detention centers over a four-month period. The sample was racially diverse (44% Black, 32% Hispanic, and 23% non-Hispanic White), predominantly male (77%), with an average age of 15 years ($SD = 1.38$). Youth were detained for a range of delinquent offenses (25% felony, 41% misdemeanor, 18% probation violation/other). At intake, youth were administered the Structured Trauma-related Symptoms and Experiences Screen (STRESS, Grasso et al. 2015). Detention staff also completed the Structured Assessment of Violence Risk for Youth (SAVRY, Borum, Bartel, & Forth, 2006). Post-detention, 12-month juvenile court referrals are currently being extracted.

Results

Youth endorsed an average of 3.21 lifetime traumatic event exposure items (range 0 to 18) on the STRESS. Endorsement of STRESS symptom-items indicated a 12.4% PTSD rate using DSM-5 diagnostic criteria (11% male; 17.5% female). The majority of the sample was rated as moderate risk for violence (81.8%) with fewer youth rated as high risk (8.3%) on the SAVRY. Twelve-month follow-up data are currently being extracted and will be analyzed to address the study aims with final results presented at the conference. Replicating and

expanding the analytic strategy from Becker and Kerig (2011), predictive validity of the SAVRY and STRESS will be examined through hierarchical linear regressions. After controlling for demographics, SAVRY total score and STRESS scores (lifetime traumatic event exposures and PTSD symptom severity) will be examined to test incremental validity of traumatic stress above and beyond the variance accounted for by the SAVRY in predicting frequency and severity of 12-month delinquent behavior.

Discussion/Implications

Trauma screening has been identified as an “essential element” of a trauma-informed juvenile justice system (see NCTSN, 2016). However, this is the first study to (a) prospectively examine the association between self-reported PTSD symptoms and future delinquent behavior, and (b) test predictive validity after accounting for risk estimated via a structured risk assessment tool. The study results will inform research and practice regarding how best to utilize trauma screening in case planning with juvenile justice populations.

#266834 – Paper

Item Level Analysis of the MacArthur Community Violence Screening Instrument

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The MacArthur Community Violence Screening Instrument (MCVSI; Steadman et al., 1998) is used in research around the world to measure violence among adults with mental illnesses. Despite being an accepted standard for measuring violence (Harris et al., 2013), there has been limited examination of the psychometric properties of the MCVSI. This study explored differential item functioning (DIF) across diagnostic, racial, and sex subgroups in a sample of adults with mental illnesses (N=4,484). DIF will be assessed using item response theory's likelihood ratio test (Meade & Wright, 2012). Discussion will focus on the implications for violence measurement across subgroups.

Background: There have been considerable efforts to develop strategies to identify and reduce the violence risk associated with mental illness. Accurate and reliable measurement of violence is critical to the evaluation of such efforts (Michie & Cooke, 2006). The MacArthur Community Violence Screening Instrument (MCVSI; Steadman et al., 1998), has become an accepted standard for measuring community-based violence among adults with mental illnesses (Harris et al., 2013). Except for one study in a Scottish prison sample (Michie & Cooke, 2006), there has been limited examination of its psychometric properties. This study explored the dimensionality of the MCVSI and whether its items functioned differently across diagnosis, race, and sex in a sample of adults with mental illnesses.

Methods: Data were pooled from five studies (N=4,484) and the MCVSI was used to assess violence across all studies (Johnson et al., 2016). Diagnoses were obtained through clinician assessment and medical records. Race and sex were based on self-report during structured interviews.

Dimensionality was assessed using the Procedures for Psychological, Psychometric, and Personality Research (psych) package (Revelle, 2015). Parallel analyses were conducted on both groups and the resulting scree plot of eigenvalues was examined (Revelle, 2015). We assessed differential item functioning (DIF) by creating a baseline model with all parameters constrained, followed by a series of comparison models that freed one item at a time. Two aspects are of interest; a discrimination, and b difficulty. Items with the highest a parameters and for which DIF was not detected were then included as anchor-items in a new model, followed by anchor-item model likelihood ratio tests (Meade & Wright, 2012).

Results: The more severe items, '7. Threatened anyone with a knife or a gun or other lethal weapon?' (a=1.98, b=4.71), and '8. Used a knife or fired a gun at anyone?' (a=1.77, b=5.25) had the highest b parameters. Thus, those with a higher violence propensity were more likely to endorse these items. The next two items with the highest b parameters were, '3. Slapped anyone?' (a=1.41, b=3.17) and '4. Kicked, bitten, or choked anyone?' (a=1.82, b=2.44).

DIF analyses comparing those with and without a primary diagnosis of schizophrenia were then conducted. The unidimensionality of the MCVSI indicated sufficient fit for DIF analysis (schizophrenia, $M2(14)=26.72$, $p=0.021$, $RMSEA=0.009$; non-schizophrenia, $M2(14)=29.31$,

$p=0.009$, RMSEA = 0.020). Results of the all-others-as-anchors model suggested that items '1. Thrown something at anyone?', 2. Pushed, grabbed, or shoved anyone?', 3, and '5. Hit anyone with a fist, object or beaten anyone?' did not show DIF ($p>.192$), while items 4, 7, and 8 did show DIF ($p=0.168$). Results show reasonable support for diagnostic invariance. (Race and sex DIF analyses will be included in the presentation.) The current findings support the use of the MCVSI in patients with and without schizophrenia to measure violence. They also suggest that current conceptualizations of violence severity using this instrument may not accurately reflect the level of violence propensity.

#266876 – Paper

Stakeholders' perception of treatment orders: a systematic review of the qualitative evidence

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Treatment orders are commonly used internationally. They are a coercive response to manage individuals with a severe mental disorder which have not proven their efficacy. Since a growing body of qualitative evidence is available on the perception of service users, relatives, mental health professionals, and psychiatrists, this presentation aims to propose a meta-synthesis of this literature. Based on the Joanna Briggs Institute approach to qualitative systematic review, the analysis presents the emerging themes accordingly to the different perspectives and to the factors that may mitigate or enhance the experience of treatment order.

Context : Treatment orders are a legal response requiring individuals who have severe, persistent mental disorders and who present a risk of aggression to undergo psychiatric treatment against their will, enabling many of them to continue to live in the community. Their use is based on the premise that treating a person safely in a community rather than in a hospital setting should further promote recovery. Treatment orders are a coercive response to the search for balance between the right to individual freedom and the right to the public safety. The use of treatment orders is constantly increasing in Quebec (Canada), with an increase of more than 62% over three years (MSSS, 2015). However, one systematic review pertaining to the efficacy of treatment orders has not found any significant difference, when compared to voluntary treatment, on indicators of readmissions, psychiatric symptoms, and overall functioning (Kisely & Campbell, 2014). Since its use is coercive and not evidenced-based, this raises important ethical questions about its legitimacy. This context brings us to explore the perception of service users, relatives, professionals and psychiatrists on treatment orders. As more and more qualitative studies are examining the experience of stakeholders in order to understand this complex phenomenon, we need to consolidate the existing literature.

Aim: The aim of this presentation is to examine the perception of stakeholders on treatment orders in mental health.

Method : A meta-synthesis is conducted to interpret data from qualitative studies. We used the Joanna Briggs Institute approach to qualitative systematic review (Lockwood, Munn & Porritt, 2015). This meta-aggregative and pragmatic method aims to produce findings that have applicability to healthcare policy or practice. The steps are: preparation of the protocol, searching, assessment of methodological quality, data extraction, data synthesis, and implications for research and practice. The sampling process has identified 81 articles from CINAHL, Medline, PsycINFO, Google Scholar and Web of Science database using the keywords “treatment order” AND “perception”. The sampling is ongoing. All studies on treatment order perception in mental health will be included based on predefined criteria. Additional studies will be added by searching the references of identified papers.

Results: Themes emerging from the analysis will be discussed according to the different perspectives (service users, caregivers, professionals, psychiatrists, administrators). Evidence regarding factors that may mitigate or enhance perceptions of the experience will be explained. The presentation will also focus on the interaction between the service user and the healthcare team regarding partnership.

Conclusion and discussion: It is anticipated that the results of this study will inform the delivery of evidence-based healthcare by considering the most

important themes for everyone involved in the treatment order trajectory. Understanding stakeholders' experiences of treatment orders can foster a real partnership with service users and their relatives. Thus, as well as having the opportunity to improve the experience of care surrounding treatment orders for patients, family and professional, this review may also contribute to the continued improvement of the quality and safety of care surrounding the management of aggressive behavior.

#266880 – Paper

Beyond the Walls: An Evaluation of Ireland's First Pre-Release Planning Programme for Mentally Ill Sentenced Prisoners.

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When mentally ill sentenced prisoners come to the end of their sentence there is an increased risk of morbidity and mortality. A pre-release planning (PREP) programme with social work expertise was established to enhance interagency collaboration and continuity of care. The programme supported 32 committals over an eighteen month period. The majority of these individuals had a primary diagnosis of psychotic disorder (78%) and were previously known to psychiatric services (81%). Following the intervention 89% of referrals were accepted by community mental health services. A comparison of pre-release plans and actual post-release outcomes will be presented.

Background: Previous initiatives by our service have focused on developing inreach mental health care for sentenced mentally ill prisoners. When these individuals come to the end of their sentence there is an increased risk of morbidity and mortality. A pre-release planning programme with social work expertise was established.

Aims: To evaluate the first eighteen months of the Mountjoy Prison Pre-Release Planning Programme by: 1. Measuring the success of the programme at reintegrating mentally ill prisoners with community mental health services. 2. Comparing agreed pre-release mental health and housing plans with actual post-release outcomes.

Method: In March 2015, the National Forensic Mental Health Service in Mountjoy Prison (Dublin, Ireland) established a social work service to develop a pre-release planning programme. A process of participatory action research was used to evaluate the service as it evolved over the subsequent eighteen month period.

Results: The pre-release planning programme supported 32 committals (29 individuals) during the first eighteen months of its implementation, representing 13% (32/252) of all new assessments by the inreach mental health team during this period. The majority had a primary diagnosis of psychotic disorder (78%, n=25) and 81% (n=26) had previous contact with psychiatric services. At the time of committal 56% (n=18) were homeless. Interagency pre-release planning meetings were held for 22 committals (69%) to which community mental health, housing, probation, family and other relevant supports were invited. Following the intervention 89% of referrals were accepted by community mental health services. 18% were transferred for involuntary hospitalisation and the rest received outpatient follow up. Of these individuals, 88% were confirmed as making their first appointment. In most cases pre-release mental health plans were achieved, however other social outcomes such as accommodation were often not accomplished. The post release plans for two patients with a primary diagnosis of intellectual disability were not achieved due to a lack of funding. These individuals were released to emergency homeless accommodation.

Conclusions: This pre-release planning innovation has shown that collaboration between the National Forensic Mental Health Service (Health Service Executive, Ireland), the Irish Prison Service and community based services, greatly improves sentenced mentally ill prisoners access to care in the post release period. Eighty nine percent were accepted by community mental health services. The project identified two vulnerable subgroups whose needs were

not adequately met: those with an intellectual disability, and homeless prisoners, who may be most at risk of self-neglect and reoffending.

#266882 – Paper

Dangerous forensic psychiatric in-patients own views on perceived dangerousness and rehabilitation

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We performed qualitative interviews with dangerous forensic psychiatric in-patients. We focused on the patients' views on what were necessary components in order not to commit violent crimes and function in society. Four themes were generated with content analysis: TIME referring to personal development; TOOLBOX referring to participation in treatment, rules at the wards, communication; TRUST referring to trust in staff, having confidence and relations; HOPE in having faith in the future.

Patients fell into two groups: Either one found treatment and training in social activities as helpful for their future or one denied any need for treatment at all.

BackgroundIn institutionalized forensic psychiatric care, focus is on safety and security at the same time as psychiatric rehabilitation is a core issue. Quite a lot of effort has been on transforming the "dangerous" patient to a less dangerous individual. Surprisingly few investigations have focused on the patients' own views on rehabilitation and views of perceived dangerousness. Therefore we performed, as a part of a larger risk rehabilitation project within forensic psychiatric care in Stockholm County, Sweden, qualitative interviews with patients incarcerated in forensic psychiatric inpatient treatment, judged as dangerous for others by both forensic psychiatric investigators, criminal courts, the psychiatrist responsible for the treatment and by a civil court.

The aim of the study was to explore these patients own views on their dangerousness and their view on what they needed in order to be rehabilitated into society again.

MethodAn intersectional selection of eligible patients from the clinic was made based on gender, age, ethnicity, education, diagnoses, crime and time spent at the institution. The interviews were based on a semi-structured interview guide where we asked the participants what they thought were necessary for nursing in order not to be violent, commit crimes and function in society after the hospital stay. They were also asked what they thought could contribute for them to regain their health, what they thought was missing in their treatment and what they thought had been useful out during their hospital stay. From the interviews, themes were generated with a qualitative content analysis.

ResultsFour separate themes were identified; Time, Toolbox, Trust, and Hope.

Time as theme refers to personal development and what time at the ward means for that development.

Toolbox as a theme refers to the different possibilities for treatment and care at the ward, such as psychotherapy, medication, rules at the ward, daily structure, communication with nursing staff and activities available.

Trust theme refers to the possibility to rely on the nursing staff, having confidence to different professionals and the experience of having a relation both to staff members as well as to other patients.

Hope as a theme refers to having faith into future planning strategies.

It was also noted that the patients seemed to be divided into two groups. One group that after a long time found treatment and training in social activities as helpful for their future release and ability to be able to reside in community and another group of individuals denying any need for treatment at all.

Conclusions This investigation, relying on in-depth interviews with an intersectionally recruited sample of “dangerous forensic patients” reveal interesting themes addressing both patients’ reflections on their rehabilitation but, also interesting differences in how the themes found could vary between different individuals. Future research could probably benefit from exploring these themes in the individual patient in order to find motivational strategies for the dangerous patient to act in accordance with relevant rehabilitation.

#266931 – Paper

A 3 year evaluation of nursing staffs' physical health monitoring for admissions in Low/Medium secure services across 2 Health Trusts

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Objective physical health parameter monitoring is essential to treat physical illnesses which are often comorbid with mental illness. We randomly sampled 25% of patients in 2 regional forensic services in 2015 (n=44) and 2016 (n=60). Both show core physical monitoring of the vital signs – BP, pulse, temperature and respiratory rate are done well with most at over 70% completed. Improvements can be made in the formal recording of blood glucose, urine drug testing and peak flow which varied by 60% between the services. The authors devised a computer-supported protocol, proforma and training package for physical health parameter monitoring.

Background

Physical health problems often underlie or exacerbate mental health problems. People with mental health problems are also at significantly greater risk of physical health disorders. Therefore nursing routine comprehensive physical health monitoring is done in UK inpatient units. This predominantly consists of objectively measurable parameters including vital signs, and glucose. This is a Quality Improvement Project comparing these across 2 (Medium and Low) Secure Units: North (NLFS) and East (ELFS) London Forensic Services.

Method

We used an evidence-based evaluation tool to randomly sample 25% of the total number of patients notes for each ward from NLFS in 2015 (n=44) and ELFS in 2016 (n=60) in Medium & Low secure services. We sampled the admission, intensive care, established treatment, female, learning disability, and rehabilitation wards.

Results

Results are broadly similar and showed improvements from previous studies by the main author, albeit lower than 100% standard. Both show core physical monitoring of the vital signs – BP, pulse, temperature and respiratory rate are done well with most at over 70% completed. Improvements can be made in the formal recording of blood glucose, urine drug testing and peak flow which varied by 60% between the services. The fluid intake and urine output are also areas to improve, but of debatable value in these patients.

Conclusions

There is a difference in clinical culture between the 2 services, favouring measuring some parameters over others. Lag and lower results at NLFS compared to ELFS reflects the older data taken from NLFS (which by now would be expected to be similar to ELFS accounting for the improvements made). Physical monitoring (observations) should continue to be done by the nursing team. It must be reiterated that the documentation should go in the set proformas of the physical health documentation section. The authors have produced a new proforma (available). Patients who cannot initially be assessed (eg refusal, risk), require continuous follow-up and review of any patient without an assessment. Education of standards through induction, supervision and emails will continue to be required. Providing checklists of the standards to staff and patients to record will further ensure standards are met. The patients can keep diaries and gain control over their healthcare during and after

inpatients. Glucose and UDS measurement are areas for further improvement for NLFS. There are some practical issues to implement, including peak flow meters, and urine volume measurement kits being widely available. Further service user feedback will also be sought.

#266934 – Paper

Predicting inpatient violence using Watson Explorer and Big Data: The future of forensic research?

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To further the forensic evidence base methodologically sound research is required, but such research poses ethical and cost concerns. Inpatient violence is a common clinical problem. The authors will present the results of a four month pilot, attempting to predict clinical aggression on inpatient units, using IBM Watson Explorer, with Natural Language Processing; the pilot runs December, 2016-March, 2017. All clinical text will be converted to structured data elements and ingested by Explorer, then will be combined with conventional risk-related variables, in an effort to construct a predictive model.

Forensic mental health services have struggled to crystallize the evidence base for our work, as there are ethical concerns about using randomized controlled trials, the gold standard for creating an evidence base. Further, it is known that 80% of all health data exists in unstructured form, in the form of text by clinicians, which renders this data difficult, and expensive, to access. IBM Watson, and Watson Explorer, are advanced analytic tools that are already in wide use in the private sector. For example, automotive industry recalls are based on Watson generating profiles of emerging problems, after ingesting all text on the Web and using NLP to generate usable information. Watson has Natural Language Processing (NLP) capacity, can “read” text and place information into categories for analysis. Watson has the capacity to ingest large quantities of information quickly and inexpensively. Ontario Shores is a HIMSS Stage 7 hospital, the only behavioural health facility in the world to achieve this; the hospital is paperless, and all data is electronic. Beginning December 1st, 2016 and running to March 31st, 2017 Ontario Shores and IBM will apply the advanced analytic capability of Watson Explorer, including NLP, to attempt to predict which inpatients will demonstrate aggression, in advance and within a defined period of time, by analyzing both structured data elements, and all text from admission and progress notes by clinicians. The process leading to the analysis, and results of this analysis will be presented.

#266938 – Paper

The role of education, participation in departmental decisions, and burnout in social support and consulting networks in juvenile probation departments

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Juvenile probation officers (JPOs) typically work in units with other JPOs, which serve as natural social networks. The current study examined how attitudes about participation in departmental decision-making and burnout predicted unit-based social network characteristics (i.e. degree of social support and consultation). Results from multiple linear regressions evidence that better attitudes about participation predicted perceptions of better social support. Any graduate education predicted being consulted less and being perceived by others as less supportive. Burnout-related cynicism predicted being perceived by others as less supportive. Implications for juvenile probation departments are discussed.

Juvenile probation officers (JPOs) manage an increasing number of statutorily-prescribed functions and decide how to prioritize their primary functions of juvenile clients' competency development with community protection and individual accountability (Hsieh et al., 2016). Recently published evidence from our dataset suggested that one-third to one-half of the variance in this type of decision-making was explained by between-jurisdiction variation (Holloway et al., 2016). One such jurisdiction-specific factor may be the extent to which JPOs support and consult each other. We hypothesized that departmental attitudes about participation and burnout would predict JPO support and consultation. Positive attitudes about participation have been previously associated with variables that may deter workplace interaction, including intent to quit and job satisfaction. Burnout has been conceptualized along three facets: cynicism, emotional exhaustion, and reduced efficacy (Maslach, Jackson, & Leiter, 1996) may all lead to greater workplace isolation.

Participants were 205 JPOs working within 20 units across 17 counties in one state in the Great Lakes region of the United States. Participants were presented with a unit roster and asked to indicate to what extent they consult other JPOs on problem cases and feel supported by them.

Covariates included job type, age, gender, race, and education (any graduate/Masters degree or not). Attitudes about participation (independent variable; IV) were assessed with a measure previously used among criminal justice personnel (e.g. I feel comfortable about offering my opinion to supervisors at work; Slate, Vogel, & Johnson, 2001). Burnout (IV) was measured using the Maslach Burnout Inventory (Maslach et al., 1996).

Standardized individual network variables were created and served as dependent variables. Support-in measured JPOs' perceived support received. Support-out measured perceptions of others' support-giving. Consult-in measured how much JPOs were consulted by others. Consult-out measured how much JPOs consulted others in their unit.

Multiple linear regression models were used to predict each of the network variables.

Covariates were entered into the model at step one; IVs were entered at step two.

Higher levels of education and more Burnout-Cynicism predicted being perceived as providing less support by others ($R^2=.067$, $p=.035$). More positive Attitudes for Participation predicted perceiving more support received from others ($R^2=.032$, $p=.018$). A higher level of

education predicted that others reported consulting that JPO less ($R^2=.066$, $p=.017$). None of the IVs or covariates predicted JPOs seeking consultation from others. When participants reported feeling more involved in decision-making at work, they perceived higher levels of support from others in their unit. Finally, a higher level of Cynicism predicted being perceived as less supportive by others. Results also indicated that a higher level of education was associated with being perceived as less supportive and consulted less by others in one's unit. These findings are counter-intuitive as more educated JPOs might be expected to provide expertise or knowledge to others in their unit. Longitudinal and experimental research should examine a) what underlies the association between educational attainment and being perceived as less supportive and b) those factors that contribute to more positive attitudes about participation and greater cynicism among JPOs.

#266939 – Paper

How do we meet the needs of ex-armed forces personnel in prison?

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This paper will discuss how we can meet the needs of ex-armed forces personnel in prison. A mixed methods study investigated the mental health needs and pathways to offending of 105 ex-armed forces personnel in prison in England. Recommendations are made based on this work, taking into account the views of veterans themselves and professionals with experience of working with this group. The paper will consider how we can support veterans both in custody and on their release from prison to improve their health outcomes and potentially reduce their likelihood of re-offending.

Ex-armed forces personnel in prison in England and Wales constitute the largest known occupational group in prison. A recent mixed methods study aimed to assess the mental health needs and pathways to offending of 105 male ex-armed forces personnel in prison in England. This paper will discuss the implications and recommendations arising from the research. Firstly, the paper will present an overview of the findings of this recently completed study, thinking about the implications of the work in the context of the general prison population. In particular, the mental health needs and wider social care issues of the group will be discussed, taking into account the perspectives of veterans themselves, and professionals with experience of working with this group, who took part in the study. The paper will then think about how we can practically, and realistically, meet the needs, and address the offending behaviour, of ex-armed forces personnel in prison and support them 'through the gate' to improve their health outcomes post-prison and potentially reduce their likelihood of re-offending. The paper will conclude by discussing the potential next steps for research in the area.

#266974 – Paper

Structured risk assessment of youth who have threatened to perform school massacres

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In the aftermath of the two school shootings in Finland in 2007 and 2008 authorities had to evaluate several hundred threats made by young people towards different schools and other institutions. Of those young people, some were referred to adolescent psychiatry for assessment. From the medical files of 77 of these young people structured risk and needs assessments were later performed using amongst others the Structured assessment of violence risk in youth. This paper seeks to evaluate the results of those risk assessments, and to assess the applicability of a general risk assessment tool in cases of violent threats.

In the aftermath of the two school shootings in Finland in 2007 and 2008 the authorities had to evaluate several hundred threats made by young people towards different schools and other institutions. Of those young people, some were referred to adolescent psychiatry for further, more structured, risk and needs assessment using amongst others the SAVRY risk assessment protocol. This paper seeks to evaluate the results of those risk assessments of a nationwide sample of 77 young persons and assess the potential usefulness of a general risk assessment tool in cases of violent threats.

Material and methods: A group of adolescents (N=77, mean age 15) referred to adolescent psychiatry due to violent threats towards schools were studied. Information was collected nationwide and retrieved from the youth medical files in the years 2007-2009.

Results: The highest score possible in the SAVRY is 48. In this sample the median total score was 9 [3-31]. In the historical subscale the maximum rating is 20 and in this sample the median 4 [1-6] Of the total score on the social subscale (12) the sample had a median rating of 3 [1-6] and for the clinical subscale (16) the median outcome was 4[0-16]. In the historical subscale the most frequent moderate or high risk ratings were found in the items history of violence, past supervision failure and poor school achievement. In the social subscale about half of the youth had moderate to high risk ratings in all the items with the item stress and poor coping strategies being the most frequently coded as moderate to high (70%). In the clinical subscale the items most frequently coded as indicating moderate to high risk were negative attitudes, risk-taking and impulsivity, poor anger management skills, poor compliance to risk reducing interventions and poor commitment to school. In the general risk rating 65% of the youth were however rated as posing a low risk for severe violent acts, 8% had an elevated risk and four percentages as high risk, and in urgent need for risk reducing interventions.

Conclusion: Regardless of their severe violent threats, the majority of the youth in this study were, based on their SAVRY ratings, rated to be low-risk for violent offending. With a few exceptions, they lack the traditional historical features indicating that they would be on an antisocial or violent path. Based on the item approach, the moderate risk individual in this sample seems to display elevated risk for violence mainly as an impulsive reaction due to feelings of being rejected. They seem to be lacking skills for coping, social support, and anger management skills, and to display features of negative attribution in thinking, possibly strengthened by affiliating with antisocial peers. Based on the SAVRY risk ratings a

quantitative approach, summing up risk items, does little for risk assessment in this sample. However a more qualitative approach, with linking together items, seems useful, possibly adding to the focusing and planning of risk reducing interventions

#267059 – Paper

Life minus Violence = Life minus Violence?

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The Life minus Violence Enhanced (LMV-E) programme is a cognitive behavioural intervention which aims to reduce the risk of violence in individuals who have a history of habitual violence. Eight high-secure hospital patients with histories of serious, violent offences and regular instances of institutional aggression completed the programme. Recorded incidents of verbal and physical aggression decreased from pre to post LMV-E. Indicators of institutional progress also suggest reduced risk of violence after LMV-E: All patients secured increased grounds access and five patients have either been transferred or are referred for transfer to lesser secure hospitals.

The Life minus Violence Enhanced (LMV-E) Programme (Ireland et al, 2009) is a cognitive behavioural intervention which aims to reduce the risk of violence in individuals who have a history of habitual violence. The programme consists of seven modules which focus on motivation to change, emotional acceptance, reactivity and regulation, helping individuals identify patterns or themes associated with their aggression, helping individuals develop an understanding of how the choices they have made have contributed to their aggression; consequences of violence, including victim empathy; developing interpersonal skills and relapse prevention.

The presentation describes the particular emphasis on group members learning to successfully manage current situations that could have led to aggression. Group facilitators note an increase in these 'success moments' as the group progresses where patients described the strategies they used to cope with potentially aggressive situations. LMV-E is delivered as part of the psychological services department at the State Hospital, Scotland's high-security hospital. The most recent LMV-E programme commenced in January 2014 and finished in December 2015. LMV-E targets individuals who have a history of habitual serious violence and all group members had multiple serious violent offences. Seven patients completed the group programme.

Self-report psychometric measures, risk assessment ratings and institutionally recorded incidents of verbal and physical aggression along with ground parole status and progress towards discharge were collated for each patient in the group pre, during and post LMV-E. At the commencement of the group three individuals were dissociated from other patients due to their violent behaviour and four group members did not have grounds access. Institutional records from the 6 months prior to the group showed that six group members had repeated instances of verbal and physical aggression, including threats to take hostages, threats of physical assault and actual physical assault such as punching, pushing and spitting. As group members progressed through treatment the number of verbal or physical aggression incidents by group members reduced. During treatment the three group members had their dissociations lifted. Follow-up data for six months post treatment show that no group members had been involved in an incident of verbal or physical aggression. By the end of treatment all individuals bar one had full ground parole access, with the one individual receiving garden parole grounds access during the group and walk to work parole access shortly after the group.

All quantitative results are reported along with qualitative feedback from group participants. Discrepancies between quantitative results and actual evidence of progress are discussed.

Ongoing work to understand the elements of LMV-E's efficacy in reducing risk of violence and aggression in a group of high-secure hospital patients continues. A second LMV-E group commenced at the State Hospital in December 2016.

#267115 – Paper

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

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From 2013 till October 2017 an EU grant was supplied for an initiative for building an EU research framework of forensic psychiatry, chaired by the Pompefoundation (the Netherlands, part of Pro Persona Mental Health Services). Members from universities and forensic services throughout Europe were approached to join the network. Now 19 countries are contributing to this network, aiming at improving forensic psychiatric (longterm) care. The framework stimulates and coordinates multinational and multicentre research efforts by bringing together experts from these nineteen countries (involving about 15 different languages). How we go about and what results are will be presented.

The Poster will contain the main aims of the Memorandum of Understanding which was accepted by the EU in Brussels. Every year of the four years of this first initiative of this kind in Europe, 1/4th of the total grant-amount is made available. In October 2017 there will be an international Conference to close the EU COST-Action IS1302, which will be organized in Poland. The Focus of this Poster is to explain which topics have been dealt with in the past years and what the spin-off is in the different countries. The Action consists of 4 groups, of which three Working Groups and one Focus group which has links to all the Working Groups. The Working Groups topic are: WG1: Determination of patient characteristics of longterm forensic psychiatric care. Regarding Prevalence, Duration of Stay and the most determinant characteristics e.g psychopathology, Risk-assessment and index-offenses. Topics of WG2 are regarding Best Practices throughout Europe to obtain better understanding of complex external factors that influence poor progress if patients residing for an above-average time in Forensic Services. Topics of WG3 are meeting patient needs and optimizing quality of life by gaining knowledge about the specific needs brought about by psychiatric symptoms and longterm residence in a highly restricted setting and, how meeting these needs might optimize Quality of Life. The Focusgroup is regarding Patient involvement by (ex-) service users and carers of service-users in the policies of Mental Health services, training and education of professionals. We will also promote our website on which all information is and will be made available for people who are interested (www.LFPC-COST.EU).

#267122 – Paper

Protective factors for violence risk: an overview of international research findings with the SAPROF and SAPROF-YV

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This paper presents a summary of research findings to date on the psychometric properties of the SAPROF (adult) and SAPROF-YV (juvenile & young adult) protective factors. An overview will be presented of 25+ studies from various international samples, concerning the interrater reliability, predictive validity and incremental validity of protective factors when used in addition to different risk-focused assessment tools. Moreover, findings regarding change over time and value for treatment guidance and evaluation will be discussed. Finally, new developments in strengths-based risk assessment for specific populations, such as intellectual difficulties, sexual offending and long-term intensive care, will be introduced.

The addition of protective factors in the violence risk assessment process has had considerable impact on risk assessment and treatment practice. Although the notion of focusing on building strengths in treatment has long been a vital component of interventions, the explicit inclusion of dynamic protective factors in the evaluation of risk has been a relatively recent development. In 2009, the SAPROF was introduced to complement predominantly risk-focused adult risk assessment tools and add structure and evidence base to the positive side of the violence risk equation. Since then, the tool has gained considerable interest: it has been translated into 16 different languages and was implemented in clinical practice in many countries around the world. The aim of the tool is to offer additional strengths-based insights for risk assessment and provide guidance for positive treatment goals and risk management planning. More recently, a juvenile and young adult version of the SAPROF was also developed, the SAPROF – Youth Version. Although this is an altogether new tool, many concepts in the YV overlap with the adult version. Since both tools are relatively young, the buildup of a solid evidence base for their use in various settings and populations is still an ongoing process. Several large-scale studies have recently been conducted in the UK, the Netherlands, Germany and Canada, as well as smaller studies in various other countries. Altogether 25+ studies are now available which provide findings regarding the psychometric properties of the SAPROF or SAPROF-YV in varying populations and settings. Especially findings regarding interrater reliability and predictive validity for different adverse outcomes provide valuable insight into the usefulness of the SAPROF's protective factors for risk assessment and treatment practice. Overall, these studies show their promising ability to predict the absence of violence. In addition, findings regarding incremental predictive validity over well-established risk-focused tools have been reported in various studies. Perhaps most important for clinical practice are findings concerning the changeability of the dynamic protective factors in the SAPROF and SAPROF-YV, and the importance of evaluating these changes for sound assessment of future violence. It has been demonstrated that individuals who manage to build up more protective factors during interventions, have greater success rates of safe community reintegration. This is a promising message for treatment, as targeting these specific strengths may indeed result in long-term risk reductions. The present paper aims to summarize the international research findings to date regarding the SAPROF and SAPROF-YV, and offer insight in the general positive trend that can be observed in these empirical results. The data for this paper have been derived

from a newly constructed Annotated Bibliography regarding the SAPROF and SAPROF-YV, which is to be published in 2017. In addition to sharing these findings, in this paper several new developments regarding the use of the SAPROF with specific populations are also being introduced, such as an additional SAPROF manual for intellectual disabilities, an additional manual for sexual offending and an additional manual for long-term intensive care. Implications and opportunities for clinical practice will be discussed.

#267206 – Paper

Relationship between behavioral characteristics and the PPI-R and SRP4 self-report measures of psychopathy.

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As self-report measures of psychopathy have received criticism for their adequacy, the authors of such criticism have also published their own self-report measures. This presentation explores the relationship between two psychometrically sound self-report measures of psychopathy to behavioral characteristics of a juvenile delinquency measure. College-aged students took the Psychopathic Personality Inventory-Revised, and the Self-Report Psychopathy Measure, along with the Jesness Inventory-Revised. The JI-R has 12 scales designed to measure juvenile delinquency behavioral characteristics. Research has yet to explore the relationship between these behavioral characteristics to known measures of psychopathy. The presentation provides data demonstrating statistically significant relationships across all measures.

In previous research conducted by Lark et al. (2016) correlational relationships were demonstrated between the clinical scales of the Jesness Inventory-Revised and two psychometrically established self-report measures of psychopathy, The Psychopathic Personality Inventory-Revised (Lilienfeld & Widows, 2006) and Self Report Psychopathy Scale, Fourth Edition (Williams & Paulhaus, 2008). Results indicated modest correlations between the Jesness Clinical scales and both self-report measures of psychopathy. In taking this research one step further, this presentation will examine the relationship between the aforementioned self-report psychopathy measures and the behavioral characteristics scales of the JI-R. Developed to assist with appropriate treatment placement for delinquent juveniles, research has previously suggested that the JI-R may be measuring more than it original set out to capture.

This study consisted of a sample of 150 college students (age 18-24) who completed all three assessment measures. Pearson's Correlations were conducted across all three measures in order to examine the relationship between the behavioral characteristics scales of the Jesness Inventory- Revised and the clinical scales and factors of the SRP and PPI-R. Initial results demonstrate modest correlations among various characterological scales and constructs measured by the self-report psychopathy measures. In addition, the presentation provides evidence of distinct relationships evidenced in factor analysis data. The paper reviews the distinct factor clustering found between the SRP4 and the JI-R.

#267246 – Paper

Errors and correct decisions in a violence risk screening instrument

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The Fordham Risk Screening Tool (FRST) is a short violence risk screening instrument with empirical support from initial validation studies. This study investigates the correlates of correct and incorrect decision-making using the FRST to screen for violence risk in a sample of 154 civil psychiatric inpatients in New York City, with HCR-20V3 scores as the outcome variable. Both qualitative and quantitative data will be presented regarding demographic, clinical, and contextual factors that influence the accuracy of screening decisions using the FRST. Implications for clinical practice will be discussed.

Introduction: Screening is an essential step in violence risk assessment and management, especially in low-resource mental health settings where not every patient can receive a comprehensive violence risk assessment. The Fordham Risk Screening Tool (FRST) is a short screening instrument that is designed to help clinicians efficiently and accurately decide which patients should most urgently receive a thorough violence risk assessment. The FRST has been studied in several psychiatric settings with promising results, including a low false negative rate. The purpose of this study is to investigate the patient demographic, clinical and contextual factors that influence the accuracy of FRST decisions. More specifically, this study investigated the predictors of true positive, true negative, false positive, and false negative outcomes in a sample of civil psychiatric inpatients in the Bronx, New York.

Method: 154 civil psychiatric adult inpatients were screened with the FRST upon admission to the hospital inpatient unit, and were evaluated with the HCR-20V3 approximately one week later. Interviewers were primarily senior doctoral graduate students in clinical psychology. To prevent the FRST results from influencing the results of the HCR-20V3, these two instruments were completed by different raters for each subject. Data analyses included logistic regression, multiple regression and chi-square analyses.

Results: The overall sensitivity for the FRST was .91, and the specificity was .51, which is similar to the findings of the original development study. In addition, the negative predictive value (NPV) was .90, which means that nine out of ten Violence risk assessment not needed decisions on the FRST were correct. Of note, five participants received a rating of violence risk assessment not needed on the FRST, but obtained HCR-20V3 risk assessment ratings of moderate. None of the participants with a violence risk assessment not needed on the FRST obtained high-risk ratings on the HCR-20V3. The goal of this presentation will be to further analyze the data to determine how false positives, false negatives, true positives, and true negatives on the FRST differed from one another with respect to demographic, clinical, and contextual factors in the patients. The specific items of the FRST used to make the screening decision will also be investigated to see if there are any differences in error rates depending on what portion of the screening tool was used to make a positive screen.

Discussion: Implications for the criminal justice system will be discussed, as well as implications for different types of mental health settings and different populations who may potentially be screened with the FRST.

Best practices will be proposed for using the FRST with maximum accuracy with a wide range of client populations.

#267281 – Paper

Should child pornography users be subject to involuntary mental health treatment?

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In the U.S., adults convicted of a sexual offense can be involuntarily hospitalized for an indefinite period if they are deemed to be sexually dangerous. In most jurisdictions, these laws only apply to people who have been convicted of a violent sex offense, but U.S. federal law broadened the criteria to also include those with attempted sexual offenses. Therefore, men convicted of child pornography offenses may be subject to civil commitment. However, the risk that child pornography users pose to society is not clear. This presentation seeks to examine if child pornography users are at risk for later contact offending, and how associated mental disorders (e.g. pedophilia) may exacerbate or mitigate risk.

The U.S. allows for the indefinite involuntary hospitalization of people they deem to be sexually dangerous. Following the Adam Walsh Child Protection and Safety Act, federal law expanded potential sexually dangerous persons to those who have solely attempted a sexual offense, instead of requiring a previous sexually violent act. As child pornography related charges are federal offenses, this Act opened the possibility of civil commitment for child pornography users. To be civilly committed, the government must demonstrate; that a person has engaged, or attempted to engage, in sexually violent conduct or child molestation, suffers from a serious mental disorder, and as a result of that disorder, would have serious difficulty refraining from sexual violence or child molestation if released. A mental disorder does not need to be a diagnosed psychiatric illness, however, child pornography users are often diagnosed with pedophilia. Pedophilia is defined in the Diagnostic and Statistical Manual, 5th edition, as the “recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 or younger)”. Pedophilia may exist in approximately 60% of child pornography users. Pedophilia does not directly cause a difficulty refraining from sexual violence or child molestation, but may have a relationship with a volitional control and/or re-offense.

To better understand the risk posed by child pornography users, it is also important to examine how often users have, or will, engage in contact sex offenses (offenses which included touching). However, this is difficult to discern, and may be best understood by comparing contact offenders and child pornography users to examine if they are distinct groups. There are important differences between child pornography users and contact offenders, such that child pornography users tend to have higher levels of sexual deviancy, are more likely to perceive children as sexually sophisticated, and have a higher prevalence of sexual interest in children. However, these groups are not always clearly divided. In groups of men convicted of child pornography related charges, researchers demonstrated that 50 to 80% will report committing a previous contact offense.

Distinguishing those child pornography offenders who will go on to commit a contact offense versus those who will not is a difficult task. Mental health professionals take into account the impact of a mental disorder, actuarial tools, and individual characteristics which may affect risk. This presentation will examine how a diagnosis of pedophilia affects volitional control and its relationship with future re-offending. This presentation will also aim to elucidate what factors make a child pornography user more likely to reoffend, and the likelihood of re-offense.

#267287 – Paper

A Conceptual Analysis of Violence Risk Formulation for Psychopathic Personality Disorder

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Psychopathic personality disorder (PPD) and violence are consistently associated, but what drives this relationship? A theoretical framework is presented for formulating violence risk for those with prominent psychopathic features, using Decision Theory. Analysis will focus primarily on the Comprehensive Assessment of Psychopathic Personality (Cooke et al., 2012)—a conceptual model of PPD. Reference will also be made to other models and measures including the Psychopathy Checklist (Hare, 2003) and Triarchic Model of Psychopathy (Patrick et al., 2009). We will discuss how PPD motivates, disinhibits, and destabilizes decisions leading to violence. A case example and implications for risk management will be reviewed.

Case formulation specific to violence risk assessment is often referred to as violence risk formulation, or violence risk case conceptualization. It is a useful bridge between violence risk assessment and risk management (Hart & Logan, 2011). For example, formulating violence risk using the HCR-20:V3 (Douglas, Hart, Webster, & Belfrage, 2013) often renders several key risk factors as core areas of violence risk and management, including substance use, major mental disorder, poor insight, violent attitudes, and personality disorder. The current talk will focus on this latter risk factor by describing and conceptualizing violence risk formulation with respect to a specific personality disorder—psychopathic personality disorder (PPD). Case formulation can be developed from various psychological orientations (Sturmey, 2009). The current conceptual analysis addresses a Decision Theory framework (see Resnik, 1987) which has been adapted to posit that behaviour—specifically violence—can be explained through three mechanisms: motivators, disinhibitors, and destabilizers (see Hart & Logan, 2011). Motivators increase the rewards of violence; disinhibitors decrease the costs of violence; destabilizers diminish clear decision-making.

Psychopathy, Disinhibitors, Motivators, and Destabilizers

The moderate association between PPD and violence is well established (Douglas et al., 2015). But why does psychopathy cause violence? Using a Comprehensive Assessment of Psychopathic Personality (CAPP; Cooke et al., 2012) lens, there are many symptoms that, conceptually, are likely to impact violent decision-making. CAPP symptoms such as manipulateness, antagonism, dominance, suspiciousness, and emotional instability motivate violence (i.e., increase perceived gains) to achieve interpersonal control, external gain, and arousal. Other CAPP symptoms including, poor concentration, lacking planfulness, restlessness, and recklessness all destabilize (i.e., disturb) thinking through impulsive and impaired decision making. Such poor decision making decreases an accurate evaluation of a situation, and increases the likelihood for violence. Symptoms such as detachment from others, poor empathy, decreased remorse, and low anxiety—among other symptoms—serve to disinhibit violent behaviour (i.e., decrease perceived costs). Of note, some of the very mechanisms that disinhibit violent decision-making (i.e., lack of anxiety, lack of remorse) are also putatively core symptoms in psychopathy.

Concluding Remarks

Although this summary focused on the CAPP, during our presentation emphasis will also be comparing and contrasting violence risk formulation using other measures and models of psychopathy. Namely, the PCL-R (Hare, 2003) and the Triarchic Model of Psychopathy (Patrick et al., 2009). Finally, this theoretical model will be illustrated through a case example of an offender with prominent psychopathic features. Reductionist thinking such as “psychopathy leads to violence” is unlikely to produce competent mental health services. A detailed formulation that includes analysis of PPD symptoms is in keeping with a pathological trait approach rather than a categorical approach of personality disorders. That is, thinking about PPD symptoms, their severity, and their relation to violence may have greater clinical utility than thinking about psychopathy as a whole. Understanding the specific pathways and mechanisms of how a specific examinee commits violence is in keeping with evidence-based practice (i.e., considering the client/examinee), and this approach will help better inform scenario planning, risk management, and treatment strategies.

#267302 – Paper

Examination of an Enhanced Reentry Program Designed to Assess and Address the Criminogenic Needs of a Co-Occurring Civil Commitment Population

Submitter: LillianBopp

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Persons diagnosed with serious mental illnesses (SMI) and co-occurring substance use disorders (COD) are overrepresented in the justice system. They tend to be older, of minority backgrounds, and experience higher rates of recidivism, substance use, relapse, and homelessness. This presentation will introduce an enhanced reentry program designed to target the criminogenic needs of this population by providing individualized and comprehensive services to reduce the risk of recidivism and relapse. It will also discuss the various clinical and demographic differences of participants that contribute to dropout rates and overall success in the program.

In this presentation, I will introduce a newly implemented enhanced reentry program designed to assess and address the criminogenic risk and needs of civilly committed offenders with co-occurring disorders (COD) with the purpose of helping them transition back into society. The program targets medium to high-risk COD offenders as measured by the Correctional Offender Management for Alternative Sanctions (COMPAS) assessment, who are civilly committed under the Mental Health Law Two Physician Certificate (2PC) from New York State Prison to state psychiatric hospitals. The program provides screening, assessment, and evidence-based practices (EBPs) such as Risk-Needs-Responsivity (RNR), Critical Time Intervention (CTI) and Interactive Journaling, a structured writing experience used to target antisocial thinking. Individuals who score high-risk as per the COMPAS receive a minimum of 300 hours of cognitive based interventions and moderate-risk individuals receive a minimum of 200 hours. The program utilizes a unique in-reach approach and requires that participants be assessed and engaged in services prior to discharge in order to increase participation, decrease the risk of absconding, and build rapport. Utilizing CTI framework, participants receive comprehensive and individualized treatment plans along with Intensive Case Management upon discharge and are engaged in services for approximately nine months following discharge.

Utilizing a sample of 32 (31 male and 1 female) admitted participants (with a larger sample size for the conference) this presentation will explore the demographic and clinical differences between participants including but not limited to demographics, substance use, mental health, criminogenic needs, and severity of prior offense. Of the 32 sample participants currently, 49.6% scored high and 43.8% scored moderate for general recidivism risk while 18.8% scored high and 56.3% scored moderate for violent recidivism risk as per the COMPAS assessment. Additionally, 78.1% scored highly probable to have criminal thinking, 25% scored high for current violence, 59.4% present with a history of non-compliance; and 78.1% of participants scored moderate to high for substance abuse. 12.5% have been re-arrested since engagement in the program, while 6.25% are currently missing. The sample is currently comprised of 34.4% of participants between the ages of 21-30, 37.5% between the ages of 31-40, 25% between the ages of 41-50, and 3.1% between the ages of 51-60. 75% of participants are African American, 25% are Caucasian and 31.2% are also of Hispanic ethnicities. 37.5% of participants have completed high school, 3.1% completed some college, and 59.4% do not currently have a degree.

This data will be used to describe and evaluate the effectiveness of the program in reducing relapse and recidivism rates and to discuss the clinical and demographic variables that

contribute to drop out and success rates. While my current sample size is small, the program continues to enroll participants weekly and I anticipate having a larger and more comprehensive dataset by the conference in order to conduct further analyses. The final part of the presentation will highlight the need for individualized treatment and transition plans, the difficulties involved in implementing them, and the implications of working with high-risk offenders in the community.

#267336 – Paper

Community Forensic Teams in the UK: evaluation of the roles of the CFT and how these can be effectively fulfilled

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An account of a series of investigations carried out by a Community Forensic Team (CFT) in the UK: benchmarking activity against other CFTs; a stakeholder survey; and evaluation of a new consultation service. Results are presented giving insight into the roles fulfilled by CFTs and how this work is provided through a balance of direct assessment and intervention with service users and consultation to other professionals in both Mental Health Services and the Criminal Justice System. An effective model of CFT working is presented.

Background

UK CFT's developed rapidly in an 'ad-hoc' manner after the deinstitutionalisation movement. Little is known about provision of services, and little research has investigated models adopted. Kenney-Herbert et al. (2013) developed standards for CFTs but effectiveness and adherence to these is little known.

Though the majority of work by CFTs is patient related, a lot of this is indirect work, which is difficult to evidence as most clinical activity recorded is direct contact. Gudjonsson & Young (2007) audited their forensic services and found that whilst 70% of work was patient related, only a fifth was direct .

This series of studies aims to examine the work of the CFT by:

1. Looking at activities and time allocation of different CFTs to benchmark teams against other services
2. Surveying stakeholders to gain insight into professionals views to improve service planning
3. Evaluating new consultation clinic; audit of service function and survey of attendees' views to determine overall usefulness and if clinics meet standards.

Results

Study 1The majority of time in all CFTs was spent in patient related work. However, less than a fifth in all cases involved direct contact. Results are strikingly similar for all teams.

CFTs nationwide share significant overlap in roles and provisions, mirroring findings from Kenney-Herbert et al. (2013). The majority of CFTs described a parallel model of working, MDTs and links to criminal justice services.

Boardman & Parsonage (2007) calculated services, staffing and costs of delivering the Government's recent mental health policies in CFTs. None of the teams surveyed came near their suggested ratio of 11 staff per 250,000 population.

Study 2Four themes emerged:• Support for professionals and the benefit of consultation provided by the CFT,• Team qualities such as good communication,• Problems encountered by professionals such as lack of CFT staff and reduced availability of consultation,• Suggested improvements such as training in forensic issues.

Study 3Majority of respondents found that clinics increased their knowledge, motivation and confidence in working with forensic patients. Expectations were met and they would recommend the clinics to colleagues.

Referral rates from probation increased as they gained awareness of mental health needs and services. From mental health services referrals decreased as issues that would previously have prompted referrals were dealt with in the clinic.

Consultation clinics are an effective tool for CFTs to meet required standards and the needs of professionals working with forensic patients. Visibility and credibility of CFT increased.

Implications

The work of the CFT is valued by colleagues in mental health and criminal justice services.

Low resourcing levels mean CFTs are not able to fulfil all the Government's mental health policies directly. Most work is indirect and therefore less visible in clinical data recorded.

There is a risk of CFTs being undervalued and their role and importance questioned.

However, this work is important in promoting the knowledge, motivation and confidence of colleagues working with potentially very risky patients. An effective model of working will be presented, balancing direct and indirect work.

NA – paper (J10.2)

Some Characteristics of Victims of Domestic Violence

Submitter: Tina Peraica

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Dragica Kozarić-Kovačić, University Department of Forensic Sciences, University of Split.

Introduction: Recent research has shown that men can also be victims of domestic violence (DV) (1,2). Findings suggest that domestic violence against elderly persons is poorly identified (1). Estimation is that 10% of persons aged over 65 years are exposed to different types of domestic violence (2).

Aim: To investigate some characteristics of domestic violence between male and female victims and the prevalence and type of domestic violence against elderly persons.

Subjects and methods: Between January 1, 2011 and May 31, 2015, 3296 persons visited the Counseling Center for Victims of Domestic Violence to seek help. Among them, 794 were men and 2370 were women (mean age: 40.7 ± 11.5 years). 1548 were aged 18-39 years; 1416 were aged 40-59 years, and 200 were aged over 60 years. Sociodemographic data (gender, age, education level, marital and employment status), violence-related data (perpetrator, duration, type), reporting-related data (notification of police and/or social care services, misdemeanor or criminal charges) and types of intervention were recorded.

Results: There was no significant difference in age between men and women who visited the Center ($p=0.130$). Spouses and partners were significantly more often the perpetrators of domestic violence against women, whereas parents were more often the perpetrators of domestic violence against men. According to the type of domestic violence, men were more often psychologically and sexually abused, whereas women were more often physically and economically abused. Men more often reported violence to the police, and women more often reported violence to a criminal court ($p=0.025$) or misdemeanor court. Women more often sought help in person, whereas men sought help by a phone or e-mail.

Among those aged under 60 years, perpetrators were mostly their partners, whereas among those aged over 60 years, perpetrators were their children in 40% of the cases ($p=0.000$). Subjects aged over 60 years were exposed to all types of domestic violence (psychological, physical, sexual, and economic) and more often exposed to economic abuse than younger subjects ($p=0.035$). Subjects aged over 60 reported violence to the police, social care services, and criminal court or sought help significantly less often than younger subjects.

Conclusion: Approximately 25% of the victims of DV were men. This finding shows that DV is not only a “women’s issue”. Elderly persons are specifically vulnerable to domestic violence because they rarely seek specific protection and help.

INTERNATIONAL PERSPECTIVES ON FORENSIC MENTAL HEALTH

Edited by
Ronald Roesch
and Alana N. Cook

Handbook of Forensic Mental Health Services



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PRATO

Tuscany, Italy. 4–6 October 2017

Safer Communities, Safer Relationships: Generating Solutions for Reducing Persistent Violence and Other Serious Offending

Persistent violence and other serious offending behaviour has a devastating effect on victims, family members, society and the perpetrators themselves. Finding effective solutions to reduce the incidence and severity of offending requires a cross-disciplinary focus. Only with a concerted and ongoing effort can we succeed in reducing the effects of these behaviours in our societies.

This international conference, co-hosted by Prof. Rosemary Sheehan AM (Department of Social Work, Monash University) and Prof. James Ogloff AM, brings together policy contributors, interdisciplinary practitioners, decision makers, advocates, and researchers to examine various aspects of serious offending and violence. The aim of the conference is to share research, practice and policy developments; to stimulate critical examination of the multifaceted causal issues; and to foster ongoing learning and collaborations.

The conference will give particular attention to:

- Understanding violence and other serious offences
- Desistance from crime and community reintegration
- Effective law and policy developments for managing and reducing offending
- Intimate partner and family violence
- Solutions for severe and persistent young offenders
- 'Crossover kids' – from protection to offending
- Origins of violence and its life course
- Neurobiology of violence
- Mental illness, substance misuse, disability and violence
- Effective interventions with perpetrators
- Family law
- Child protection.

Abstracts are now invited on these themes and other relevant topics.
Instructions and a template are on the conference website.

Keynote Speakers

Judge Tony FitzGerald
Professor Danya Glaser
Professor Paul Mazerolle
Emeritus Professor Mary McMurrin
Professor James Ogloff AM
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Conference venue

The conference will be held at the Monash University Centre in Prato, in the beautiful 18th century Palazzo Vaj, just 20 minutes from Florence, in Tuscany, Italy.

Information

Conference website:
www.swinburne.edu.au/prato2017

Further information about the conference will be posted on the website in the coming weeks. If you wish to be notified of updates, or have any queries please contact us on: info-cfbs@swin.edu.au

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POSTERS

Abstracts

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#257805 – Poster

Sexual abuse of minors within the Catholic Church and other institutions: Introduction to a research project and results of a meta-analysis

Submitter: Harald Dressing

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Authors:

Harald Dressing, Central Institute of Mental Health (Germany) Hans-Joachim Salize, Central Institute of Mental Health

The presentation outlines a research project on the sexual abuse of minors in the context of the Catholic Church in Germany. The study design and preliminary results of a critical analysis of hitherto published empirical studies that examine the extent and variety of sexual abuse of minors within the Catholic Church and other institutions will be presented. The analysis consists of 40 studies concerning the Catholic Church and 13 studies concerning other institutions not belonging to the Catholic Church. We report the characteristics of the offenders, the victims and the offenses.

Goals: The presentation outlines the study design and preliminary results of a metaanalysis.

Study design: The aim of the research project is to explore the nature and scope of sexual abuse of minors by catholic priests, deacons and male members of religious orders in the authority of the German Bishops' Conference. Beside a comprehensive longitudinal survey of all cases and suspected cases (taken place between 1945 and 2014) there will also be a scientific analysis of the data archives of the Roman Catholic Church. The study is module-based and includes the following 6 sub-projects:

1. Gathering the data location and data management practices in terms of sexual abuse cases in the area of the German Bishop Conference
2. Qualitative biographical analysis of people concerned (interviews with victims and offenders)
3. Institutional comparisons
4. Analysis of prevention aspects
5. Secondary analysis of national and international empirical evidence of sexual abuse cases.
6. Quantitative analysis of personnel files

Sub project 1 records current and past practices of data management of personnel files of catholic priests. The primary aim of sub-project 2 is to interview people who were victims or offenders. All participants are requested to describe their individual development before, at the moment and after the abuses have taken place. In sub project 3 offences of sexual abuse and handling of sexual abuse within the Roman Catholic Church will be compared to offences and handling of sexual abuse in other institutions (e.g. school or sport unions). The comparison will be done by analyzing criminal files. Subproject 4 analyzes prevention programs that have been installed meanwhile. In sub-project 5 all hitherto national and international empirical studies about sexual abuse within the Catholic Church will be analysed (metaanalysis). Sub project 6 examines personal files of members of the Catholic Church with regard to evidence of sexual abuse. Data acquisition takes place by using a survey questionnaire. This sub-project allows an estimation of the prevalence of sexual abuse of minors by catholic priests. Preliminary results of the metaanalysis

The analysis consists of 40 studies concerning the Catholic Church and 13 studies concerning other institutions not belonging to the Catholic Church. The analysis indicates particularities within the context of the Catholic Church, namely the higher percentage of male victims as well as the higher average age of victims in comparison to sexual abuse in other institutions. Although there is no reliable data concerning the prevalence of sexual offenders in other institutions, the prevalence of abusing priests reported within the Catholic Church (4.0%) and the offenses of considerable magnitude reported there, suggest that sexual abuse of minors within the context of the Catholic Church is not a marginal problem.

#260665 – Poster

Risk Assessment Made Easy - The Brøset Violence Checklist (BVC)

Submitter: RogerAlmvik

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Phil Woods, University of Saskatchewan

Risk assessment made easy – The Broset Violence ChecklistThe Brøset Violence Checklist (BVC) was developed on the basis of the empirical work of Linaker and Busch-Iversen (1995). It has later been developed and researched by staff at Brøset hospital and through extensive collobarion with international partners the tool has gone through numerous inernational studies and is now the only checklist of it's kind undergoing RCT studies. Since 2015 it has been recommended by the NICE Guidelines in UK as one of two risk assessment tools and is now in use on all continents and is translated to a number of languages.

Risk assessment made easy – The Broset Violence ChecklistViolence and aggressive behaviour within psychiatric facilities are serious work environment problems, which have negative consequences for both patients and staff. It is therefore of great importance to reduce both the number and the severity of these violent incidents to improve quality of care. Risk assessment in general and the risk of violence in particular have received more and more attention in mental health care during the last couple of decades. This is clearly illustrated by the media attention every time a mentally ill person is involved in serious crime. Despite both awareness of and competence on the topic, it remains a complex issue, influenced to some degree by who defines the riskThe Brøset Violence Checklist (BVC) was developed on the basis of the empirical work of Linaker and Busch-Iversen (1995). It has later been developed and researched by staff at Brøset hospital and through extensive collobarion with international partners the tool has gone through numerous inernational studies and is now the only checklist of it's kind undergoing RCT studies. Since 2015 it has been recommended by the NICE Guidelines in UK as one of two risk assessment tools and is now in use on all continents and is translated to a number of languages.

This poster aims to:

- Reflect on the basic underlying principles of violence risk assessment
- Develop awareness of Broset Violence Checklist (BVC) in the assessment of imminent violence
- Consider the evidence to support its validity

#263612 – Poster

Advancing Risk Assessment through Analytics: Preliminary Findings from the eHARM-FV

Submitter: KatelynMullally

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Waldman Jeffrey, Winnipeg Regional Health Authority

While technology has advanced the field of psychology and psychiatry in many ways, little has changed in the methods used to assess and manage risk. However, the new electronic Hamilton Anatomy of Risk Management – Forensic Version is changing this using built-in analytics to enhance the assessment, monitoring, and management of risk at the clinical forefront. One year after implementation, exploration has begun into the endless research, quality management, and evaluation opportunities that this tool affords. Some preliminary results include: examining trends in aggressive incidents, treatment recommendations, and medications on relevant risk factors, and the overall utility of this unique tool.

The Hamilton Anatomy of Risk Management – Forensic Version (HARM-FV) is a structured professional judgment tool developed with an aim to advancing short-term risk assessment and risk management processes in forensic psychiatry. The HARM-FV combines static and dynamic risk factors to facilitate team discussions of risk and guide treatment planning and risk monitoring. After nearly a decade of successful use, we sought to advance the functionality of the HARM-FV through the use of embedded analytics. The result of this is the innovative electronic Hamilton Anatomy of Risk Management – Forensic Version (eHARM-FV). The uniqueness of the eHARM-FV stems from the way it combines the risk assessment and risk management processes with analytics to generate automatic patient and group-level analytics using data collected at the clinical interface. In addition, the eHARM-FV allows users to download any number of patient risk assessments into an SPSS and Excel-compatible document for further analyses. The outcome of this is a rich database made up of a wide range of variables and numerous time points that has widespread implications for research, quality management, and program evaluation purposes. The eHARM-FV has been in use in the Forensic Psychiatry Program at St. Joseph's Healthcare Hamilton for over one year, with three additional forensic programs having successfully implemented it in that time as well. Therefore, four separate databases are underway, which we intend to combine to compare data and collaborate across sites and geographical location. As these datasets develop, we are beginning to explore the capabilities that this tool affords. The purpose of this poster presentation will be to share our initial findings regarding the eHARM-FV for the very first time. This will include presenting descriptive data for a large sample of forensic psychiatric patients, examining outcomes of treatment recommendations and medication as demonstrated by aggressive incidents and changes in risk level, and exploring trends in risk factor performance and aggressive incidents among specific groups of patients. Through this presentation, we intend to demonstrate the utility and vast capabilities of the eHARM-FV.

#264344 – Poster

Ethnicity, Peer Victimization, and Juvenile Delinquency

Submitter: Cassandra Leong

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Andrew L. Gray, Simon Fraser University

Jodi L. Viljoen, Simon Fraser University

The current study examined the association between ethnicity and peer victimisation among juvenile delinquents. It was hypothesised that delinquents from ethnic minority groups would be more likely to be victimised than Caucasian youths. A hundred and sixty-three Canadian youths on probation completed the Victimization Problem Behaviour Frequency Scale. Contrary to expectations, ethnic minority youths reported significantly lower rates of overt victimisation than Caucasians. No significant differences were found for rates and severity of relational victimisation or for severity of overt victimisation. These findings suggest that ethnicity may not play as prominent a role in victimisation for delinquent youths.

Introduction There is little on ethnicity and peer victimisation among delinquent youths. The literature suggests that ethnic minority youth experience higher rates of victimisation than non-minority (Stein, Dukes, & Warren, 2007; Schumann, Craig, & Rosu, 2013). However, a few studies indicate that ethnic majority experience higher rates (Peguero & Popp, 2012; Peguero, Popp, & Koo, 2015). The current study hypothesised that ethnic minority youth would report higher rates and severity of peer victimisation than Caucasian youths.

Methods-Participants:--Adolescents aged 12-18 ($M = 15.94$, $SD = .09$, 112 males and 51 females): 38% ($n = 62$) Caucasian and 62% ($n = 101$) ethnic minority (i.e. 49% Indigenous, 19% Asian, 10% East Indian, 10% Hispanic, 6% African, 3% Middle Eastern, and 6% Other).-

Procedure:--Youth completed the Victimization-Problem Behaviour Frequency Scale (VPBFS; Multisite Violence Prevention Project, 2004), a 12 item-measure of relational and overt victimisation, and reported ethnicity as part of a multi-wave study following youth on probation in British Columbia. Additionally, youth were assessed using the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel, & Forth, 2006).-

Data Analysis Plan:--A chi-square analysis examined absolute rates of relational and overt victimisation by ethnicity. Next, a binomial logistic regression was used to determine the effect of ethnicity on rate of relational and overt victimisation while controlling the Community Disorganisation item from the SAVRY. The empirical literature suggests that community stability may affect findings (Jackson, Hanson, Amstadter, Saunders, & Kilpatrick, 2013; Reyes-Portillo, 2014). Lastly, a Mann-Whitney U Test was used to assess whether ethnicity affected severity of relational and overt victimisation (i.e. number of incidences).

Results-Relational victimisation:--No statistically significant difference was found between Caucasian and ethnic minority youth for absolute rates ($X^2[1, N = 163] = .07$, $p > .05$) and rate while controlling for community disorganisation ($X^2[1, N = 163] = .27$, $p > .05$, $OR = 0.91$). Additionally, no statistically significant difference was found in terms of severity.-

Overt victimisation:--A statistically significant difference was found between Caucasian and ethnic minority youth in absolute rate ($X^2[1, N = 163] = 4.25$, $p = .039$) and in rate while controlling for community disorganisation ($X^2 [1, N = 163] = 7.42$, $p = .024$, $OR = 0.29$). However, no statistical significance was found for severity.

Discussion Results suggest that the ethnicity of delinquent youth does not affect rate and severity of peer victimisation, the exception being overt victimisation whereby ethnic minority youth report less victimisation than Caucasian youth. A possible explanation for the

findings is the ethnic homogeneity of the cities that were sampled. In cities with high homogeneity in ethnicity, individuals face fewer incidents of victimisation than when they are visible minorities (Schumann et al., 2013). Additionally, Caucasian youth may perceive more victimisation than ethnic minority youth despite no difference in actual rates, thus affecting self-reports (Connell, Sayed, Gonzalez, & Schell-Busey, 2015). Future research should consider comparing juvenile populations with general populations in ethnicity and victimisation studies as the majority of the literature sampled the general population.

#264900 – Poster

Deliberate self-harm behavior and childhood trauma among forensic psychiatric patients

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This study aims to describe the prevalence of deliberate self-harm behavior and childhood trauma among forensic psychiatric patients, and the associations between these characteristics. Preliminary data from a consecutive cohort of forensic psychiatric patients ($N \leq 100$) in a maximum security forensic psychiatric facility in Sweden will be presented. Participants represent both genders, a wide range of ages, and different index crimes. Data are currently being collected from file reviews, structured interviews, and self-report measures of emotion regulation, childhood trauma, aggression over the life-span, self-harm behavior and externalizing behaviors. Implications for forensic psychiatric care will be highlighted.

Background: Deliberate self-harm behavior (DSH) ranges from “behaviors with no suicidal intent (but with the intent to communicate distress or relieve tension) through to suicide” (Hawton & James, 2005, p. 891). The risk of suicide among discharged forensic patients has been reported as five times higher than in the general population (Reiter, 1974). More than 50% of the participants had engaged in DSH repeatedly. The risk of completed suicide among people with DSH is 30 times higher than among those without DSH (Cooper et al., 2005). Mental disorders with comorbid substance use disorder, social exclusion, and DSH have been reported to compose a high risk of suicide among forensic psychiatric patients but requires further investigations (Clarke, Davis, Hollin & Duggan, 2011). Besides from mental disorders, known risk factors for DSH are adverse childhood experiences, such as sexual abuse, emotional abuse/neglect, disrupted parental attachment, bullying victimization and the cumulative effect of multiple forms of maltreatment (Brodsky, 2016, Bruffaerts et al., 2010; Brodsky & Stanley, 2008; Sakelliadis, Papadodima, Sergentanis, Giotakos, & Spiliopoulou, 2009; Borschmann et al., 2004). Yet, the knowledge on DSH in forensic psychiatric inpatient settings is scarce (Vernham, Tapp & Moore, 2016). Aims: This study aims to describe the prevalence of deliberate self-harm behavior and childhood trauma among forensic psychiatric patients, and to determine associations between deliberate self-harm behavior and childhood trauma in this population.

Methods: Data are currently being collected from a consecutive cohort of forensic psychiatric patients in a maximum security forensic psychiatric facility in Sweden, with an aim of including 100 patients in the study. Detailed data on psychosocial background, criminal history, mental disorders, and lifetime aggressive antisocial behaviors are collected from file reviews and structured interviews. Patients are asked to answer a self-report measure of early traumatic events (the Childhood Trauma Questionnaire), and also participate in self-reports regarding emotion regulation (the Difficulties in Emotion Regulation Scale), aggression during the lifetime (the Life History of Aggression), self-harm behavior (the Inventory of Statements About Self-Injury), and externalizing behaviors (the Externalizing Spectrum Inventory – Brief Form) (not reported in the current presentation). Data collection was commenced during October 2016 and is planned to proceed at least until June 2017. All

participants have received oral and written information on the study prior to signing an informed consent before participating in the study. The study has been approved by the regional ethics committee at Linköping university, Sweden. Results: Preliminary results from at least half of the final cohort (N = 50) will be presented at the conference. Our previous experiences from research on similar study populations indicate that trends will be evident already at this study population size, with only marginal changes due to increased study population. Implications: The results will provide increased knowledge on the prevalence of deliberate self-harm behavior and childhood trauma, and the association between these characteristics, to forensic psychiatric staff and other staff working with offender populations. This could be crucial knowledge in preventing deliberate self-harm behavior and applying adequate treatment strategies in institutions treating offenders with mental disorders.

#264995 – Poster

The Ontario Review Board Patient Database: Introduction and Initial Findings

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The Ontario Review Board (ORB) Patient Database was developed with an aim to increasing our understanding of forensic psychiatric patients through development of an extensive database of patients in Ontario. 1,200 ORB Hospital Reports were analyzed for demographic information, personal history, criminal and psychiatric history, current treatment information, current risk evaluations amongst others. This database will seek to advance our understanding of various behaviours and phenomenon among forensic patients, such as: recidivism, trajectories of NCRMD and UST patients, escape, and treatment outcomes. Preliminary findings on these outcomes will be presented.

In order for hospitals to provide the most comprehensive and predictive information to Review Boards (RB), and for review boards to make the most informed decisions, it is imperative that we understand who is in the forensic psychiatric system, what factors are most predictive of increased risk among this population and how to best reduce risk. This can be achieved by examining the historical and demographic factors of those in the system, identifying and confirming correlates of violent and criminal behavior, examining the precipitates of conditional and absolute discharges, and examining patients' trajectories within the system. Many previous studies have examined patients from one or a small number of institutions (I.e.: Alia-Klein, et al., 2007; Brekke, Prindle, Bae, & Long, 2014), thus limiting the generalizability of findings. In addition, unanswered questions and gaps in the literature remain. For example, evidence suggests that certain psychotropic medications may help to reduce risk directly (Davison, 2005); however, sufficient research yet to confirm this. In addition, Elbogen and Johnson (2009) and Stuart (2003) assert that there is a large need to look beyond diagnoses and consider patient's history and current life situation more closely when assessing risk for violence. Moreover, some researchers have suggested that the link between mental illness, violence, and criminality may not be as clear as was previously believed (Elbogen & Johnson, 2009), and may be a consequence of a strict combination of mental illness and other factors, such as substance abuse, rather than of mental illness itself. The National Trajectory Project (NTP) (Crocker, Nicholls, Seto, & Côté, 2015) certainly leads the way in this respect. The Ontario Review Board (ORB) Patient Database Project aims to contribute to the data disseminated through the NTP, in an effort to broaden our understanding of this unique population through an extensive review of ORB reports. As such, we have collected approximately 1,200 hospital reports for all eleven forensic psychiatric hospitals under the jurisdiction of the ORB. All of these reports were prepared and submitted to the ORB in the time period between March 2014 and March 2015, resulting in an extensive catalogue of newly admitted and long-term forensic psychiatric patients from all over the province. As data collection continues, we intend to begin presenting preliminary findings from the Ontario Review Board Patient Database. Such findings include correlates of offending behaviour, recidivism, and determinants of length of stay in the forensic mental health system. Additionally, collection of treatment and medication information will allow us to present information on outcomes, as determined by risk estimates, length of stay, and hospital recommendations. Additional data will be

presented to provide a thorough overview of the capabilities and future directions of the Ontario Review Board Patient Database.

#265106 – Poster

Presentence Reports and Sentencing Comments: An Examination of Forensic Mental Health Reports in Sentencing Decisions

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The objectives of the study are to examine the use of written psychological and psychiatric presentence reports in criminal sentencing decision; to examine the characteristics of presentence reports; and to examine the relationship between presentence reports and sentencing comments. The study utilized archival data including presentence reports and sentencing comments. Results would include a description of the characteristics of psychological and psychiatric reports and judges' comment and reference to the reports.

Expert evidence concerning an offender's mental health is one of the many sources judges can request to aid sentencing decisions. Experts can submit their evidence through an oral expert testimony or a written report. Submission of evidence through written means will be the focus of this study, as most presentencing reports are written. Specifically, the current study focuses on judges' uses of written psychological or psychiatric report on offenders' mental health in sentencing decisions. Some studies found that judges do solicit and accept recommendations provided by experts in sentencing decisions (Anderson, 1997; Day et al., 2000; Hecker & Steinberg, 2002; Spar, Hankin, & Stodden, 1995). In contrast, other studies found that psychological reports explained only a small amount of variance in sentencing decisions suggesting that the reports did not influence sentencing decisions (Niarhos & Routh, 1992). The question of whether expert reports are influential in sentencing decision is inconclusive, so are the aspects of sentencing reports that are helpful and unhelpful to judges. The finding of the current study would provide some guidance to psychologists and psychiatrists conducting forensic mental health assessment. This project utilized archival data, which contained 172 pairs of presentence reports and sentencing comments. The 172 presentence reports and sentencing comments were coded using a 142-item coding sheet. The coding sheets for the presentence reports and sentencing comments were developed based on factors identified in the literature. The factors in the coding sheets were anticipated to influence sentencing outcomes based on previous research finding. Results would include a description of the characteristics of psychological and psychiatric reports and judges' comment and reference to the reports.

#265311 – Poster

Screening for ADHD Among Offenders of Intimate Partner Violence

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Since Attention-Deficit/Hyperactivity Disorder (ADHD) is presumed to be a risk factor for intimate partner violence (IPV) it is important to screen for the presence of ADHD in this population. Screening instruments for ADHD however have not been tested for use in forensic psychiatry. In this study we assessed the screening capacity of the Adult ADHD Self-Report Scale-Version 1.1 (ASRS-V 1.1), the ultra short questionnaire for ADHD (UKV) and the ADHD DSM-IV Rating Scale for adults (ADHD RS) among offenders of IPV in forensic psychiatry. All three instruments were found effective.

BACKGROUND Since Attention-Deficit/Hyperactivity Disorder (ADHD) is presumed to be a risk factor for intimate partner violence (IPV) it is important to screen for the presence of ADHD in this population. Screening instruments for ADHD however have not been tested for use in forensic psychiatry. The aim of the present study was to assess the screening capacity of the Adult ADHD Self-Report Scale-Version 1.1 (ASRS-V 1.1), the ultra short questionnaire for ADHD (UKV) and the ADHD DSM-IV Rating Scale for adults (ADHD RS) among offenders of IPV in forensic psychiatry.

METHODS One hundred and fifty participants, all of them outpatients of a forensic mental health service and referred for IPV, filled in the three screeners upon intake and were subsequently assessed with the structured diagnostic interview for ADHD in adults 2.0 (DIVA 2.0).

RESULTS Diagnostic accuracy was moderate for ASRS-V 1.1 (AUC = .85; 95% CI = .79–.91) and UKV (AUC = .81; 95% CI = .74–.88) and high for ADHD RS (AUC = .94; 95% CI = .90–.97). Screening capacity of the ASRS-V 1.1 was moderate with a cut-off score of 3 (PPV = .81; 95% CI = .71 - .88). Screening capacity of the UKV sum score was moderate with a cut-off score of 2 (PPV = .78; 95% CI = .67 – .85). The screening capacity of the ADHD RS was very good with a cut-off score of 21 (PPV = .90 (95% CI = .81 – .95).

CONCLUSION This is the first study that assessed the screening capacity of three existing screening instruments for ADHD in a population of IPV offenders. Since all three instruments were found effective and psychometric properties were described for a population of IPV offenders, they can be used for detecting ADHD as a possible risk factor for continuing IPV as well as a therapeutic target in the treatment of IPV offenders.

#265462 – Poster

International comparisons of patients and staff views of quality in psychiatric care with the QPC instrument

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IntroductionThe international research programme “Quality in Psychiatric Care” is adapting the versions of the QPC instrument for patients and staff to different international settings.

AimsTo test the psychometric properties of different language versions and to compare the quality of forensic in-patient, out-patient and in-patient psychiatric care across different countries.

ResultsThe first part of the research programme is completed in forensic in-patient care in Denmark. Comparisons of patients and staff ratings in Denmark and Sweden show that staff were more positive on the quality of care provided and that patients were more critical of the care they received.

BackgroundResearch on quality of psychiatric care has identified a need for internationally standardised instruments to measure quality of care from patients and staff views, especially in the forensic psychiatric care. International comparisons will generate new and generalizable knowledge that can be used to improve quality of care. The international project Quality in Psychiatric Care (QPC) is a large research programme aiming at adapting the versions of the QPC instrument for patients and staff to different international settings.

AimsThe aims are to test the psychometric properties and equivalence of dimensionality of the different language versions of QPC and also to describe and compare the quality of forensic in-patient, out-patient and in-patient psychiatric care across different countries.

MethodThe QPC is a family of instruments based on a definition of quality of psychiatric care from the patients perspective. The QPC family covers four areas of psychiatric care: forensic in-patient care (QPC-FIP), out-patient (QPC-OP), in-patient (QPC-IP) and addiction out-patient care (QPC-AOP). Three of the QPC-versions are also available in adapted versions for staff. Furthermore, six of the psychiatric care versions are available in Swedish, Danish, Norwegian, Finnish, English, Persian, Portuguese, Spanish, Indonesian and French.

ResultsThe first part of the research programme is already completed. Confirmatory factor analysis revealed that the factor structure of the Danish forensic versions for QPC-FIP and QPC-FIPS were equivalent to the original Swedish versions. Comparisons of quality of forensic-in patient care from the perspectives of patients and staff in both Denmark and Sweden show that staff were generally more positive on the quality of care provided and that patients were more critical of the care they received. Staff and patients were similar in their perceptions of the low quality of participation. Staff perceived the secure environment lower than the patients. Several studies in the QPC research programme are still ongoing in Spain, Brazil, Indonesia and Norway.

ConclusionsThe psychometric test and validations of the instrument QPC in different language and country versions will assist countries to compare quality of care, quality improvement and permits benchmarking. Currently there are few standardized instruments for measuring quality of care in the psychiatric care and the QPC is expected to make an important contribution to the development in this field.

#265470 – Poster

The use of interpreters in forensic psychological assessments

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This study investigated the use of interpreters in the assessment of victims of sexual offences over a three year period. The study found that 97% of assessments made use of interpreters. In 66% of assessments the interpreters were close family members of the victims. Although family members may be proficient in the victim's home language they may also lack the proper training and understanding of clinical language. Making use of family members as interpreters poses some ethical and clinical challenges to the clinician. The relationship of the interpreters with the victims may compromise the quality of the interpretations as well as the quality of the assessments.

Background: In South Africa the courts refer victims of sexual offenses to be assessed by psychologists and psychiatrists. The purpose of these assessments are to determine the victim's ability to be a competent witness, their level of intellectual disability as well as their ability to consent to sexual acts. The findings of the assessments are reported to the courts in the form of a report. South Africa has eleven official languages. Thus victims of sexual offences often are not necessarily proficient in the language in which the evaluation is done. This poses a challenge to clinicians doing forensic assessments due to the limitations in proficiency of clinicians in all eleven languages. Thus clinicians have to resort to the use of interpreters when conducting these assessments. Given that some of the victims may suffer from intellectual disability their ability to communicate effectively could also be impaired. This can further complicate the assessment and interpretation process. The lack of the availability of adequately trained interpreters within the psychiatric context often forces the clinician to make use of the resources they have available to assist during such assessments.
Aim: This study investigated the use of interpreters in the assessment of victims of sexual offenses over a three year period. The focus was on determining the number and frequency of the use of interpreters as well as the kind of interpreter used.
Method: A content analysis was done of 108 reports written between the period 2009 and 2013. The contents were organized in a table and categorized according to whether an interpreter was used during the assessment and if so what the nature of the relationship was between the interpreter and the victim. The identified categories of interpreters were; close family members, psychiatric nursing staff, investigating officers, family members and investigating officers combined. The results were presented according to these categories.
Results: The study found that 97% of assessments made use of an interpreter. In 66% of assessments interpreters were close family members of the victims. In 15% of assessments the interpreters were psychiatric nursing staff. Investigating officers acted as interpreters in 8% of the assessments and in another 8% of assessments a combination of investigating officers and family members assisted with interpretation. Only 3% of assessments did not make use of an interpreter during the assessment process.
Discussion: The results of the study indicate that in the majority of assessments family members acted as interpreters. Although family members may be proficient in the victim's home language they may also lack the proper training and understanding of clinical language. This may impact negatively on the quality of the interpretation and subsequently on the quality of the assessment. The reliability and validity of the assessment may be questioned due to this fact.
Conclusion: Interpreters play an important role in forensic psychological assessments. The relationship of the interpreters

with the victims may however compromise the quality of the interpretations and present the clinician with ethical and clinical challenges.

#265478 – Poster

Mapping the levels of deprivation Scottish Forensic Inpatients were living in prior to admission to Forensic Inpatient Services.

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The links between mental ill health and levels of social deprivation have long been established. Major risk factors for mental health problems include poverty, poor education, unemployment and social exclusion. This paper will investigate links between the current forensic inpatient population in Scotland; and exposure to deprivation, by linking data on last known address, gathered through the Scottish Forensic Inpatient Census, with the Scottish Index for Multiple Deprivation (SIMD), a geographical datazone based ranking of the levels of deprivation across Scotland by postcode. Additional data gathered on educational attainment, employment status and profession will also be analysed.

SummaryBackgroundThe links between mental ill health and levels of social deprivation have long been established. Major risk factors for mental health problems include poverty, poor education, unemployment, social exclusion/isolation and major life events (Mental Health and Social Exclusion, SEU 2004). Scottish Morbidity recording of Psychiatric Hospital discharge (SMR04) has shown a consistent relationship between higher levels of deprivation (SIMD), and higher levels of psychiatric inpatient discharge (and therefore admission). In 1997/98 the absolute difference between the highest and lowest levels of deprivation was 654 discharges per 100,000 population, and by 2013/14 this inequality gap had reduced to 451 discharges per 100,000 (Mental Health Inpatient Care Report, ISD Scotland, May 2015). So while the absolute difference between the most and least deprived areas has been reducing, the most recently recorded gaps still remain significant when adjusted for age and gender. This data relates to the Scottish general adult psychiatric population, but data gathered through the Scottish Forensic Inpatient Census now enables us to conduct similar analysis based solely on the Scottish Forensic inpatient population, and this will form the basis for this paper.

Method The Scottish Forensic Inpatient Census gathers data on every forensic mental health inpatient in Scotland. The Census has gathered data since 2013 and will form the basis for the Forensic Network Inpatient Database which will take over from the census and go live early in 2017. The Census gathers a wide range of clinical and non clinical data which forms a rich research resource. The data from the census to be utilised within this study includes last known postcode prior to admission, highest level of educational attainment achieved, employment status and professional group. The postcode data will be mapped to provide a general distribution of forensic inpatients across Scotland (and further afield), while also linking the postcode data to the Scottish Index of Multiple Deprivation (SIMD 2016), a geographical datazone based approach utilising a range of indicators to provide ranked deciles of the level of deprivation present across all areas Scotland by postcode. This will provide an understanding of the levels of deprivation from which forensic inpatients are admitted, and allow this to be compared to both general adult psychiatric admission and the wider population. Further data gathered through the census on educational attainment, employment status and professional group will be used to facilitate supporting analysis. Given the increased focus on the physical health of our patient group, the acknowledged relationship between lower socioeconomic status and poor physical health outcomes in Scotland, and links between physical and mental health, this is an important area of study.

#265521 – Poster

An evaluation of Blood-borne Virus screening and immunisation for admissions in Low/Medium secure services across 2 separate Mental Health Trusts

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BBVs affect 1 in 5 in-patients with mental illness. We randomly sampled 25% of patients in 2 regional forensic services in 2015 (n=44) and 2016 (n=60). For both services, fewer than 60% of inpatients were noted to have specific checks for BBV in their history taking or have clinical investigations ordered for it. Hepatitis B, Hepatitis C and HIV were the most popular checked, followed by Hepatitis A and Treponema. The highest intervention was for Hepatitis B (8%). The authors argue for a UK-wide study and devised a computer-supported protocol and training package to detect (with consent) and follow-up BBVs.

Background

Prevalence of blood-borne viruses (BBVs; HIV, hepatitis B and hepatitis C) is elevated in individuals with severe mental illness in the UK and Europe affecting up to 1 in 5 inpatients. As per recent UK public health policy and our Trust guidelines, we should offer routine testing for HIV, and hepatitis B and C in our in-patient forensic psychiatric units. In the UK, most HIV tests occur in sexual health and antenatal services, but routine BBV testing in psychiatric populations is not widespread. This service improvement project allows us to evaluate the practicality of routinely offering BBV tests to patients with severe mental illness in an UK acute psychiatric in-patient setting, as well as the effectiveness of management of the results.

Method

We used an evidence-based evaluation tool to randomly sample 25% of the total number of patients notes for each ward from NLFS in 2015 (n=44) and ELFS in 2016 (n=60) in Medium & Low secure services. We sampled the admission, intensive care, established treatment, female, learning disability, and rehabilitation wards.

Results

For both services, fewer than 60% of inpatients were noted to have specific checks for BBV in their history taking or have clinical investigations ordered for it. Just less than half had investigations ordered. Hepatitis B, Hepatitis C and HIV were the most popular BBVs checked. Hepatitis A and Treponema are the most common other checks made. 16% had other infection and immunisation statuses recorded, of which Hepatitis A and Syphilis were most popular. With regards to immunisations given: the highest was Hepatitis B for NLFS (7%) and ELFS (8%). Hepatitis C intervention was only noted for ELFS (3%). HIV interventions were not noted in either sample. Flu vaccine was considered for admission only for NLFS (5%).

Conclusions

Both services have similar results. Although, not the 100% aimed for, routine screening for BBVs has been incorporated only in recent years. Improvements can be made in follow up and action, with a protocol for following-up results. One issue for further exploration are concerns among some staff about patients' capacity to provide informed consent and about the possibility that offering tests could be distressing to patients. This project makes a

case for a nationwide study to establish the prevalence of BBVs in patients with severe mental illness. The authors have devised a computer-supported protocol and training package, tied in with general admission investigations, with subdivision of responsibility to detect (with consent) and follow-up BBVs.

#265681 – Poster

Occupational Freedom Behind Bars: Developing an Occupational Therapy Program at a Male Prison in Virginia

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An occupational therapy program was developed at an all-male prison in Bland, Virginia, USA. A needs assessment was conducted with members in the Cognitive Community, which serves offenders with 18 months or less to serve before release. Ongoing individualized interventions and groups are being provided, including a substance abuse class/alcoholics and narcotics anonymous meeting, resume writing, mental health awareness, assertive communication skills, practice interviews, and a parenting class. Plans for continued program development and research to support occupational therapy in this setting will be highlighted.

Occupational therapy in correctional facilities is a developing area of practice, though it continues to be of limited presence despite a continued increase in the incarceration rate in the United States. Many inmates experience occupational deprivation while incarcerated, which can negatively impact their ability to develop the skills they need to be successful. In addition, more than half of all inmates suffer from a mental health disorder, including substance abuse, depression, PTSD, anxiety disorders, bipolar, and schizophrenia, which further limits their participation. Occupational therapists who work in prisons aim to engage offenders in meaningful occupations to help promote an improved quality of life while incarcerated, as well as a more successful reintegration into the community and society once released. This poster will highlight the development and implementation of an occupational therapy program and Level 1 Practicum site for first-year master's level occupational therapy students at Bland Correctional Facility, an all-male moderate security prison in Bland, Virginia. A needs assessment was completed with the offenders in the Cognitive Community, which serves offenders with eighteen months or less to serve until their release date. The interventions that were tailored to the offenders and implemented are described, including a substance abuse class/alcoholics and narcotics anonymous meeting, resume writing, mental health awareness, assertive communication skills, practice interviews, and a parenting class. Plans for further program development and future research will also be discussed.

#265974 – Poster

Opinions of professionals and family members about the Norwegian mental health law regulating involuntary commitment of psychiatric patients

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This study investigated the opinions of 246 professionals and family members about the operation of the Norwegian mental health law regulating forcible admission and treatment of psychiatric patients. A brief questionnaire was distributed via e-mail to samples of Norwegian psychiatrists, general practitioners, acute and community mental health nurses, members, police officers, psychologists and family members. The levels of agreement/disagreement were measured on a Likert- scale. The study's results and conclusions will be presented at the conference.

Introduction:Both professionals and family members are involved in compulsory admission under Norwegian mental health legislation but their perspectives on how the law should be implemented may be different. This study sought to compare the opinions of various professional groups and the family members who are involved in this process to enhance understanding and contribute to improved procedures.

Objectives:This study will investigate the opinions of professionals and family members about the operation of the Norwegian mental health law regulating forcible admission and treatment of psychiatric patients.

Aims:To gain insights into stakeholders' satisfaction with the operation of their national legislation. Such scientific findings are needed in order to improve legal practices, and to enhance fundamental rights and protection of persons with mental health problems, which eventually could result in a lower rate of compulsory admissions.

Methods:A short anonymous questionnaire consisting of 9 items was developed as part of larger international study, using the online software Survey Monkey. It was distributed to representative sample via e-mail to psychiatrists, general practitioners, acute and community mental health nurses, tribunal members, police officers, family members and psychologists in Norway. The levels of agreement/disagreement were measured on a Likert- scale.

Results / Conclusions:The study's results and conclusions will be presented at the conference.

#265983 – Poster

Cognitive Contributors to Offending: A Delphi Study

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Research shows that cognitive impairments can contribute to violence risk, however, few can be found in violence risk assessments. As part of an initiative to develop a Structured Professional Judgement Tool to aid in the identification and assessment of cognitive impairments, we have utilised the Delphi Method to gain experts' opinions on which domains are essential for inclusion in a risk assessment. We report on the domains that were found to be essential by researchers and practicing clinicians. Conclusions include how these results will feed into developing a tool, along with the limitations and challenges of the Delphi Method.

Background Research shows that damage to certain areas of the brain can contribute to an individual's propensity to offend, their ability to desist from offending, and their ability to benefit from treatment programmes. The research literature in this field has shown an association between impairments in intelligence, empathy, social cognition, and executive functions and violence risk. Although the literature suggests many cognitive abilities are associated with violence risk, few can be found in violence risk assessments.

Aims To gain experts' opinions on which cognitive domains are essential to violence risk for inclusion in a structured professional judgement (SPJ) tool.

Methods Using the Delphi method, we have begun seeking experts' opinions on which domains should be included in the measure. Panel members consist of two groups, those who have recently published a relevant paper, and clinicians with a dual specialism in forensic and neuropsychology. Respondents were presented with a survey of potentially relevant cognitive domains identified through an initial literature review, and were asked to rate these for inclusion and to suggest additional domains (Round 1). Two additional rounds will be completed in order to reach a degree of consensus and will be reported in the poster presentation.

Results Round 1 of the Delphi study has been completed. The survey received 56 responses, 45 of whom have agreed to take part in Round 2. Thirty-four items were rated as 'Essential' or 'Relevant' by >50% of the sample of which 16 items were rated by >80% as 'Essential' or 'Relevant'. Round two has been launched and is expected to be completed and analysed by January 2017. In Round 2, experts have been asked to rank the items that were rated as 'Essential' or 'Relevant' by >80% of the sample, and then to re-rate the remaining 18 items to ensure that no items would be unjustifiably excluded from the core item list, or overlooked. The third and final round is expected to be completed and analysed by February 2017. For this round, experts will be asked to rank the final list of 'core' items, and then to comment on how those items can be best assessed and/or operationalised. These results will then be combined with results of a meta-analysis and will feed into a pilot study.

Conclusion It is our hope that the inclusion of experts' opinions in addition to results from a meta-analysis of research literature will contribute to a tool that is useful for both practicing clinicians and researchers alike. We are hopeful that this measure, designed for use in parallel with existing measures, will improve the accuracy of clinical judgments and formulations of risk, our ability to accurately target treatments, and our adaptation of treatment programmes to maximise their efficacy.

#265994 – Poster

Cognitive impairments in forensic psychiatric patients

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This study aimed to explore differences in cognitive functions, as measured by the psychological test IVA+Plus, between two groups: forensic psychiatric patients (n=20) and controls (n=20). Both groups were matched for age, gender, education (number of years) and intellectual ability. Results showed that forensic psychiatric patients performed significantly worse on auditory and visual attention, consistency and focus, as well as on visual response control and auditory vigilance. The results confirm previous findings of cognitive impairments among patients with mental disorders and emphasize that cognitive functions need to be considered in the treatment planning in forensic psychiatric settings.

Background: Cognitive functions are of importance for treatment outcomes due to their relationship with the learning process; the patient's cognition interacts with their understanding of the course of the illness and can constitute a learning factor that impacts the rehabilitation process. Several studies show cognitive impairments in patients who suffer from mental disorders. Forensic psychiatric patients are often in need of long and comprehensive treatments. These patients also need intact cognitive functions in order to be able to process the crimes they have committed and to work with the risk factors to reduce the risk for relapsing into criminality, which is an important part of the forensic psychiatric services' assignment to protect society. Cognitive functions are important for the psychoeducational process that can aid psychotherapy and contribute to reduced hospital stays. Little research has, however, been dedicated to cognitive functions among this particular group of patients. The aim of the study was to investigate differences in cognitive functions between a group of patients from forensic psychiatry and a control group from outside the mental health services.

Methods: Data were collected between March 2011 and June 2014 at a forensic psychiatric clinic in southern Sweden. A total of 20 patients and 20 controls participated in the study. No significant differences between the groups were found in terms of age, gender, education, or intellectual ability. The Integrated Visual and Auditory Continuous Performance Test (IVA+Plus), a computerized test of auditory and visual functions of attention, response control, prudence, consistency, speed, focus, stamina and vigilance, was used to measure cognitive functions. The exclusion criteria, which aimed to limit primary impairments in cognitive functions, were based on the findings of current research; diagnosis of AD/HD, mental retardation, schizophrenia, known brain damage, and ongoing medication with benzodiazepines or central nervous system stimulants during the period of the study. Patients who had actively abused drugs or alcohol during the previous nine months and patients with an antisocial personality disorder were also excluded. The strict exclusion criteria led to a relatively low level of psychiatric symptoms in the patient group. The study was approved by the Regional Ethical Review Board in Linköping. Results: Results were analyzed with t-tests for independent groups and showed that there were significant differences in both modalities (auditory and visual) between the groups concerning attention, consistency and focus where patients received significantly worse results compared to the controls. The same tendency could be seen for visual response control and auditory vigilance. The other functions tested by the IVA+Plus did not differ significantly between the groups. Conclusions: The results confirm previous findings of cognitive

impairments among patients with mental disorders and emphasize that cognitive functions need to be considered as a potentially important mediator of treatment in forensic psychiatric settings. Due to the strict exclusion criteria employed in the current study, the current results should be taken as a minimum of which cognitive impairments that can be expected in forensic psychiatric patients.

#265209 – Poster

Adverse Childhood Experiences of Forensic Psychiatric Inpatients: Consequences for Risk Outcomes

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Adverse childhood experiences are especially prevalent among marginalized populations (e.g., inmates). The purpose of the present study is to investigate: (1) the prevalence and nature of exposure to adverse childhood experiences (ACEs), and (2) the association between ACEs and multiple risk outcomes in adult forensic inpatients. Patients were interviewed about their adverse childhood experiences, and file reviews were completed to examine victimization, internalizing, and externalizing outcomes. Preliminary data (N = 37) show that experiences of childhood physical and emotional neglect are prevalent. Results suggest the importance of integrating trauma-informed care in forensic settings.

Background: Adverse childhood experiences (ACEs) are a common occurrence and can have wide-ranging, long-lasting detrimental effects for mental health and well-being (e.g., chronic illness, substance abuse). They are especially prevalent among marginalized populations (e.g., psychiatric patients, inmates). However, we know little about the histories of ACEs in forensic populations and how they relate to patient risks and treatment needs.

Objectives: The purpose of the present study is to investigate: (1) The prevalence and nature of exposure to ACEs, including household dysfunction, neglect, and abuse, (2) The prevalence, frequency, and severity of risk outcomes highly relevant to the forensic psychiatric context: victimization, internalizing outcomes (e.g., self-harm, suicide behaviors), and externalizing outcomes (e.g., verbal, physical, and sexual aggression), and (3) The relationship between ACE and these multiple risk outcomes.

Methods: **Sample.** Participants are being recruited from a large Canadian forensic hospital (N = 37 to date). Participants (1) found Not Criminally Responsible on Account of Mental Disorder (NCRMD), and (2) in treatment in the hospital for at least three months at the time of recruitment are eligible. **Measures:** The Adverse Childhood Experiences (ACE) questionnaire (Felitti et al., 1998) is a 10-item form that identifies childhood experiences of abuse, neglect, and household dysfunction. The Short-Term Assessment of Risk and Treatability Outcome Scale (SOS; Nicholls et al., 2007) assesses 10 relevant adverse inpatient events (e.g., aggression, self-care, victimization).

Procedure. Written informed consent was obtained prior to interviews. Participants were interviewed in a one-on-one interview format to complete the Adverse Childhood Experiences (ACE) form. File reviews were conducted by researchers blind to the interview data to code for various risk outcomes using the SOS measure.

Analyses. Descriptive analyses will be used to characterize participants' background information, including socio-demographic, mental health and criminal histories. Chi-square tests and correlations will be conducted to examine dichotomous and continuous variables. Bivariate analyses will be used to inform logistic regression analysis to evaluate the relationships between adverse childhood experiences with multiple risk outcomes. We will control/adjust for factors such as psychiatric diagnoses and length of inpatient stay.

Results: Preliminary analyses (N = 37) show that:(1) Childhood neglect is a substantial part of forensic psychiatric patients' formative years: 100% of participants reported experiencing emotional neglect and 86.5% reported experiencing physical neglect. Sexual abuse (37.8%), emotional abuse (16.2%), and physical abuse (10.8%) were also reported by many participants. (2) Adverse inpatient events were also found to be quite prevalent in this sample of forensic inpatients: 51.4% had been victimized, 91.9% exhibited internalizing outcomes, and 73.0% exhibited externalizing outcomes. (3) Preliminary analyses to examine the association between ACEs and adverse inpatient events indicate emerging patterns between histories of ACE and risk outcomes.

Data collection and analyses will continue.

Implications: Preliminary results suggest that childhood neglect is a considerable part of the formative years of forensic patients' lives. Insight into ACEs among individuals with serious mental illness and criminal justice involvement could likely inform risk and treatment considerations as well as boost efforts to support a transition to trauma-informed practice in forensic settings.

#266326 – Poster

Bias in judgement of familial homicide cases

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The present study investigated whether peoples' judgments of multiple homicide cases are affected by the gender of the offender (male or female), the victims involved (partner and child, or only children), and the relationship between the offender and the child victims (biological or step). University students were asked to read vignettes describing homicide cases where the aforementioned factors were manipulated. After each vignette, they were asked questions regarding punishment of the offender, mental illness, morality, background factors, prevention, and reoffending. We also discuss biases that might influence decision making in clinical contexts.

Introduction. Previous studies investigating biases in criminal settings have found that male offenders receive harsher punishments than female offenders do (Armstrong, 1999; Doerner & Demuth, 2010). Also in studies that present participants with vignettes, where the gender of the offender is manipulated, participants have been found to give more lenient sentences to women, and women are more often declared legally insane than men are (Saavedra, Cameira, Rebelo, & Sebastiao, 2015; Yourstone, Lindholm, Grann, & Svenson, 2009). Saavedra and colleagues (2015) have further found that participants more often accused male offenders of perversity in cases where children were killed in comparison to intimate partners. Among cases where children have been killed, stepchildren have been shown to be overrepresented (Daily & Wilson, 1988). From an evolutionary perspective, the killing of one's own offspring is more maladaptive, and thus more likely viewed as a consequence of mental illness, than the killing of unrelated children.

Method. In the present study, participants were recruited from the University of Turku, Finland, and the Cerritos College in Norwalk, CA, through e-mail. The participants were presented with case descriptions of familial homicides administered through an online survey. As the within-subject manipulations resulted in a 2(male; female offender)x2(partner and child, or only children)x2(biological; stepchild) design, each participant read eight case descriptions. Furthermore, to make sure that the, for the purpose of this study, irrelevant details within a specific case scenario did not affect the results, the manipulations were randomized over eight different scenarios for the different individuals. After each case description, the subjects were asked questions regarding the amount of punishment they would give to the offender, the reasons for the crime (mental illness or maliciousness), the moral responsibility of the offender, what background factors they think were involved, what they think could have prevented the crime, and possible reoffending. The statistical analyses will be conducted using linear mixed-effects modeling in order to account for the dependency between responses within individuals. We will also investigate the effect of the gender of the respondent as a between-subjects variable.

Results and discussion. Data collection is ongoing. In the discussion we consider biases that might influence decision making in clinical contexts.

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#266613 – Poster

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

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The assessment of recidivism risk is crucial to the effective management of sexual offenders and the empirical actuarial risk tools have become routine. However, actuarial risk scale for assessing general, violent and/or sexual recidivism among male sex offenders are still evolving: Static-99 was conducted in the Static-99R, the BARR-2002R emerged to assess the risk of violent recidivism among sex offenders, and the VRAG and the SORAG were revised in the VRAG-R. The main objective of this poster is to evaluate the predictive validity of these scales.

The assessment of recidivism risk is crucial to the effective management of sexual offenders and the empirical actuarial risk tools have become routine. However, actuarial risk scale for assessing general, violent and/or sexual recidivism among male sex offenders are still evolving: Static-99 (Hanson & Thornton, 1999) was conducted in the Static-99R (Hanson & Thornton, 2003), the BARR-2002R (Babchishin, Hanson, & Blais, 2013) emerged to assess the risk of violent recidivism among sex offenders, and the VRAG (Harris, Rice, & Cormier, 1993) and the SORAG (Quinsey, Rice, & Harris, 1995) were revised in the VRAG-R (Harris, Rice, Quinsey, & Cormier, 2015). The first objective of this study is to evaluate the recidivism rate (General, Violent Non sexual, Sexual, Non Violent Non Sexual) of sex offenders:- Paedophiles, rapists or mixed sex offenders;- Inmate or forensic sex offenders. All offenders (N ≈ 300) were released in Belgium and assigned to treatment services in the Belgium Walloon Region. Secondly, we assessed:- The inter rater validity of the Static-99, the Static-99R, the BARR-2002R, the SORAG and the VRAG-R (total score and level of category);- The convergent validity of these instruments;- The predictive validity of these instruments on different recidivisms. The results from this research will be also discussed in the light of the international literature.

#266641 – Poster

Mothers in the criminal justice system, mental health and alternatives to incarceration: Some international perspectives

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Women in prison experience high rates of mental disorder. Separation from children can increase prevalence and exacerbate existing disorders. Prisons in Denmark, the Netherlands and Germany often have a focus on maintaining/re-establishing family ties, and children can reside with their mothers up to the age of 3-6. New York has programmes that divert women/mothers out of prison, and prevent separation from children. All four countries offer some post-release programmes, with accommodation for women and children. Data suggests women have lower rates of recidivism, and more likelihood of retaining custody of children. Mothers reported positive family relationships, and positive experiences.

Background: Women and mothers in prison experience high rates of mental disorder, and separation from children can increase prevalence and exacerbate already existing disorders. There are currently six mother and baby units (MBUs) in prisons in England where women can stay with their babies up to the age of 18 months, but there is no provision for older children, or post-release. Other countries offer alternative approaches, including Denmark, Germany, the Netherlands and the USA. The current study visited prisons and alternative programmes in these countries.

Aim: To identify best practice and alternatives to the current provision for mothers in prison in England.

Methods: This was an exploratory study that examined the existing literature, visited different prison facilities, alternative to incarceration programmes and post-release programmes. Qualitative interviews were carried out with staff and residents in prisons and alternative and post-release programmes in Denmark, the Netherlands, Germany and New York (USA).

Findings: Denmark, the Netherlands and Germany have a lower rate of imprisonment than England and Wales, and for those people who are sent to prison, there is greater focus on maintaining or re-establishing family ties for both women and men, and recidivism rates are reported to be lower. Women are allowed to keep their children with them up to and past the age of four, either full time or part time, depending on the age of the child and the type of facility. Participants reported that they generally feel supported, and mothers and fathers (in Denmark) reported positive relationships with their children, and were hopeful for the future. Whilst the USA has one of the highest per capita incarceration rates in the world, there are also a number of successful programmes that divert women and mothers out of prison, and prevent separation from children. Data suggests that women who are accepted onto and complete these programmes have a lower rate of recidivism, and are more likely to retain custody of their children. All four countries offered some type of supportive post-release programmes, which include accommodation for women and their children. Women generally reported positive experiences of these programmes and were often reunited with children as a result, either during prison or post-release. Staff were generally positive, but sometimes felt more could be done, and also acknowledged the negative aspects of children being in prison. Securing sufficient funding to support programmes was a theme that frequently occurred with staff.

Implications: Lessons can be learned from these very different approaches to mothers in prison and the criminal justice system. Programmes and prisons that allow mothers and children to remain together reduce the trauma of separation and the negative mental health impacts on both mother and child. Supporting mothers and children to stay together during a sentence or reuniting post-release may also reduce recidivism.

#266657 – Poster

The Application of SIMS in Victims of Intimate Partner Violence

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Cognitive deterioration resulting from intimate partner violence (IPV) is now being considered in forensic settings. Nevertheless, the most adequate symptom validity test has not yet been determined. The performance of a group of female IPV victims (54) and a control group of females (30) was compared using the Structured Inventory of Malingered Symptomatology (SIMS). Results revealed significant differences between groups on four of the five subscales. These findings suggest the risk of running false positives when using the SIMS. More research is needed to determine the adequacy of this symptom validity test in assessing female victims of IPV.

INTRODUCTION: Various studies have demonstrated neuropsychological deficits in female survivors of intimate partner violence due to post-traumatic stress and brain injury caused by the abuse (Kwako et al., 2011). These cognitive alterations have important consequences in forensic settings with regard to the evaluation of acquired damage and the victim's testimony. As a part of routine protocol, tests of effort are required to assess the individual's level of effort and to rule out the possibility of simulation by the victim. Such tests are important in assessing the extent to which the individual was engaged while taking the test, and take into account the fact that there are numerous variables affecting test performance in addition to brain functioning (e.g. motivation, alertness). Among these assessments are symptom validity tests (SVT), which test the accuracy of the individual's performance on neuropsychological measures. The Structured Inventory of Malingered Symptomatology (SIMS) is one version of a SVT that has been translated into Spanish and includes five subscales: Psychosis, Low Intelligence, Neurologic Impairment, Affective Disorders, and Amnesic Disorders. This assessment was chosen for analysis in the present study due to its common use in both clinical and forensic settings, as well as for its applicability to Spanish-speaking populations.

METHODS: Participants were recruited from a non-profit association for women. The sample included a total of 84 females: 54 of whom were female victims of intimate partner violence with a mean age of 40.41 (SD=7.796), and a group of 30 women who had never suffered IPV with a mean age of 40.93 (SD=7.891). There were no significant age differences between groups.

ANALYSIS: An independent-samples t-test was conducted to compare scores between female victims of IPV and a control group of women who had not suffered IPV.

RESULTS: Findings from the independent samples t-test demonstrate that there are significant differences between the victims and control group on four of the five measures of

the SIMS: Psychosis [$t(82)=2.232$, $p=.028$]; Neurologic Impairment [$t(81.936)=6.543$, $p=.000$], Amnestic Disorders [$t(80.720)=5.282$, $p=.000$], and Affective Disorders [$t(82)=4.855$, $p=.000$].

DISCUSSION: Findings reveal significant differences between female victims of IPV and the control group on the SIMS symptom validity test. These results suggest the risk of female victims incorrectly scoring within the fail range on the SIMS. More concerning are the implications that such false positives have in judicial testimonies of intimate partner violence victims, as they have the potential to falsely accuse a true victim of simulation. Controversy remains over the adequacy of symptom validity testing and the correct way of dealing with invalid scores. Further research is urgently needed to determine the most adequate symptom validity test for use in cases of IPV.

#266723 – Poster

The use of the HKT-R and SAPROF for predicting aggression in forensic psychiatric patients with ASS

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FPA de Boog is a Dutch, medium secure forensic psychiatric hospital well known for the treatment of forensic psychiatric patients with an autism spectrum disorder (ASS). During admission, the risk of violent recidivism using the HKT-R and protective factors using the SAPROF are assessed. Aggression during inpatient stay is assessed using the SDAS-11. The current research examines the use of the HKT-R and SAPROF for predicting aggression. Results indicate that the use of the HKT-R and SAPROF for predicting aggression during inpatient stay in forensic psychiatric patients with ASS should be questioned.

FPA de Boog is a Dutch, medium secure forensic psychiatric hospital well known for the treatment of forensic psychiatric patients with an autism spectrum disorder (ASS). During admission, protective factors for violent behavior are periodically assessed using the Structured Assessment of Protective Factors for violence risk (SAPROF; de Vogel, de Ruiter, Bouman, & de Vries Robbé, 2012). Furthermore, it is required to periodically assess the risk of violent recidivism using the HKT-R (Historical Clinical Future-Revised; Spreen, Brand, Ter Horst, & Bogaerts, 2013). The HKT-R is similar to the HCR-20 v3 (Historical Clinical Risk-20 version 3; de Vogel, de Vries Robbé, Bouman, Chakhssi, & de Ruiter, 2013) and consists of factors concerning the history of the patient, his behavior during admission and future risks during leave or release (Spreen, et al., 2013). Although, the HKT-R is meant to be used with mentally disordered offenders with psychotic- and/or personality disorders, in clinical practice the HKT-R is also used in patients with other disorders, such as ASS. The current pilot examines the relationship between both the HKT-R and the SAPROF, and aggression during the first six weeks after admission (assessed using the Social Dysfunction and Aggression Scale, SDAS-11; Wistedt et al., 1990) in forensic psychiatric patients with ASS. It is hypothesized that more risk factors for violent recidivism are related to more aggression during inpatient stay. HKT-R, SAPROF and SDAS data were available for 18 patients diagnosed with Autistic Disorder, Asperger's disorder or PDD-NOS according to DSM-IV criteria (APA, 2000). Data shows that every patient in the sample showed at least one act of (mild) aggression during the first six weeks of admission. Results show no significant association, using Pearson correlations, between the variables, suggesting that both the HKT-R and the SAPROF have no predictive value for aggression during admission in forensic psychiatric patients with ASS. Previous research suggests that comorbid psychiatric disorders like substance abuse and personality disorders are related to aggression in patients with ASS (Im, 2016). In the current sample, 77.8% (n = 14) was diagnosed with one or more comorbid psychiatric disorders on axis I, and 22.2% (n = 4) was diagnosed with at least one axis II disorder. Chi-square test for independence indicated no significant relationship between the presence of comorbid disorders (i.e. substance related disorders, schizophrenia and other psychotic disorders, ADHD, personality disorders and mental retardation) and physical aggression. Furthermore, an independent-samples t-test was conducted to compare the HKT-R and SAPROF scores for patients who did and did not show physical aggression. Results show there was no significant difference between both groups. To conclude, the suitability of the HKT-R and SAPROF for predicting aggression after admission in forensic psychiatric patients with ASS can be questioned. Further research with larger samples and longer follow-up is indicated to confirm the results of this pilot. It is possible that another factor, not

assessed by the HKT-R nor SAPROF, explains aggression in forensic patients with ASS, for example emotion regulation (Im, 2016).

H.W.A. Bosch (MSc), F. Chakhssi (PhD) and J.W. Hummelen (PhD), 2016References can be requested by emailing the first author (r.bosch@ggnet.nl).

#266727 – Poster

Quality of Life (QOL): What contribution to the Good Lives Model (GLM)?

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The Good Lives Model (GLM) is a humanist approach to rehabilitating forensic people that continues to inspire international care teams. According to this model, the improvement of psychological well-being is one of the major elements to consider in order to reduce the risk of model recidivism (Ward, Mann & Gannon, 2007). The perceived QOL can thus be a possible operationalization of the GLM. On a sample of 55 forensic inpatients, we will test the hypothesis of a negative association between the generic and specific measures of QOL and the risk of sexual and violent recidivism.

The Good Lives Model (GLM) is a humanist approach to rehabilitating forensic people that continues to inspire international care teams. According to this model, the improvement of psychological well-being is one of the major elements to consider in order to reduce the risk of model recidivism (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016 ; Coco, & Corneille, 2009 ; Ward, Mann & Gannon, 2007). In addition, the primary needs (physical health, autonomy, emotional balance, social, affective and family relations, happiness, etc.) are at the heart of the GLM and cover important areas of quality of life (QOL, physical health, Psychological, social relationship, environment). The subjective appreciation of QOL results in particular from the perception of the gap between aspirations, expectations, resources and perceived needs. The perceived QOL can thus be a possible operationalization of the GLM. On a sample of 55 forensic inpatients, we will test the hypothesis of a negative association between the generic (Whoqol-brief, Harper, & Power, 1998) and specific (Measuring Quality of Prison life – patient version, Liebling, & Arnold, 2004 ; Wong, Douglas, & Theny, 2008) measures of QOL and the risk of sexual (Sex Offender Risk Appraisal Guide, Quinsey, Rice, & Harris, 1998 / Risk for Sexual Violence Protocol, Hart, Kropp, & Laws, 2003) and violent recidivism (Violence Risk Appraisal Guide, Harris, Rice, & Quinsey, 1993 / Historical Clinical Risk-20, Webster, Douglas, Eaves et Hart, 1997). The results will contribute to the debate concerning the importance of implementing the GLM among forensic patients.

#266731 – Poster

Hair cortisol differences between batterers and non batterers

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Recent studies show that cortisol may inhibit aggressive behavior by increasing sensitivity to social punishment. To investigate if there are differences in long term cortisol between perpetrators of intimate partner violence and men without any criminal offence, 119 batterers and 116 non batterers completed a semistructured interview and were cut a 3 cm long strand of hair. In accordance with previous studies batterers show lower levels of hair cortisol during the last three months than non batterers. Which implies that cortisol could be used as a biomarker to better understand the nature of general and intimate partner violence.

Introduction: In order to a better understood of intimate partner violence phenomena investigation focusing on biomarkers related to aggressiveness and violence is increasing. The relationship between aggression and testosterone has been widely studied, finding that high testosterone levels facilitate the development of violent behavior in men. However, some studies show inconsistencies, this may reflect a role of others hormones. A moderating role has been suggested for the stress hormone cortisol. In fact, low cortisol levels and low cortisol variability have been related to antisocial and aggressive behavior in adults. Recent studies show that cortisol may inhibit aggressive behavior by increasing sensitivity to social punishment. Specifically, cortisol may reduce testosterone production and vice versa. Considering cortisol as an important biomarker related to aggressiveness, our objective is to investigate if there are differences in hair cortisol, as a long term cortisol measure, between perpetrators of intimate partner violence and men without any criminal offence. Method: After having removed outliers using the criteria of 2 typical deviation from the average in the cortisol levels, a total of 119 batterers and 116 non batterers conformed the sample of the study. The group of batterers, with an average of age of 39,25 (Sd=9,94), were recruited from different prisons in Andalucía. The non batterers participants, with an average of age of 32,86 (Sd=11,78), were volunteers from the general population and were recruited via e-mail and advertisement in the university and associations in Granada. Using of glucocorticoids or medication known to alter glucocorticoids metabolism and psychiatric disease were used as exclusion criteria. All the participants signed an informed consent form and completed a semistructured interview covering basic sociodemographic information. They were cut a strand of hair as close as possible to the scalp from the vertex posterior of the head. A sample of a maximum 3 cm long were analyzed using the ELISA method to measure cortisol

levels from a 3 month period. Results: A one way ANOVA show statistically significant differences between groups in hair cortisol levels $F(1,23)=23,409$; p

#266738 – Poster

Relationship between exposure to violence during childhood and empathy in batterers.

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Studies have identified lower social competence as one of the consequences of exposure to community violence in childhood. To understand the relationship between exposure to violence during childhood and pro-social disposition in the long-term in individuals who have been given a sentence by the Spanish judicial system for intimate partner violence, subjects were administered a sociodemographic interview and The Interpersonal Response Index (IRI). Results suggest that having witnessed violence during childhood may be related to a poorer emotional sphere of empathy and a better performance in the cognitive sphere of pro-social disposition in the long-term.

INTRODUCTION: Studies have demonstrated that having witnessed violence as a child could have important implications in childhood or adolescence. Among the consequences of exposure to community violence that have been identified, elevated psychological distress, low self-esteem, a heightened risk for displaying trauma-related symptoms (Boney-McCoy and Finkelhor 1995; Hughes 1988; Maker, Kemmelmeier, and Peterson 1998; Martinez and Richters 1993), lower social competence (Adamson and Thompson 1998), and poor school performance are the most common. Exposure to violence during childhood has also been found to be a significant predictor of subsequent antisocial behavior (Miller et al. 1999; Scarpa 2001; Schwab-Stone et al. 1995, 1999). This might be a risk factor that has a long-term effect in adult life. The objective of the present communication is to understand the relationship between exposure to violence during childhood and pro-social disposition in the long-term in individuals who have been given a sentence by the Spanish judicial system for intimate partner violence.

METHODS: A total of 66 batterers were recruited for the study, with an age range of 23 to 71 years. Subjects were administered a sociodemographic interview and The Interpersonal Response Index (IRI) (Davis, 1980; Spanish version by Garrido & Beneyto, 1995) consisting in four subscales of empathy: Fantasy (FS), awareness of perspective (PT), empathic interest (EC) and personal grief (PD).

Participants were divided into two groups: Batterers who had been exposed to violence during childhood (BVC) (n=21) and batterers who had not been exposed to violence during childhood (BNVC) (n=45).

ANALYSIS: One way analyses of variance (ANOVA) were conducted, where the independent variable was having witnessed violence during childhood and the dependent variable included the four IRI's scales (FS, PT, EC, PD).

RESULTS: Findings demonstrated that the group of batterers who had been exposed to violence during childhood (BVC) [$x=22,33$ ($SD=4,15$)] performed with a lower score on the EC subscale [$F(1,64)=5,73$; $p=0,02$] than the group without exposure to violence during childhood (BNVC) [$x=25,51$ ($SD=5,37$)]. BVC [$x=18,09$ ($SD=4,17$)] was related to a lower score on PD subscale [$F(1,64)=4,28$; $p=0,04$] than BNVC [$x=15,42$ ($SD=5,17$)]. In contrast, BVC [$x=19,40$ ($SD=5,68$)] demonstrated a higher score on the PT subscale [$F(1,63)=7,07$; $p=0,01$] than BNVC [$x=23,68$ ($SD=6,13$)].

DISCUSSION: These results suggest that having witnessed violence during childhood may be related to a poorer emotional sphere of empathy (EC and PD) in the long-term. However, they may have a better capacity to appreciate the point of view of others (PT) as they perform better in the cognitive sphere of pro-social disposition. Further research is needed to a better understood the relationship between childhood trauma and empathy and others emotional abilities which may have an important role in the intimate partner violence phenomena.

#266759 – Poster

Addressing the Mental Health Needs of Inmates at Toronto South Detention Centre through Services and Education.

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The Centre for Addiction and Mental Health has collaborated with the Toronto South Detention Centre (TSDC) to improve screening and triage services of inmates with serious mental illness (SMI) who are at risk of entering the forensic mental health system. The Forensic Early Intervention Service (FEIS) and specialized mental health training for TSDC staff were both developed through this partnership. Results of this collaboration will be discussed in the form of facilitators and challenges experienced by FEIS staff during the service's inaugural year as well as the development and implementation plan for the mental health curriculum.

Research has identified an overrepresentation of severe mental illness (SMI) amongst individuals in the correctional system, suggesting that prisoners have higher rates of SMI than the general population (e.g., Simpson, McMaster & Cohen, 2013). The partnership between the Centre for Addiction and Mental Health (CAMH) and the Toronto South Detention Centre (TSDC) presented an opportunity to provide specialized mental healthcare to inmates with SMI. The Forensic Early Intervention Service (FEIS) was developed through this partnership to enhance screening and triage for inmates with SMI. The FEIS team experienced both facilitators and challenges during the implementation of this program. For example, support from the Ministries as well as effective leadership from FEIS senior management was instrumental in the successful implementation of the service. Further, strong relationships between the FEIS and TSDC healthcare teams facilitated enhanced quality and coordination of care for inmates with SMI. Challenges that affected FEIS implementation included operational issues at TSDC and TSDC establishing itself as a new correctional facility. Contextual challenges were also faced with the FEIS mental health team having to adapt and work within a correctional environment. Through this partnership between TSDC and CAMH, another area of improvement was identified. Front-line correctional staff offer a valuable perspective on supporting inmates presenting with SMI. However, correctional staff have acknowledged that adequately addressing the mental health needs of inmates is a significant issue and they often receive minimal mental health training (Gibbs, 1983; Kropp, Cox, Roesch, & Eaves, 1989). This partnership presented a unique opportunity to develop and implement a specialized mental health curriculum for TSDC staff to improve detection, awareness, and the understanding of SMI to better meet the needs of mentally disordered inmates. Knowledge translation methods close the gaps from knowledge to practice and the identification of these gaps can lead to behaviour, practice and policy changes (Sharon et al., 2009). This unique partnership allows for opportunities to exchange areas of expertise between two facilities challenged with balancing security and therapeutic need for a highly stigmatized and vulnerable population. Through improved efforts of screening and triage of inmates with SMI at TSDC as well as the implementation of a mental health training program for TSDC staff, this collaboration has

yielded significant gains in addressing the identified unmet need of inmates with SMI. Qualitative interviews with the FEIS team were conducted to capture their experiences of implementation during the first year. A needs assessment was designed and administered to TSDC staff to inform the specialized mental health curriculum. Pre- and post-intervention measures will be used to evaluate changes in knowledge and attitudes. The facilitators and challenges during the inaugural year of FEIS will be discussed along with the iterative process of building a partnership between a mental health hospital and a correctional facility. The needs assessment and its findings, the design and implementation of the mental health curriculum and pre- and post-intervention tests measuring changes in knowledge and improved attitudes will also be reviewed.

#266836 – Poster

The holistic development process of Virtual Reality for Forensic Mental Healthcare

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Virtual Reality is an extremely promising technology for mental healthcare. However, its implementation and use in practice are lagging behind, especially in forensic settings. In order to improve this, a rigorous development process is essential. This poster presents a project that uses a multi-method, holistic approach to develop VR applications for forensic psychiatry, based on the CeHRes Roadmap. Patients, therapists and other relevant stakeholders are continuously involved via, amongst other things, interviews, focus groups and usability testing of prototypes. This holistic development process ensures a good fit between the VR technology, the forensic patients, therapists, and their context.

Background In the Netherlands, more and more attention is paid to e-health technologies that are able to improve forensic mental healthcare in an innovative way. Virtual Reality (VR) is one especially promising technology [1], but despite its potential, its use in practice is lagging behind. One of the reasons for this is that a rigorous development process is lacking. A lot of attention should be paid to the fit of the VR technology with the patient, therapist and the forensic context to ensure that it works and will be used. In order to achieve this, important stakeholders should be involved in a participatory development process. The CeHRes Roadmap supports this by providing concrete tools to develop, implement and evaluate e-health technologies in specific settings together with important stakeholders [2]. However, up till now, the CehRes Roadmap has not been used in the development of VR in a forensic setting. Recently, a project to develop a VR application for forensic treatment via the Roadmap has started. This poster provides insight into the methods of the systematic development process of this VR application.

MethodsThe Roadmap consists of five interrelated phases - Contextual Inquiry, Value Specification, Design, Operationalization and Summative Evaluation [2]. In this project, the first three phases are emphasized.

Contextual inquiry In order to provide an overview of the current situation and its issues, the following methods are used in this VR project: a literature review on the use of VR in forensic psychiatry; desk research to find out about current within the relevant forensic setting; and focus groups and interviews with therapists and patients to discover issues and points of improvement of their current treatments.

Value specificationThe needs and wishes of patients and therapists concerning the VR application were uncovered by means of the following methods: separate focus groups with forensic psychiatric patients and therapists to collect their ideas about possible applications of VR; semi-structured interviews with patients and therapists to discuss VR scenarios; and a focus group with both patients, therapists and researchers to define requirements for the VR application.

DesignIn this VR project, multiple prototypes of the VR application are developed, based on the requirements. These prototypes are evaluated with patients, therapists and other relevant stakeholders to find out about their opinions on the design, and to make sure that the design fits their needs. This process is iterative, meaning that multiple prototypes are developed and continuously evaluated.

Operationalization & EvaluationThe entire implementation of VR in a forensic setting is beyond the scope of this project, however, the VR application will be pilot tested in several treatments. This will be evaluated by means of observations and interviews.

1. Turner, WA. Casey, LM. Outcomes associated with virtual reality in psychological interventions: where are we now? *Clinical psychology review*, 2014, 34.8: 634-644.
2. Van Gemert-Pijnen JEW, et al. A holistic framework to improve the uptake and impact of eHealth technologies. *Journal of Medical Internet Research*, 2011, 13.4, e111.

#266862 – Poster

Can moral dilemmas of violence differentiate batterers from other criminals?

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Batterers often minimize and justify their violent behavior against partner or ex partners. We aimed at creating a moral dilemmas of violence task and examining whether batterers and other criminals show similar brain processing during this task. Eighteen men batterers convicted for a crime of violence against women and seventeen men convicted of other crimes conducted this task during a functional magnetic resonance imaging (fMRI) session. Both groups showed an increased activation of the Default Mode Network during moral dilemmas of violence task. However, we found no differences between groups. Future research should design moral dilemmas of intimate partner violence.

Introduction:In recent years the study of batterers has increased at neuroscientific level. Batterers often minimize and justify their violent behavior against their partner or ex-partners (Henning, & Holdford, 2006; Lila, Herrero, & Gracia, 2008). Scientific studies have found paradoxical moral mechanics in batterers that make them resistant to change their violent conduct against their partners (Vecina, 2014; Vecina et al, 2015). The study of brain functioning of morality is required to improve the psychological interventions for batterers. **Objectives:**1. To check if new dilemmas of violence work as moral dilemmas.2. To analyze if there are some brain differences between batterers and other criminals during the processing of moral dilemmas of violence.3. To check if the moral dilemmas of violence task can be used to typify batterers.

Participants:Thirty-five right-handed men, aged between 21 and 52 years old, were divided into two groups: Eighteen batterers convicted for a crime of violence against women, and seventeen men convicted of crimes other than intimate partner violence. All of them were recruited from the Center for Social Insertion (CSI) (Centro de Inserción Social, CIS) “Matilde Cantos Fernández”, in Granada (Spain). The groups did not differ in terms of age, years of education or intelligence quotient (IQ). The exclusion criteria for the two groups included a history of drug abuse or dependence and head injury.

Method:A task of moral dilemmas of violence similar to those created by Greene (Greene et al., 2001) was designed for this study. These dilemmas were based on daily life situations in which participants have to decide to be violent, or not, against a person from their immediate environment (i.e: a sibling, a cousin, a close friend) in order to solve the posed problem. Participants completed this task during a functional magnetic resonance imaging session in which they were asked about these moral dilemmas and other control (non-moral) dilemmas extracted from the Greene task. Brain images were analyzed using the Statistical Parametric Mapping (SPM8) software to characterize brain activation during dilemmas. T-tests were conducted to analyze intra-group and between groups evoked activations.

Results: Batterers and other criminals showed an increased activation of the Default Mode Network (i.e., Ventromedial frontal cortex, posterior cingulate cortex and angular gyrus) during the processing of moral dilemmas of violence compared with control dilemmas (p

#266909 – Poster

Are Latino Sex Offenders different? Implications for Management and Treatment

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Research examining ethnic and cultural differences among sex offenders remains limited. Specifically, literature focusing on Latino sex offenders is scarce. Using archival data from a large sample of sex offenders, this study explored differences among Latino, White, and African-American sex offenders related to characteristics of the offenders, the offenses, and the victims. To further understand the influence of cultural background, the study also examined differences within the Latino group based upon their country of origin. A subset of the findings is discussed in relation to future research and current practices related to the management and treatment of Latino sex offenders.

Background. The Latino population has been identified as the fastest growing and most influential minority ethnic group in the U.S. (Stowell, Martinez, & Cancino, 2012) and Latinos seem to be over-represented within the criminal justice system (Lopez & Livingston, 2009). However, sex offender research conducted with minorities is overall lacking, with very few studies to date either including or specifically identifying Latinos within their samples. Therefore, relatively little is known about this group and its involvement in sexually-based crimes, and this is likely to have an important effect on treatment. According to the responsivity principle of the Risk Need Responsivity model (RNR)- the main management model used with sex offenders- effective treatment interventions need to take into account an offenders' background, knowledge and learning style (Andrews & Bonta, 1998). Part of the offender's background is their ethnic belonging, and specific characteristics linked to it, and treatment programs need that knowledge in order to be effective. **Methods.** The data used in this study were gathered from the archival records of a larger study examining sex offender placement within the criminal justice system (Mercado, Jeglic, & Markus, 2011). The race and ethnicity of the participants was established by the status in the files and coded accordingly. A small number (n = 93) of sex offenders who belonged to racial and ethnic groups other than White, African-American and Latino were excluded from the analyses, resulting in a final sample of 3101 male sex offenders (White = 42%, Black = 37%, Latino = 21%). The Latino sample was then further grouped by country of origin. The data used in this study was gathered and coded by research assistants from the offender files using a data collection tool, including demographic characteristics, criminal history, index offense characteristics, and victim characteristics. The main objective was to compare the different groups and obtain information regarding the significant differences between racial and ethnic groups of sex offenders. **Results.** Significant differences were found in several of the variables when the groups were compared. The results showed that Latinos in the sample were significantly more likely to offend against stepfamily; and almost half of the Latino sex offenders who were living with somebody at the time of the offense were living with the victim. These two findings are of particular importance because they could affect rates of disclosure, as well as influence the availability of social support for the offender. Their offenses were likely to involve physical contact, female victims; and molestation of a minor child was their most common offense. Latinos were more likely to have a lower education level than either African-American or White sex offenders, but they were more likely to have a history of pre-incarceration employment. The last two findings should be considered in treatment programs, by considering educational level, and possibly potentiating

employment through prior networks. Additionally, we found several differences within the Latino group based upon country of origin, in terms of criminal history, history of psychiatric problems, and history of childhood abuse victimization.

#266929 – Poster

Neuropsychological profile of Belgian forensic patients with Intellectual Disability

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Among forensic populations, several studies highlight difficulties to the "executive" tasks (Ogilvie et al., 2011). But studies on the neuropsychological aspects of intellectual delinquents are limited. However, the study of the characteristics of this sub-population is paramount. Indeed, the prevalence of this subpopulation is high among the incarcerated and interned population, ranging from 10% (Brown et al., 1968) to 40% (MacEachron, 1979). We therefore wanted to identify the neuropsychological characteristics, and particularly the executive profile, of a group of forensic patients with Intellectual Disability. We studied the profile of 50 patients, including 25 forensic patients with intellectual Disability intellectuals and 25 non-deficient forensic patients. Each patient was assessed to a battery of intelligence (WAIS-IV) and to neuropsychological tests (the Tower of London, Modified Card sorting Test (MCST), Stroop, and Verbal Fluences). The results will be discussed in the light of the literature. We will also discuss the implementation of neuropsychological tests among the forensic population, both in terms of their incremental contribution to the evaluation of the cognitive profile, than in practical aspects relating to the administration of neuropsychological assessment.

Among forensic populations, several studies highlight difficulties to the "executive" tasks (Ogilvie et al., 2011). The results show less performance to the task of conceptualization of the Wisconsin Card Sorting Test (Miller et al., 1998, Dohan et al., 2002, Veneziano et al. 2004), but also to the flexibility task of the Trail Making Test And Stroop's inhibition task (Joyal et al., 2007, Suchy et al., 2009, Eastvold et al., 2011). However, actually the literature considers the forensic population as a whole, and studies need to be more specific, in particular targeting specific subpopulations (Joyal et al., 2013). But studies on the neuropsychological aspects of intellectual delinquents are limited. However, the study of the characteristics of this sub-population is paramount. Indeed, the prevalence of this subpopulation is high among the incarcerated and interned population, ranging from 10% (Brown et al., 1968) to 40% (MacEachron, 1979). We therefore wanted to identify the neuropsychological characteristics, and particularly the executive profile, of a group of forensic patients with Intellectual Disability. We studied the profile of 50 patients, including 25 forensic patients with intellectual Disability intellectuals and 25 non-deficient forensic patients. Each patient was assessed to a battery of intelligence (WAIS-IV) and to neuropsychological tests (the Tower of London, Modified Card sorting Test (MCST), Stroop, and Verbal Fluences). The results will be discussed in the light of the literature. We will also discuss the implementation of neuropsychological tests among the forensic population, both in terms of their incremental contribution to the evaluation of the cognitive profile, than in practical aspects relating to the administration of neuropsychological assessment.

#267115 – Poster

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

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From 2013 till October 2017 an EU grant was supplied for an initiative for building an EU research framework of forensic psychiatry, chaired by the Pompefoundation (the Netherlands, part of Pro Persona Mental Health Services). Members from universities and forensic services throughout Europe were approached to join the network. Now 19 countries are contributing to this network, aiming at improving forensic psychiatric (longterm) care. The framework stimulates and coordinates multinational and multicentre research efforts by bringing together experts from these nineteen countries (involving about 15 different languages). How we go about and what results are will be presented.

The Poster will contain the main aims of the Memorandum of Understanding which was accepted by the EU in Brussels. Every year of the four years of this first initiative of this kind in Europe, 1/4th of the total grant-amount is made available. In October 2017 there will be an international Conference to close the EU COST-Action IS1302, which will be organized in Poland. The Focus of this Poster is to explain which topics have been dealt with in the past years and what the spin-off is in the different countries. The Action consists of 4 groups, of which three Working Groups and one Focus group which has links to all the Working Groups. The Working Groups topic are: WG1: Determination of patient characteristics of longterm forensic psychiatric care. Regarding Prevalence, Duration of Stay and the most determinant characteristics e.g psychopathology, Risk-assessment and index-offenses. Topics of WG2 are regarding Best Practices throughout Europe to obtain better understanding of complex external factors that influence poor progress if patients residing for an above-average time in Forensic Services. Topics of WG3 are meeting patient needs and optimizing quality of life by gaining knowledge about the specific needs brought about by psychiatric symptoms and longterm residence in a highly restricted setting and, how meeting these needs might optimize Quality of Life. The Focusgroup is regarding Patient involvement by (ex-) service users and carers of service-users in the policies of Mental Health services, training and education of professionals. We will also promote our website on which all information is and will be made available for people who are interested (www.LFPC-COST.EU).

#267310 – Poster

Youth Offending and the Influence of Ethnic Identity and Acculturation

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Several studies suggest that strong ethnic identities protect against recidivism in ethnic minority youth. In contrast, assimilation and integration into the dominant culture may increase recidivism risk. To gain a clearer understanding of these results, the current study examined whether acculturation status and ethnic identity predicted recidivism among Canadian minority youth offenders ($n = 71$). Findings revealed that most youth had strong ethnic identities, and were classified as either assimilated or integrated. However, ethnic identity and acculturation status did not predict either violations, violence, or any recidivism.

Introduction Among minority youth offenders, secure ethnic identities are often associated with lower rates of recidivism, violence and delinquency (Smokowski, David & Stroupe, 2009). However, when minority youth integrate, or assimilate into the dominant culture, rates of delinquency, violent behaviour and gang problems increase significantly (Fridrich and Flannery, 1995; Knight et al, 2009).

However, this area of research is mixed and inconsistent as several other studies have found that ethnic identity and acculturation status do not predict recidivism, violence or antisocial behaviour (Smokowski, David & Stroupe, 2009). Thus, the current study examined the effect of acculturation status and ethnic identity on recidivism among Canadian minority youth.

Method The sample consisted of 71 adolescent offenders on probation in the Greater Vancouver area, Canada. Youth were aged 12 to 18 (mean age of 16), with 71.83% male and 28.17% female. Of the sample, 52% Indigenous (i.e., First Nations, Métis, Inuit), 19% Asian, 8% Hispanic, 8% African and 13% Middle Eastern.

To measure ethnic identity, youth completed the: Multigroup Ethnic Identity Measure (MEIM) (Phinney, 1992), a 14 item self-report measure with 3 subscales (i.e., affirmation and belonging, ethnic identity achievement and ethnic behaviours).

To measure acculturation status, youth completed the: Acculturation, Habits, and Interests Multicultural Scale for Adolescents (AHIMSA) (Unger et al., 2002), a brief, multidimensional measure with 4 subscales: Assimilation, Separation, Integration and Marginalisation.

Subsequent convictions and charges for youth offenders were gathered through the Corrections Network System (CORNET). The follow-up period was 2 years.

Results Ethnic identity and Recidivism: In binomial logistic regression models, ethnic identity did not significantly predict violent reoffending ($\chi^2(1) = .78, p = .40$), any reoffending ($\chi^2(1) = .88, p = .36$), or violations ($\chi^2(1) = .53, p = .48$).

Acculturation status and Recidivism: In binomial logistic regression models, assimilation did not significantly predict violent reoffending ($\chi^2(1) = 1.09, p = .34$), any reoffending ($\chi^2(1) = 1.99, p = .81$), or violations ($\chi^2(1) = 6.57, p = .13$). Due to high collinearity, integration was excluded from this model

Discussion Contrary to prior research and our hypotheses, ethnic identity and acculturation status did not significantly predict recidivism in our sample of minority youth offenders, in Canada. However, there are several possibilities that may contribute to these findings. First, past research has been conducted mostly in the US. However, the effects of ethnicity on offending outcomes may vary by region. For instance, Canadian policies towards immigration and ethnic minority groups vary somewhat from the United States (e.g., cultural mosaic vs.

melting pot; Kelley & Trebilcock, 2010). It is possible that in regions like Canada, where integration is favoured over assimilation, having a minority status entails different experiences. Second, younger participants may have had less stable ethnic identities, which may have attenuated the associations between ethnic identity and recidivism. Finally, official records may have underestimated true recidivism rates, as many crimes go undetected. Future research should consider examining the effects of ethnic identity and acculturation status on recidivism, in regions other than the US.



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