

INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER



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Autumn Edition Features

2024 IAFMHS Conference <i>Call for submissions!</i>	2
Forensic Mental Health Nursing <i>New development: Foxgrove National Secure Adolescent Inpatient Service</i>	3
Risky Business <i>Revival of the Risk Assessment Section!</i>	5
IJFMH Feature Article	5
Mental Health Diversion <i>Judges' Views on a Trauma-Informed Courtroom</i>	6
Early Career Corner <i>There's More to Life than Forensic Evaluations</i>	8
Student Section <i>Welcome from the 2023-2024 Student Board!</i>	9

Letter from the Editor

Welcome to our final newsletter of 2023!

We open with a call for submissions for the 2024 annual conference. The conference will be held in sunny San Francisco, California (USA) next year. Submit your proposals by December 15 and please consider signing up to be a conference reviewer too!

We share articles that include an overview of a newly opened adolescent inpatient facility in Scotland, an investigation into judges' opinions of trauma-informed courtrooms, and a reflection on the importance of being open to unexpected career paths. We are thrilled to feature the recently released special issue of IJFMH focused on Equity, Diversity and Inclusion in Forensic Mental Health Services. We also include a call for papers for the next IJFMH special issue.

Finally, we welcome a new, very multidisciplinary student board and announce the revival of the Newsletter's Risk Assessment Section!

We hope you will find this issue to be packed with interesting articles and exciting IAFMHS news and we look forward to being back with you all next year.

Samantha Zottola, Editor

2024 IAFMHS CONFERENCE**Call for submissions!**

2024 IAFMHS Conference San Francisco | June 18 – 20

Theme: *Prevention in Forensic Mental Health*

ABSTRACT SUBMISSION SYSTEM IS NOW OPEN

IAFMHS invites FOUR types of proposal submissions for its 2024 Conference.

1. Poster presentation
2. Oral paper presentation
3. Symposium (a minimum of three and maximum of four separate papers that are thematically linked; inclusion of a fifth presenter, as Discussant, is optional)
4. Round Table (a minimum of three and maximum of five discussants who present information and opinions in an open forum)

Proposals will be evaluated via a masked peer review process. Attendees will be limited to a maximum of three first-authored submissions. Do not wait until the last minute to submit!

Reviewers, both professional and graduate students are invited for all topical areas. Please sign up to be a reviewer using the submission portal when you submit a proposal; or, if you do not plan to submit a proposal, using this [Google form](#).

FOR FURTHER INFORMATION AND TO SUBMIT, CLICK HERE

Deadline for Submission: December 15, 2023

(6 PM GMT/9 PM PST/midnight EST)

Please note this deadline will not be extended.

FORENSIC MENTAL HEALTH NURSING

New development: Foxgrove National Secure Adolescent Inpatient Service

Victoria McInulty, BSc Mental Health Nursing, PG Cert, Service Manager, Foxgrove National Secure Adolescent Inpatient Service | **Richard Harvey**, BSc (Hons) Mental Health Nursing, PG Cert, MSc, Senior Nurse, Foxgrove National Secure Adolescent Inpatient Service

Adult forensic mental health services in Scotland have been expanding and developing over the past few decades. More recently Child and Adolescent Mental Health Services (CAMHS) received approval to develop a facility in the West of Scotland; Foxgrove National Secure Adolescent Inpatient Service. Foxgrove is an inpatient unit for children aged 12-18 years who have complex difficulties and need a high level of care. Due to open early 2024, it will provide the first medium secure adolescent inpatient service for young people in Scotland. The development is a key strand of the Scottish Government's Mental Health Strategy 2017-2027. The purpose-built facility means that children will be cared for nearer to home and will receive appropriate care, treatment, therapies, security and on-going education. Prior to this there were no facilities in Scotland to care for the most challenging and vulnerable group of patients, meaning that children were referred to secure adolescent mental health facilities in England, or in some cases in an adult inpatient setting.

One of the current issues in the UK associated with opening any unit is staffing. There is a national nursing crisis and significant shortfall of staff, both registered (e.g. Staff Nurses) and unregistered (e.g. Care Assistants/Support Workers) to serve the population. Forensic mental health services are having to compete with an array of community based services providing 9am-5pm job opportunities rather than 'shift work', necessitating

availability and commitment to work unsocial hours. This coupled with the need to prepare staff to work with children and adolescents in a secure environment makes the recruitment task more onerous.

Continued on next page ...



Victoria McInulty,
BSc, PG Cert

Service Manager

Foxgrove National
Secure Adolescent
Inpatient Service



Richard Harvey,
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Senior Nurse

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Mimosa Luigi, *Student Section Editor*, McGill
University (CAN)

Recruitment has centred on balancing a complement of nursing staff who are newly qualified, or experienced in an existing forensic unit, or a child and adolescent service. A pragmatic approach was adopted whereby Foxgrove recruited both Registered Mental Health Nurses and Registered Learning Disability Nurses; echoing the anticipated patient needs in order to support delivery of the clinical model. They added an innovative element by collaborating with young people to undertake interviews; this was a key proponent of the process. Young people from Modern Apprenticeships were invited to participate in the recruitment and interview process; in keeping with a formerly tried and tested strategy (Thomsen & Hølge-Hazelton, 2020). Feedback from this somewhat novel approach was positive from both young people and candidates alike. Candidates attending for recruitment were asked: *“What does hope and recovery for young people within a secure CAMHS setting mean to you?”*. This was then collated to create a wordle for future recruitment opportunities and highlights the underpinning principles of Foxgrove; see Figure 1.

For further information regarding the new national service please see Foxgrove social media pages:

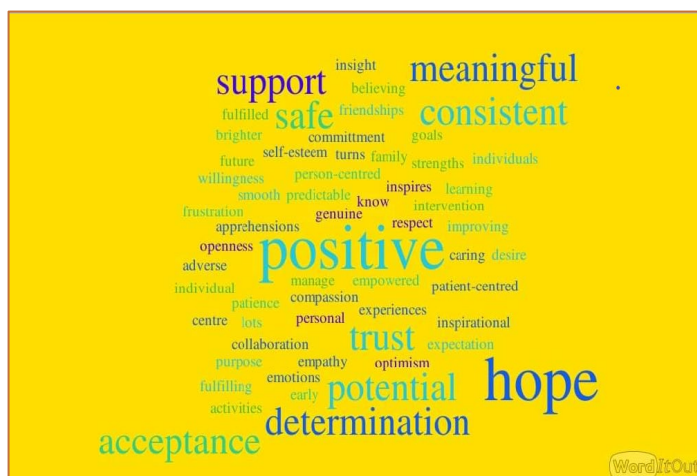


Figure 1: Thoughts on what hope and recovery means to recruitment candidates; generated by young people



Foxgrove NSAIS



@NHSaaaNSAIS

If you have any questions or feedback regarding this article, please contact **Victoria McNulty** at Victoria.mcnulty2@aapct.scot.nhs.uk or **Richard Harvey** Richard.harvey@aapct.scot.nhs.uk

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RISKY BUSINESS

Revival of the Risk Assessment Section!

Sarah Coupland, PhD, Associate Editor – Risky Business, Forensic Psychiatric Services Commission (CAN)

Welcome to our revived Risk Assessment Section within the IAFMHS Newsletter! Our section seeks to highlight scientific advances within the field of violence risk assessment and particularly as they apply to a forensic mental health context. In addition to our scientific literature, expect to see opinion pieces as well as profiles of different approaches to risk management and mitigation across the globe.

Dr. Sarah Coupland is a clinical and forensic psychologist specializing in violence risk assessment and management of violent offenders. Her research interests lie in the areas of stalking and intimate partner violence, evaluating treatment outcomes, and improving the practice of violence risk assessment approaches. She obtained her Ph.D. in 2018 through Simon Fraser University in British Columbia, Canada, under the supervision of Dr. Stephen Hart. She subsequently completed postdoctoral training through Patton State Hospital in San Bernardino, California, USA. She has since been conducting

presentence violence risk assessments of adults and adolescents for the courts in British Columbia and Alberta, Canada.

If you have a topic that may be of interest to our readership, please contact the section editor (sarah_coupland@sfu.ca).



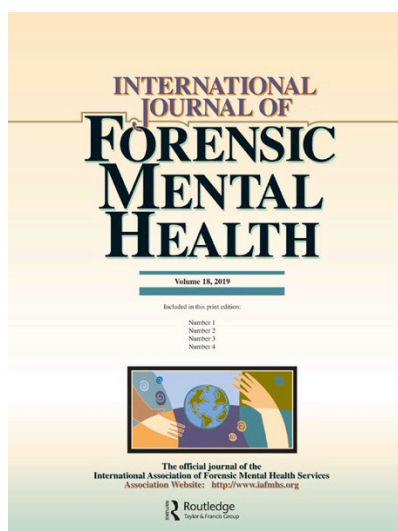
Sarah Coupland, PhD

Clinical Psychologist

Forensic Psychiatric
Services Commission,
Canada

INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH

Special Issue on Equity, Diversity and Inclusion in Forensic Mental Health Services



Guest Editors: **Alicia Nijdam-Jones^a**, **Stephane Shepherd^b**, & **Lauren Kois^c**

^aDepartment of Psychology, University of Manitoba, Winnipeg, Canada; ^bAlfred Deakin Institute for Citizenship and Globalisation, Deakin University, Melbourne, Australia; ^cInstitute of Law, Psychiatry, and Public Policy, University of Virginia School of Medicine, Charlottesville, Virginia, USA

This special issue on equity, diversity, and inclusion in the International Journal of Forensic Mental Health showcases a significant step forward in prioritizing diverse scholarship and underrepresented scholars. By acknowledging the historical gaps in knowledge and practice when working with marginalized populations and across cultures, the issue encourages reflection on shortcomings and biases within the field. The papers included in this special issue highlight the importance of cultural responsiveness, community involvement, and the integration of diverse perspectives in forensic research and practice ... This special issue serves as a call to action, urging forensic clinicians and researchers to prioritize relationship building, community engagement, and ongoing learning to ensure fair and effective practices that benefit all individuals involved in the forensic mental health system. By integrating these perspectives into future research and practice, we can make significant strides in creating a more equitable and inclusive field that addresses the needs of vulnerable communities and reduces disparities in forensic mental health.

MENTAL HEALTH DIVERSION

Judges' Views on a Trauma-Informed Courtroom

Eva McKinsey, Research Scholar, PhD, Duke University (USA)

While rates of trauma are prevalent across the U.S. population at large (Felitti et al., 1998), trauma disproportionately impacts some groups of people more than others. People involved in the criminal legal system, particularly those with mental illness, represent one of these disproportionately impacted groups. A recent study found that nearly 95% of mental health court (MHC) participants who were identified as female and 80% of MHC participants who were identified as male reported having experienced past trauma (Honegger & Dewald, 2023).

These clear associations between trauma and criminal legal system involvement have resulted in a movement aimed at incorporating trauma-informed care into the criminal legal system, broadly, and the court system, specifically. As this movement continues to grow, the perspectives of the criminal legal professionals who are expected to become more trauma-informed must be considered as studies show that the success of any change effort depends in part upon whether the practitioner believes the change is appropriate and relevant (Proctor et al., 2011). As leaders of the courtroom, judges' perspectives are particularly important to consider given their outsized influence over local culture, practice, and policy (Traguetto & Guimaraes, 2019).

Method

To better understand judges' perspectives of trauma-informed judicial practice, we conducted a feedback session following a half-day pilot trauma education training offered to eleven district court judges in a southeastern state. Participating judges came from both urban and rural jurisdictions and their years of experience on the bench ranged from one year to 21 years, with the majority having served over ten years. Five of the participating judges were in leadership positions in their respective courts. Several months after the training, we also conducted in-depth interviews with nine of the judges to learn about their views on trauma-informed judicial practice. Below we present abbreviated findings regarding judges' views on what makes a courtroom trauma-informed (see McKinsey et al., 2022 for an overview of all findings from the feedback session and interviews).



Eva McKinsey, PhD

Research Scholar

Duke University, United States

Findings

Judges' comments highlighted five core components of a trauma-informed courtroom.

Component #1: Consider judge demeanor and behavior

Judges recognized that their treatment of courtroom participants can have a significant impact on those participants' experience in court. Many emphasized the need for judges to shift their communication style to focus more on having a conversation rather than an interrogation or lecture. As one judge said,

"It goes deeper than [respect] when you're talking about trauma ... we don't know what circumstances have brought the individual into the courtroom and why they're standing before me, so I have to try to be mindful in the way I talk to people, the language I use, the tone I use..."

Component #2: Prioritize connection to services

Judges acknowledged that a trauma-informed courtroom should help court-involved individuals connect to support services and receive proper treatment that can help them heal from past trauma. For example, one judge highlighted the importance of being treatment-oriented,

"...maybe we're not so punitive, maybe we're more treatment-oriented and realizing that if there is a traumatic condition that's causing this criminal behavior, if we don't treat that or get to the bottom of that, this person is going to continually be involved in the criminal justice system."

Continued on next page ...

MENTAL HEALTH DIVERSION

Judges' Views on a Trauma-Informed Courtroom (Continued)

Component #3: Slow down

Judges noted the need to slow down despite their huge caseloads and the fast-paced environment of court. They believed that if they had more time with courtroom participants, they would be able to address participants' trauma more effectively and make decisions with everyone's best interest in mind.

"Too often, the prosecutors, everybody in the courtroom wants to hurry up, they want to get it done, they want to move on. They don't want to spend the time with this person or this child, so I'm trying to slow things down."

Component #4: Re-imagine the courtroom environment

Judges described the need to "soften" the courtroom environment, structurally and procedurally. For example, judges described situations in which it would be beneficial to come off the bench, perhaps without a robe on, and join courtroom participants at their same level to collaboratively discuss next steps and solutions.

"I think the courtroom environment could be a little bit softer ... I guess we have to maintain a certain amount of decorum and it'd still be a courtroom, but I think there's ways of making it a little less formal, less daunting."

Component #5: Involve everyone

Although judges recognized the weight their own behaviors hold within the courtroom, they also noted that a true trauma-informed approach would require an integrated effort from all court actors, including bailiffs, probation officers, court counselors, defenders, guardians ad litem, and district attorneys. As one judge explained,

"The way that the bailiffs and other courtroom actors interact with people, I try to monitor that because [that], in my experience, has been triggering to some people."

Conclusion

As the court system becomes increasingly more receptive to trauma-informed care (TIC), there remain questions about how to implement and embody TIC in the courtroom setting. Our analysis of judges' perspectives revealed five core components of a trauma-informed courtroom that can help inform and guide this shift toward TIC – consider judge demeanor and behavior,

prioritize connection to service, slow down, reimagine the courtroom environment, and involve everyone.

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If you are a practitioner or researcher engaged in new or novel mental health diversion initiatives and would like to see your work highlighted, contact Evan Lowder at elowder@gmu.edu

EARLY CAREER CORNER

There's More to Life than Forensic Evaluations

Marissa Stanziani, PhD, Sheppard Pratt Solutions & Medstar Washington Hospital Center, USA

I entered and spent the entirety of my five years of training being certain, I'd leave school and happily slide into a forensic evaluator position at a state hospital and/or with the state. Maybe I'd get lucky and find my way into an academic medical center; you know, the best of both worlds. I steadfastly believed there were only two real options for my future: become a forensic evaluator or go into academia. Otherwise, how could I say I made it?!

That is why I was lost and devastated when I realized being a full-time forensic evaluator was not the right fit for me. I did not want to give evaluations up entirely, but I knew I could not commit to them exclusively. Like many forensically trained psychologists (though, I believe less and less—a very good thing), I was not particularly interested in treatment and found I no longer had the attention span for research writing or the ceaseless drive to go after grants. I was at a loss; if I couldn't do the main jobs I was trained to do, what did that mean about me? About my vocational prognosis?

I tried many things—I went back and did therapy (turns out, I didn't dislike it as much as I thought, but unsurprisingly it wasn't for me). I diversified my evaluations, adding family court evaluations, readiness for gender-affirming care, personal injury, educational assessments, general psychodiagnostics, and compensation and pension evaluations for veterans. It was thrilling to see how easily my forensic training translated across these evaluations. And still, I found myself wanting more.

As life sometimes happens, my new career direction, sort of just fell into my lap. Preparing for a move to a new state, a wonderful friend suggested and connected me with a new job opportunity: a crisis evaluator at an emergency department. I was rather hesitant at first; I had no training in health psychology and had never worked in that type of setting. She assured me though that my forensic skills would aid in a smooth transition. She was right. In the fast-paced setting of an emergency department, having honed skills in risk-assessment and management, advanced understanding of the legal system and case law, knowledge of major mental illnesses, and experience connecting with community agencies (e.g., CPS, APS, law enforcement, outpatient programs); this new job fit like a glove. This type of role echoes the perpetual intellectual stimulation of forensic psychology and requires the same level of critical thinking

and clinical judgement. I have now expanded this role and serve as the consult and liaison psychologist to a hospital with over 900 beds—engaging in decision-making capacity assessment (a wonderful extension of my training), risk assessment and management, training non-behavioral health staff on ways to respond to patients and when to know to ask for help/intervention, and showing the medical world what we as psychologists have to offer. Spoiler alert: it's a lot!

The me of today, wishes I could go back and tell that narrow-minded trainee to broaden her horizons. That forensic training prepares you for so much more than just two options. There's a whole entire psychological world out there ripe for the taking when you begin to think of forensic skills outside the context of court-based evaluations and forensic research. So if, like me, things haven't turned out quite like you expected, do not despair, your new career path is waiting for you right around the corner.

Author Biography

Marissa Stanziani Ph.D., is a clinical psychologist working in the Baltimore/D.C area. She earned her doctorate at the University of Alabama where she specialized in forensic psychology. She currently works part-time in private practice completing forensic evaluations, as a consultant for Sheppard Pratt Solutions, and full-time as a consult and liaison psychologist at Medstar Washington Hospital Center.

IJFMH Special Issue: Call for Papers!

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

For more information, suggestions for article topics, and to submit, please follow this [link](#).

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

STUDENT SECTION

Welcome from the 2023-2024 Student Board!

Mimosa Luigi, M.Sc., Student Board President, McGill University, CAN

As we embark on another exciting academic year, it is that time of year again when we welcome a new group of enthusiastic and international students to the Student Board of the IAFMHS.

Before introducing our new board, we would like to recognize and thank the outgoing Student Board for their excellent contributions to the student section this past year. During the 2022-2023 term, the Student Board hosted three webinars on a diverse range of topics tailored for our student members, including the assessment of personality disorders, forensic neuropsychology, and balancing work, life and impact. The Board also continued and fine-tuned the Peer Mentorship and Campus Representative Programs, contributed to the "Spotlight" series for the newsletter, provided \$2,500 CAD in student awards, fundraised at the annual conference by offering IAFMHS organisational coins and pins, and expanded our social media presence.

The new Student Board is thrilled to continue growing these initiatives and is looking forward to providing further resources and events for student members and young researchers. Without further delay, I am very pleased and excited to introduce to you the new 2023-2024 Student Board:

IAFMHS STUDENT BOARD 2023-2024							
President	President Elect	Secretary	Communications Officer	Content Developer	Treasurer	Campus Representative/ Volunteer Coordinator	Past President
							
Mimosa Luigi	Raymond Ho	Jay Gonzales	Emma Summersby	Krittika Bali	Brandon Burgess	Jordyn Monaghan	Lillian Bopp
							
McGill University	Simon Fraser University	Fordham University	Carleton University	University of Limerick	University of Manitoba	Saint Mary's University	University of Nebraska-Lincoln

The new Student Board remains international and diverse, with three different countries and multiple undergraduate, graduate, and professional degrees being represented. Such multidisciplinary testifies to the growth of the IAFMHS' student membership and will surely contribute greatly to our missions. As an international group, we remain eager to integrate our diverse experience and knowledge to foster student-led research, offer leadership opportunities, and provide resources for our membership across the globe. Please review our current student opportunities and get involved!

We are currently recruiting:



[Campus representatives](#) who will disseminate emails and opportunities to students at their institutions. Campus representatives are important allies in raising awareness for our organization and recruiting new members.



[Peer mentors](#) (i.e., senior grad students and early career professionals) and mentees (i.e., from undergraduate to professional degrees) for our Peer Mentorship Program.

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STUDENT SECTION

Welcome from the 2023-2024 Student Board! (Continued)

Visit us on our [student website](https://www.iafmhs.org) and social media profiles ([Twitter](#); [Facebook](#); [LinkedIn](#); [Instagram](#)) for student resources and helpful tools to enrich your education and professional development. On our website, you can access resources and information on upcoming conferences, webinars, journals (e.g., list of journals, becoming student reviewers), the peer review process, tips for graduate school, etc. Please do not hesitate to reach out to us by email at students@iafmhs.org with suggestions on how we can improve your experience as an IAFMHS student member. Your feedback is very important to us!

On behalf of the 2023-2024 Student Board: Thank you! We look forward to creating new opportunities for our student members and making the most of the new term. Please stay tuned for further announcements and we hope to see you in San Francisco for our 23rd annual conference!

IAFMHS 2024 CONFERENCE BURSARIES AND AWARDS

Bursary Awards

IAFMHS endeavors to provide financial assistance when possible to individuals in less developed countries to attend our annual conference to present their research findings. IAFMHS is pleased to announce that funds are available to award a number of bursaries valued at approximately **\$2500 CAD** each to assist with travel costs associated with attending and presenting at the 2024 San Francisco, CA, USA. This bursary award aims to increase participation from countries and institutions that are less active in the organization primarily due to financial barriers and to support researchers and clinicians in these areas to improve research and services in their countries.

The Bursary Award includes:

- Complimentary conference registration
- Complimentary one-year membership
- \$1500 CAD cash

Submissions and applications must be received by 31 January 2024. For more information and to apply, please visit our website.

Student Awards

The IAFMHS Student Section typically offers four financial award opportunities for students attending the IAFMHS annual conference. There will be two presentation awards to acknowledge the research and presentation work of first-author student presenters at the conference. There will also be two travel awards to increase attendance from students in underrepresented countries and/or institutions due to financial need.

Student award types:

- Top student oral presentation (\$1,000 CAD)
- Top student poster presentation (\$500 CAD)
- First travel award (\$1,000 CAD)
- Second travel award (\$500 CAD)

IAFMHS student members who are full-time students are also eligible to receive complimentary conference registration if they register to volunteer at the IAFMHS 2024 Conference in San Francisco.

More information about the student awards and volunteering opportunities will follow.