

# INTERNATIONAL ASSOCIATION OF FORENSIC MENTAL HEALTH SERVICES NEWSLETTER

FALL 2017

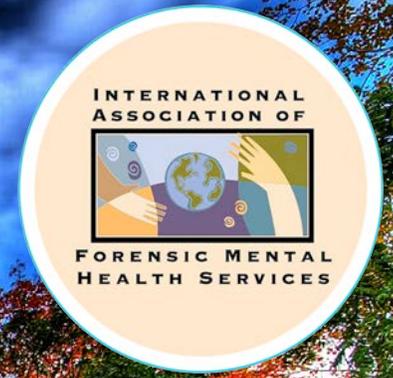


Photo by Paul Bica

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## Fall is Here!

We hope that everyone had a wonderful summer (winter for those in the southern hemisphere) and are excited for what the coming months will bring! This past season was busy for many of our members with the wonderful conference in Split, Croatia. If you were unable to attend, please check out Dr. Mike Doyle's conference highlights (p. 4) and a summary of the Student Section's Panel on Collaborative Research by Ilvy Goossens (p. 9) to learn more about what the conference had to offer!

At this time, I would also like to introduce the 2017 newsletter team: Dr. Kori Ryan, Associate Editor, from Fitchburg State University, and our editorial assistant, Ellen Quick, a doctoral student from Fordham University. We have spent the past few months brainstorming several new features for the newsletter that we hope you find interesting! This issue features our new section on International Forensic Mental Health Services, in which Dr. Adegboyega Ogunwale will share his insights on providing mental health services in Nigeria. In the Early Career Corner, Dr. Kori Ryan describes her thoughts and tips on navigating hire and tenure with a non-traditional academic background. Furthermore, in our Innovative Risk Reduction Strategies section, Stéphanie Kleine Tuente describes the new virtual reality aggression prevention training program in the Netherlands aimed at teaching forensic patients how to de-escalate aggressive behaviour.

We hope that you have all begun to look ahead to our upcoming conference in Antwerp, Belgium, June 2018! Abstract submissions will be opening soon, and we hope that you are already planning to submit something!

All the best,  
Alicia Nijdam-Jones, Editor

# IAFMHS President Barry Rosenfeld

IAFMHS NEWSLETTER Fall, 2017

I am truly honored to have assumed the role of President of IAFMHS, following in the footsteps of so many valued and distinguished colleagues. I will do my best to live up to the high expectations set by my predecessors, and continue to shepherd the organization to even greater prominence, financial stability, and growth. Over the past 17 years, IAFMHS has become a strong, international, interdisciplinary organizations that has carved out a unique and critical place in the scientific and professional community. That said, we have pockets of relative weakness that I think deserve our communal attention, and would like to prioritize some of these during my tenure as President. To be specific, I have outlined several goals for my tenure that I think will help us grow into the waning years of our second decade: increasing IAFMHS membership, further broadening our interdisciplinary base, and enhancing our geographic diversity among our members. The goals I have identified for the coming year and my term as president will be challenging, but I believe our current level of strength has given us the ability to move beyond insuring our survival and begin thinking about next steps for our organization.

So, what are the strengths and limitations that challenge us? First and foremost is the need to continue to grow the organization. Organizations grow by increasing their membership. This is not simply keeping members who renew in advance of the annual conference (in order to secure the discounted conference fee), but rather, it means having a base of members who renew annually regardless of whether they plan to attend the conference. To do this

we must make ongoing membership to our organization valuable for individuals. The ever-increasing status of our journal, now edited by Tonia Nicholls, is a great example of a tangible benefit to members that is tied to membership (i.e., free on-line access to the journal). There are many other important potential benefits from membership that are only now possible, as our financial health has improved. For example, one of the initiatives that is already moving forward is developing funds available to students and young professionals to support small-scale research projects. Although IAFMHS is in no position to be making large grants available, even small grants may bolster the cache of “benefits” that accrue with membership. We have named this grant mechanism the Derek Eaves Research Grant, in honor of our “founding father” who recently passed away. We have also initiated an e-newsletter for members – you are receiving this in our second issue of what will be quarterly installments. We hope that this newsletter will evolve into a valued resource that members turn to for news, general information, job opportunities, and other potential benefits (e.g., grant announcements, discussion of cutting edge topics, etc). These are just the first steps in what I hope will be a lengthy list of initiatives. In hopes to increase attendance, we are also strategizing methods to reduce the cost of our annual meeting (particularly for student members, but also for all attendees). Lastly, I am particularly motivated to enhance the benefits we provide for our student members. It goes without saying that our student members are the future of the organization, both as its future members as well as leaders. Because converting student members into lifelong “full”

## IAFMHS Board of Directors



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San Diego, USA

## FALL UPDATE

members is a critical part of insuring our long-term health, focusing our initiatives on the needs of student members is particularly critical. My fellow board members and I have some ideas as to how to increase IAFMHS membership, but I would like to invite any of you – members, lapsed members, student members, or lapsed student members – to offer suggestions, volunteer for initiatives, and comment on any steps we have already taken.

A related goal that I think requires our attention is broadening the base of our membership. Perhaps because so many psychologists were involved in the original development of IAFMHS, we have always had a large proportion of members (and conference attendees) who identify as psychologists (and, to a slightly lesser extent, psychiatrists). We have a smaller number of nurses and attorneys, and fewer still from social work, OT, or rehabilitation. As a psychologist, growing these non-psychology disciplines is going to be challenging, yet it is critical that we maintain a balance of disciplines and orientations as this was precisely the reason for developing IAFMHS – to enhance collaboration and communication across disciplines. Again, I call on members to help us bolster recruitment and ongoing membership from these under- or less well-represented disciplines. Likewise, continued outreach to practitioners, who provide the crucial counterpoint to the more research focused members, is crucial to maintaining the delicate balance of clinical versus scientific emphasis that IAFMHS strives to achieve. As a researcher/academic that also engages in clinical practice (both assessment and treatment), I recognize the crucial benefits that accrue when we collaborate. Outreach to our colleagues – both within our disciplines

and in related fields, is a tangible way that members can help achieve each of these goals and I invite you to join the process.

Lastly, geographic diversity is equally important to our growth as an international organization. It is no secret that we have a very “lopsided” base of members, with large cohorts from the Netherlands, Norway, Canada, the United States and the UK. But the world is large, and there are vast regions that are poorly represented in our membership – if at all. I hope to be able to broaden our reach, drawing an increasing number of members from Asia, Latin America and Africa, as well as the Eastern European countries that are less well-represented. To do this, we have already initiated “bursaries” for conference attendees from economically disadvantaged regions, but are actively pursuing other options as well. Again, we are open to suggestions from members (or prospective members).

In sum, I look forward to the coming year in hopes that we can continue to grow the organization in both volume and breadth of membership, and maintain the remarkable progress that my predecessors have established. One of the many strengths of this organization is the support and involvement of IAFMHS members in making this organization great, and I look forward to working with you all and receiving your feedback, suggestions, and guidance to help continue to grow IAFMHS to new levels.

Barry Rosenfeld,  
President of the IAFMHS



**ABSTRACT SUBMISSION OPENING SOON!**

# Forensic Mental Health Across Borders: Challenges in a Changing World

Our 17th Annual Conference of the International Association of Forensic Mental Health Services took place at the Le Méridien Hotel in Split, Croatia between June 13th and 15th, 2017. The theme of the conference was "Forensic mental health across borders: Challenges in a changing world." The meeting was held at a time of great challenges for forensic services across the world, not least due to the recent terrorist atrocities, which continue to test all those working in forensic and related services. About 400 delegates attended the conference from over 30 different countries with every continent represented. This illustrates the diversity and reach of our association at a time when international dialogue has never been more important.

The keynote addresses were all outstanding. Professor Jeffrey Swanson gave a systematic, yet poignant overview of recent issues and research on firearm related violence and suicide. Professor Michael Daffern provided an incredibly useful overview of past and contemporary approaches to treating violent offending. Julie Warren-Sykes shared an overview of some of the key issues related to the PREVENT duty in the UK, while offering a profound personal perspective that nobody who attended will ever forget.

I heard great things about the paper and poster sessions, and the pre and post workshops; certainly the sessions I attended were all of a high standard and provided insight into new and emerging areas of research and practice. The special interest groups were well attended and they continue to offer meaningful dialogue on special issues and across professional groups. Special mention to the student section, which goes from strength to strength and ensures our succession planning remains strong!

The welcome reception offered great opportunities to meet up with old and new friends and plenty of networking occurred in the

beautiful setting of the hotel terrace overlooking the sea. The conference dinner was held in the town square in Split, with great food, crisp wine and traditional music. It also offered us the opportunity to hear an amusing and reflective address from Professor Stal Bjørkly, following his receipt of the Rudiger Muller-Isberner award for applying research into practice. Stal has been a loyal servant of the association over many years.

The Christopher Webster Early Scholar award was presented to Dr. Josanne Van Donigen, and it was lovely to hear her acceptance speech, briefly charting her career emanating from her dreams and aspirations as a young girl.

In closing the conference, I had the honour of presenting Professor Steve Hart with a plaque to recognize his outstanding contribution to the Association. Steve leaves the Board of Directors after a tenure that has seen the IAFMHS recover from the brink of extinction to the success it is today. We have never been in better shape and that is down to the work of many people, but Steve in particular.

My final task as President was to handover to the new President, Professor Barry Rosenfeld and although tinged with sadness at leaving the post, I'm really looking forward to working with Barry as the Past-President. My time as President has been challenging but ultimately inspiring and rewarding. I will miss it!

Next year we are going to Antwerp in Belgium and the dates for your diary are 12th-14th of June, 2018. Of all the conferences scheduled for 2018, do not miss this one!

Professor Michael Doyle  
Past-President of IAFMHS

## 2017 Conference Award Recipients

### CHRISTOPHER WEBSTER EARLY CAREER AWARD

Josanne van Dongen, Erasmus University Rotterdam, The Netherlands

### STUDENT PAPER PRESENTATION AWARD

Lindsey McIntosh, University of Edinburgh, Scotland

### RÜDIGER MÜLLER-ISBERNER AWARD

Stål Bjørkly, Molde University College & Oslo University Hospital, Norway

### STUDENT POSTER PRESENTATION AWARD

Sarah Janes, University of Edinburgh, Scotland

# Dr. Derek Eaves, Founding Father of IAFMHS

It is with great sadness that we announce the loss of IAFMHS's founding father, Dr. Derek Eaves, on June 16th, 2017. Dr. Eaves graduated from Liverpool University in medicine in 1966. He trained as a psychiatrist, and joined the Forensic Psychiatric Services Commission of British Columbia in Canada in 1979. Dr. Eaves quickly became a leader in bringing researchers and clinicians together, both nationally and internationally. Not only did he establish links between Psychologists and Criminologists at Simon Fraser University in Canada, where he connected his Forensic Service to Corrections Canada, but he was also a pioneer in developing specialized forensic services in the community (e.g., programs for persons who had committed spousal assault). He is known for his work with researchers and clinicians internationally, and for introducing innovative assessment and treatment techniques, including several risk assessment methods that continue to be implemented worldwide.

Throughout his lifetime, Dr. Eaves has had an immense influence on the field of forensic mental health services, and on the lives of the many researchers, clinicians, and students that he worked with. One of his many accomplishments was his role in inspiring and developing the International Association of Forensic Mental Health Services, our organization which has become the major forum for exchange of scientific and professional information about forensic psychiatry and related disciplines across the world. Although he is no



**Dr. Derek Eaves**  
1942 - 2017

longer with us, his vision, momentum, and legacy will be forever remembered by those who knew him, this organization, and the numerous students, researchers, and clinicians in this field to come.

Below are several quotes from the Festschrift, presented at the IAFMHS conference in Spilt, Croatia and documenting his influence on the members of our international community. Please also watch for an upcoming special issue of the International Journal of Forensic Mental Health, which will honour Dr. Eaves and his many substantial contributions to the field and our members.

*Derek is a true visionary. He created programs to enhance mental health services in forensic settings throughout British Columbia, but his vision extended well beyond the provincial level. The IAFMHS and the journal it sponsored would not exist today were it not for Derek's determination to create an international forum to promote research and best practices in forensic mental health. I was delighted when SFU showed its appreciation for Derek's contributions with the Chancellor's Distinguished Service Award. Personally, it has been the highlight of my forty-year career to have Derek as a colleague, a co-author, and most importantly, a friend. – Ron Roesch*

*I learned a great deal about how to effect change from Derek Eaves. In his steady and quiet manner, he gets an idea (typically one that others see as impractical or too grand), develops a vision, brings people together, and ultimately changes the landscape. There are many examples—the Forensic Psychiatric Services Commission, the BC Institute Against Family Violence, the HCR-20, the IAFMHS— but one that stands out for me is his shepherding of the Surrey Pretrial Services Centre's mental health service. Long before the centre opened, he brought together a group of clinicians, researchers, and senior corrections staff, all with initially divergent views. He had a vision for a contemporary prison mental health service, and despite numerous obstacles—even outright opposition—he established one. – Jim Ogloff*

*When all is said and done, what do I most admire about Derek and his work? It's simple: You have to keep the patient in mind from beginning to end. You have to learn to negotiate the sometimes maddening political processes without despairing. And you have to realize that forensic mental health cannot go it alone— we must get connected and stay connected to other services and research interfaces. – Rüdiger Müller-Isberner*

*Derek Eaves is an example of the true scientist-practitioner. He has long been a fervent advocate of research and knowledge exchange, efforts that truly advance patient care and public safety. Despite his admirable record of accomplishments, he is also a humble collaborator and a generous mentor. – Tonia L. Nicholls*

*Derek has been at the vanguard of new approaches in risk appraisal and evidence-based models of forensic practice. While the debates rage on, we are indebted to him for setting us on a course towards person-centred, individualized practice that is informed by research—a course from which we will not deviate. Meanwhile, younger colleagues across various disciplines in ever growing numbers find a home for rigorous debate on all matters forensic at the IAFMHS. We know that the future of our field is in safe hands. – Johann Brink*

# Taking the Road Less Traveled: Thoughts on Navigating Hire and Tenure with a Non-Traditional Academic Background

Kori Ryan, Psy.D. | Assistant Professor, Fitchburg State University, United States

I think I would describe the tenure process much the way people describe having children; “the days are long, but the years are short.” I did not necessarily envision myself as a tenure-track professor as I completed my Psy.D.; suffice to say the Psy.D. is not the “traditional” path to academia due to the focus on practical experience over research. I love clinical work, and figured I would get my license and practice. However, a part of me did wonder if academia was a serious possibility for me. I found myself drawn to wanting to improve education (not just training) for front-line professionals in mental health. My scholarship has moved in that direction as well; what are best practices for improving outcomes for our clients and patients through non-mental health persons that they may interact with (specifically for me, police and corrections). I threw my hat into the academic ring figuring I would at least get some practice in with interviewing in academia before deciding to seriously apply the following year. I applied on a pseudo-whim, was hired, and here I am at the start of my third year on the tenure track.

I was hired to teach in a new program that integrates a police academy within an interdisciplinary department. Students earn a bachelor’s and master’s degree as well as their state certification as a police officer. I teach them skills, theory, and content focusing on social issues, such as family violence, communication skills, crisis de-escalation and intervention, and effective interviewing.

I have found that being practice-oriented does not mean that you are relegated only to adjunct positions. You may just have to get creative. There are some exciting positions in teaching-focused or professional programs that interdisciplinary individuals are really well suited for. A strong research and scholarship background, and understanding and engaging in evidence based practice is an absolute must, but there is also a need for applied skills instruction and scholarship that may be a strong fit for forensic mental health professionals. As someone who identifies as a practitioner foremost, I appreciate that I have an academic position that emphasizes evidence-based education for future professionals. I also get to engage in scholarly contributions that meet my strengths, as well as collaborate with other faculty and programs. The focus of our programs is to create practitioners, who have an interest in, and knowledge of, social issues and how to systematically research and resolve them.

Non-traditional engagement in academia is not without its pitfalls. Having an interdisciplinary background means that I have to



**Dr. Kori Ryan**

Assistant Professor,  
Behavioral Sciences  
Fitchburg State University

be very careful in my justification for reappointment and tenure. Many people still do not really understand what “forensic mental health” entails. I have been fortunate enough over the years to cultivate mentoring relationships with individuals who have strengths in a variety of areas, but I did not have the benefit of the traditional academic “grooming process.” I at times find myself shying away from opportunities that my own bias tells me is “better left to the real experts,” aka, someone with a research focus. Sometimes, I feel like I’m bumbling about in the dark. Due to the teaching, advising, and service workload of a 4/4 institution, finding time to do postdoctoral hours for licensure has also been a challenge. In the United States, there are fewer tenure-track positions and more adjunct positions, creating a bottle-neck of newly minted, unemployed Ph.Ds. Like any other position, you may be dealing with internal politics, changes in administration, or client (student!) issues at any given time. At times, I still feel like I am doing clinical work!

If you are someone who is unsure about what path to take, try to keep an open mind and be honest with yourself about your strengths and weaknesses, and goals for your career. Could you be happy teaching a 4/4 (four courses, two semester) or 3/3 course load and having less emphasis placed on research and scholarly contributions? Are you student-focused, or have an interest working in an interdisciplinary department? Having been on both sides now as an interviewee and serving on hiring committees, I hope I can provide a little wisdom about seeking academic positions (and keeping them!) as someone who is interdisciplinary and practice oriented. It goes without saying that your mileage with this information may vary and will not apply to every person or situation. (Can you tell I’m a mental health professional?)

- **Do not be afraid to ask for help.** You may benefit from having mentors in different areas of your professional life. You may have different needs at different points in your career. A good mentor will recognize this.

Early career professionals, we want to hear from you! Please consider writing about your experiences, your research, thoughts, and concerns for the next newsletter!

- **Be inclined to say yes, but remember that you can say no.** Use the advice and guidance of trusted colleagues at your institution. Learn who and what you can say no to. Try new things, but do your best to balance the new with what you are good at. I would say that as junior faculty I can say no a bit more than I did as a graduate student, but I still say yes more often than not.

- **Think outside the box.** As forensic mental health professionals, we may be a great fit for programs that emphasize psychology, social work, criminal justice, human services, etc. Expanding your career search might get you a great position.

- **Appreciate the outside forces.** My position required a perfect storm and timing to come together. The position was approved and advertised just as I was eligible for the position. If you do not get hired immediately, keep trying. Have a backup plan. Academia, particularly in the United States, can be volatile. Funding is always a concern.

- **Place yourself at an advantage.** For example, some places will interview and hire all-but-dissertation (ABD) but you will have more bargaining power if your dissertation is either defended or very close to defense. Be really thorough with your application documents. You might be the best candidate ever, but if your application is not complete or riddled with errors, you are not presenting your best self. Have someone review your application with fresh eyes. Practice your teaching/research talk. Have a research program, even if you identify more as a practitioner.

- **Every college and university is different.** Do your homework. Be prepared. Bring a snack for interview days. You will get hungry.

- **Work for tenure at your current and dream institution.** This advice was given to me at the start of my academic search and it has helped me consider my marketability and my plan for success. Go to tenure workshops, talk about your work, and make sure the merit is clear to the reappointment and/or tenure committees.

- **Find your interdisciplinary home!** If you are interdisciplinary, it can sometimes be difficult to get publications accepted. I have been involved with IAFMHS for nearly eight years, and the annual meetings have been a great opportunity for me to get my student-researcher feet wet, and now to engage as an early career professional.

Lastly, be honest with yourself. If you are not, and have no intention of being a prolific researcher, or do not enjoy a heavy teaching/advising load, then do not apply for those types of positions! There is no sense in making the tenure process more difficult or unattainable, losing years of your life in the process. Tenure and promotion are hard enough to attain, no need to make yourself exponentially miserable. As early career professionals, we often make decisions based on what we think we should do, or what others tell us we should do. It can be hard to figure out exactly what we want or what career path will be fulfilling. Sometimes we need to learn to hear our own voices and find alternative paths to fulfilling careers. Do what you can to set yourself up for success, not failure.



## CALL FOR CONTRIBUTIONS!!

The IAFMHS newsletter team would like to invite members to contribute short articles/submissions for the next or a following edition of the IAFMHS quarterly newsletter. Contributions may include one of the following topic areas (listed below) or if you are interested in becoming involved in a semi-regular column or feature, please contact the newsletter editor to further discuss potential ideas.

1. **International updates:** Articles may highlight news, trends, laws or policies that impact the work of individuals in the IAFMHS community.
2. **Innovative risk reduction strategies:** Articles may highlight current research or clinical practice implemented by IAFMHS members.
3. **Training and pedagogy in forensic mental health:** Articles may focus on methods or emerging issues for enhancing knowledge for supervisors, trainers, instructors, professors, or other staff educating forensic mental health professionals.
4. **Other topic of relevance:** Members may submit articles of a topic relevant to the individuals in the IAFMHS community. Please contact the newsletter editor to propose a topic prior to submission.

Submissions should be sent to the editor in Word format and discuss the above subjects relevant to the IAFMHS community. When e-mailing a submission, please include full name, title, institutional affiliation, and contact information. All articles which are selected for publication will be proof read for content, spelling and grammatical errors.

- Suggested 500-1000 words/5 references
- Articles may include section headings
- Illustrations, tables, sidebars are encouraged to illustrate or emphasize article's message

Authors names and affiliations will be included with their article in the newsletter. Authors will be informed of the decision to include the article in current or later editions of the newsletter, however, editors reserve the right to make minor editorial changes as well as not publish every submission.

If you have questions, please email the newsletter editor, Alicia Nijdam-Jones ([anijdamjones@fordham.edu](mailto:anijdamjones@fordham.edu)). We look forward to receiving your submissions!

# Welcome from the 2017-2018 Student Board

On behalf of the IAFMHS Student Section (2017 - 2018), it is my pleasure to introduce our new Student Board Members and share the Board's plans for this upcoming year! We have an enthusiastic and international group of students joining the Student Board, and we all look forward to generating new initiatives, while continuing to help grow existing ones. Before introducing our new board, we would like to commend the previous board on an excellent term. I would like to highlight some initiatives of the 2016-2017 Student Board, which may help you ease into the new school year and prepare for next year's conference (Antwerp, June 12-14, 2018).

- The IAFMHS Student Board will be awarding two **Derek Eaves Student Research Grants** each academic year, in honour of Dr. Eaves' generosity and support of student research relating to forensic mental health services. The recipient of these grants will be presented with a maximum of \$500 CAD, and her or his name will be published on the IAFMHS student webpage. The first deadline is in October 2017, so start planning now!
- The [student section](#) on the IAFMHS [website](#) is now updated with a bunch of [resources](#) for students. The resources are members-only; you have to log in to access them. Briefly, this section of the website focuses on webinars and workshops, journals (e.g., list of journals, becoming student reviewer), conferences (e.g., list of conferences, poster presentation templates), apps for students (e.g., planning, time trackers), and graduate school resources. The new student board will continue to update this section.

Similarly, we have a few nice opportunities for our members coming up.

- After piloting our **Peer Mentorship Program** (developed in 2015-2016), we will be sending out a call for peer mentors (i.e., senior graduate student) and mentees (i.e., undergraduate and graduate students) in the fall semester of 2017. The objective of the Peer Mentorship Program is to match undergraduate or incoming graduate student members with senior graduate students to provide peer mentoring relationships that will support academic and professional development.
- Keep an eye on your inboxes, as our call for **campus representatives** will reach you shortly! Campus representatives are asked to forward our communications (e.g., call for abstracts, peer mentorship) to their student body. They are important allies in growing our membership and raising awareness about our organization.

Without further ado, please join me in welcoming our new Student Board officers:

## IAFMHS Student Board Members



President

**Joel Cartwright**

Doctoral Student, Psychology  
North Carolina State  
University  
USA

President-Elect

**Ilvy Goossens**

Graduate Student,  
Clinical Psychology,  
Simon Fraser University  
Canada

Treasurer

**Lindsey Gilling McIntosh**

Doctoral Student, Psychiatry  
University of Edinburgh  
United Kingdom

Communications Officer

**Sarah Janes**

Doctoral Student,  
Clinical Psychology  
University of Edinburgh  
United Kingdom

Secretary

**Laura Dellazizzo**

Doctoral Student, Psychiatry  
University of Montreal  
Canada

Country Rep &

Volunteer Coordinator

**Jules Roger Dugré**

Doctoral Student,  
Biomedical Sciences  
University of Montreal  
Canada

On behalf of our student board: Thank you! We look forward to making your membership in IAFMHS rewarding! Stay tuned for further announcements. I hope to see you all in Belgium!

Kind regards,

Joel Cartwright,  
Student Board President

# IAFMHS Professional Panel | Collaborative Research

Ilyv Goossens, M.Sc., Simon Fraser University | President-Elect, IAFMHS Student Board

## ... With an International Twist

**Dr. Jennifer E. Storey, Royal Holloway University of London (UK)**

**Matching** | Try to identify a partner (i.e., organization, peer, scholar) that is equally excited as you are about a project. It is important to allot time to help your community collaborator understand the research process. Complementary skillsets and a shared appreciation for the importance of research are key. Supervisors can provide a safe haven for you to start exploring various collaborations. They can help you match with someone, or know who may be less ideal for you to connect with.

**Transparency** | Have goals, tasks, and timelines outlined at an early stage. It will be important to discuss and secure data ownership and authorship ahead of time. This allows all parties involved to enter the collaboration with fair expectations. Remember that not all collaborations work out or are longevous - and that is OK.

**Internationalism** | Being new in a country facilitates collaborations; however, not all ideas from your home country work in your new environment. Doing your homework is a tool for success: Talk to other immigrants, examine the research needs in your new homestead. Identify the professional and social etiquette (e.g., diving right into work vs. exchanging pleasantries).

## ... Researcher and Patient Engagement

**Dr. Marie-Hélène Goulet, Institut Philippe-Pinel de Montréal (CAN)**

**Recognition** | Important to recognize the patient as an expert, and include them as a full member of the research team. Advocate for patient involvement from the conceptual stage over data collection, through publication. Similarly, immersion into the (clinical) settings of your research, and working with other disciplines builds a richer project. Clarification of the expected roles for patients, clinicians and researchers is necessary. Patient compensation recognizes the value of their expertise and contribution to a project.

**Autoethnography** | Practice of looking inward as researcher. As a researcher, analyzing your own culture by interpreting your behaviours, thoughts, experiences in relationship to others (e.g., patient partners). How does your (life) story relate to the wider socio-political and cultural context? How do you influence the research process? This self-reflective process is important in addressing bias in the research process.

To get you started: [Visual value model](#) for patient engagement & the [Montréal model](#) of patient engagement.

## ... On Developing a Game Plan

**Dr. Kevin Douglas, Simon Fraser University (CAN)**

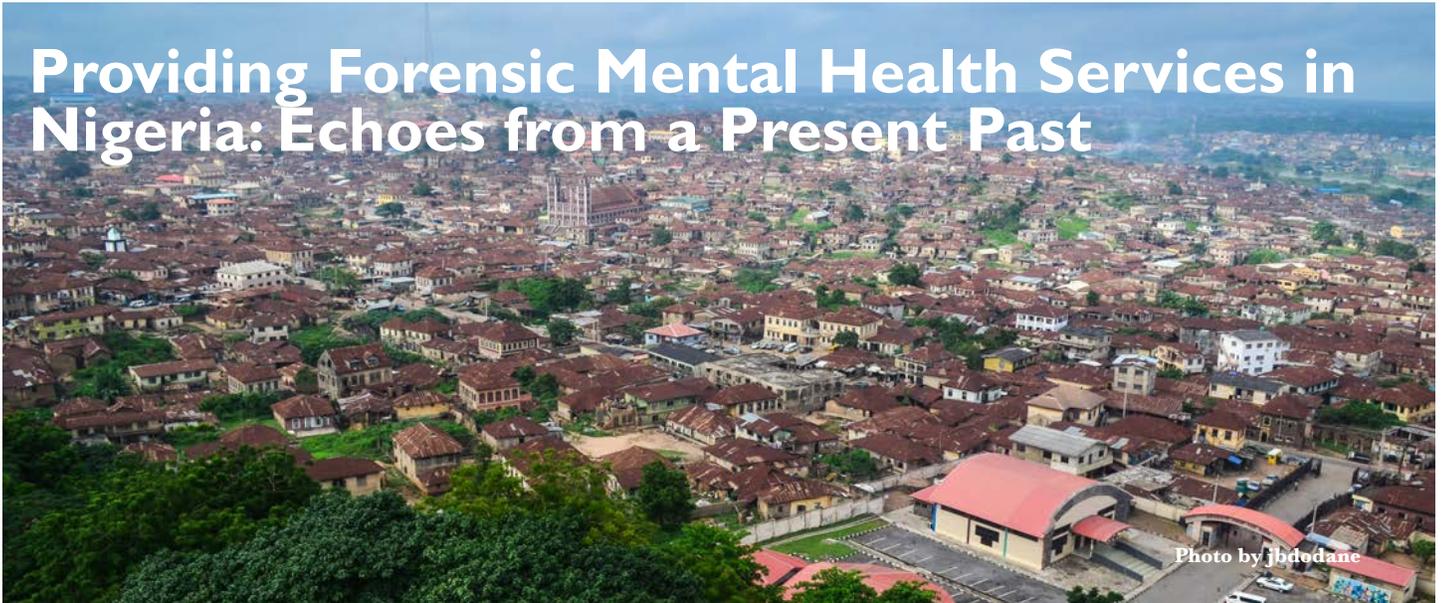
**Conferences** | Use conferences to your advantage. Preparation is important: Identify who you want to meet, what your shared interests are, read up on their recent papers. When attending year after year, you will become one of the people that others expect to see. Especially at IAFMHS, you make connections internationally.

**The relationship** | Do not dive right into what you can offer a potential collaborator or vice versa. Building collaborations with peers or community partners can be characterized as 'academic dating'. Over lunch, test the waters, identify common interests, make sure you are on the same team while occupying different positions. Like other relationships, fostering connections, pulling your weight and putting in time will help ensure longevity.

**Productivity pipeline** | Identifying a topic of international importance, or getting in on a topic at ground level, will help ensure longevity and invite international collaborations (e.g., violence risk and the HCR-20). Finally, using publicly available datasets can help students ensure they have something to offer potential collaborators. The goal is to have at least one project in each stage of this pipeline (below). According to the pipeline, what is the next step in your collaboration?



# Providing Forensic Mental Health Services in Nigeria: Echoes from a Present Past



Dr. Adegboyega Ogunwale | Senior Consultant Psychiatrist, Forensic Unit, Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria

Forensic mental health services in Nigeria may be traced to the Lunacy ordinance of 1916 which established lunatic asylums primarily for the custodial care of the mentally ill. Over the years, some of these asylums have mainstreamed into modern-day psychiatric hospitals or have fallen into disuse. It is important to note that within the old asylum arrangements, there were 'prison-based' asylums which were essentially designated prison cells for the isolation of mentally ill offenders. This situation was largely understandable because prior to the 1950s, there were no widely available treatments for mental disorders and custody ensured the safety of the 'patient' as well as society. In spite of remarkable developments in psychiatry within Nigeria since then, there has been no palpable progress in the field of forensic mental health. The prevailing scenario in the country is that of psychiatric hospitals with no security and prisons with no 'hospitality'!

My practice of forensic psychiatry, which began fully in the last six years at the Neuropsychiatric Hospital, Aro, Nigeria, is in two spheres: treatment of mentally ill offenders in a non-secure hospital and psychiatric care of offenders within prisons. Mentally ill offenders who are awaiting trial or serving penal sentences in prisons are admitted into our open wards based on some hospital observation/treatment order by a magistrate or high court. Consequently, such court-ordered referrals are admitted with the prison officers providing 24-hour security coverage for the length of the admission for observation, treatment or both. In most cases, such in-patient arrangements last for one month after which a report is forwarded to the court. While the main focus of such referrals is to determine the presence of mental disorder as a basis for the insanity plea, in some cases, the court would also be interested in the psychiatrist's opinion on the patient's fitness to plead. The cost of treatment is usually borne by the

Nigerian Prison Service or the Directorate of Public Prosecution (where it is in the interest of the prosecution to expedite the trial process). The Prison Service is bound by law to provide mental and physical health care to inmates under its supervision.

In a few cases, the offender has been granted bail either from police or prison custody and is to be seen on out-patient basis for the purpose of providing a report to the court. In such circumstances, the patient is seen on a number of occasions and necessary psychiatric and psychological assessments are conducted after which a report is forwarded to the court. Under those conditions, the relatives of the mentally ill offender are responsible for the cost of observation and treatment.



## Dr. Adegboyega Ogunwale

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Our provision of mental health care in prison – correctional psychiatry – is essentially based on the understanding that prisoners have a right to both physical and mental health care, a responsibility that the Nigerian Prison Service strives to meet albeit with limited success. The patient is usually seen in a prison clinic where physically ill prisoners are also seen on a daily basis. Our hospital runs a model in which we have a mental health nurse stationed at the prison who conducts a basic review of new and old patients daily. Emergency medication may be administered by the nurse in order to stabilize patients that are very ill and disruptive. I am one of two consultant psychiatrists (we are basically general adult psychiatrists with interest in forensic mental health) who alternate visits to the prison on ad-hoc basis to review the patients presented by the mental health nurse. During the visits, we decide on the patient's diagnosis and definitive treatment. The need for hospital transfer as may be necessary could also be discussed with the prison authorities. At such visits, specific legal questions raised by the court such as the mental status of the patient in relation to the crime (basis for legal insanity) or fitness to plead may be addressed in our review.

In light of the foregoing, I have had to function in the position of an expert witness either by providing a written testimony or an oral one to the court. In my experience, presenting an oral testimony in court requires a number of medico-legal skills which the average psychiatrist might not have acquired during basic or postgraduate medical training. Fortunately, I recently completed an LLM degree in medical law and ethics at the University of Edinburgh via online distance learning and this has helped me in no small way to cope with the many challenges of the psycho-legal arena.

As must have become apparent, the challenges of forensic mental health care in Nigeria are numerous. First, there are severe resource constraints in terms of funding. As such, there is acute shortage of much needed medication in the prison and usually inadequate funds when hospital transfer is indicated. Second, many members of the health care staff at the prison clinic are not qualified mental health care professionals thereby projecting severe manpower challenges. Third, there are no humane facilities for the care of the mentally ill in the prisons, which may negatively affect the safety and well-being of such patients. Prisons are frequently overcrowded and sometimes, very agitated or violent mentally ill offenders are removed from regular cells into designated cells where they are kept in physical restraints. The ethical challenges of my work include lack of confidentiality inherent in conducting interviews in the open clinic, lack of equivalence of care when the prison environment is compared with the general population, a punitive rather than restorative focus of imprisonment and the maleficent deprivation of liberty by the indeterminate period of committal of NGBRI detainees in prison.

In conclusion, the present context of our practice of forensic mental health care in Nigeria is largely that of correctional psychiatry. Yet, it is sub-optimal and fraught with daunting ethical and practical challenges. Professional innovation, government commitment and international collaboration are all required to develop and sustain services which can adopt global best practices.

### Old asylum now converted into a regular non-secure psychiatric unit



International forensic mental health practitioners, we want to hear from you! Please consider writing about your country's policies/practices and your experiences for the next newsletter!

# Virtual Reality Aggression Prevention Training in Forensic Psychiatric Centers in the Netherlands

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## Background

Besides being perpetrators, forensic patients are also more likely to become victims of aggression. This is not surprising, as these patients often have antisocial (or other) personality disorders, lack of impulse control, high degrees of impulsivity and/or a lack of empathy, all factors that are related to aggression (Bogaerts, Polak, Spreen, & Zwets, 2012; Lobbestael, Cima, & Lemmens, 2015). Although there is an ongoing debate on the distinction between reactive and proactive aggression, factor analyses have proved repeatedly that aggression is best described by the two-factor model (Poulin & Boivin, 2000; Raine et al., 2006). Reactive aggression is an impulsive and uncontrolled outburst of anger in response to a perceived provocation, often involving problems with Social Information Processing (SIP; Crick & Dodge, 1994). Steadham and Rogers (2013) argued that with regard to the severity and the unpredictable nature of reactive aggression, it increases staff and fellow patients' risks of victimization. Therefore, these authors stated that it is important that interventions focusing on reactive aggression are top priority. Because of this, the SIP-model is used as a framework for Virtual Reality Aggression Prevention Training (VRAPT).

## Virtual Reality Aggression Prevention Training (VRAPT)

VRAPT consists of 16-biweekly individual treatment sessions. In an interactive three-dimensional virtual environment, forensic patients have the opportunity to practice de-escalating aggressive behavior with virtual characters and learning to cope with their aggression in an adequate manner. Different interactive provocative social scenarios were designed during an iterative process with software engineers, VR experts, clinicians, and researchers. The primary focus of these provocative social scenarios is on controlling behavior, emotions and impulses. During the VRAPT sessions patients wear earphones and a head-mounted display while arguing with a virtual character that is controlled by the therapist. Thus, the therapist delivers a real-time dialogue while also controlling speech, emotions, and actions of the virtual character. Additionally, VRAPT measures real-time galvanic skin response and heart rate variability as feedback for patients on their physical arousal during the sessions.

Three Dutch forensic psychiatric centers (FPC) participated in a feasibility pilot. Patients were monitored with the Social Dysfunction Aggression Scale (SDAS; Widstedt et al., 1990) by staff for aggression on a weekly basis. This instrument measures a broad range of aggressive behaviors, including very mild forms of aggression. Monitoring with the SDAS starts twelve weeks before the first VRAPT



session, during the eight weeks with sixteen VRAPT sessions, and continuing twelve weeks after the last VRAPT session as a follow-up measurement. Furthermore, pre- and post-intervention, and twelve week follow-up self-report questionnaires on impulsivity and aggression are obtained. The development of the protocol and training was successful. Following the evaluation after the pilot a few adaptations in the protocol and software were made.

## Is VRAPT effective?

After the successful completion of the pilot, a multicenter randomized controlled trial (RCT) began in March 2017. Four FPC's in the Netherlands participate in this research, namely: FPC de Kijvelanden, FPC Dr. S. van Mesdag, FPC Pompestichting and FPC de Rooyse Wissel. The main objective of this research is to examine whether VRAPT is effective in reducing aggression and victimization among forensic inpatients. Patients in the VRAPT condition (intervention group) will be compared with patients on the waiting list (control group). At this time 85 patients across the four FPC's have given written informed consent and have been allocated to either the intervention or control group. Besides the self-report questionnaires and the SDAS, we interview patients after completion of the VRAPT sessions. Since this research just started a few months ago, we do not have results on the self-report questionnaires or the SDAS. Nevertheless, during the follow-up meeting, the research assistant interviews the patients about their experiences. One of the patients stated: "Previously I started a fight when I was angry. Through the VRAPT I have noticed that if I mention and share my irritations, my aggression decreases. This was new to me. I've learned to wait before I give a response. First think, then react." Another patient was asked whether VRAPT was a supplement to the current therapies in his FPC and he stated: "It is definitely an addition to our treatment services. With VRAPT you can practice new behavior within a secure (virtual)

## INNOVATIVE RISK REDUCTION STRATEGIES

environment. If you as a patient are willing to learn, you have the opportunity to practice your goals together with your therapist.”

### Conclusion

The development of the VRAPT protocol and the pilot was successful. Following the evaluation after the pilot a few adaptations in the protocol and software were made. The randomized controlled trial is still ongoing, but the first reactions from therapists and patients are enthusiastic and positive. Hopefully, the results of our research on the effectiveness of VRAPT will add to the current knowledge on aggression trainings in forensic mental health services.

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## SPECIAL INTEREST GROUP FEATURE

# RISC-TEAM: Risk Information, Support, and Communication – Toward Effective Assessment and Management

The purpose of the RISC-TEAM is to promote interest, understanding, best practice and support in all aspects of violence risk assessment and management. The RISC-TEAM aims to be a resource for all disciplines involved in such activities: lawyers and administrators, as well as psychologists, psychiatrists, nurses, social workers, and other involved professionals. It aims to be an international resource on violence risk assessment and management.

The mission of the group is to reflect the interests of the diverse professional membership of the IAFMHS. The combined knowledge and experience of the RISC-TEAM will be available to its membership as a resource on matters related to risk assessment and management, specifically relating to clinical practice, research, education, and policy and administration. The RISC-TEAM will create opportunities for collaboration across institutions and jurisdictions in the conduct of research and training, and will be a source of information for the IAFMHS membership on issues pertaining to risk assessment and management in forensic mental health settings. The RISC-TEAM will offer standards and guidelines for good practice in key tasks of risk assessment and management in forensic mental health settings.

Specific aims include:

- To provide an international forum for professionals interested in issues related to clinical risk assessment and management, specifically with respect to clinical practice, research and policy/administration. The essence of the group is to offer colleagues an opportunity to exchange opinions on legal, methodological, and

clinical matters and to offer advice or support from the perspective of similar organizations.

- To discuss standards for clinical and research practice.
- To ensure the knowledge is kept up-to-date, organized, and available to members.
- To ensure that information about risk assessment and management is conveyed accurately and responsibly via training workshops and the like.

We invite all interested professionals, students and trainees to join the group, which meets annually at the IAFMHS meeting.

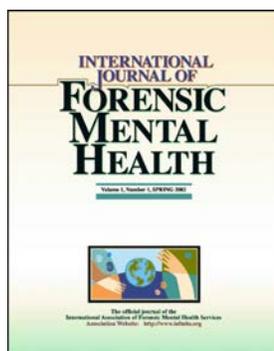
Prominent themes that arose in the clinical and research interests of those who attended the most recent meeting of the group were:

- The effective translation of risk assessment findings into tribunal hearings and treatment plans
- Implementation of violence risk assessment tools across different clinical settings, and the effective uptake of structured professional/actuarial tools into practice
- Rises in school/campus violence, including sexual violence, and the need for effective risk assessment tools and training for these settings

With respect to future projects, we are aiming to create a RISC-TEAM listserv, using a software platform such as Sharepoint or LinkedIn. This listserv could relay relevant group information such as information on training programs, student exchanges, funding opportunities, journal special issues and calls for papers, etc.

# International Journal of Forensic Mental Health

IAFMHS NEWSLETTER Summer, 2017



## The Potential for a Skills-Based Dialectical Behavior Therapy Program to Reduce Aggression, Anger, and Hostility in a Canadian Forensic Psychiatric Sample: A Pilot Study

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Dialectical behavior therapy (DBT) is designed to target maladaptive behaviors, such as aggression. The present pilot study assessed whether DBT reduces aggression, anger, and hostility in a forensic psychiatric sample (N = 15). A randomized waitlist control pre-post/follow-up crossover design was employed. Group-level findings indicated a reduction in hostility during and following DBT. Individual-level findings indicated some reductions in aggression during and following DBT. Individual-level findings indicated that participants in DBT improved more on measures of aggression compared to participants in treatment as usual. These results are preliminary. Implications and future directions in research are discussed.

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### CALL FOR PAPERS

## Special Issue: Forensic Clinical Interviewing

IJFMH is currently calling for papers for a new Special Issue on Forensic Clinical Interviewing. The Special Issue Editor welcomes the following research topics and submissions:

- Articles on ethics of good practice in forensic interviewing;
- Essential clinical interviewing strategies, skills, and techniques for forensic scenarios
- Formal papers or brief, instructional 'how to' articles describing and contrasting key areas of practice, including
  - same- and cross-gender interviewing
  - interviewing children and young people
  - cross-cultural interviewing
  - interviewing men, women and young people with autism spectrum conditions
  - interviewing clients with cognitive impairment and learning disability
  - interviewing clients with personality disorder and psychopathy
  - interviewing sexual offenders
  - interviewing violent extremists
  - interviewing techniques for use with veterans and survivors of abuse

Deadline: June 1, 2018

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