

INTERNATIONAL ASSOCIATION OF FORENSIC MENTAL HEALTH SERVICES NEWSLETTER

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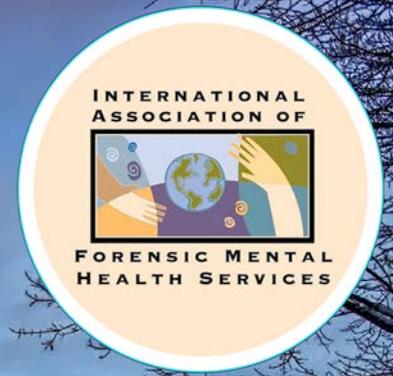


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Letter from the Editor

Dear members of the IAFMHS community,

Welcome to the first 2019 installment of the IAFMHS newsletter. We hope you all enjoyed the holidays and feel refreshed after time with family and friends. In this issue, you will find several exciting contributions, including descriptions of several international studies, such as a multi-centre, prospective cohort study examining the differences in forensic service provision across Europe (VIORMED) and two studies of secure forensic care in the UK. Other highlights from this issue include our early career corner, where Kaitlyn McLachlan discusses the lessons that have helped guide her career, and the student section, which focuses on female entrepreneurship in 'Big Data'. You will also find a summary of the *International Journal of Forensic Mental Health's* special issue on forensic clinical interviewing, and much more!

As always, we would like to encourage graduate students, early career professionals, and other members of IAFMHS to submit content to the newsletter and welcome all comments and feedback.

We hope that you are all having a productive start to 2019!

Alicia Nijdam-Jones, Editor

The European VIOLence Risk and Mental Disorder (VIORMED): A multi-centre, prospective cohort study protocol

Giovanni de Girolamo | St John of God Clinical Research Centre, Italy; Giuseppe Carrà | University of Milan Bicocca, Italy; Pawel Gosek | Institute of Psychiatry and Neurology, Poland; Marco Picchioni | King's College, UK; Hans Salize | Central Institute of Mental Health, Germany; Johannes Wancata | University of Vienna, Austria; & Margaret Walker | EUFAMI, Belgium



Forensic psychiatric services of one form or another exist in every EU state, but their design, operational models, clinical

resources and guiding principles differ markedly. Today these services are expanding in some member states, while contracting in others, leading to astonishing differences in forensic bed availability in the different EU countries.

Forensic psychiatry spans an often highly challenging physical and ethical space between the needs and rights of patients, the public and the criminal justice system, and between treatment and public protection: these reasons prompted the European Commission to launch a call in the field of forensic psychiatry entitled "Severe mental disorders and the risk of violence: Pathways through care and effective treatment strategies". The 'European Violence Risk and Mental Disorders' (EU-VIORMED) project, involving five European countries (Austria, Germany, Italy, Poland and the United Kingdom) was selected among the submitted applications. The project will explore and map, through a series of interlinked work packages, the differences in provision and functioning of forensic services across different areas in Europe and identify and share best practices, where they exist. The projects aims are therefore fourfold: firstly, to describe

forensic psychiatry services as they exist today in 2019 across the European Union. Secondly, to identify risk factors for violence in a unique international forensic sample. For this aim a case-control retrospective design is being used in order to compare 200 forensic subjects with Schizophrenia Spectrum Disorders (SSDs) who have a history of interpersonal violence with 200 non-violent subjects with SSDs.

The third aim is to test, in a related sample, the predictive validity of two different methods of violence risk assessment, the HCR-20v3 and FoVOX. This observational study will employ a prospective cohort design with 12-month follow-up (FU). Information about aggressive and violent behaviour over the 12-months FU will then be collected once every three months by researchers linked with the treating staff. Violence will be coded for frequency and severity according to the Modified Overt Aggression Scale (MOAS) and will include aggressive and violent behaviour as well as self-harm and suicide.

Finally, EU-VIORMED will explore what works best for these often marginalized patients, with the help of two specific meta-analyses, and will discuss the main ethical issues related to the assessment and treatment of forensic patients. More info about the EU-VIORMED project can be found at <http://www.eu-viormed.eu/>.

19TH ANNUAL IAFMHS CONFERENCE

IAFMHS 2019 Montreal Conference



CULTURAL DIVERSITY:
Adaptability, Flexibility and Reconciliation in Forensic Mental Health

2019 Keynote Speakers

Dr. Rees Tapsell

The Treatment and Rehabilitation of Māori Mentally Abnormal Offenders



Dr. Tapsell is of Māori, heralding from the Arawa canoe and of Ngāti Whakaue descent. He is the Executive Director of the Midland Regional Forensic Service and the Director of Clinical Services for the Waikato Mental Health and Addictions services at the Waikato District Health Board. He is a clinical lecturer with the department of psychological medicine at the Auckland School of Medicine. Dr. Tapsell has served as a General Council member with the Australia and New Zealand College of Psychiatrists, as a board member on two HHSs/DHBs, on several small private companies and he served as a psychiatrist Deputy Member on the Mental Health Review Tribunal for 12 years. He has been involved in the development of a number of Māori specific approaches to the provision of mental health care to Māori in both general and forensic services and in both government and NGO settings. Dr. Tapsell's particular professional and research interests lie in the governance and leadership of health organisations, the epidemiology of mental disorders, Maori mental health service development, outcome measures in Maori mental health 'mentally abnormal' offenders and undergraduate and postgraduate education and training.

Dr. Richard E. Tremblay

From Forensic Mental Health to Infant Mental Health: Back to the Future



Richard E. Tremblay is Emeritus Professor of Pediatrics and Psychology at the University of Montreal, Emeritus Professor of Public Health at University College Dublin (Ireland), and director of the Centre of Excellence on Early Childhood Development. Over the past thirty-five years he initiated five large scale longitudinal-experimental studies with an integrated bio-psycho-social approach to unravel the early development of violent behavior and to identify effective early preventive interventions. He received the Stockholm Prize in Criminology, the American Society of Criminology Sellin-Glueck Prize for international research in criminology, the Laufer Award from the French Academy of Moral and Political Sciences for his research on prevention of antisocial behavior with children, the Joan McCord prize from the Academy of Experimental Criminology and the Scott Award for lifetime contributions to research on aggression from the International Society for Research on Aggression. He is a Fellow of the Academy of Experimental Criminology, a Fellow of the Royal Society of Canada and a Fellow of the American Academy for the Advancement of Science. Finally, he was a member of the team of professionals when the Philippe Pinel Institute opened in 1970.

Dr. Nancy Wolff

Person-First Equals Cost-Effective: It's Simple, Universal, and Within Budget



Nancy Wolff, Ph.D., an economist and professor, is the director of the Bloustein Center for Survey Research and former director of the Center for Behavioral Health Services & Criminal Justice Research (NIMH funded from 2002-2014) at Rutgers University. Since 1995, she has increasingly focused on public policies and justice practices that influence the incarceration and rehabilitation of justice-involved people. In 1999, she was awarded an Atlantic Public Policy Fellowship to study the management of mentally disordered offenders in the United Kingdom. Her research explores the need for behavioral health services among justice-involved individuals, treatment interventions that are responsive to those needs, and the role of environmental conditions and training in improving the effectiveness of treatment interventions provided in correctional settings. Most recently, her work has focused on the prevalence of trauma among incarcerated men and women and its effective treatment. Dr. Wolff conducted an NIMH-funded study that tests the reliability of computer-administered screening for PTSD and substance abuse problems compared to clinician-administered screening and the effectiveness of two evidenced-based, manualized first stage trauma interventions.

Nurses Involved in Forensic Services Research at UCLan

Mick McKeown, PhD, BA, RGN, RMN & Karen Wright, PhD, MA, BSc, RGN, RMN | School of Nursing, University of Central Lancashire, Preston, UK

A group of staff based at the School of Nursing in the University of Central Lancashire (UCLan) have been involved in a number of studies of secure care. This group includes Mick McKeown, Karen Wright, Alison Elliott, and Emma Jones, all nurses who previously worked in secure mental health care services, and Julie Ridley from the School of Social Work. Below, we describe two current projects.

A Study of the Involvement and Support of Family and Friends of People Admitted to Secure Mental Health Services

Building upon a similar Scottish study, UCLan was commissioned to undertake a study of the needs of family and friends of people cared for in secure mental health services in England. The study was concerned with the extent to which such carers are understood within services, have their needs met, and are able to make a positive contribution to services through opportunities for involvement. The research comprised of a literature review, surveys of carers and services, and interviews. The findings fed into development of a [toolkit](#) for carer support and involvement in secure mental health services, accompanied by two short films. The whole study was supported by carers and ex-service users who were involved at all stages of the project, including the drafting of the toolkit and making the films. The films were produced by Flexible Films, a user-led production company. The [toolkit](#) is aimed at guiding commissioners and helping carers navigate the system. This will also hopefully help staff working in services to be more aware of the range of initiatives that might better meet the needs of carers.

A total of 98 secure services and 107 individual carers completed questionnaires, and we conducted in-depth interviews with 26 carers. The findings show that:

- 68% of service users reported by services have contact with carers
- The most usual form of contact is telephone
- There are a high proportion of visits
- Many carers feel unsupported by services, but this is reported as improving
- Staff in designated carer support roles are highly valued
- Almost 90% of carers are invited to CPA meetings; 39% take up this offer. This involvement in care/case review is not uncommon, but not all carers can take this up because of domestic or employment factors
- 83% of services have a confidentiality policy in place
- High levels of involvement in case discussions and care planning are reported by staff and slightly less so by carers, but 75% have been involved in discussions about risk
- Carers emphasise contact with relevant staff as the most beneficial form of involvement



Mick McKeown, Ph.D.

School of Nursing, University of Central Lancashire, Preston, UK



Karen Wright, Ph.D.

Head of School of Nursing, University of Central Lancashire, Preston, UK

- Staff report 60% of carers involved in a carers' network, 70% of carer respondents are involved in a network
- Being a carer is stressful, and some of this stress results from engagement with the system. Differences were noted between supportive and unsupportive staff
- Carers see themselves as a substantial potential resource to services but face certain barriers to fulfilling this
- Carers need personal and practical resources to deal with stigma in communities
- Not all experiences for carers are negative, and being in this role can be personally fulfilling and educative
- A majority of carers welcome information, but want more relational time with staff
- More sophisticated therapeutic support, such as family therapy, is not widely available; 21% of carers report receiving family therapy

The Whittingham Lives Heritage and Arts Project



Whittingham Lives is a public facing programme of work that connects carceral mental health care, history, and arts with a view to engaging the public, staff, and service users in reflections on the past, to improve thinking about mental health and services in the

present, and to imagine better futures. The project has included various artistic workshops for members of the public, including people who identify with mental distress or as carers, based at various community venues and at Guild Lodge secure unit; the latter being sited on the old asylum site. The workshops at Guild Lodge were facilitated in partnership between Whittingham Lives artists and a team led by Occupational Therapist, Mark Love. The project culminated in a variety of extremely well attended performances, exhibitions and conferences. These have brought alive asylum history and the intersection with World War I, allowing a poignant and informative memorialisation of the centenary of the end of the war.

FORENSIC MENTAL HEALTH NURSING

Outputs have included:

- A 100-page booklet
- The commission of a new choral piece celebrating the writings of Ivor Gurney, the war poet who died in the asylum system, this premiered at a concert at the Royal Northern College of Music and was also featured in a community singing day at Preston Minster
- A play, *Whittingham 1918*, performed in various venues across the North West of England
- Theatre workshops within the Guild Lodge secure mental health unit (a service located on the old Whittingham site), whereby scenes from the play were performed and discussed by service users, with the actors in and out of role within these discussions

- A two-month exhibition at the Harris Museum, with accompanying published catalogue. This included the art produced by staff and service users in workshops convened at Guild Lodge secure unit
- A day of summer events and mini-exhibition celebrating food, farming and asylum diet at the Whittingham Staff Social Club. The social club survives the closure of the asylum
- Conferences at UCLan and the Museum of Lancashire
- And numerous other community presentations, workshops and discussions!



EARLY CAREER CORNER

Lessons Learned: Maintaining Career and Well-Being

Kaitlyn McLachlan, Ph.D., C. Psych. | Assistant Professor, University of Guelph, Canada

Increasingly, graduate and postgraduate learners are being faced with tough questions about future career paths as well as health and well-being in the context of demanding training programs. With a recurring news cycle and social media feeds tending to focus on limited job prospects relative to the number of graduating future researchers, these are important questions for students and early career professionals (ECP) trying to find their career paths. In thinking about what might make for a helpful contribution as an ECP to this newsletter, I was initially stumped. As so many adventures in life go, my personal career journey has taken several unexpected twists and turns. However, along the way I had the benefit of tremendous professional and personal mentorship. I thought that I might use this opportunity to share a few lessons, learned from others, that proved particularly useful for me along the way.

1) The job market is increasingly demanding a broad array of skills for success. Take time to develop specialized skills in your area of focus. And, don't be afraid to spend time visiting other labs, collaborating with unusual and interesting disciplines or international colleagues, and finding some trust and [flexibility](#) in order to let your career move in directions that you may not have anticipated. The relevance of the [boundaryless](#) career is likely to continue to increase as employment markets and patterns shift. For me, a graduate with specialization in forensic psychology, this involved completing interdisciplinary postdoctoral training in child neurodevelopmental disability. At the time, this had not seemed like an obvious 'next step.' But these enriching experiences ended up turning my career in directions that were invigorating, gave me forward momentum, and importantly, provided new lenses through which I now view my research and clinical work. In particular, formal training in interdisciplinary collaboration proved critical in developing this increasingly valued competency. Having diverse training experiences may open new and more varied career paths,



Dr. Kaitlyn McLachlan

Assistant Professor,
Department of Psychology
University of Guelph, Canada

giving you more choice in the direction you want to ultimately pursue. In addition, network, network, network!

2) Make sure you 'know what you know.' It is equally as important to be able to clearly formulate for yourself, and communicate to others, the knowledge and skills that you bring to the workforce, whether you plan take on the academic job search, practice full time as a clinician, or move to industry. [Competency-based](#) graduate and postgraduate training can offer a helpful lens to evaluate the knowledge and skills you have developed. Graduate training provides a wealth of learning and skill development experiences including collaborative team work, problem solving, critical thinking, data analytic methods, knowledge translation, applied research methods, teaching skills, and so many more. Make sure you 'know what you know,' and work with peers and mentors who can help you in formulating and clearly communicating these valuable assets when you hit the job market.

Make sure you 'know what you know,' and work with peers and mentors who can help you in formulating and clearly communicating these valuable assets when you hit the job market.

3) Put your oxygen mask on first. When I started graduate school there was much less open dialogue about personal well-being. We still thought about ‘waiting to graduate’ before taking on life’s adventures. As a female student and now academic, this has involved asking a lot of tough questions about family and career. “*How would I be able to balance everything?*” Graduate school is tough. Really tough. So is being a postdoc, and being on the job market is exhausting. Increasing evidence highlights the frequency with which graduate learners report experiencing mental health concerns. Trying to keep current and competent in a diverse number of skill areas, keep up with email, and find time to eat lunch sometimes feels like balancing a series of spinning plates! At some point along the way, with the help of excellent mentors, I realized that I could no longer wait for life after ‘the next deadline.’ Self-care is more important now than ever, and continues to be a challenge in the ECP context. As a new assistant professor, new spinning plates have been added to the already busy load, including never ending email volume, exciting but demanding administrative responsibilities, in addition to the needs of a growing family. I rarely achieve ‘balance’ between my work and life. However, I don’t necessarily believe that this is a realistic or required state for many. For instance, the flexibility of my job is a huge plus that I routinely take advantage of (but often results in working non-traditional hours, and a complete lack of balance in short intervals). It is important to take a realistic assessment of your own ‘big picture’ and learn how to reflect, recognize, and attend to early signs of burnout. Life can throw you unanticipated problems. These are so much more difficult to tackle when your tank is on empty.

For me, a few strategies have proven particularly helpful. I have learned to take breaks more often, pass plates along to others for help when needed, and to accept that occasionally a few plates will drop and break. I have surrounded myself with mentors and colleagues who prioritize and support my decisions to be great at more than my job, and to practice proactive self-care. As a postdoc, my supervisors encouraged me to take as much time as I needed as a new parent. They protected projects and supported me in prioritizing my family. This is a well-being ‘pro tip’ that I encourage everyone to seek out, understanding that it may not always be possible. When things get tough and you feel overwhelmed, reach out and take

advantage of supports. When your situation does not feel like a great fit, check in with trusted mentors and peers and tackle a plan for finding a place that you feel better supported.

4) Failure is going to happen. In my experience, it can feel unpleasant to be ‘stuck in the mud.’ Though difficult, I have personally found that these times often lead to growth. Nevertheless, the ECP path can be a serious grind! As an ECP I anticipate low grant acceptance rates and plenty of rejections. Truthfully, I continue to feel frustrated and let down when manuscripts are rejected, grants are not funded, or mistakes happen. Knowing this, I have learned to plan for it. Setting realistic expectations has helped me ride out the sometimes lengthy setback train. This helps me keep an eye on the marathon instead of the sprint, establish healthy and productive pacing, and build much needed time and space to feel disappointed and regroup.

Setting realistic expectations has helped me ride out the sometimes lengthy setback trains. This helps me keep an eye on the marathon instead of the sprint, establish healthy and productive pacing, and build much needed time and space to feel disappointed and regroup.

5) As a new mentor, I believe that now more than ever it is important to support and model resilience in our trainees. This includes being appropriately honest about our challenges rather than providing the false impression that things are easy and mistakes rare! Model failure, but, also model resilient and healthy responses to setbacks. Remember to check in on your trainees’ well-being, and help them carve out career paths that will suit their priorities, goals, strengths, and needs. Supporting a future generation of resilient professionals is our most important responsibility. Being part of IAFMHS since my early training years as a student has certainly led me to feel connected to an international community of peer learners and mentors, and hopefully you share the same experience.

**Did you receive your degree within the last 7 years?
If so, you are an early career professional and we want to hear from you!
Please consider writing about your experiences, your research, thoughts, and concerns for the next newsletter!**

Spotlight: Interview with Dr. Erika Braithwaith

Student Section Editors: Ilvy Goossens, Student President | Simon Fraser University, Canada; Maria Aparcero-Suero, Student President-Elect | Fordham University, USA; Laura Dellazizzo, Student Secretary | University of Montreal, Canada

The student board is proud to introduce a new feature in the newsletter. In 'Spotlight', the student board highlights individuals with an interesting take on the field of forensic mental health. Our field is wonderfully diverse, as this year's interviewees will show you. The ultimate goal is to connect our readers with stories from diverse individuals and careers, hopefully inspiring your personal development along the way. We hope to keep your semesterly read informative, inspirational and fresh. If you have someone in mind whose career choices, volunteering, or side projects are worth sharing, let us know at students@iafmhs.org.

In the first edition, we highlight female entrepreneurship in 'Big Data'. Thank you to Dr. Erika Braithwaite for sharing your path from psychology over epidemiology to CEO of your own company.

Have a wonderful read!

Ilvy Goossens, IAFMHS Student Board President



Dr. Braithwaite obtained her bachelor's and master's in psychology and then completed a PhD in Epidemiology at McGill University, Montreal, Canada. Initially interested in becoming a clinical psychologist, Erika found herself intrigued by, and enamoured with, data sciences. Her journey from the quantitative social sciences to the health data science field has helped her gain a host of expertise related to study design, such as clinical trials, and statistical modelling techniques drawn from causal inference and econometrics.

Q: What is "Precision Analytics" and how did you come up with that business project?

A: A year and a half ago, my co-founder and I began as statistical consultants. Our job was to use the most cutting-edge machine learning algorithms, and statistical methods for clients (physicians and scientists) who were in the private or public healthcare sectors. Our first question was always: "Tell me about your data". We learned about so many inefficiencies that were making it difficult for our clients to get the most of their data. This is a widespread problem, globally over 65% of organizations in the healthcare sector underutilize their data. While a lot of effort goes into data collection, organizations are struggling to find meaning in their spreadsheets.

Even though we began as consultants, we found that 80% of the work we were doing could be automated since we were building the same three types of pillars that are crucial in any data-driven organization: storage, analytics, and communication. We ended up building a cradle-to-grave interactive tool that seamlessly and securely stores and processes data. It allows users to display all the plots and graphs generated by cutting edge analytics.

Q: Could you tell us a little bit about your educational background and how you became interested in health and data sciences?

A: I was initially interested in becoming a clinical psychologist, but I realized about halfway through my bachelors that I loved numbers! So, I pursued a master's in psychology to further develop my research skills. I decided to pivot for the Master's degree and do an epidemiology degree because I felt that it would provide me with even stronger statistical and methodological training. I became interested in social epidemiology and my thesis included elements related to mental health, but also involved sophisticated analyses - so it was a perfect balance for me. I wrote my dissertation on the racial health inequalities that resulted from mass incarceration in the United States. It allowed me to integrate some of the issues that I cared about: forensic issues, mental health, race, and justice, while also using analytical approaches from econometrics and causal inference. The problems I faced during my PhD (i.e., data too big to run on my laptop, version control, and data visualization) made me more interested in "data science"; the intersection of data engineering and data analysis.

Q: What made you deviate from the "usual" clinician or academic paths to start up your own analysis business?

A: While I loved the technical aspect of research, I realized early on that I was not a strong writer and dreaded publishing ... Cornerstones of academia! Realizing that academia was not for me left me feeling frustrated and lost. I did not have a strong sense of the types of career opportunities that existed outside the academic world. In the hopes of getting some clarity, I visited the career planning services at McGill. The counsellor made a table with five possible job sectors: 1) Academic, 2) Non-profit, 3) Government, 4) Private sector, and 5) Entrepreneurship. Together we assembled a pro/con list based on: tasks I liked to do on a day-to-day basis, stability, and financial comfort. Through the process of elimination, we somehow ended with entrepreneurship. Keeping that meeting in the back of my head, I pushed through my doctoral studies hoping that my career path would become clearer as time went on. After finishing my PhD, I continued to work as an analyst and statistical consultant while

STUDENT SECTION

applying for jobs in the private sector and considering the possibility of a postdoc. Nothing ever felt like it was the right fit. Kathryn Morrison (my co-founder) was in a similar position as me. She and I had joined forces to offer tutoring and consulting services since this was something we both did during our PhD's. We liked the face-to-face contact, the immediate gratification of helping people solve problems, and working with data. Our first growth tactic was to take out ads for our services and advertise them in universities and hospitals. We had a great business that grew very quickly. One day, we stumbled on an opportunity to do a large contract and the rest is history.

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

My personal experience showed me that taking good care of myself was key to feeling productive. ... Learning to respect my productivity cycle was liberating because it helped me to stop comparing myself to others.

A: Balancing work and self-care is difficult during graduate school because of its inherently solitary structure. Despite all the support a student can get, a thesis is supposed to be a 'sole author' body of work. I struggled finding balance because every moment I wasn't working or studying were moments that my thesis was not advancing. Incorporating downtime, socializing with friends, and physical fitness were things I attempted to do, with varying success. It shouldn't come to anyone's surprise that graduate school takes a heavy toll on

students' mental health. It can be a lonely journey and it's easy to get caught up in feelings of self-doubt and imposter syndrome, which are then compounded by an unbalanced life. My personal experience showed me that taking good care of myself was key to feeling productive. My master's supervisor was the first person to tell me that if I was not feeling productive, don't waste time sitting at my desk. One of my committee members during my PhD told me to learn my work rhythm and to trust it. Learning to respect my productivity cycle was liberating because it helped me to stop comparing myself to others.

Q: Perhaps related, could you share your experiences with and views on women in sciences?

A: My experience as a woman in sciences has been an interesting journey. While I was a student, there were always women around me, both as colleagues and as leaders/mentors. Since transitioning to the private sector, specifically the startup ecosystem in STEM, I've noticed that there are many women in STEM working in startups but under 20% of all startup founders are female. It suggests that there are women who have both the technical skills and the desire to work in the startup world, but few take on a leadership role. The question that often comes up when talking about women in sciences is that of bias. From my own experience, I've encountered on rare occasions skepticism from some who questioned my technical capacities. More commonly, I noticed more subtle tones of condescension when dealing with executives from large, male-dominated companies. On the flip side, I've benefitted from the initiatives dedicated to elevating women in entrepreneurship. Many organizations are offering various opportunities in an effort to help increase the number of women in the field.

IAFMHS Student Newsletter Opportunities

The International Association of Forensic Mental Health Newsletter Editorial Team would like to invite student members to become more involved in the IAFMHS newsletter. Please read below for more information about current opportunities:

STUDENT AUTHOR HIGHLIGHT

IAFMHS would like to feature the accomplishments of our student members in the quarterly newsletter. If you would like to highlight your published peer-reviewed journal article or nominate one of your peers or students, please fill out this form:

<https://goo.gl/forms/IKhEVsRMFnpuil4m1>

NEWSLETTER EDITORIAL ASSISTANT

The IAFMHS Newsletter is expanding our team and are looking for a student to join as an editorial assistant. Responsibilities include a commitment of approximately 2-3 hours per month in order to gather, review, and copy-edit content. If interested, please email the newsletter editor, Alicia Nijdam-Jones, anijdamjones@fordham.edu, with a brief statement of interest and your CV.

Special Issue: Forensic Clinical Interviewing: Towards Best Practice

While there is a substantial evidence base for the techniques applied by investigative and forensic interviewers (e.g., police officers, social workers), little of this work has been prepared or adapted for the use of clinicians (e.g., psychologists, psychiatrists, nurses) engaging with individuals managed by forensic mental health services, prisons, and probation. Therefore, in late 2018 and early 2019, two issues of the *International Journal of Forensic Mental Health* were dedicated to best practice in forensic clinical interviewing, that is, the nature and application by practitioners of specialist clinical interviewing skills with clients in forensic settings.

Thirteen papers across the two issues (17:4 and 18:1) have been authored by a range of clinical and forensic specialists. Their papers outline the topic area and address common or especially challenging forensic clinical interview scenarios including gender-, age-, and culturally-aware interviewing, interviewees with challenging conditions and experiences (e.g., personality disorder, autism spectrum disorder), and offending behaviour (e.g., a history of violence including terrorism offences), as well as common tasks in interviewing practice (e.g., overcoming resistance, identifying anomalies in disclosure, training and mentoring). This substantial body of work endeavors to demonstrate the skill and versatility of forensic clinical interviewing practice and, in its totality, at least two important points about its current and future directions may be highlighted.

- **First, the traditional – and separate – disciplines of clinical and forensic interviewing differ** in their focus (e.g., the client's long-standing complex psychological problem, in contrast to the client's role in a specific criminal act), method (e.g., a trusting relationship is built over time between two essentially willing participants, compared to a brief but intense engagement between at least two participants where the willingness of the client to engage is generally limited), and outcome (e.g., the information gathered is used to prepare a formulation that guides supportive intervention, as opposed to the information gathered potentially being used in evidence against the client). Therefore, forensic clinical interviewing is a hybrid of those two disciplines, providing an opportunity to bring together the strengths of both.
- **Second, competent interviewing yields not only more information for the use of the interviewer, but also more opportunities to understand the interviewee's experience and stance with respect to the challenges they face;** knowledgeable and curious practitioners are essential to the interview process and nowhere more so than in a forensic clinical context where the complexity of problems and the need for understanding is especially marked. Therefore, an approach to interviews that goes beyond the facts of the interviewee's past behaviour (e.g., what was your role in this criminal act?) to its drivers and evolution over time (e.g., help me understand why you have come to see violence as a way of solving your problems?) has the potential to inform the clinician's formulation of the client, which has in turn the potential to direct a bespoke and proportionate package of measures in response, from direct interventions to more general risk management strategies. Competent interviewing presents opportunities to achieve a more comprehensive understanding of the client.

Forensic clinical interviewing is a critical area of practice. However, specialized training and relevant research is patchy. The special issue is intended to highlight such a ubiquitous and essential but largely overlooked area of practice, and to offer some guidance on raising its profile and enhancing its future development.

For more information about the special issue on forensic clinical interviewing, click [here](#). The special issue has been edited by Caroline Logan. Contact her via ResearchGate or at caroline.logan@manchester.ac.uk. Alternatively, catch up with her at the IAFMHS conference in Montreal in June!

Caroline Logan, Ph.D.
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Associate Editor Highlight



Ed Hilterman, Ph.D.
Associate Editor, IJFMH
Expertise Centre of Forensic Psychiatry,
The Netherlands

Dr. Ed Hilterman is a sociologist and worked until September 2018 as a senior scientific researcher at the GGzE Center for Child & Adolescent Psychiatry in The Netherlands. Here, during the last three years, he coordinated a cluster randomized trial to investigate the possible added value of the Decision-Making in Abusive Relationships Interview (DIARI) to the treatment of Intimate Partner Violence victims. Currently he works at

the Expertise Centre of Forensic Psychiatry in the Netherlands. Since 2008, he is the director of a consultancy company specialized in applied research in the justice system in Barcelona, Spain, and teaches at the Catalanian Open University. He has worked as a scientific researcher in the TBS system in the Netherlands and was responsible for the implementation of structured risk assessment (SAVRY) in the juvenile justice system in Catalonia. His research focuses on risk assessment and risk management and he has translated several tools into Dutch and Spanish. Ed is a co-author of the SAPROF-Youth Version and also of the DIARI (Decision-making in Abusive Relationship Interview), a structured need assessment tool for victims of Intimate Partner Violence.

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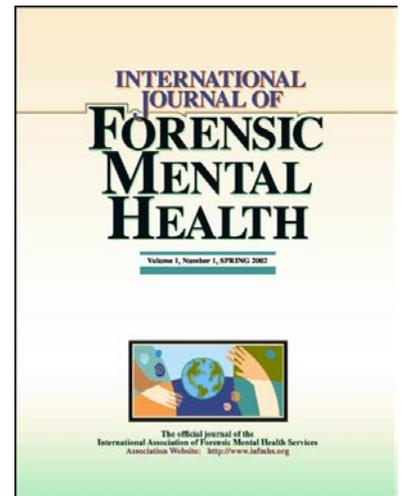
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Please refer to the journal's [webpage](#) for more information, or contact the Editor, Tonia Nicholls (tnicholls@forensic.bc.ca) or the Editorial Assistant, Ilvy Goossens (ilvy.goossens@forensic.bc.ca), with your inquiries.

We look forward to your further involvement in our association's journal!



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