

IAFMHS Conference

Montréal (Canada) / June 24 – 28, 2019

## FINAL PROGRAM



# HUGE THANK YOU

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## TO ALL OUR GENEROUS SPONSORS



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## Welcome Message

Welcome to Montreal for our 19<sup>th</sup> annual conference at the Bonaventure Hotel! We hope you enjoy the scientific and social programs we've lined-up, with multiple speakers and presentations addressing the conference theme of Cultural Diversity at the Intersection of Mental Health and the Law. After a day of pre-conference workshops, we kickoff the conference at noon on Tuesday with a light lunch and our annual Derek Eaves lecture. This year's Eaves lecture will be delivered by Dr. Rees Tapsell, on the treatment and rehabilitation of Maori mentally ill offenders. Following the afternoon scientific program, we invite you all to attend the Welcome Reception at the Salon Ville-Marie and outdoor gardens of the hotel. Thanks to our student board, the annual Fun Run will visit the Old Port of Montreal on Wednesday morning and just before lunch, Dr. Richard Tremblay, internationally recognized for his groundbreaking longitudinal studies on the development of violent behavior will give our second keynote address. On Wednesday evening, we invite you to join us for the annual conference banquet, with a night of dining and dancing at the [Centre des Sciences de Montréal](#). Thursday will bring another full day of symposia, posters and papers, as well as our third keynote speaker, Dr. Nancy Wolff. Dr. Wolff will reflect on her thirty years of research and service at the intersection of behavioral health and justice, through the lens of cost-effectiveness.

As always, we have a number of programs geared specifically for our student members, beginning with the student breakfast on Tuesday morning. On Wednesday morning, Dr. Michael Seto will chair the student panel and on Wednesday evening the student section will host their annual social at [Sir Winston Churchill's pub](#). As excited as we are about the conference program, don't miss the opportunity to spend time in Montreal, where there is always music in the streets, art galleries and museums, and outstanding restaurants. If you have an extra few days, the International Jazz Festival, an annual event that draws some of the finest musicians from around the world, begins immediately after the conference concludes. With so many options, we hope you have enough time to reconnect with old friends and colleagues and make new connections. The conference is a perfect opportunity to plan your next projects, network for the next stage of your academic career and learn what's happening on the cutting edge of forensic mental health services. We hope you enjoy the conference, and bring colleagues to Krakow next year.

Barry Rosenfeld, Ph.D.

President, International Association of Forensic Mental Health Services

Anne Crocker, Ph.D.

Conference Chair; President-elect IAFMHS

Kori Ryan, Psy.D. and Michael Martin, Ph.D.

Co-chairs, Scientific Program Committee

## Local Organizing committee

I would like to acknowledge the hard work and dedication of the members of the Local Organising Committee from the Institut national de psychiatrie légale Philippe-Pinel, who went beyond the call of duty to prepare this conference. Special thanks go out to Jeanne Vachon and Sonia Landry who were true coordinators. Many thanks to Marie-Lou Robillard, Antonella Orsini, Marichelle Leclair & Jocelyne Brault. Also many thanks to the IAFMHS coordinator, Yan Lim who guided us through the process of preparation and was faster than the speed of light to respond all of our queries!

It was a true pleasure preparing this conference with all of you. Milles mercis!

Anne Crocker, Ph.D., Conference Chair.

## Scientific Program Committee

We would like to extend our thanks to the international reviewers who generously time from their busy schedule to evaluate the submissions to build the 2019 program.

Christine Collins	Andreas Frei	Mary-Lou Martin
Caroline Lambert	Erin Fuller	Brian McKenna
Yanick Charette	Emily Glorney	Rüdiger Mueller-Isberner
Dianna Cochrane	Ed Hilterman	Evan Norton
Anne Crocker	Michelle Keeney	Leila Salem
Keith Cruise	Shannon Kelley	Sandy Simpson
Michael Daffern	Harry Kennedy	Funeka Sokudela
Tamara De Beuf	Christopher King	Samantha Story
Michiel de Vries Robbé	Lauren Kois	Solveig Vatnar
Mike Doyle	Martin Krystle	Chester Verity
Beate Eusterschulte	Sarah Leonard	Helen Walker

Thank you!

Kori Ryan, Psy.D. and Michael Martin, Ph.D.

Co-chairs, Scientific Program Committee

# Program at a Glance

## Monday June 24

Pre-conference workshops

## Tuesday June 25

09:00-12:00 Board of Directors & Advisory Board Meeting (Montréal 3)

10:00-11:30 Student Brunch (Montréal 6)

11:15-12:15 Light lunch (St-Laurent 1-2)

12:15-12:30 Welcome Remarks (Salle de Bal Montréal)

12:30-13:45 Keynote Address: Rees Tapsell (Salle de Bal Montréal):

***The Treatment and Rehabilitation of Māori Mentally Abnormal Offenders***

14:00-15:10 Concurrent Sessions

15:10-15:40 Coffee Break (Foyer)

15:40-16:50 Concurrent Sessions

17:00-18:00 Concurrent Sessions/SIGs: Offenders with Disabilities & Long-term Forensic Psychiatric Care

18:00-19:30 Welcome Reception (Salon Ville-Marie)

## Wednesday June 26

07:00-08:30 Fun Run Old Port of Montreal

09:00-10:15 Concurrent Sessions; Student panel; SIGs : Forensic Mental Health Nurses & RISC Team

10:15-10:45 Coffee Break/Poster Session #1 (St-Laurent 1-2)

10:45-11:00 Webster/Muller Isberner Award Presentations (Salle de Bal Montréal)

11:00-12:15 Keynote Address: Richard Tremblay (Salle de Bal Montréal)

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

12:15-13:30 Lunch/Poster Viewing (St-Laurent 1-2)

13:30-14:40 Concurrent Sessions

14:50-16:00 Concurrent Sessions

16:00-16:30 Coffee Break/Poster Viewing (St-Laurent 1-2)

16:30-17:30 Concurrent Sessions/SIGs: African Interest Group & Service Development, Organization, Strategy & Delivery

19:00-12:30 Banquet Dinner ([Centre des sciences de Montréal](#))

19:00-21:00 Student Social ([Sir Winston Churchill's](#))

## Thursday June 27

09:00-10:15 Concurrent Sessions & SIG Mental Health Courts and Diversion

10:15-10:45 Coffee Break/Poster Session #2 (St-Laurent 1-2)

10:45-12:00 Keynote Speaker: Nancy Wolff (Salle de Bal Montréal)

***Person-First equals Cost-Effective: Its simple, Universal and Within Budget***

12:00-13:00 Lunch/Poster viewing (St-Laurent 1-2)

13:00-14:10 Concurrent Sessions

14:20-15:30 Concurrent Sessions

15:30-16:00 Coffee Break/ Poster viewing (St-Laurent 1-2)

16:00-17:00 Concurrent Sessions

17:00-17:30 AGM (Salle de Bal Montréal)

## Friday June 28

Post-conference workshop (Outremont 4)

Pinel Institute Visit

# Conference Events

## MONDAY JUNE 24

- Pre-conference Workshops

## TUESDAY JUNE 25

- Student Brunch (10:00 - 11:30, Montréal 6)
- Welcome Reception (18:00 – 19:30, Salon Ville-Marie)

## WEDNESDAY JUNE 26

- Fun Run (7:00, map available at Registration Desk)
- Student Social (19:00 - 21:30 pm, Sir Winston Churchill's)
- Banquet Dinner (19:00 – 0:30, Centre des sciences de Montréal)

## THURSDAY JUNE 27

- Annual General Meeting (17:00 – 17:30, Salle de Bal Montréal)

## FRIDAY JUNE 28

- Post-conference Workshop
- 

# Special Interest Group (SIG) Meetings

## TUESDAY JUNE 25

- SIG 1: Offenders with Disabilities (17:00, Outremont 6)
- SIG 2: Long-term Forensic Psychiatric Care (17:00 pm, Outremont 7)

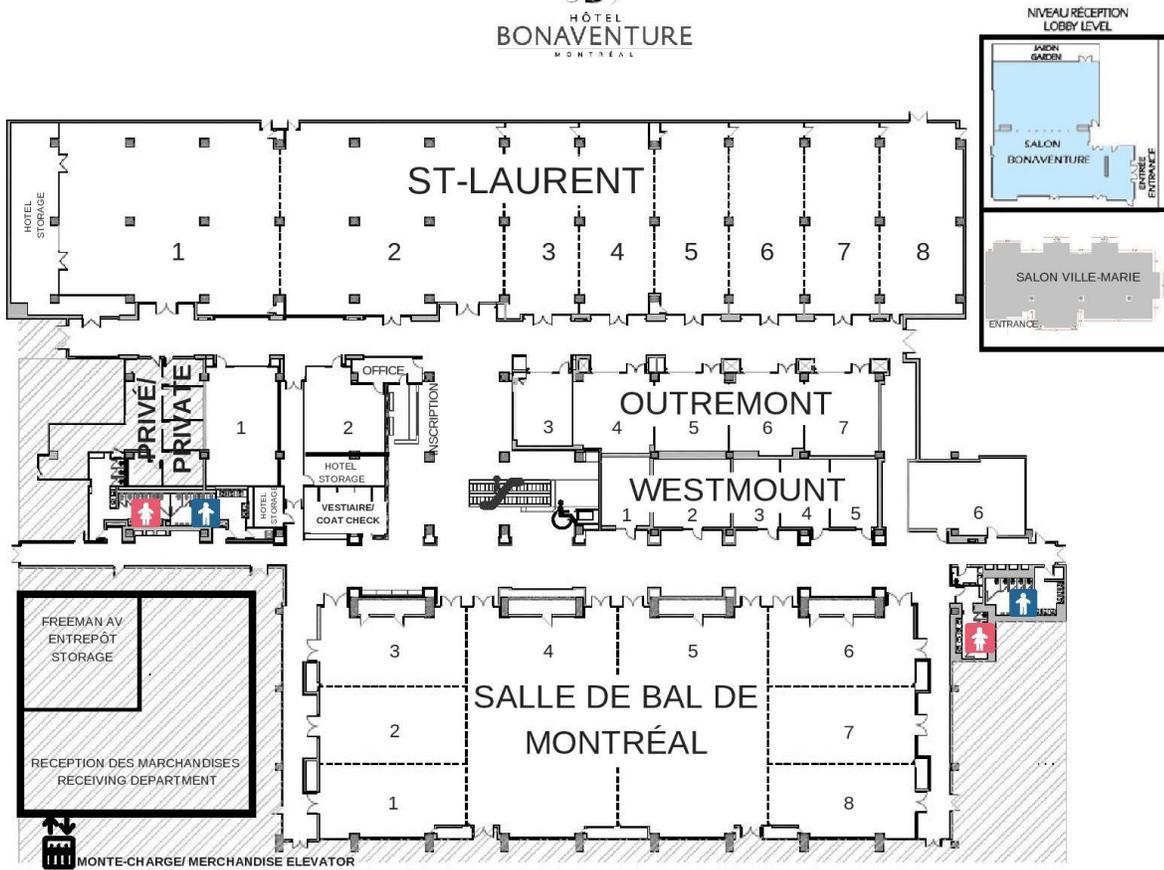
## WEDNESDAY JUNE 26

- SIG 3: Forensic Mental health Nurses (09:00, Outremont 6)
- SIG 4: RISC Team (09:00 am, Outremont 7)
- SIG 5: African Interest Group (16:30 pm, Outremont 6)
- SIG 6: Service Development, Organization, Strategy & Delivery (16:30, Outremont 7)

## THURSDAY JUNE 27

- SIG 7: Mental Health Courts & Diversion (09:00, Outremont 6)

# Conference venue Floor Plan



## Conference Schedule – Overview

## TUESDAY JUNE 25

	Montréal 1	Montréal 2	Montréal 3	Montréal 4	Montréal 6	Montréal 7	Montréal 8	
09:00-12:00			BOD/AB Meeting		Student Brunch 10:00 to 11:30			
11:15 -12:15	Light lunch (St-Laurent 1-2 Rooms)							
12:15-12:30	Welcome remarks (Salle de Bal Montréal)							
12:30 - 13:45	Keynote Address Eaves Lecture: Rees Tapsell (Salle de Bal Montréal)							
13:45-14:00	Transition between Sessions							
14:00-15:10	595036 Eradicating Childhood Sexual Exploitation and Abuse both online and offline. Identification and treatment of perpetrators and prevention of harm.  Mike Harris	580768 Mental illness, homelessness, and victimization: Results from the National At Home/Chez Soi Study and perspectives of people with lived experience  Tonia Nicholls	592775 Development and testing of the electronic application of the Dynamic Appraisal of Situational Aggression, the eDASA  Tess Maguire	594859 South West Regional Secure Services - Doubling in admissions from prison - whole system working challenge  Anne Forbes	590647 Coordination of a Complex Forensic Psychiatry System: The Forensic Directors Group of Ontario  Gary Chaimowitz	595816 Neurolaw in Latin American Countries and Spain: What is Going On?  Ezequiel Mercurio	594286 Recovery Round Table: A discussion of the patient experience of recovery-oriented care in forensic mental health  Krystle Martin	
	15:10-15:40							
15:10-15:40	Coffee Break - foyer							
15:40-16:50	Workplace Culture and Staff in Forensic Institutions 574347 Lildal-Schroeder	Suicide and Security: Meeting Care Needs 595745 Un Pérez	Protective Factors in Risk Assessment and Treatment 594532 de Vries Robbé	Emerging Evidence in Forensic Mental Health 593161 van Dongen	Police and Correctional Officers 590967 Lauria		Intellectual Disabilities 595507 Sarrett	Adolescents and Transitional Age Youth 599791 Souverein
	595851 Peternelj-Taylor	595962 Eusterschulte	593872 Jamal	594886 Duhart Clarke	595385 Hilterman	595572 Duff	590751 Laurinaityte	
	595711 Yorke	595639 Doyle	595766 Martin	593083 Janes	594485 Gerritsen	595695 Neumann	594502 Layden	
	594834 Merson	589891 Bourmorck	593979 Bjørkly		594091 Vicenzutto	593107 Glorney	595482 Monjazeb	
16:50-17:00	Transition between Sessions							
17:00-18:00	Gender and Family in Forensic Mental Health 595650 Dolan	Adverse Childhood Experiences: Risk and Protective Factors in the Forensic Population 594917 Moulden	Older Adults and Health: Factors for Forensic Practice 595665 Forsyth	Special interest groups Offenders with Disabilities (Outremont 6) 591114 Fraga Dominguez	Intimate Partner Violence 577264 Vatnar		Psychopathy and Psychopathology in Prisons 594533 Gamboa	Diverse Populations in Forensic Mental Health Care 593989 Otagunju
	591461 Rowaert	590863 Harris	591114 Fraga Dominguez	591129 de Ruitter	591129 de Ruitter	583691 McCuish	593073 De Page	
	595622 Dolan	593059 Karlberg	594118 Fraga Dominguez	Long-term Forensic Psychiatric Care (Outremont 7) 590237 Ørke	590237 Ørke	595107 Barwinski	594512 Chang	
	595725 Vargen	592305 Kleeven	595755 Martin		595589 Doyle			
18:00-19:30	Welcome Reception - (Salon Ville-Marie)							

# WEDNESDAY JUNE 26

	Montréal 1	Montréal 2	Montréal 3	Montréal 4	Montréal 6	Montréal 7	Montréal 8
07:00-08:30	Fun Run						
09:00-10:15	<p style="text-align: center;">590016</p> <p>Young offenders with mental disorders: patterns in needs and services over time</p> <p style="text-align: center;">Pamela Taylor</p>	<p style="text-align: center;">Student panel</p> <p>Eight habits for effective researchers: Advice for the next generation</p> <p style="text-align: center;">Michael Seto</p>	<p style="text-align: center;">595455</p> <p>Homelessness and justice involvement: Bridging the gap between community and forensic knowledge</p> <p style="text-align: center;">Laurence Roy</p>	<p style="text-align: center;">Special interest groups</p> <p>Forensic Mental Health Nurses (Outremont 6) RISC Team (Outremont 7)</p>	<p style="text-align: center;">594866</p> <p>Models of Care 1: pathways and mazes</p> <p style="text-align: center;">Harry Kennedy</p>	<p style="text-align: center;">595466</p> <p>Clinical issues in forensic psychology practice</p> <p style="text-align: center;">Derek Perkins</p>	<p style="text-align: center;">594614</p> <p>Working with the Spousal Assault Risk Assessment Guide: Data from Two Female Community Samples and Two Male Forensic Psychiatric Samples</p> <p style="text-align: center;">Joao Da Silva Guerreiro</p>
10:15 -10:45	Break/Poster Session #1 (St-Laurent 1-2)						
10:45-11:00	Webster/Muller Isberner Award Presentations (Salle de Bal Montréal)						
11:00 - 12:15	Keynote Address - Richard Tremblay (Salle de Bal de Montréal)						
12:15-13:15	Lunch/Poster Viewing (St-Laurent 1-2)						
13:15-13:30	Transition between Sessions						
13:30-14:40	<p style="text-align: center;">590776</p> <p>Forensic Clinical Interviewing: Toward Best Practice</p> <p style="text-align: center;">Caroline Logan</p>	<p style="text-align: center;">590243</p> <p>Detecting and treating mental illness in prisons</p> <p style="text-align: center;">Michael Martin</p>	<p style="text-align: center;">595868</p> <p>Forensic Mental Health and the Opioid Epidemic</p> <p style="text-align: center;">Evan Lowder</p>	<p style="text-align: center;">Safety &amp; ethical issues</p> <p>594598 Santos 594035 Darcis 579146 Haesen 588448 Rangan</p>	<p style="text-align: center;">594888</p> <p>Models of Care 2: treatment - dangerousness defused</p> <p style="text-align: center;">Harry Kennedy</p>	<p style="text-align: center;">595087</p> <p>Criminal Justice &amp; Disability: Building understanding and alternatives in Latin America</p> <p style="text-align: center;">Diana Sheinbaum</p>	<p style="text-align: center;">594618</p> <p>Psychopathic Traits and Manipulation: Implications for Faking, Victim Impact, and Post-Experience Growth</p> <p style="text-align: center;">Adelle Forth</p>
14:40-14:50	Transition between Sessions						
14:50-16:00	<p style="text-align: center;">594069</p> <p>New Developments in Brief, Dynamic Inpatient Risk Assessment</p> <p style="text-align: center;">Katelyn Mullally</p>	<p style="text-align: center;">594252</p> <p>A Comparison of the MMPI-2 and MMPI-2-RF Validity Scales in Detecting Symptom Exaggeration and Defensiveness</p> <p style="text-align: center;">Maria Aparcero-Suero</p>	<p style="text-align: center;">594465</p> <p>Implementing the START across settings: An international roundtable</p> <p style="text-align: center;">Anne Crocker</p>	<p style="text-align: center;">595137</p> <p>Developing a human rights based approach to prison healthcare</p> <p style="text-align: center;">Tim Exworthy</p>	<p style="text-align: center;">595143</p> <p>Models of Care 3: evaluation</p> <p style="text-align: center;">Harry Kennedy</p>	<p style="text-align: center;">590225</p> <p>Suicide prevention and intervention in Canadian prisons</p> <p style="text-align: center;">Michael Martin</p>	<p style="text-align: center;">594837</p> <p>Violence, substance use and major mental illnesses: From neural correlates to clinical risk factors</p> <p style="text-align: center;">Alexandre Dumais</p>
16:00-16:30	Coffee Break/Poster Session 1 cont. (St-Laurent 1-2)						
16:30-17:30	<p>Technology and Forensic Mental Health</p> <p>594024 Klein Tunte 594907 Jewell 595206 Dellazizzo 594257 Howard</p>	<p>Threat Assessment and Intimate Partner Violence: Issues for Colleges and Universities</p> <p>592913 Shaffer 590807 McGonigal 593905 Eyer 594900 Caman</p>	<p>Judicial and Jury Decision-Making</p> <p>595537 Goossens 589649 Jonnson 595532 Maeder</p>	<p>Special interest groups</p> <p>African interest gr. (Outremont 6) Service development... (Outremont 7)</p>	<p>Substance Use in Forensic Populations</p> <p>595200 Penney 595815 McLachlan 595549 Bailey 594052 Wettermann</p>	<p>Forensic Treatment and Outcomes</p> <p>594357 Dumont 594416 Ivany 594831 Nguyen-Hoan</p>	<p>Culture and Forensic Assessment</p> <p>596210 Ruchensky 595895 Wade 595461 Smaragdi 587540 Rogers</p>
19:00-00:30	Banquet - (Centre des Sciences de Montréal) / Student Social (Sir Winston Churchill's)						

## THURSDAY JUNE 27

	Montréal 1	Montréal 2	Montréal 3	Montréal 4	Montréal 6	Montréal 7	Montréal 8
09:00-10:15	595781 Progress towards increasing access to evidence-based psychological therapies in forensic mental health services in the NHS in Scotland Patricia Cawthorne	595308 The Use of Restrictive Practices in Secure Forensic Hospital Settings: Night Time Confinement (NTC) and Long Term Segregation (LTS). Mary Davoren	595029 Innovation in measurement in forensic mental health and prison settings Alexander Simpson	Special interest group Mental Health Courts & Diversion (Outremont 6)	595008 Innovative perspectives on individuals found Not Criminally Responsible on account of Mental Disorder in Canada: Systems, Care, Victims and Neighborhoods Yanick Charette	594319 Machine Learning in Forensic Psychiatry Gary Chaimowitz	594876 Forensic Mental Health and Racial/Ethnic Disparities in the American Criminal Justice System (CJS) Lara Guzman-Hosta
10:15 -10:45	Coffee Break/Poster Session #2 (St-Laurent 1-2)						
10:45-12:00	Keynote Address: Nancy Wolff (Salle de Bal Montréal)						
12:00 - 13:00	Lunch/Poster Viewing (St-Laurent 1-2)						
13:00-14:10	Risk Assessment 591187 lockertsen 594692 Watt 595324 Kamorowski 589292 King	Adolescents and Transitional Age Youth 595305 Zottola 595007 Karbowski 594977 De Beuf 594449 Laurier	Law and Legal Issues 589325 Clercx 594873 Caman 594799 Vicenzutto 595112 Barwinski	Improving Oversight and Care in Forensic Mental Health Practice 595126 Tong 595320 Hu 595362 Healey 594300 Nagtegaal	Psychopathology and Neurodiversity in Forensic Populations 590897 McDonagh 591096 Mullally 593064 De Page	Issues in Secure Care Facilities 593089 Ssidhu 593549 Walker 594910 Ghosh 594979 Pitcairn	Violence and Aggression Risk 595627 Sergiou 595834 Low 594005 Fluttert 595753 Un Pérez
14:10-14:20	Transition between Sessions						
14:20-15:30	595374 Intensive Care vs Coercion Mary Davoren	595188 Diversion along the criminal justice pathway: Translating research findings into evidence-based practice Ashley Lemieux	594896 Approaches to Recovery across Forensic Services Lindsay Thomson		595628 Role of Psychology in Correctional Mental Health: Reforms at Rikers Island Alexandra Garcia-Mansilla	594890 In the eye of the beholder: Exploring perspectives of health and law enforcement professionals Krystle Martin	594594 Case conceptualization with sexual murderers Tamsin Higgs
15:30-16:00	Coffee Break/ Poster Session #2 cont. (St-Laurent 1-2)						
16:00-17:00	Issues in Secure Care Facilities 592313 Wright 594020 Mertens 594004 Fluttert	Forensic Mental Health Treatment 591153 Salize 595171 Brunner 594879 Sen 593582 Scigliano	Offender Characteristics and Risk 594537 Angel 594318 Geck 595368 Titeca 595812 Zaman		Improving Forensic Mental Health Care 595721 Un Pérez 594007 Walker 595792 Penson 595934 Kelley	Special Populations in Forensic Mental Health 595311 Upfold 592175 Guay 595399 Leclair 595527 Lamothe	Emerging Evidence in Forensic Mental Health 594956 Gilling McIntosh 594934 Travers 595401 Kolla 594980 Habets
17:00-17:30	Annual General Meeting (Salle de Bal Montréal)						

## Monday June 24: Pre-conference Workshops

### **Advances in Structured Professional Judgment: An Inter-disciplinary Workshop**

Quazi Haque & Christopher Webster

- 09:00 – 17:00 (Montréal 1)

The workshop centers on the contents of a new book the presenters have edited on the topic of Structured Professional Judgment (SPJ). Although designed as a “practical text” on the subject, the various contributors have written short pieces which take into account “up-to –the-moment thinking and research. The authors stress the range of SPJ devices which have stood the test of time but also, and more importantly the rigours of scientific field testing. The workshop also aims to provide a preliminary platform to stimulate new research.

This will be a full day workshop framed around sections of the new book “Structured Professional Judgment and Violence Risks: A Practical Guide (Eds. Derek Eaves, Christopher D. Webster, Quazi Haque & Joanne Thalken-Eaves). Sessions will include several group workshop exercises and discussions linked to the main learning objectives.

The facilitators will particularly focus on exercises designed to provide greater insights into the robustness of different risk assessment approaches; the construction of research trials when evaluation risk schemes; and, novel approaches toward training colleagues and implementing such schemes effectively into services.

### **Assessment of protective factors in adults, young adults and juveniles: learning to use the SAPROF & SAPROF-Youth Version**

Michiel de Vries Robbé & Ed Hilterman

- 09:00 – 17:00 (Montréal 2)

This workshop will focus on the value of protective factors for clinical practice with adults, young adults and juveniles. Participants will be introduced to the SAPROF and the SAPROF-YV and will be trained in using both tools by means of a young adult case study example. Specific attention is paid to decision-making regarding the most applicable tool for young adults. Advantages for risk assessment and risk management will be discussed and international research results with the SAPROF(-YV) will be presented. In addition, new developments regarding additional SAPROF manuals (i.e., for intellectual disabilities, for longer-term inpatient treatment, and for sexual offending) will be discussed.

### **Forensic Clinical Interviewing: Developing Your Practice**

Caroline Logan

- 09:00 – 17:00 (Montréal 3)

This workshop has two main objectives. 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 expected outcomes (e.g., the information gathered is used to prepare a formulation that guides supportive intervention, as opposed to the information collected potentially being used as material evidence in the client's criminal case). Therefore, forensic clinical interviewing is hybrid of those two disciplines, providing an opportunity to bring together the strengths of both. This workshop will highlight key skills in both fields relevant to the combined effort of forensic clinical interviewing.

Second, competent interviewing yields not only more information for the use of the interviewer but 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, competent interviewing presents opportunities to achieve a more comprehensive understanding of the client. This workshop will focus on a form of interviewing practice intended to generate more information relevant to its purpose, with a particular focus on formulation.

Additional objectives are the enhancement of practitioner self-awareness as forensic clinical interviewers, and the development of improved skills in intentional interviewing.

Exercises will be used morning and afternoon to explore specific skills and to demonstrate specific skills in order to encourage their development and enhancement. Therefore, those interested in attending this workshop should come prepared to participate actively. Experienced and novice forensic clinical interviewers are welcome.

### **Integrating Trauma Informed Care and Dialectical Behavior Therapy in Forensic Settings**

Michelle Galietta

- 09:00 – 12:30 (Montréal 6)

This half-day workshop will provide participants with an introduction to the principles of Trauma-Informed Care, as well as an overview of forensic DBT. This presentation will discuss areas of synthesis between TIC and DBT, as well as common misperceptions or errors in delivery involved in both. Participants will learn how to incorporate DBT Skills and milieu strategies into a TIC approach in order to achieve compassionate and efficacious treatments for even the most challenging forensic patients.

### **Advancing Risk Assessment and Risk Management using Analytics: The eHARM-FV**

Gary Chaimowitz, Mini Mamak & Katelyn Mullally

- 13:30 – 17:00 (Montréal 6)

The electronic Hamilton Anatomy of Risk Management – Forensic Version is an easy-to-use electronic risk assessment and management tool that allows for innovative data input and data output. The eHARM-FV has been successfully implemented in a number of forensic psychiatric settings, as well as general and community psychiatry. Emerging research provides support for its reliability and validity, and clinical utility. Through this presentation, the tool will be demonstrated, and preliminary psychometric data will be presented.

## Tuesday June 25

### Keynote Address Eaves Lecture: Rees Tapsell 12:30-13:45 Salle de Bal Montréal

#### DR. REES TAPSELL | THE TREATMENT AND REHABILITATION OF MĀORI MENTALLY ABNORMAL OFFENDERS

Maori, the indigenous people of Aotearoa, New Zealand, suffered terribly as the result of the colonisation of New Zealand from the late 18<sup>th</sup> century. As a result, they suffer some of the worst social and mental health statistics of any group in New Zealand society and make up a disproportionate number of those in correctional and forensic mental health facilities. Dr Tapsell will describe the history of this development before going on to describe a model for the treatment and rehabilitation of Maori mentally abnormal offenders, which integrates best practice psychiatry, provided within a Maori cultural milieu. He will discuss the development of this programme and key elements of its functioning and its success before reflecting on some of the lessons learned and the opportunities that this approach might present for forensic mental health services in New Zealand and across the globe.



**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.

## Concurrent sessions: Symposia & Round Tables 14:00-15:10

### **Eradicating Childhood Sexual Exploitation and Abuse both online and offline. Identification and treatment of perpetrators and prevention of harm. (Symposium 595036)**

*Mike J. Harris, Derek Perkins, Emily Glorney*

Room: Montréal 1

Childhood Sexual Exploitation is a worldwide phenomenon, in every country and every culture. Although we have an international definition of a child being under 18, many cultures allow marriage and sexual relationships far below this age. How then can we define childhood sexual exploitation and identify it. The introduction of the internet has allowed a massive increase in such offending with a clear view that every case of internet offending has a child victim at its heart. This symposium will look at different perspectives examining online and offline childhood sexual exploitation and ways to protect children

#### **The Lucy Faithfull Foundation, a UK charity which has been at the forefront of efforts to reduce childhood sexual exploitation over the last 25 years**

*Mike J. Harris*

The Foundation works with adult and young perpetrators, young people who are either victims or vulnerable, parents and communities in the UK and in many other countries. LFF started as a residential service for adult perpetrators but runs Stop it Now UK and Ireland and Stop it Now Scotland, helplines to assist perpetrators and people on the journey to become perpetrators. The charity was instrumental in bringing the Circles model from Canada to the UK. Supported by other foundations we have worked with communities in British Overseas territories, in Africa, South America, Europe and Australia helping those communities to set up services according to their definitions. The paper will describe some of the services in detail and look at new areas of work. I will look at the numbers of people we work with and give some idea of our effectiveness. I will demonstrate some of the tools we use on the internet and soon on the dark web to encourage people to contact us and may have a new teaching aid, which is in preparation, which will help us to work with young perpetrators.

#### **Pathways to child sexual exploitation material offending: analysis and intervention**

*Derek Perkins*

The onlinePROTECT research collaboration (University of Lincoln and Royall Holloway University of London) was established in 2014 to promote, carry out, and communicate multi-agency research on the safety of young people in online and offline environments. A primary research focus has been on understanding and addressing online child sexual exploitation material (CSEM) offending. This session presents the international context of this offence type and describes aetiological research on pathways to CSEM offending and how this has been developed into a case formulation tool currently being deployed and evaluated in a number of community-based treatment programs for CSEM offenders. The case formulation tool has proved useful in being: 1) Comprehensive - covering developmental / aetiological issues and the emergence of offence-related propensities (notably sexual deviance and socio-emotional dysfunctionality); protective and desistance-enhancing propensities (including capacity for intimacy, empathy for others, and social problem solving skills); situational factors (within family, social and work relationships); and situational, internet-related factors; and 2) Collaborative - in working with CSEM users in a

process of shared enquiry and analysis which focuses on the establishment of functional links between the past (e.g., attachment and early sexual experiences), present behaviour (offending circumstances and modus operandi) and future aspirations and plans. The case formulation tool combines aetiological, situational, and personality/mental health factors in working towards offence desistance and the establishment of a satisfying life. The session will discuss implications of this research for deterrence, desistance, and preventative approaches in addressing this most rapidly developing category of sexual offending behaviour.

### **Enhancing the risk and need assessments of adolescents who evidence harmful sexual behaviour**

*Emily Glorney*

This paper describes a preliminary study involving young male participants aged 13 to 18 across four sexually harmful behaviour services. All participants have either been convicted of a sexual offence or have exhibited sexually harmful behaviour towards children, including accessing online child sexual exploitation material. The participants were assessed using the Explicit and Implicit Sexual Interest Profile (EISIP), a laptop administered measure of sexual orientation and preferences, The Estimate of Risk of Adolescent Sex Offence Recidivism (ERASOR), a structured clinical judgment assessment tool used for the prediction of sexual recidivism in adolescent offenders, and questionnaire measures of antisocial and callous unemotional traits. The study sought to ascertain if the participants were able to engage with the EISIP procedure, and whether its findings would parallel those of adults who have engaged in sexual offending involving children. The EISIP procedures explicit measures consist of, first, self-reported past sexual behaviours and sexual fantasies, and, secondly, preference ratings of computer generated images of males and females of different age groups. The implicit measures comprise, first, viewing times associated with rating the stimuli, and, secondly, an implicit association test, used to assess sexual associations within the different age/gender groups. Findings are presented on participants engagement with the EISIP procedure and the relationships between these findings and the other measures

### **Mental illness, homelessness, and victimization: Results from the National At Home/Chez Soi Study and perspectives of people with lived experience (Symposium 580768)**

*Tonia L. Nicholls, Hanie Edalati, Faith Eiboff, Karen Petersen*

Room : Montréal 2

Research has predominantly examined mental illness (MI) as a risk for violence, neglecting evidence that individuals with MI are at greater risk of being victimized. This symposium reports At Home/Chez Soi findings, an RCT examining Housing First with individuals experiencing homelessness and MI. Paper 1 examines the implications of Adverse Childhood Experiences for the efficacy of Housing First. Paper 2 presents mixed-methods research on participants objective (prevalence/frequency) and subjective (meanings/perceptions) experiences of victimization. Paper 3 reports on ACEs and intimate partner victimization. Finally, individuals with lived experience of homelessness and MI will discuss first-hand knowledge of victimization implications for policy and practice.

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**Housing First, then What? Exploring the Associations of Cumulative Childhood Adversity and Victimization and Criminal Justice Involvement in Homeless Adults with Mental Illnesses after Receiving Housing First Intervention**

*Hanie Edalati*

**Background.** Exposure to adverse childhood experiences (ACEs) is associated with increased risk of criminal justice involvement and repeated victimisation among homeless individuals. The aims of the current study were to examine whether the relationship between cumulative ACE score (total ACE score) and the odds of experiencing criminal justice involvement and victimisation remain significant over time after receiving the Housing First (HF) intervention, and whether cumulative ACE score moderates the effects of the HF intervention on the likelihood of experiencing criminal justice involvement and victimisation among homeless individuals with mental illnesses. **Methods.** We used data from the At Home/Chez Soi demonstration project which followed multiple outcomes of participants in the intervention arm (HF) vs. controls (treatment as usual (TAU)) for two years in five Canadian cities (N = 1,888). **Results.** In all four follow-up time points, the relationship between cumulative ACE score and both outcomes remained significant, regardless of study arm (HF vs. TAU), baseline victimisation and criminal justice involvement rates, and other confounding factors. Moreover, cumulative ACE score did not moderate intervention effects on odds of experiencing either outcome, suggesting that the effectiveness of HF vs. TAU, with regards to the odds of being victimised or involved in criminal justice system, did not differ by cumulative ACE scores over the course of study. **Conclusions.** Findings suggest that providing services for mentally ill homeless individuals should be trauma informed but need to also necessarily target traditional criminogenic and mental health needs.

**Do adverse childhood experiences predict intimate partner victimization among women and men experiencing homelessness and mental illness?**

*Faith Eiboff*

**Background:** Individuals who are homeless experience many forms of violence over the lifespan; yet empirical evidence on the effects of adverse childhood events (ACEs) and intimate partner violence (IPV) has largely focused on women in non-homeless populations. We sought to examine the relationship between individual and collective ACEs on IPV victimization among both women and men experiencing homelessness and mental illness. **Methods:** Vancouver and Toronto At Home/Chez Soi participants (N=735) were administered the Adverse Childhood Experiences questionnaire; IPV victimization was assessed using questions adapted from the Revised Conflict Tactics Scale-2. **Results:** Emotional and physical abuse were the most commonly reported ACEs for both women and men who experienced IPV victimization. Controlling for age, ethnicity and education, sexual abuse (AOR=2.1; 95% CI=1.12-3.74) and emotional neglect (AOR=2.1; 95% CI=1.18-3.80) were significantly associated with IPV victimization among women. In contrast, all ACE indicators (i.e., childhood abuse; childhood neglect; family dysfunction) were significantly associated with IPV victimization among men (AOR range: 1.9-2.8), except for parental divorce. **Conclusion:** This study provides evidence that exposure to ACEs are associated with an increased

risk of IPV victimization among both women and men experiencing homelessness and mental illness. However, findings indicate that a wider spectrum of childhood maltreatment and family dysfunction carry greater salience for men than for women. IPV victimization is often underexplored among men, highlighting the importance of trauma-informed interventions for all individuals experiencing homelessness. Future research should examine a range of socio-structural factors to reduce the intergenerational transmission of violence in this high risk population.

**Understanding victimization among women and men experiencing homelessness and mental illness: Insights from a mixed-methods randomized controlled trial**

*Karen Petersen*

Background: Evidence suggests that the rates and patterns of victimization among women experiencing homelessness are distinct to homeless men. However, few studies have considered the objective (prevalence/frequency) and subjective (meanings/perceptions) experiences of victimization by gender in this population. A deeper understanding of the synergistic effects of gender and other socio-structural factors that impact victimization is essential to guide responsive policy and practice. Method: The At Home/Chez Soi study was a Canadian multi-site mixed-methods randomized controlled trial to examine the effectiveness of Housing First interventions (2009-2013). This analysis compares qualitative (N=219) and quantitative (N=2,245) experiences of victimization between women and men using data collected at baseline. Results: Women experienced significantly higher rates of victimization than men for assault (40.1% vs. 35.0%), robbery (35.9% vs. 31.0%), and sexual assault (19.5% vs. 3.5%). In contrast, several variables associated with victimization were similar for women and men across a range of health service, crisis, and justice system contacts. Thematic analysis of qualitative data also revealed several similar themes by gender including multiple forms of trauma and structural violence throughout their lives. However, analyses support previous research indicating gender-specific threats of violence and danger on the streets among women. Conclusion: Quantitative research reveals high rates of victimization and trauma among both men and women who are homeless and mentally ill; however empirical and qualitative examinations suggest potentially important gender-specific clinical implications. Women are at particularly high risk for experiencing diverse forms of serious victimization highlighting the importance of gender-sensitive and Trauma-Informed services.

**Development and testing of the electronic application of the Dynamic Appraisal of Situational Aggression, the eDASA (Symposium 592775)**

*Michael Daffern, Tess Maguire, Jessica Griffith*

Room: Montréal 3

This symposium describes the Dynamic Appraisal of Situational Aggression, a brief actuarial violence risk assessment instrument used in mental health units. The first presentation describes its development and highlights limitations to its use and the extant literature. The following two papers then explore the development and testing of a novel electronic application of the Dynamic Appraisal of Situational Aggression, eDASA. The eDASA incorporates an aggression prevention protocol. The acceptability of eDASA and its impacts on aggression and restrictive practices are discussed.

## **Introduction and background to the Dynamic Appraisal of Situational Aggression**

*Michael Daffern*

The Dynamic Appraisal of Situational Aggression (DASA) is validated a risk assessment designed to appraise the risk of imminent aggression in inpatient settings. The DASA is most commonly used by nurses, and to date there has been limited investigation of nursing interventions designed to reduce inpatient aggression and the use of coercive practices. This symposium will introduce the DASA and discuss the development of a novel aggression prevention protocol designed to provide a framework to nursing intervention following assessment using the DASA. Two studies testing the protocol will be presented with findings from both studies that highlight the effectiveness.

## **Development and testing of an Aggression Prevention Protocol linked to Dynamic Appraisal of Situational Aggression risk assessments**

*Tess Maguire*

Background: To date there has been limited investigation of nursing interventions that might be suitable to use to prevent aggression and reliance on coercive practice following assessment using the Dynamic Appraisal of Situational Aggression (DASA). One way of providing structure to intervention is to embed a framework using Clinical Decision Support Systems (CDSS) to guide nurses at the time of making their DASA assessment via an electronic application of the DASA. Method: An Aggression Prevention Protocol was designed to prompt intervention designed to reduce aggression and the use of coercive practices at the low, moderate, and high risk bands of the DASA. To test the protocol a prospective phase one and phase two quasi experimental study was conducted on a female acute forensic mental health unit. The protocol was linked to risk assessments generated by an electronic application of the DASA (eDASA), which is one way of incorporating a CDSS. Results: In this study we found there was a significant reduction in verbal aggression, but not other types of aggression. We also found there were statistically significant reductions in the administration of PRN medication, a reduced rate per 1000 occupied bed days of seclusion, physical and mechanical restraint, and an associated increase in documented nursing interventions. Results from this study support the use of the aggression prevention protocol and electronic application of DASA.

## **Randomised Controlled Trial of a Clinical Decision Support System for aggression management (eDASA) in Secure Acute Male Forensic Psychiatric Units**

*Jessica Griffith*

Background: Clinical Decision Support Systems (CDSS) are increasingly utilised to translate research findings into practical tools to increase the use of routine risk screening and uptake of evidence based interventions, and reduce use of overly invasive interventions. This study examined the effect of a CDSS for aggression management using an electronic version of the Dynamic Appraisal of Situational Aggression (eDASA) to examine the impact on: rates of seclusion, aggression, use of risk informed nursing interventions and staff uptake and acceptance of the technology. Method: The study was a randomised controlled trial which utilised a cross-over design and incorporated a baseline and wash-out period to test the eDASA in two secure adult male psychiatric wards over a period of 8 months. Intervention groups utilised the CDSS tool with suggested nursing interventions, while the control groups used an electronic DASA form, with no suggested interventions. Results: Outcome measures compared results between wards, between conditions and over time and included uptake of the eDASA, seclusion rates, rates of PRN medication usage, proportion of nursing interventions appropriate to identified risk level, and

rates of aggression. For intervention phases, material reductions were seen in rates of aggression after implementation of the eDASA, and overall seclusion episodes were reduced. Uptake of early interventions increased in each intervention wards and rates of PRN use decreased.

**South West Regional Secure Services - Doubling in admissions from prison - whole system working challenge (Round table 594859)**

*Anne Forbes, Jason Fee*

Room: Montréal 4

South West Regional Secure Services is a wave one New Care Model. We commission and provide medium and low secure services across the south west of England, covering 22,000 square kilometres, a population of five million, with eight partner organisations, and within a budget of around £71 million. This is a major transformational change programme to bring people closer to home, and to treat them in the least level of security for the shortest possible time. During the first two years we have made around 12% efficiency savings, and the programme has received national recognition in relation to the scale and pace of transformation. However, during this period we have conversely experienced a doubling in admissions from prison, and a tripling in those waiting to step down from high secure, with no solutions being put forward by other commissioners. An urgent whole systems solution is therefore required. This roundtable provides an excellent opportunity to discuss international benchmarks, approaches and solutions to the escalating demand for forensic services, within a whole-systems context.

**Coordination of a Complex Forensic Psychiatry System: The Forensic Directors Group of Ontario (Roundtable 590647)**

*Gary Chaimowitz, Joan Garrow, Robert Desroches, Dianna Cochrane*

Room: Montréal 6

The establishment of the Ontario Forensic Directors Group was prompted by the recognition of the role of forensic mental health (FMH) hospital programs in providing FMH care identification of unique management issues in forensic hospital mental health services realization that collectively FMH programs lacked a distinct voice in provincial and local policy making The FDG has sought to reflect the concerns and views of its members and ensures that FMH is represented in policy and service planning. The FDG meets regularly with representatives of Government to discuss issues regarding the provision and development of FMH care.

This Roundtable will describe the development and functioning of the Forensic Directors Group of Ontario, Canada. Ontario is a province of 13 million people and a forensic psychiatry patient population of almost 2000 patients. The FDG is comprised of the clinical and administrative leaders of the 10 designated hospitals under Part XX.1 of the Criminal Code. The larger programs (Centre for Addiction and Mental Health and Waypoint Centre for Mental Health Care may bring a third representative due to size or complexity). The Association increases the knowledge and skills of member hospitals and programs. It provides a coordinated and effective voice on issues relevant to the delivery of forensic mental health care. The Association will endeavor to achieve these aims

through mutual support among members and effective liaison with government, other health care associations and other services and programs, both institutional and community based. The Association meets 5 times a year, but has multiple subtables and regular communication across organizations. Meetings with the Ministry of Health and Long Term Care (MOHLTC) is co-chaired by a representative from the MOHLTC and the Chair of the FDG Association. During this Roundtable you will hear about the development of the Forensic Psychiatry System in Ontario, the background to the creation of the FDG, the structure and functioning of the FDG, the benefits and risk attached as well as the roles and perspective of the one maximum Secure Forensic facility in the Province. The Governments perspective will also be presented.

### **Neurolaw in Latin American Countries and Spain: What is Going On? (Symposium 595816)**

*Ezequiel Mercurio, Eric Garcia Lopez, Jose Manuel Muñoz*

Room: Montréal 7

The objective of this symposium is to describe the current state of neurolaw in Latin American countries and Spain. To achieve this goal, first, we conduct a systematic bibliographical review to identify the current state of neurolaw in Spanish-speaking Latin American countries. Second, we analyze and discuss if neuroscientific evidence influences mock jurors in a sample of 100 Buenos Aires (Argentina) citizens. Third, we discuss how debates on neurolaw and neuroethical issues have emerged in Spain in the last decade.

#### **The Impact of Neuroscientific Evidence on Mock Jurors in a Buenos Aires Sample**

*Ezequiel Mercurio*

In the last decades, the growth and development of medical technology have significantly affected the forensic scenarios. In particular, the use of cognitive neuroscience evidence in courts has become a new forensic area for debate. In Argentina, the jury trial started to be implemented a few years ago but only in select parts of the country. Only two provinces are currently using jury trials for some cases. The future plan is to eventually adopt this kind of trial for the entire country. In this context, the objective of this presentation is to show the results of a recent experiment, which is still being developed, with mock jurors in a sample of 100 Buenos Aires citizens and present how neuroscientific evidence affects these jurors. More specifically, the goal is to analyze the influence of neuroscientific evidence when a defendant with borderline personality is being charged for a murder. The hypothesis is that jurors who are presented neuroscientific evidence would submit more not guilty by reason of insanity verdicts than those who are presented with psychosocial evidence.

#### **Neurolaw in Latin American Countries: Current Status and Challenges**

*Eric Garcia Lopez*

Neurolaw is a recent area of focus in Latin American countries. The objective of this presentation is to make a systematic review of published articles, books, and book chapters and discuss seminal legal cases in order to identify the current state of neurolaw in Spanish-speaking Latin American countries. We identified 61 publications in total, the majority of which come from Mexico (n=17), Argentina (n=15), and Colombia (n=12). None of the reviewed published works presented empirical research, but many of them discussed complex topics, such as criminal responsibility, free will, and neuroethics with local perspectives. There is a high volume of publications coming from the three countries, but despite its growing impact abroad, Spanish-written literature on this topic

remains limited compared with English-written publications. More work is needed in this area to influence Latin American legislation and the development of public policies.

### **Perspectives on Neurolaw and Neuroethics from Spain**

*Jose Manuel Muñoz*

In this talk, I will illustrate how debates about neurolaw and neuroethical issues have emerged in Spain in the last decade. From the field of law, the work of Professor Eduardo Demetrio on the application of neurosciences to criminal law serves as a significant reference both in Spain and in the rest of the Spanish-speaking world. From neuroscience, Professor Francisco Rubia has argued that free will, which is usually considered a requirement for both moral and criminal responsibility, is an illusion in light of neuroscientific evidence. This statement has been rejected from the perspective of philosophy by Professor Carlos Moya. Recently, I made my own contribution to the debate by proposing the so-called semantic pruning model. According to this model, norms and value systems are not mere products of social interactions between individuals; rather, they are active agents with the causal power required to affect cognitive processing through the redistribution of neural circuitry. This approach allows the identification of the extent to which a country's public policies on education, diversity, and coexistence can influence its citizens cognitive health and development. Furthermore, it has possible repercussions for the non-invasive treatment of certain neural disorders.

### **Recovery Round Table: A discussion of the patient experience of recovery-oriented care in forensic mental health (Round table 594286)**

*Krystle Martin, Tina Slaunwhite, Brian Rose*

Room: Montréal 8

Recovery-orientated care is increasingly being adopted by forensic mental health services. Patient perceptions and experiences of recovery-orientated care are, however, rarely sought. This multi-disciplinary Round Table will share qualitative and quantitative research of patient experiences with recovery, provide a model for enhancing patient engagement, and share a personal story of recovery from a former forensic patient. Attendees will be encouraged to share their understanding of the patient experience of recovery-orientated care in forensic settings.

Recovery-orientated care is increasingly being adopted by forensic mental health services, and yet, knowledge about this process and outcome in forensic populations is less well understood. Patient perceptions and experiences of recovery-orientated care are rarely sought. This multi-disciplinary Round Table will facilitate discussion of patient experiences with recovery-orientated care. Qualitative data of patient perceptions of their recovery journey will be shared to provide an overview of key concepts for forensic patients. Outcomes on the Recovery Assessment Scale will be shared from a large forensic program. Preliminary evidence indicates that forensic patients have lower recovery scores overall and show less change over time than non-forensic populations. Taken together, these data suggest that enhancing patient knowledge, engagement, and empowerment may impact recovery. Details of an innovative group to improve patient understanding of the Review Board process that was co-designed in partnership with two Forensic Program consumers, and was based on their personal experiences, will be discussed as a model for patient engagement. A personal story of recovery will also be shared. Brian's road to wellness and mental health advocacy began with tragedy and entry into the

forensic system. As an advocate, he shares his story of recovery to raise awareness about serious mental illness. Brian is now a Peer Support Specialist drawing on his own experiences to help assist patients transition to the community. A dialogue with members of the audience will be facilitated to encourage discussion of our understanding of the patient experience of recovery-orientated care within a forensic system.

## Concurrent paper sessions 15:40-16:50

### Workplace Culture and Staff in Forensic Institutions

Room: Montréal 1

#### **1) Discussing sexuality with patients Staffs attitudes and beliefs (574347)**

*Nina Lildal-Schroeder*

The World Health Organization regards sexuality as an essential and integrated part of being human. Sexual functioning has received little attention as an important aspect for those suffering from severe mental illness such as schizophrenia. Yet, it has been implicated as one of the major factors contributing to noncompliance with antipsychotic medications. This study aim is to report staff at a forensic inpatient wards attitudes and beliefs towards discussing sexuality with patients. The study has a correlative and comparative design. The Sexual Attitudes and Beliefs Survey was distributed to staff at Sct. Hans Psychiatric Hospital, Forensic department, gaining 101 responses.

#### **2) The Culture of Correctional Nursing: A Paradox of Custody and Caring (595851)**

*Cindy A. Peternelj-Taylor*

The results of a mixed method exploratory study designed to gain insight into the roles, responsibilities, and learning needs of correctional nurses practicing in provincial correctional facilities in Saskatchewan will be highlighted. Although mental health and disorder related issues were identified as priorities for continuing education, the culture of corrections and the paradox of custody and caring dominated participants discourse. Findings from this study provide insight into nurses' professional roles, and serve as a foundation for continuing education, practice, and future research in correctional nursing.

#### **3) The Relational Hospital Creating a relational culture in healthcare (595711)**

*Louise Yorke*

Internationally, relational approaches have demonstrated the capacity to revolutionize healthcare environments. Inspired by this knowledge, in 2016 a novel model, Relational Discovery, was developed at Langdon Hospital in the United Kingdom. Relational Discovery is a service framework with a tripartite function, described as: 1. A philosophy of care that can shape relational culture; 2. a six- element operational model that supports the implementation and sustainability of the approach and; 3. a means to enhance and inform routine clinical practice. This paper describes and relationally maps learning from implementation of this innovative model within hospital and wider healthcare settings.

**4) Staff and Patient Safety within The State Hospital - An analysis 5 years of safety data (594834)***Monica S. Merson*

The State Hospitals Board for Scotland is a high secure forensic mental health resource for patients. In August 2018 a review of the safety data related to the delivery of clinical care in the hospital was carried out examine trends over a 5 year period. The data reviewed included incident reports on violence and aggression and a staff survey. The results indicated that there had been a raise in incidents of violence and aggression over the period however this was not linear, there were 2 or 3 patients at any one time responsible for the majority of these incidents

**Suicide and Security: Meeting Care Needs**

Room: Montréal 2

**1) Anger and suicidal ideation: exploratory study in prisons in Yucatan, Mexico (595745)***Paulino Dzib Aguilar, Pedro F. Un Pérez*

Suicide in prison can be approached from the perspective of psychosocial stress, as entering prison involves an adaptation process which affects mental health. Taking under consideration the role feelings of anger take in physical and mental health, Spielberger's STAXI-2 (1991) was use in assesising 205 prisoners from the state of Yucatan in Mexico, along a brief Likert-type scale with 12 items on suicidal ideation and thoughts. Findings encompass the external and internal expression of anger, anger control and suicidal thoughts, further discussed in the present study.

**2) Suicide during Forensic Psychiatric In-patient Treatment (595962)***Beate Eusterschulte*

The suicide risk of forensic psychiatric hospital patients is virtually unknown. There is limited international as well as national research on suicide events in forensic psychiatric hospitals.

From 1977 to 2017 41 patients committed suicide during their stay in the Vitos Haina Forensisc Psychiatric Hospital. More than a third of all cases occurred in the first 6 months after admission, another third was already prior to being discharged and could leave the hospital unaccompanied. Most common diagnosis was schizophrenia. The identification of patients at risk as well as the provision of adequate treatment measures and support will be discussed.

**3) Suicide prevention in mental health and forensic services (595639)***Michael Doyle*

Death by suicide accounts for more deaths worldwide than war and natural disasters combined with 800,000 deaths globally each year. In 2015, 4820 people are recorded as having died by suicide in England. The link between suicide and mental disorders is well established. Those in contact with the criminal justice systems are known to have a higher suicide rate than the general population and the rate of suicide in prisons can be up to 10 times higher. The recent development of a region-wide suicide prevention strategy in England will be described and the implications for forensic services will be discussed.

**4) Are Mentally Disordered Offenders oriented towards appropriate care settings according to security needs? A cross sectional study (589891)**

*Delphine Bourmorck, Freya Vander Laenen, Wouter Vanderplasschen, Mark Leys, Frédéric Schoenaers, Vincent Lorant, Pablo Nicaise*

Background: Mental health care delivery suppose that MDOs are placed in the lowest possible secured setting according to their needs. Aim: To assess the appropriateness and predictors of MDOs' placement according to security needs. Method: 3529 MDOs' placements in all types of settings in 2017. Security need was assessed with the HoNOS-Secure, and controlled for individual characteristics. Results: Security need scores were significantly correlated to security levels after controls. A few clinical and custodial characteristics also significantly affect the placement. Conclusion: MDOs placement was globally appropriate. Medium-secure settings should clarify their role to address better MDOs with moderate security needs.

## Protective Factors in Risk Assessment and Treatment

Room: Montréal 3

**1) Protective factors and patient trajectories: the value of the SAPROF for predicting incidents during treatment and review board decision-making (594532)**

*Michiel de Vries Robbé, Mirna Batinic, Casey Upfold, Heather Moulden, Gary Chaimowitz*

In this paper a study is presented investigating the relationship between protective factors development, incidents during treatment, recommendations by treatment providers regarding individual trajectories, and decision-making by the Ontario Review Board (ORB). Based on province-wide ORB files the SAPROF factors were rated retrospectively for a group of 200 forensic psychiatric patients. Repeated assessments were carried out regarding the evaluation of protective factors at three different time-points, providing the opportunity to assess change over time. Preliminary results show good predictive validity of protective factors for ORB recommendations and outcome. Data on the full sample will be presented at the conference.

**2) Clinicians Perceptions of the Implementation of the SAPROF on an Inpatient Forensic Unit (593872)**

*Zahra Jamal, Tom Domjancic, Treena Wilkie, Shaheen Darani*

Risk assessment tools in forensic mental health have traditionally focused on factors that enhance risk of future violence; recently there has been a movement towards using risk assessment tools that include a focus on protective factors (Rennie & Dolan, 2010; Rogers, 2000; de Ruiter & Nicholls, 2011). However, little is known on how clinicians perceive the implementation of such tools. We present findings of a qualitative study that explored the experiences of clinicians on a forensic inpatient unit following the implementation of The Structured Assessment of PROtective Factors for Violence Risk (SAPROF), a risk assessment tool that examines protective factors.

**3) Leveraging Strengths in Risk Assessment & Management of Forensic Clients (595766)**

*Mary-Lou Martin*

In forensics there has been a growing interest in clients strengths as they may be associated with positive outcomes. This represents a shift from clinicians/ researchers being interested only in vulnerabilities and risks. Strengths need to be integrated into assessments because such evaluations lay the groundwork for interventions.

Structured assessment guides have emerged that include strengths. When clients hear strengths identified in their meetings with clinicians and see strengths described in reports, it can enhance engagement and the therapeutic relationship. More research is needed to determine which strengths reduce risks and how risks and strengths are associated with outcomes.

**4) Can empathic attunement enhance accessibility to mentally ill persons violent ideation and risk? (593979)**

*Stål Bjørkly*

Communication skill is a basic requirement in clinical assessment and therapy. In violence risk assessment it is paramount to scrutinize first-person perceptions concerning own risk of violence. However, this is not an easy goal to achieve because mentally ill persons often deny their violence risk. There is no quick fix solution to this. In this presentation is empathic attunement from Self Psychology suggested to be a potential contribution to this challenge. Topics that will be discussed are: The distinction between anger and violence, focus on situations rather than traits, and to create a meeting point for understanding of psychotic violence.

## Emerging Evidence in Forensic Mental Health

Room: Montréal 4

**1) Electrophysiological correlates of empathy in antisocial individuals with a migration background (593161)**

*Josanne van Dongen*

Recent studies have demonstrated that empathy recruits brain areas involved in affective and motivational processing. However, less is known about the electrophysiological correlates of dysfunctional empathy in antisocial individuals with a migration background. In the current study, we included 110 antisocial individuals with a migration background and 19 control subjects with a migration background to investigate the difference in empathic processing between these two groups. Results indicate that the antisocial group scores higher on psychopathy, and higher on self-reported aggression. Moreover, antisocial individuals show reduced LPP amplitudes compared with healthy controls in response to pictures of victims of aggression.

**2) Characteristics and Treatment Needs of Defendants Unable to Afford Counsel in Criminal Prosecutions (594886)**

*Sarah Duhart Clarke*

In the US, defendants have the right to assistance of counsel in all criminal prosecutions; if they are unable to afford counsel (known as indigent defendants), counsel must be court-appointed at no-cost. Research shows that indigent defendants experience poorer criminal justice outcomes than non-indigent defendants; however, little research has examined their characteristics and needs. The goal of this study was to address this knowledge gap. Analyses showed men with mental health problems had highest odds of indigent status. Findings suggest the need for continued research examining characteristics and needs of indigent defendants to improve both criminal justice and treatment outcomes.

### **3) Cognitive Contributors to the Risk of Harm to Others: Preliminary findings from a feasibility study (593083)**

*Sarah B. Janes*

We have set out to develop a structured professional judgement tool to aid in the identification and assessment of cognitive impairments shown to be predictive of violence, to allow their better integration into risk formulations. A prospective observational study was designed to examine a battery of cognitive measures derived from a meta-analysis and a Delphi Study. Measures are administered at baseline, subsequent to which, incidents of violence are recorded for 6 months. Individuals are being recruited from high, medium, low and community settings. Preliminary results of the feasibility outcomes, baseline and the retrospective data predicting violence, will be discussed.

## **Police and Correctional Officers**

Room: Montréal 6

### **1) Paper Session 590967/ Evaluating the Brief Spousal Assault Form for the Evaluation of Risk in an Australian Police Setting (590967)**

*Ilana Lauria*

This study provides a prospective validation of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) in an Australian sample of 728 male-perpetrated intimate partner violence (IPV) cases presenting to Victoria Police between 2016 and 2017. Approximately 57.4% of cases had at least one further IPV incident occur during the follow up period. Data will be presented on the predictive validity of the B-SAFER across three outcome variables (i.e., severe violence, physical harm, and any police contact for an IPV incident) and the incremental validity of the victim vulnerability factors.

### **2) The relationship between the police, minorities and other vulnerable groups: a longitudinal study (595385)**

*Ed Hilterman*

Research suggests that ethnic and minority groups seem to be less positive about the police due to attitudes of police officers. In a longitudinal study attitudes towards minorities and victims were measured in 1279 police officers (20.6% female, age M=28.6) at four moments during initial training and first six years on the job. Growth mixture modelling was used to identify trajectory heterogeneity in the attitudes of the police towards minorities. Findings show these attitudes can change over time while there are distinct subgroups with heterogeneous trajectories over time and that different approaches are needed to influence police attitudes towards minorities.

### **3) Training MCSCS Corrections Officers to Better Meet the Mental Health Needs of Inmates (594485)**

*Cory Gerritsen, Kiran Patel, Shaheen Dirani, Kiren Sandhu, Tanya Connors, Laura Hayos*

Front-line corrections officers play a central role in dealing with the mental health struggles of inmates; however, the mental health training they receive is often inadequate. The Forensic Early Intervention Service (FEIS) at CAMH undertook a needs assessment among corrections officers at the Toronto South Detention Centre (TSDC) and, in response to needs identified, developed a one-day course delivered to officers at TSDC. Change in participants' knowledge of curriculum content was established between pre- and post-training, as were confidence in their

ability to identify mental health issues and assist individuals with these problems. A three-month follow-up study is underway.

**4) Emotional experience of police officers: Positive factors associated with post-traumatic and acute stress following exposure to a potentially traumatic event (594091)**

*Audrey Vicenzutto, Emilie Telle, Mélanie Buchet, Thierry Pham*

Functions of police are recognized as an emergency work as officers are confronted to the most society dramatic events involving death, other physical or psychological violence (aggression, homicide, kidnapping, etc.). Current study investigates influence of social support (SSQ6), self-efficacy (SES), quality of professional life (ProQOL) on post-traumatic (TRAUMAQ) and acute stress (SASRQ) among 85 police officers. Results report self-efficacy and poor quality of professional life correlate and predict, respectively negatively and positively, both post-traumatic and acute stress. Results are discussed with regard to the international literature on factors and related treatment issues among emergency workers.

## Intellectual Disabilities

Room: Montréal 7

**1) Intellectual and Developmental Disabilities in the Criminal Justice System: Identification and Trends, an Update (595507)**

*Jennifer C. Sarrett, Javel Jackson*

This paper presents updated data from our project assessing the presence of intellectual and developmental disabilities (I/DD) in the Georgia Department of Corrections (GDC; in the U.S.) and identify correlations with other health conditions, demographics, and offending activity. The authors collected records of incoming offenders in 2017 and again in 2018 on the presence of an I/DD in the mens and womens diagnostic facilities. This year we provide an update from last years presentation by including data on men and data collected this year. Conclusions will be drawn from the mens and womens data together any identified differences.

**2) Adapting positive behaviour support to a New Zealand forensic intellectual disability service - learning from integrating Western and Māori concepts (595572)**

*Mhairi Duff*

This paper provides an overview of the introduction of a positive behaviour approach framework within a forensic intellectual disability inpatient setting in Aotearoa, New Zealand, where the Maori population is over-represented and explores how cultural values impact on this framework. Added value is gained from incorporating a cultural perspective to help understand what has happened to people in our care and what sense they have made of their experiences. Behaviours that challenge society (offending) and services occur in context. Understanding function leads to finding alternative ways of getting needs met that will reduce the need for restrictive practices.

### **3) Androgen Deprivation Therapy for Sex Offenders with Intellectual Disabilities Silver Bullet or Malpractice? (595695)**

*Martin Neumann*

Androgen deprivation therapy (ADT) is an important therapeutic approach to the treatment of men with paraphilic disorders and/or excessive sexual drive. But the ethical, pharmacological; therapeutic aspects and the empirical basis of its use still remain an issue of considerable controversy. Offenders with intellectual disabilities form an important subgroup within the sex offender treatment population. Using several case examples, this paper describes the decision making process, discusses therapeutic considerations, the question of informed consent, ethical issues, treatment outcomes and side effects regarding this special needs population. The patients view on this treatment option will be reported.

### **4) Evaluation of a Brain Injury Linkworker service for women in prison (593107)**

*Emily Glorney, Serena Wright, Rosie Meek, Nick Hardwick, Huw Williams*

Traumatic brain injury (TBI) is over-represented in prison populations internationally, with potential implications including increased risk of violence and mental health problems. There is a clear link between life trauma, offending and poor health outcomes for women in prison, and this is reflected in the histories of women with TBI in prison. The Disabilities Trust implemented a Brain Injury Linkworker Service in one womens prison in England. A mixed method evaluation of the efficacy and efficiency of the service is presented. Alignment with gender-responsive and trauma-informed practice is a key

## **Adolescent and Transitional Age Youth**

Room: Montréal 8

### **1) Reinventing the juvenile justice system in The Netherlands: Implementing a strengths-based, relational approach through local facilities (599791)**

*Fleur A. Souverein*

The Dutch government initiated an exploration of the future of juvenile detention. Local facilities were opened with tailored arrangements in security, supervision and care. The current study aims to provide insight in the target group and effective working processes, involving quantitative and qualitative methods. The local, community based, facility allows protective factors to be continued/initiated during detention. Relational security is established within a therapeutic living climate. Youth and care-givers are actively involved in decision making processes and collaboration between local stakeholders is strengthened; establishing an integral process of screening, diagnostics and treatment. Youth and caregivers report positive experiences.

### **2) Short-Term Assessment of Risk & Treatability: Adolescent Version in Lithuanian Juvenile Offenders: Examination of Convergent and Prospective Validity (590751)**

*Ilona Laurinaityte, Alfredas Laurinaivicius, Virginija Klimukiene, Laura Ustinaviciute*

The purpose of this presentation is to explore the convergent and predictive validity of the START:AV in a sample of Lithuanian male juveniles, who are under the States supervision dedicated by the court. The results of AUC for several forms of misconduct in a three-month period confirmed predictive validity of the START:AV risk ratings: Total Scores of Strengths and Vulnerabilities were associated with school attendance and theft acts. Protective

factors were as much informative as risk factors in predicting antisocial behavior in a sample of juvenile offenders. The results will be discussed in relation to practice and research.

**3) Taking a developmental lens to risk assessment of self-directed violence among adolescents and transition-age youth: A review of risk factors (594502)**

*Brianne K. Layden, Gina M. Vincent, Kelly A. Watt, Stephen D. Hart*

This study examined literature on risk factors for suicidal self-directed violence (SSDV) among transition-age youth (TAY; aged 16 to 24) to determine whether there is a need for a distinct, more developmentally sensitive approach to SSDV risk assessment among this transitional age period. A meta-review of systematic reviews and meta-analyses was conducted, as well as a selected systematic review of original source articles. Results were largely consistent with the adult literature; however, several important risk factors were absent or understudied in the adolescent and TAY literature. Implication of these findings and next steps for risk assessment approaches will be discussed.

**4) Gratitude as a Protective Factor for Adolescent Offending (595482)**

*Sanam Monjazebe, Aisha Bhanwer, Jodi Viljoen, Kevin Douglas, Gira Bhatt, Roger Tweed, Nathalie Gagnon, Stephen Dooley*

Although some research has examined protective factors against offending, less attention has been given to how character strengths such as gratitude can protect against offending. The current study examined whether gratitude protects against adolescent offending and violence. Participants included 116 at-risk Canadian adolescents. Findings suggested that adolescents higher on gratitude were less likely to offend after a six-month follow-up period. In addition, gratitude showed incremental validity above common risk factors such as substance use and delinquency. Gratitude may reduce violence by motivating individuals to act more compassionately and perceive provocation as less threatening. Findings should be replicated in future research.

## Concurrent sessions: Papers 17:00- 18:00

### Gender and Family in Forensic Mental Health

Room: Montréal 1

**1) Experiences of pregnancy, childbirth and motherhood in prison (595650)**

*Rachel Dolan*

Little is known about the lived experience of pregnant women/new mothers in prison in England. Research carried out in the United States, suggests negative, traumatic experiences, but prison nurseries have positive impacts. This study explored the experiences of pregnancy, childbirth, separation and motherhood whilst imprisoned in England. There were 31 interviews with pregnant women, and 24 postnatal interviews. Framework Analysis was used. Pregnant women reported feeling depressed, stressed and worried, basic needs were unmet, and emotional support varied. Lack of information compounded stress. For those separated from their babies, there was a lack of support.

## 2) Lived experiences of family members on the forensic care trajectories of mentally disordered offenders (591461)

*Sara Rowaert, Freya Vander Laenen, Wouter Vanderplasschen, Pablo Nicaise, Delphine Bourmorck, Mark Leys*

Mentally disordered offenders (MDOs) are often cared for in forensic psychiatric settings, with many of them having a social network (mostly family members) that supports them. In general less attention has been paid to perspectives of family members, especially in regard to the forensic psychiatric care trajectories of their relatives. This study focuses on the lived experiences and participations needs of family members, with 18 family members being interviewed. Results show that family members want to be informed, listened to and supported by professionals and strive for a shared partnership and better care and living conditions for their relative.

## 3) Pregnancy in prison, mental health and admission to prison mother and baby units (595622) *Rachel Dolan, Jennifer Shaw*

Little is known about the mental health of pregnant women in prison in England or admissions to prison mother and baby units (MBUs). Participants: 85 pregnant women in prison. Measures: Schedules for the Clinical Assessment of Neuropsychiatry (SCAN), Edinburgh Postnatal Depression Scale (EPDS), Severity of Dependence Questionnaire (SOD-Q), Alcohol Use Identification Test (AUDIT), Structured Clinical Interview for DSM-IV (SCID-II). 51% had depression and 57% anxiety. 63% were admitted to MBUs. High levels of depression and anxiety can negatively impact mother and child. Women with prior Childrens Services involvement, mental disorder and/or personality disorder less likely to be admitted to MBUs.

## 4) Early Behaviour Problems, Exposure to Violence, and Negative Emotionality: The Moderating Effect of Gender on Gang Membership (595725)

*Lee M. Vargen, Ilvy Goossens, Jodi Viljoen*

Although it is often assumed that trauma and mental health concerns are stronger predictors of gang membership in female than male youth, few studies have directly tested this. We tested these assumptions in a sample of 1,354 young offenders (184 females) from the Pathways to Desistance study. As expected, exposure to violence (e.g., being a victim of or witness to violence) predicted gang membership more strongly for females than males. Contrary to expectations, increased negative emotionality predicted lower rates of gang membership in females but higher rates in males. Future research is needed to test assumptions about gender-salient risk factors.

## Adverse Childhood Experiences: Risk and Protective Factors in the Forensic Population

Room: Montréal 2

### 1) Adverse childhood experiences are associated with offending in forensic psychiatry (594917)

*Heather Moulden, Dalia Ahmed, Kaitlyn McLachlan, Gary Chaimowitz*

Adverse childhood experiences (ACE) are present in both forensic/correctional, and mental health populations and are associated with criminal offending (Duke et al., 2010; Harlow, 1999). The present study assessed the prevalence of ACEs and their association with criminal behaviour in a forensic psychiatric sample. The sample included 188 adults admitted to a forensic mental health program, ages 18 through 82, and was predominantly male. ACE scores were significantly associated with an earlier age of first offence, and more criminal charges.

Results contribute to the growing literature demonstrating high rates of ACEs in forensic mental health and their association with adverse outcomes.

**2) Eradicating Childhood Sexual Exploitation (590863)**

*Mike J. Harris*

Childhood Sexual Exploitation is a worldwide phenomenon, in every country and every culture. Although we have an international definition of a child being under 18 many cultures allow marriage and sexual relationships far below this age. How then can we define childhood sexual exploitation and identify it. The introduction of the internet has allowed a massive increase in such offending with a clear view that every case of internet offending has a child victim at its heart. The paper will look at this definition but more importantly look at different models of trying to reduce this phenomenon.

**3) Stranger Homicides in Sweden: a population-based study and two case studies (593059)**

*Daniel L. Karlberg, Joakim Sturup, Sara Rodre, Shilan Caman*

The aim of this presentation is to study what kind of perpetrators commits stranger homicides and compare two cases of stranger double homicide offenders in aspect of forensic psychiatric outcome. The results demonstrate that 13% of all homicides in Sweden were stranger homicides and that 12% of those were committed by mentally disturbed offenders. The two cases were committed by young males who fantasized about committing homicide and killed two victims in one offence. There were however differences in the cases since one of them was sentenced to forensic psychiatric care and the other to life time in prison.

**4) Risk and protective factors for violence in juvenile offenders over the course of residential treatment (592305)**

*Anneke Kleeven, Ed Hilterman, Arne Popma, Eva Mulder, Michiel De Vries Robbé*

Violence risk is conceptualized as dynamic, especially in juveniles. Dynamic risk and protective factors received considerable attention in risk assessment literature. Yet few studies investigated risk assessments capacity to measure change over time. It has been suggested that one of the most frequently applied juvenile tools (SAVRY) has limited sensitivity to measure change. This paper presents results from a multicenter validation study on the SAVRY and SAPROF-YV in Dutch Juvenile Justice Institutions. Trajectories of 200 offenders (16-23 years) were modelled in latent subgroups. Additionally, the predictive power for recidivism was examined. Implications for repeated assessment in clinical practice are discussed.

## Older Adults and Health Factors for Forensic Practice

Room: Montréal 3

**1) Mild Cognitive Impairment and Dementia in the Prison Population of England and Wales (595665)**

*Katrina Forsyth, Leanne Heathcote, Baber Malik, Katherine Perryman, Jenny Shaw*

Background: Mild cognitive impairment and dementia is a significant issue for prisons. There are currently no specialized services. Aim: To enhance care pathways for older prisoners with mild cognitive impairment and dementia. Methods: Part 1: Stage 1: 860 older prisoners were screened for mild cognitive dementia/cognitive. Part 2: A questionnaire was distributed to healthcare managers and governors of all adult prisons in England and Wales (n = 107). Part 3: Ethnographic observations and semi-structured interviews (approx. 50) concerning 10

individual case studies were conducted. Part 4: Care pathways and training packages were designed. Preliminary findings will be discussed.

**2) Help-seeking behavior in victims of elder abuse: A systematic review (591114)**

*Silvia Fraga Dominguez, Jennifer E. Storey, Emily Glorney*

Elder abuse has become increasingly relevant for intervention and study in the context of an aging population. One of the major barriers to progress in the field is under-reporting by victims. A systematic literature review was conducted to synthesize the available findings regarding victims help-seeking behavior and 19 studies were included. The results suggest that there are many barriers to help-seeking, and that some victims only seek help when the abuse is perceived as unbearable or they fear for their safety. The findings have implications for future research as well as for the management of elder abuse cases by professionals.

**3) Elder abuse, mental health, and substance abuse: Data from a one-year UK study (594118)**

*Silvia Fraga Dominguez, Jennifer E. Storey, Emily Glorney*

Victims of elder abuse are often reluctant to report abuse, and this has an impact on access to support services. Engagement with services can be additionally complicated when either the victim or perpetrator of elder abuse has a mental health problem or substance dependence. This study investigates the presence of mental illness and substance abuse problems in 2535 enquiries made to a UK elder abuse helpline. Complex mental health needs were reported for both victims and perpetrators. These findings add to the limited research on elder abuse perpetrators and have important implications for intervention services with victims and perpetrators.

**4) The Art & Science of Caring for Forensic Clients with Life Limiting Illnesses (595755)**

*Mary-Lou Martin*

Forensic clients with life limiting illnesses need palliative care to be introduced early and they should be given the opportunity to plan their death according to their values, beliefs and wishes. Forensic clinicians often feel unprepared to meet the needs of clients with a life limiting illness. The myths about palliative care will be debunked. Proposed trajectories of illnesses, phases of palliative care and a prognostic indicator guide will be explained. Providing a palliative care approach to forensic clients who have life limiting illnesses translates to better coordinated care and improved quality of life for clients and their families.

## Intimate Partner Violence

Room: Montréal 6

**1) Intimate partner homicide followed by suicide: Bereaved perspectives (577264)**

*Solveig B. Vatnar, Christine Friestad, Stål Bjørkly*

This study investigates intimate partner homicide (IPH) followed by suicide (IPHS). All IPHs in Norway from 1990 to 2012 (N = 177) were included. Qualitative data were collected by interviews with bereaved. Quantitative data were extracted from court documents. Systematic text condensation and multivariate logistic regression were conducted. One fourth of IPHs were IPHS. Results address how the bereaved perceive the intentional aspect of IPHS and their interpretation of stressful situations as a trigger of IPHS, and perpetrator characteristics with focus on previous criminal record and having a history of disregard and violations of the law.

**2) High Conflict Divorce in The Netherlands: Prevalence and Type of Intimate Partner Violence (591129)**

*Corine de Ruiter, Marilien Marzolla, Niki Ramakers*

Social and legal professionals in the Netherlands working with parents in high conflict divorce (HCD) underestimate the prevalence of intimate partner violence (IPV) in this population, according to a recent survey (de Ruiter & van Pol, 2017). IPV screening is not standard practice prior to decision making in Dutch divorce proceedings. We implemented the Mediators Assessment of Safety Issues and Concerns (MASIC), a screening tool for IPV in divorce cases. The prevalence of IPV in a sample (N=40) of HCD ex-partners was high, Psychological abuse had the highest prevalence. Physical and sexual violence decreased after separation, but stalking did not.

### **3) Risk of intimate partner violence by multiple partners: What do we know so far? (590237)**

*Elisabeth C. Ørke, Solveig B. Vatnar, Stål Bjørkly*

This comparative study investigates victims of intimate partner violence (IPV) by multiple partners (MP) and victims of IPV by one partner. We look for group differences and if there are victim-related risk factors for IPV by MP. Through a systematic literature review, we have identified some categories of risk factors: history of childhood domestic trauma, drug abuse, IPV characteristics, and attachment style. These categories are now being tested applying a sample of (N=150) women with no (n = 50), one (n = 50) and multiple (n =50) violent successive partners. Preliminary results will be discussed in the oral presentation.

### **4) Cost-benefits of violence risk assessment across different groups of mental health professionals (595589)**

*Michael Doyle, Sarah Leonard*

Violence risk assessment instruments are widely used in secure mental health services, yet little is known about the use of these instruments and relative cost-benefits across different groups of mental health professionals. Establishing the cost-benefits of each professional group will provide evidence for return on investment and value for money.

## **Psychopathy and Psychopathology in Prisons**

Room: Montréal 7

### **1) Adaptation of a self-report scale of psychopathy in penitentiary population of Yucatan, Mexico (594533)**

*Verónica Godoy Cervera, Claudia Gamboa, Paulino Dzib Aguilar*

Approaches to Psychology have been made in pursue of studying Psychopathy, specially in the penitentiary field. In order to formulate more effective treatment programs, inmate intake assessment processes should include the assessment of psychopathic personality. Penitentiary systems such as Mexico are often overcumbered with inmate assesment privileging self-report instruments. For the present study, SRP-4 measures from a male sample comprised of 363 inmates. The test underwent the due adaptation process. Psychometric properties were observed and analyzed, and validity of found results remain questioned by cultural bias, remarking a lack of reliable standardized assesment tools adapted for the Mexican penitentiary system.

### **2) A network approach to understanding the structure of core symptoms of psychopathic personality disturbance in adolescent offenders (583691)**

*Evan C. McCuish, Martin Bouchard, Eric Beauregard, Raymond Corrado*

Using network science, recent studies identified that affective symptoms were especially central to the adult psychopathy construct. To examine whether these findings extended to youth, the current study used data from

the Incarcerated Serious and Violent Young Offender Study to examine the network structure of the Comprehensive Assessment of Psychopathic Personality Institutional Rating Scale (CAPP-IRS;  $n = 224$ ) and Psychopathy Checklist: Youth Version (PCL:YV;  $n = 445$ ). Using multiple measures helped avoid equating measures with constructs. Attachment/affective features were most central in both networks. Implications for the use of specifiers in the assessment of conduct disorder are discussed.

### **3) Different pathways explaining criminal and non-criminal psychopathy (595107)**

*Lukasz Barwinski*

The paper presents results from the research project focused on identification of relations between temperamental components of the affective style, knowledge about emotions, intensity of dominant affect, ability to recognition of emotional expressions and sensitivity to emotional signals all together meant as potentially crucial variables of emotional functioning, explaining development and shape of psychopathy. The structural equation modelling were used to estimate how these factors could be a part of explaining model. Basic and alternative models were tested. Results showed significantly different pathways of psychopathy regarding its criminal and non-criminal variants, highlighting the role of various factors.

## **Diverse Population in Forensic Mental Health Care**

Room: Montréal 8

### **1) A comparative study of Indigenous versus non-Indigenous patients in the Ontario Review Board system (593989)**

*Andrew T. Olagunju, Gary Chaimowitz, Mini Mamak, Casey Upfold, Mirna Batinic*

The lower rates of Indigenous Canadians entering the review board system is inconsistent with their over-representation in the criminal justice system, thereby raising critical medico-legal and service-related questions. In this study, we analysed the Ontario Review Board (ORB) reports to compare Indigenous with non-Indigenous patients in the ORB database on sociodemographic information, personal history, psychiatric and criminal history, neuropsychological tests, current treatment, trajectories (including length of stay), and risk evaluations. Findings on psychosocio-legal and criminological attributes of Indigenous forensic psychiatric patients will be presented to understand their experience as part of evidence base for comprehensive and culturally sensitive services.

### **2) Cultural Diversity in a Belgian Forensic Medium Secure Unit More liable or more vulnerable? (593073)**

*Louis De Page, Pierre Titeca*

Although international literature has repeatedly pointed to the impact of ethnicity on diagnosis, risk assessment, competency to stand trial, etc., there has been no report on the Belgian situation. This presentation will report on an ongoing study where we investigate a) whether ethnic minorities are indeed overrepresented in a Belgian Medium Secure Unit, b) whether there are differences in their length of stay/readmission rate, and c) whether there are differences in psychometric clinical and risk assessment data. Preliminary results suggest that forensic patients from a non-Belgian heritage are societally vulnerable group when controlled for psychiatric severity.

### **3) Cross-Cultural Validity in Feigning Assessment Measures Among Chinese Immigrants (594512)**

*Yi-Ting Chang, Barry Rosenfeld, Wai-Cheong Carl. Tam, Ying Han, Chengyun Teng*

The use of forensic assessment measures with immigrant populations is a source of concern, particularly given the importance of accuracy when evaluations occur in the context of the forensic system. This concern is especially noteworthy when it comes to detecting symptom exaggeration, in that no measures have been developed and validated with Chinese immigrants, who represent a substantial minority in the criminal justice system in the United States. The current study seeks to investigate the utility of two commonly used feigning detecting measures that have been translated into Chinese, to determine the accuracy of these measures.

## Welcome reception

### **Salon Ville-Marie**

**Join us for the Welcome reception at the Salon Ville-Marie of the Bonaventure hotel.  
Look for your free drink coupons with your conference badge!**

## WEDNESDAY JUNE 26

Concurrent sessions: Symposia 09:00-10:15 & Student Panel

### **Young offenders with mental disorders: patterns in needs and services over time (Syposium 590016)**

*Pamela J. Taylor, Dimitra Mastaka, Lachlan Bramley, Natasha Kalebic, Heidi Hales, Caroline Hoskins*

Room: Montréal 1

Young prisoner numbers have been falling in England and Wales, with claims that those remaining have the most complex needs. At the same time, prison staffing has been cut. We describe trends in characteristics of young prisoners and of the prisons across England and Wales, compare complete cohorts of 15-17-year-olds over time in one prison, in the Welsh national forensic child and adolescent community treatment service and present a point prevalence in all English secure settings in England. We will report findings from semi-structured interviews with staff and the detainees' parents, and make recommendations for improving care and treatment.

### **Young people in the criminal justice system in England and Wales: setting the scene**

*Pamela J. Taylor*

Principled drives in the UK to improve responses to young offenders have achieved fewer in prison, but reductions in prison staffing have left the Chief Inspector of Prisons suggesting that there is no safe custodial place for young people in England. There is a recognised medical/clinical specialty of forensic child and adolescent psychiatry. Forensic Child and Adolescent Services follow different models in different parts of the UK, some leaning to consultation and liaison, others more likely to take on cases, but with inpatient options limited.

### **Trends in young offender institution (prison) provision: a systematic review of official documentation and research reports 2007-2017**

*Dimitra Mastaka*

The Youth Justice Board and Ministry of Justice publish annual statistics on quantity and nature of offending by young people, the demographics of young offenders and what happens to them following court appearances. Independent inspections of prisons for young people are conducted every 1-2 years, many unannounced, and detailed findings published. Periodic surveys by researchers and third sector (charitable) organisations complete the picture. Since 2007, there has been a fall of over 80% in first time entrants, but an increase in the proportion of young people in custody for violence. An analysis of trends in characteristics of young offenders and their experience of one prison will be nested in a national overview of numbers and types of offender in these settings over time and inspectorate findings with respect to perceptions of institutional safety.

### **Trends in the needs of young people admitted to one young offenders' institution in Wales.**

*Lachlan Bramley*

Every two years since 2010, prison staff, extract data on the characteristics and needs of the young people resident in the prison for any time during the period. They draw on data from forensic child and adolescent mental health in-reach clinicians as well as education staff and general prison records, the latter including detail on self-harm, violent incidents and substance use in prison. In common with the wider UK trends, numbers of young men

detained there at any one time have reduced, but they tend to stay longer. Early in the period, most of these 15-17-year-old boys were from the urban-rural mixed catchment area of South Wales, so not far from home. Later, more were coming from England, including dense inner city areas and a more criminal gang culture. Details of changing mental health needs will be the main focus of this presentation.

**The all Wales forensic child and adolescent community treatment services (FACTS) and in-reach services to the young people in Parc Prison: a five year cohort study**

*Natasha Kalebic*

The FACTS is an all Wales service, but because of the geography of Wales, there are two main centres one in the north and one in the south. It was set up as a tertiary health service in 2000, bringing together a multidisciplinary team of clinicians who have training both in child and adolescent and in forensic mental health. It has strong interagency links. It has developed differently from similar services in England, given its emphasis on a consultation liaison model, but does take on children for treatment during exceptionally difficult phases in their career. Protocols for safeguarding the children and the staff, given the limits on patient confidentiality and autonomy in such circumstances will be discussed. Data have been extracted and analysed from records of all young people assessed by the service 2013-2017 inclusive. The cohort will be described. Within cohort and FACTS: Parc prison cohorts will be compared with respect to mental disorder and service use histories.

**Secure Settings for Young People in England: a census of young people resident there and professional and parental views on the placements and practice**

*Heidi Hales*

In England and Wales, young people may be deprived of their liberty in one of three ways: under mental health legislation (Mental Health Act 1983/2007), the Children Act 1989 (section 25) or by the criminal courts - on remand to await trial or sentencing or under sentence. In a scoping study (Warner, Hales, Smith and Bartlett, 2018) all secure residential institutions in the criminal justice, health and social care systems were identified. The study presented here is a national survey to determine the number and characteristics of young people anywhere in the secure system and pathways into secure placement. The needs of those in the different institutions and detained under different legislation were compared. On the day of the census, 1283 young people were detained, most in England, but 62 in Scotland and 39 in Wales, roughly in proportion with the much smaller base populations. Care staff and relatives of the young people were approached in each type of setting across England, and engaged in semi-structured interviews about their experience of the services. Themes reflecting their concerns will also be presented and discussed.

**Perspectives from outside the research community: research developments, outcome applications and wider influences**

*Caroline Hoskins*

The research reported here has been developed in close collaboration between researchers and practitioners, including prison staff and, as far as possible, service users and their families. This has been vital for formulating research questions so far, understanding the practical significance of routinely collected data and for developing practice and research for the future. It is good that numbers of young people in secure services are reducing, but staff now have to attune to working only with young people with particularly complex problems. This is very intense. How can they maintain good practice under such pressure? Discussion will be invited particularly on

potential for international collaboration on future developments in such areas and on influencing future service and research developments.

**Student Panel: Eight habits for effective researchers: Advice for the next generation**

*Michael C. Seto*

Room: Montreal 2

In this session, Michael Seto will review habits he has learned from experience and learning on how to be a more effective and efficient researcher (and writer). The conversation draws from and extends blog posts about these habits. This interactive discussion will incorporate personal history, career stories, and insights from social science research. Career advice questions and comments are welcomed.

**Homelessness and justice involvement: Bridging the gap between community and forensic knowledge (Symposium 595455)**

*Laurence Roy, Marichelle Leclair, Myriam Le Blanc, Lison Gagné*

Room: Montreal 3

Individuals with mental illness who experience homelessness have very high rates of police and criminal justice contacts. Clinical and public policy responses include diversion strategies at various stages of the justice process, enhanced police capacity for effective interactions with individuals living with mental illness, as well as cross-sector partnerships and knowledge exchange between community organizations, law enforcement, and forensic and civil mental health services. This symposium on homelessness and justice involvement will draw from the extant literature as well as innovative service provision and knowledge translation initiatives for this population.

**Knowledge translation and cross-sector training at the intersection of homelessness, mental health, and justice.**

*Laurence Roy*

Background. In the last decades, one of the responses to the extensive justice involvement of homeless individuals with mental illness has been the creation and multiplication of cross-sector partnerships. These partnerships can be formal (e.g. mobile, co-response police-health services teams) or informal (e.g. strategic referral processes between community organizations and forensic services). Cross-sector initiatives rely extensively on the work of frontline service providers who may require support in their dual roles of service provision and cross-sector communication and collaboration. Objectives. The aim of this presentation is to examine the process and outcomes of a cross-sector training initiative for frontline service providers in an urban context. Method. A one-day cross-training event was implemented, with the support of an intersectoral working group. Pre- and six-months post-training data collection consisted of an online questionnaire on service providers attitudes, knowledge and capacity for cross-sector communication and collaboration, as well as an evaluation of professional practice through clinical vignettes. Results. 157 service providers from the community, law enforcement, and health/social services sectors participated in the training event. Results indicate that the participants were highly satisfied with the activity, and expressed needs for ongoing opportunities for knowledge exchange. No significant

differences were found in pre- and post-training scores on attitudes, knowledge and capacity for cross-sector work. Implications. Cross-sector knowledge exchange and translation strategies are feasible and desired by frontline service providers. The barriers and facilitators to effective knowledge exchange will be discussed.

### **Rates and correlates of police contacts as suspect, victim, and person in crisis among homeless people with mental illness**

*Marichelle Leclair*

Persons with mental illness who experience homelessness are at increased risk of justice involvement and interactions with police services. However, there is a dearth of literature on the variety of police interactions, with most research focusing on criminal behaviour. The objectives of this study are to: (1) describe the extent and nature of police contacts among homeless people with mental illness; (2) identify the psychosocial correlates of police interactions as suspected offender, as victim or as person in crisis; (3) test the impact of a Housing First (HF) approach on rates and types of police interactions. The sample consists of 468 participants recruited for the Montréal site of the At Home/Chez Soi project testing a Housing First approach. Information regarding police interactions two years pre- and post-study entry were collected using local police administrative database and analysed using negative binomial regressions. In the two years post study entry, 182 participants had at least one recorded contact as a suspect, 72 as a victim and 69 as a person in crisis. Preliminary bivariate analyses show that drug and alcohol abuse is associated with having at least one police contact as a suspect; a diagnosis of mania and being assigned to Housing First were associated with having at least one contact as victim; and a diagnosis of posttraumatic stress disorder was negatively associated as having at least one contact as person in crisis. Results from multivariate, pre-post analyses will shed light on the robustness of these results and inform police practices.

### **Community-Based Models of Care which Decrease Criminal Justice System Involvement of Homeless People with Mental Health Disorders: a Review**

*Myriam Le Blanc*

Background. Homelessness, mental health disorders and criminal justice system (CJS) involvement frequently co-occur in the same individuals. Suffering from a mental health disorder increases the risk of homelessness, and criminal justice involvement. The criminalization of people with mental health disorders is well established, with increasing numbers of people with mental illness facing criminal charges. The concurrence of homelessness, mental health disorder and CJS involvement is associated with poorer outcomes leading to increased complexity of care. Over the last decades, some efforts have been made to create programs that aim to decrease the criminalization of mentally ill individuals, notably diversion programs, like Mental Health Courts, as well as different types of intensive case management. However, CJS involvement is still common in this patient population and our usual models of care are not designed to specifically address its unique challenges. Method. We conducted a scoping review of the literature to identify current models of community based care which have shown to decrease the CJS involvement of homeless people with mental health disorders. Results. We identified 39 relevant papers describing 6 different types of care models. The models are presented in regard to their specific and common characteristics, and to their impact on primary outcomes (CJS involvement) and secondary outcomes (mental health, housing status, use of services). Implications. The results will help to inform health care providers, judicial system actors and other key decision makers with regards to the types of services that may be required in their specific jurisdiction.

**PRISM: Program for the re-affiliation of the homeless mentally ill (Programme de ré-affiliation en itinérance et santé mentale)***Lison Gagné*

Without adapted services, homeless persons suffering from a severe and persistent mental illness are often destined to chronic homelessness, suffer from increasing complications of their illness, and become alienated from support structures essential to their recovery. After the national At Home/Chez Soi Housing First demonstration project ended, Canadian urban settings were in great need of services for this population. In 2013 was born a partnership between a community organization offering shelter services to homeless men and women, and an inner-city psychiatric health institution located. On their own, these organizations were extremely limited in their ability to help homeless mentally ill clients; together, results became possible. PRISM is a community mental health service model dedicated to the homeless population suffering from severe mental illnesses. Services are provided in the community, within organizations already dedicated to serving the homeless. The goal of the program is to find durable housing solutions and support services for clients, aiming to end homelessness and prevent its recurrence. During the past five years, four PRISM programs were established in various urban locations, as well as a specialised homeless assertive community treatment (ACT) team. This presentation will offer a description of the guiding principles and key components of these programs, the lessons learned from the project, as well as the importance of this partnership for reducing criminal justice involvement in this population.

**Models of Care 1: pathways and mazes (Symposium 594866)***Harry Kennedy, Jamie Walsh, Michael S. Martin, Nicol Shadbolt & Alex Lewis*

Room: Montréal 6

Models of care represent an over-arching conceptual framework for all clinical research and development. Forensic models of care describe hospital models and how they are managed, through the longer pathways from the criminal justice system back to the community. The Agency for Clinical Innovation NSW (2013) says A Model of Care broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or cohort progressing through the stages of a condition, to ensure the right care, at the right time, by the right team and in the right place.

**Competing models of forensic hospital pathways***Jamie Walsh*

Background: stratified therapeutic security has been regarded as the standard model for the design of pathways through forensic secure hospitals, from admission to discharge. However this is not the only design for a hospital model of care, not is the pathway itself the only element of the model of care. Classic textbooks of asylum care commonly described regime and staffing levels, daily routines and therapeutic activities. A literature review produced few published accounts of the pathways through secure forensic care. Method: based on a Delphi method, we compiled a summary of existing models of pathways from admission to discharge in forensic hospitals and services. This was used to generate a survey of the characteristics of secure forensic services. This survey was conducted amongst clinical directors and other senior clinicians in secure forensic services in Europe and North America. A set of principled criteria were also compiled based on a Delphi method and models were tested against these criteria. Results: five basic models for pathways could be identified, with further variants. These may arise

in the context of constraints such as critical mass and economies of scale. When compared with principled criteria, it was possible to indicate which models met the most criteria. Whether some pathway models outperform others or not however depends on the criteria chosen for success for example - cost-effective, clinically effective or safe. Pathways models remain to be tested against such criteria.

### **Models of Care How do we choose?**

*Alex Lewis, FRCPSych*

**Background:** Many challenges exist in deciding and agreeing the best model of care in forensic mental health settings. This session will discuss the elements of developing and implementing new models of care. This will include the underpinning principles of building design, workforce design, multidisciplinary team purpose and function, and patient pathways through the forensic mental health services. This includes the customisation necessary for the provision of service to each unique patient population across diverse organizations. **Methods:** This session will be an interactive discussion to apply the principles that we have utilized with multi-disciplinary groups in a forensic mental health setting. Case studies will be used to illustrate how models of care were formulated. The patient populations we will discuss include child and adolescent service, female services, male high security, intellectual disability and intensive care services. **Results:** Through this short experiential and interactive presentation and discussion of experience and outcomes we will debate, discuss and help you discover how to make model choices for your patient population and how you may want to tailor your services

### **Models of care in corrections and court services**

*Michael S. Martin*

**Background:** There has been considerable discussion about the organization of prison mental health services in recent years. Models such as STAIR (screening, triage, assessment, intervention and reintegration) have been proposed to describe the key elements required to deliver effective mental health services. Implementation and evaluation of these elements remains relatively understudied. **Method:** This talk will present the STAIR model, and provide comparisons of flow through data in a busy remand jail in New Zealand (approximately 30,000 receptions), a large provincial jail in Toronto Canada (capacity of 1,650 remand inmates and those sentenced to less than 2 years), and the Canadian federal prison system (daily population of approximately 14,000 inmates sentenced to 2 years or longer). **Results:** Data regarding screening referral and triage rates, caseload size, and distribution of need across primary, secondary and tertiary levels of care will be presented. Differences in governance of health care delivery, access to hospital care, and staffing models will be highlighted as areas for further study for the development of optimal service organization and delivery.

### **Female Pathways through the Scottish Forensic Mental Health Estate**

*Nicol Shadbolt*

**Background:** Pathways across the female forensic estate in Scotland have traditionally been a source of debate, partially due to the low numbers of patients and the low economies of scale, particularly at high security. At the annual census date in November 2017, there were 60 females identified across the forensic estate in Scotland and four female forensic patients accessing care south of the border in England. Two of these patients were accessing care in Rampton, the national high secure female facility for the UK. With such low numbers of females from Scotland requiring high secure care there are understandably challenges to providing robust high secure provision for women within Scotland. However, utilising a pathway to England with different legislative practices and

admission criteria also creates practical difficulties and inequity with male service provision. Similarly, at the other end of the secure pathway, many females accessing low secure care in Scotland are placed in private care provision at an increased geographical distance from family, friends and the communities they will need to reintegrate to. Method: At the request of NHS Chief Executives, the Forensic Network established a national short life working group exploring female pathways across the forensic mental health estate. The group will complete an options appraisal process that will be used as the basis for recommendations to NHS Chief Executives around the configuration of services and pathways. Results: The outcome of this national options appraisal and its implications for female services across the Scottish estate will be discussed.

**Clinical issues in forensic psychology practice (Symposium 595466)**

*Derek Perkins, Emily Glorney, Todd E. Hogue*

Room: Montréal 7

Forensic psychologists work within criminal justice, forensic mental health and law enforcement and are required to undertake a wide range of tasks within the community, the courts, prisons and secure psychiatric services. Their competencies include individual assessments of risk and need, individual and group-based therapies, consultancy, training and supervision, and research. Operating within the scientist-practitioner model, their training comprises evaluated written and practical work but there are issues beyond this that need to be addressed within continuing professional development. This symposium explores three of these culture and diversity; effective interviewing and managing personal bias within forensic evaluations.

**Training forensic psychologist interviewing techniques: an apprenticeship model**

*Derek Perkins*

A key part of the forensic psychologists skill set is to carry out interviews with offenders, alleged offenders, prisoners, and forensic mental health patients together with their relatives, friends and professionals who are able to provide collateral information - in a range of sometimes quite challenging situations. Such interviews can span a range of purposes including formulation of offending behaviours, risk assessment and treatment planning, as well as establishing rapport and engagement. The last two of these may themselves cover issues from inter-personal engagement in often stressful situations, such as pre-court evaluations, negotiations about entering treatment (in hospital, prison or community settings), and crisis management (such as self-harm prevention, managing threats of violence, and managing hostage situations). Whilst much of the learning and preparation of forensic psychology trainees can be covered in formal lectures, workshops and practice placements in which trainees learn to translate empirical research and professional practice guidelines into practical strategies and skills - in the spirit of the scientist-practitioner model - this has its limitations. This presentation sets out an approach to in-service professional skills development for enhancing forensic psychologist interviewing skills, within a broadly apprenticeship model. It is illustrated by case examples from different settings court, prison, hospital, police etc - and includes learning points that have been developed from this approach over the last ten years.

**Developing critical engagement with issues of culture and diversity among forensic psychology students and trainees***Emily Glorney*

Forensic psychology is the intersection between psychology and law, and is concerned with the application of psychological knowledge and theory to practice with people and organisations involved with the criminal justice system. In the UK, an academic training in forensic psychology addresses knowledge generation of theoretical models of offending behaviour, assessment, and intervention, organisational and legal contexts, advanced research, and the development of transferable skills. Typically, this is followed by applied practice training to support the translation of theory to practice, and the development of key skills required as an autonomous, reflective, scientist-practitioner. To that extent, the trainee transitions to a qualified forensic psychologist, and might most typically work in forensic mental health and/or correctional services. However, there is limited requirement to be explicit in consideration of individual human experience as critical to an understanding of risk reduction and mental health restoration. This includes how the experience of culture and diversity influences individual meanings of risk and mental disorder, as well as shapes engagement with the criminal justice and mental health systems. This is particularly pertinent given the prevalent assessment and intervention research base of white males and an over-representation of minority groups within the criminal justice system. Critical engagement with issues of culture and diversity perhaps represents a threshold concept in the career of a forensic psychologist. It is argued that the understanding of the threshold concept of culture and diversity, and the meanings applied to individual experience, offer transformation to an ethical, culturally competent, forensic psychology practitioner.

**The role of personal factors on judgements of risk***Todd E. Hogue*

Working in forensic settings provides a unique range of challenges in terms of the number of different client groups and the types of risk and treatment needs that they present. A critical assumption is that such judgements are based only on the offending behaviour, presentation and clinical needs of the individual offender being assessed. Forensic psychology practice therefore focuses on, providing formulations of the offence behaviour, the development of functional treatment plans and providing accurate judgements of risk and suitability for release. All of these actions assume that the judgements are based entirely on factors related to the offender and independent of the individual forensic psychologist. Implicit bias is a process which influences judgements and behaviour without individual conscious awareness. While it is increasingly recognised that such biases effect employment and consumer behaviour, little is known about the effect of implicit bias related to forensic judgements. This paper explores the extent to which attitudes towards specific offender groups may bias forensic practice. Specifically, we look at the extent to which attitudes towards individuals who have committed a sexual offence impact on judgement of risk and responsibility. Across several groups, attitudes towards sexual offenders impacts on the judgements being made including that of risk. This applies to both laypeople and forensic professionals. We discuss the implications for both professional training and practice.

**Working with the Spousal Assault Risk Assessment Guide: Data from Two Female Community Samples and Two Male Forensic Psychiatric Samples (Symposium 594614)**

*João Da Silva Guerreiro, Mario Trépanier, Audrey Vicenzutto*

Room: Montréal 8

Developed 25 years ago, the Spousal Assault Risk Assessment Guide (SARA) has been implemented and studied in a wide variety of settings and subject to three major revisions. This symposium will gather researchers from Canada and Belgium who have been working on the implementation of this tool in different settings: with a female clientele stemming from two community settings and two male forensic psychiatric samples. The use of different versions of the SARA by the two research teams and its application to different clienteles will elicit a rich discussion about this gold-standard tool in the assessment of intimate partner violence.

**Implementing the Spousal Assault Risk Assessment Guide version 3 among women in two community settings**

*João Da Silva Guerreiro*

The Spousal Assault Risk Assessment Guide version 3 was the first version of this tool in which the authors clearly state that the primary risk factors that should be considered for Intimate Partner Violence (IPV) are the same across gender, sexual orientation, and culture (Kropp & Hart, 2015, p. 12). We conducted 15 interviews in two community settings working with women who seek help to deal with their violent behaviour in the context of their intimate relationships. The SARA-V3 was administered and their help-seeking trajectories were explored using an adapted interview protocol developed by Turcotte et al. (2002). Results allowed us to identify several key risk factors pertaining to the three main domains of IPV, as per the SARA-V3. In regard to the domain "nature of IPV", we observed how IPV appears to be the result of an escalation of violence between women and their partners. As for the risk factors pertaining to the women interviewed, we noted a high prevalence of victimization, employment and mental health issues. In regard to the domain designated victim vulnerability, the interviewees perceived their victims as not being particularly vulnerable. In terms of help-seeking trajectories, several obstacles pertaining to gender biases were identified. Overall, our results support the hypothesis that construes IPV as dyadic. In the discussion of our results, we highlight the importance of being able to recognize and respond to the specific needs of females struggling with IPV.

**A Typical Week at two Community Services for Women Seeking Help for Their Violent Behaviour in the Context of their Intimate Relationships**

*Mario Trépanier*

This presentation provides a portrait of two samples of women struggling with violence issues manifested in the context of their intimate relationships in two community settings. To ensure a lively and engaging presentation, our two community organizations presenting at the symposium will focus their presentation of their respective clientele and of the services they offer on a timeframe of one week. This week will be chosen for it best represents both the female clientele and the types of services offered to them. We will present the circumstances in which the female participants first got in contact with our organizations; the way in which they were screened focusing on their needs; nature of the violent behaviour; help-seeking trajectories, etc. Using the same timeframe (one week), we will present a portrait of the ongoing therapeutic groups of women being followed in each of our two organizations. The participants attendance and drop-outs, level of engagement in the meetings, and the themes covered by these groups will also be presented, together with the staffs interventions. Through this dynamic

presentation, we hope to illustrate the diversity of our clientele, the role played by each member of our treating teams in the shortcomings and successes in the work we do with a female clientele. This format of the presentation will also allow us to discuss the importance of bridging the initial stages of assessment using structured professional judgment tools such as the Spousal Assault Risk Assessment guide and our further interventions.

### **Implementation of the Spousal Assault Risk Assessment Guide among a Belgian Sample**

*Audrey Vicenzutto*

Intimate Partner Violence (IPV) is a public health priority. It is considered one of the most serious forms of violence given the extent of the physical injuries, the complexity of its motives, and the worrisome recidivism rates. The Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1999) is a popular risk assessment and case management tool for those working with perpetrators and victims of IPV (Kropp, & Gibas, 2010). We administered the SARA among a sample of 29 men (mean age = 39 years). These were individuals convicted of IPV and subject to an injunction of care, but who are not incarcerated. Results on SARA were also collected on a second sample formed by 10 male forensic inpatients (mean age = 42 years). All patients were evaluated on the PCL-R; HCR-20 and the VRAG. In line with our hypothesis, the comparisons between the two groups showed that the forensic inpatient group scored higher on SARA. Indeed, forensic inpatients are usually hospitalized not so much due to IPV history, but rather due to their history of general violence. We also performed convergent validity analyses between SARA, PCL-R, HCR-20 and VRAG scores. The results highlight a positive correlation with large effect size between the SARA and the PCL-R total scores; a positive correlation between VRAG and SARA total scores and a large effect size between the SARA and the HCR-20. Results of the present research are discussed in the context of previous IPV research.

Poster Session #1 10:15-10:45 (see Posters p. 80)

St-Laurent 1-2

## Keynote Address – Richard Tremblay 11:00-12:15

Salle de Bal Montréal

### FROM FORENSIC MENTAL HEALTH TO INFANT MENTAL HEALTH: BACK TO THE FUTURE

Forensic mental health and infant mental health are, to a large extent, two worlds apart. The aim of this talk is to highlight the numerous bio-psycho-social links between these two worlds, using results from a longitudinal-experiment research program that started 50 years ago. The research program identified developmental trajectories of mental health problems from infancy to adulthood, as well as early interventions that can prevent the development of these deviant trajectories. The most important conclusion of this research program is possibly that there are strong intergenerational effects on mental health, and the most effective preventive interventions probably need to be intergenerational.



**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.

## Concurrent sessions: Symposia 13:30-14:40

### **Forensic Clinical Interviewing: Toward Best Practice (Symposium 590776)**

*Caroline Logan, Phil Willmot, Barry Rosenfeld, Jason Davies*

Room: Montréal 1

This symposium presents four papers from the recent two-part special issue of the IJFMH entitled Forensic Clinical Interviewing: Towards Best Practice. That special issue is dedicated to the practice of forensic clinical interviewing, that is, the nature and application by practitioners of specialist clinical interviewing skills with clients in forensic settings. The rationale for its preparation was concern about the neglect of this area of practice in the empirical and clinical literatures. This symposium highlights the skill of forensic clinical interviewing, its application in specialist areas of practice, and proposes a framework for developing expertise in the task.

### **Forensic clinical interviewing: A re-introduction**

*Caroline Logan*

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. This opening paper in the symposium sets the scene for the special issue and argues for this area of specialized practice. First, this paper examines what is meant by the term interview, the information gathering opportunity on which so many clinicians rely to inform their clinical judgment. Second, forensic clinical interviewing is examined; what does this term mean, and to what range of activities does it refer? Third, the key points in the articles in the special issue are discussed. This paper concludes with a rationale for clinicians to exercise more deliberation on their interviews, and a plea for more research.

Interviewing people given a diagnosis of personality disorder in forensic settings

*Phil Willmot*

Extensive histories of complex developmental trauma and insecure attachment are widespread among people given a diagnosis of personality disorder in forensic settings, and are likely to be important predisposing factors that contribute to their offending behavior. In working with this population, it is important to bear this in mind, and helpful to formulate clients challenging behaviors as a set of learned responses to perceived threat, or as survival strategies. Such an approach not only makes the interviewing process more effective, it also helps to avoid perpetuating destructive patterns of behavior and relationship between forensic clients and people in authority. We present seven principles for effective interviewing with this population; a) careful preparation; b) a constant focus on the therapeutic relationship; c) providing structure and containment; d) adopting a flexible approach; e) managing therapy-interfering behaviors; f) obtaining supervision; and g) adopting a whole-team approach.

### **Addressing linguistic and cultural differences in the forensic interview**

*Barry Rosenfeld*

Given the increased cultural, linguistic and socioeconomic diversity of individuals undergoing legal proceedings, forensic mental health professionals around the world are often tasked with evaluating defendants who are drastically different from themselves. There is wide consensus that cultural competency should be a key component of both the training and practice of forensic mental health. However, despite the growing literature on multicultural assessment in clinical settings, there is little guidance on how to apply cultural competency to the area of forensic mental health assessment. This paper reviews some of the challenges that arise during the forensic mental health interview with culturally diverse individuals. In addition, practice recommendations to mitigate some of these challenges are provided. Identified challenges and recommendations are organized around three stages: preparation for the interview (e.g., what type of knowledge about the defendants culture is needed beforehand, how to attain that knowledge, or whether and how to use translators), the first step in the forensic interview (e.g., the effect of culture in the informed consent process), and the interviewing process itself (e.g., cultural challenges to developing rapport, and identification of mental status assessment domains that may be vulnerable to cultural influences).

### **Developing a model for evidence based clinical forensic interviewing**

*Jason Davies*

Much of the work undertaken in forensic settings, such as diagnosis, formulation and judgements about treatment and placement are based on information gathered through clinical forensic interviewing. Despite this, the

evidence base on which clinical forensic interviewing is founded is extremely limited. This paper is divided into two sections; the first examines the nature of interviewing and provides an introduction to this area of practice. Drawing on some of the research undertaken with specific forms of interview such as those for diagnosis and investigative purposes allows factors such as the evidence concerning interview quality, interview effectiveness, underlying competencies and methods for skills training to be outlined. The second part of the paper, which provides the main focus, describes a forensic clinical interview framework, which seeks to draw together a broad range of considerations and areas for research in relation to the clinical forensic interview. This framework is explicitly intended to provoke and guide practitioners and researchers in the pursuit of evidence-based interviewing.

### **Detecting and treating mental illness in prisons (Symposium 590243)**

*Michael S. Martin, Jeremy Mills, Robert Morgan*

Room: Montréal 2

This symposium will present the results of three studies regarding identification and treatment of mental illness. The presentations will include (1) an evaluation of the Changing Lives Changing Outcomes program to target criminogenic and mental health needs (2) a comparison of treatment access among Indigenous and non-indigenous offenders; and (3) an analysis of treatment access and incident rates among those screening positive at intake for potential mental health needs. In their entirety, these papers suggest effective allocation of existing resources, and the importance of integrated and culturally-responsive treatment to address the needs of justice involved persons with mental illness.

#### **Trends in accuracy of mental health screening at intake to prison**

*Michael S. Martin*

Background: Prior work found an increase from 41 to 53% of offenders being referred for further assessment following intake mental health screening in the past five years. We sought to evaluate the perception of many clinicians that screening was becoming less accurate over time. Methods: We estimated trends in outcomes following screening from 2013 to 2017 (N ~ 19,000) using Poisson regression models to estimate the relative rate of change in treatment access and self-harm incidents in the 6 months after screening. Results: The proportion of inmates receiving treatment was stable over the 5 years. However, there was an increase in the proportion of inmates who screened positive and did not receive treatment by approximately 10%. The proportion of inmates with an incident of self-harm decreased among those receiving treatment (from 8% to 5%), whereas the rate remained stable at around 0.7% among those who did not receive treatment. Implications: The reduction in the rate of self-harm among those receiving treatment over the five years suggests improvements in the prevention of self-harm during the study period. Increasing numbers of false positives with a stable self-harm rate suggests that resourcing levels may not have kept up with an increasing prevalence. The increase in prevalence was driven by inmates reported treatment prior to admission to prison. Better use of diversion at the court level and/or increased resourcing is needed in prisons to ensure continuity of care for justice involved persons with mental illness.

### **The Mental Health Needs of Indigenous Offenders and Services Provided**

*Jeremy Mills*

Indigenous peoples are over-represented within the criminal justice system in general and this includes federal corrections. CSC has an explicit mandate to assist in the rehabilitation and mental health needs of indigenous offenders. This study is a part of a larger quality improvement evaluation of mental health interventions. Offenders underwent a brief clinical interview prior to release to determine if there were outstanding mental health needs that could be addressed prior to or following release. Of the 222 who participated, 169 had mental health symptoms assessed both at intake and at release. 18.8% of the participants were of indigenous descent. The results show that indigenous offenders report more mental health symptoms both at intake and at release when compared with non-indigenous offenders though not uniformly significant. Within our study indigenous offenders also received more mental health contacts and more psychiatry intervention than their non-indigenous counterparts. This was not due to length of sentence as in this sample there was not a statistically meaningful difference of incarceration length. Our evidence suggests that the services aligned with the presence of mental health symptoms.

### **Effectiveness of Changing Lives and Changing Outcomes for justice-involved persons with mental illness**

*Robert Morgan*

Changing Lives and Changing Outcomes (CLCO) is a treatment program for justice-involved person with mental illness (CJ-PMI). Although CLCO has demonstrated efficacy in increasing participant treatment-related knowledge, and reducing both psychiatric symptomology and criminal risk, this is the first series of studies to examine community outcomes and the mechanisms of change. Study 1 compares a sample of 250 adult felony probationers who received CLCO to 250 matched probationers on community outcomes, including recidivism and probation revocation. Two subsequent studies tested the hypothesis that mental illness and criminalness content combined produce the most improvement in treatment completers. Study 1 used CLCOs pre and post module content quizzes to compare differences in knowledge gained in mental illness versus criminal content. Preliminary results suggest participants demonstrated slightly more gain in knowledge relevant to mental health content (61% improvement) than criminalness content (55% improvement). In Study 2, a CLCO module, Mental Illness and Criminalness Awareness, was administered to adult men on probation in a residential treatment facility. The module was administered in three iterations: 1) mental illness-only content (n = 18), 2) criminalness-only content (n = 16), 3) mental illness and criminalness content (full module; n = 23). Preliminary analyses show the full treatment group has the largest effect sizes of pre-post treatment improvement. These findings are the first to examine if mental illness and criminal risk are equally important to address in treating CJ-PMI. Implications of these findings for CLCO and treatment of CJ-PMI generally will be discussed.

### **Forensic Mental Health and the Opioid Epidemic (Symposium 595868)**

*Evan M. Lowder, Katie Bailey, Bradley R. Ray, Philip Huynh, Dennis Watson*

Room: Montréal 3

North America is experiencing a drug overdose epidemic, driven by growing opioid use. Despite knowledge that substance use generally is a risk factor for criminal justice involvement among adults with mental illnesses, few investigations have examined co-occurring mental health and opioid use with respect to criminal justice

involvement. This symposium will present four studies examining the prevalence of co-occurring mental illness and opioid use in several community samples. The symposium will conclude with a discussion of how findings may inform opportunities to connect justice-involved behavioral health populations to community-based services to reduce instances of fatal and non-fatal overdose.

### **The role of co-occurring mental illness in recovery outcomes for justice-involved adults with opioid disorders**

*Evan M. Lowder*

Opioid use is rising nationally, and growing evidence suggests opioid users are increasingly intersecting with the criminal justice system. The period following incarceration is one of the highest risk periods for overdose, necessitating strategies to connect this population to community-based treatment. Despite knowledge that mental illness co-occurs with substance use at high rates in justice-involved populations, there has been limited investigation into community treatment and recovery outcomes in justice-involved opioid users with co-occurring mental illness. We will examine associations between co-occurring mental illness, receipt of behavioral health treatment, and key recovery and recidivism outcomes in a statewide sample of justice-involved adults with opioid disorders. **METHODS:** In 2015, Indiana began a statewide voucher program to provide funding for community-based behavioral health services to adults exiting criminal justice settings. From November 2015 to March 2018, this program served 2,058 adults with opioid use disorders, 41.5% with co-occurring mental health diagnoses. Using this sample, we will investigate co-morbidity of mental illness as a moderator of the association between behavioral health treatment and key recovery (i.e., substance use severity, risky behavior, psychiatric symptom severity, and life functioning), and criminal recidivism outcomes (i.e., arrest, return to prison). **RESULTS:** Results will identify which community treatment resources are most beneficial in improving recovery and reducing criminal recidivism for adults with primary opioid use disorder and co-occurring mental health disorders. These findings may inform treatment priorities for justice-involved adults with opioid disorder in the community and address the role of co-occurring mental illness, specifically, in recovery outcomes.

### **History of opioid-involved non-fatal overdose among police-based mental health diversion participants**

*Katie Bailey*

**Introduction:** In response to increasing numbers of persons with mental illness in criminal justice settings, agencies across the country have developed programs to divert individuals into treatment services in lieu of incarceration. Police departments have collaborated with healthcare providers to create co-responding police-mental health teams, a model involving partnership between police officers and mental health professionals. There is now growing evidence on the effectiveness of such models in reducing criminal justice involvement and increasing access to mental health treatment. However, there has been limited research into the co-occurring substance use needs of early diversion participants, particularly in light of the current opioid epidemic. To address this limitation, we will examine the prevalence of prior opioid-related overdose among early mental health diversion participants. **Methods:** In August 2017, the City of Indianapolis implemented the Mobile Crisis Assistance Team (MCAT), a self-dispatching, co-response model consisting of a police officer and a mental health clinician. We will link data on MCAT emergency responses (n = 1,093 participants) from August 2017 through July 2018 to historical Marion County (Indianapolis) Emergency Department and Emergency Medical Services records to identify non-fatal opioid-involved overdoses in the three years prior to MCAT dispatch. **Results:** Anticipated results will inform the extent to which an early mental health diversion model serves people with a history of opioid-involved overdose

and what emergency and demographic characteristics are associated with a history of non-fatal overdose in this population.

### **Mental health-related emergency medical events, criminal justice involvement, and non-fatal opioid overdose**

*Bradley R. Ray*

Introduction: The rate of drug overdose deaths has more than tripled since 1999 and is largely attributable to the growing prevalence and lethality of opioids, which now account for more than two-thirds of all overdose deaths. Many of those who use opioids as the result of substance use disorder (SUD) or opioid use disorder (OUD) also have a co-occurring mental health disorder; these persons are also more likely to abuse prescription and illicit opioids and to be justice-involved. Improved data tracking allows for the surveillance of non-fatal opioid-related events through emergency medical services (EMS) records. However, more research is needed to understand the co-occurrence of criminal justice involvement and mental health problems among individuals who experience a non-fatal overdose. The purpose of this study is to examine mental health-related emergency medical and criminal justice encounters as antecedents of non-fatal overdose and mortality outcomes. Methods: We will conduct a retrospective investigation of EMS records from Marion County, Indiana (Indianapolis) between January 2011 and December 2016 to examine the prevalence and characteristics of mental health-related EMS responses among non-fatal opioid overdose patients. We will also link these data to Marion County Jail and Indiana Department of Corrections records to investigate criminal justice involvement prior to non-fatal overdose. Finally, by linking cases to fatal overdose data, we will examine mortality from accidental drug overdose among this population. Results: Our findings will inform the role of mental health-related emergency encounters and criminal justice involvement in the likelihood of additional non-fatal overdose events and mortality.

### **Textual analysis of coroners reports to identify co-occurring mental health problems in fatal overdose cases**

*Philip Huynh*

Introduction: Coroners reports have played a significant role in helping with the identification and trends in substances that are present among fatal overdoses, especially among opioid-involved deaths. These reports include information such as an individual's medical history, toxicology information, general demographics, as well as the circumstances leading up to the death. Despite the rising number of drug overdose deaths in the United States, the prevalence of mental health issues among drug overdose decedents has not been routinely studied. Past research using coroners reports has studied differences between the types of substance detected by various demographic measures. We will further this research by conducting textual analysis to identify co-occurring mental health problems in overdose deaths. Methods: We will combine vital records and toxicology findings from the Marion County (Indianapolis) Coroners Office from 2010-2018. We will conduct textual analysis of individual medical histories from death investigations to establish evidence of co-occurring mental health symptoms. Finally, we will link this information to individual arrest and prescription history. Results: Anticipated results will identify potential trends in the incarceration and prescription drug histories of overdose decedents with and without evidence of co-occurring mental health problems. Findings will inform the prevalence of mental health problems among individuals who died of a drug overdose and suggest potential intervention points for individuals with co-occurring behavioral health problems at risk of fatal overdose.

**Implications for future work: A discussion of findings**

*Dennis Watson*

This symposium will conclude with a discussion of how findings may inform future research, policy, and practice. In particular, drawing on findings from the four presentations, the discussion will focus on strategies to connect justice-involved behavioral health populations to community-based services to reduce instances of fatal and non-fatal overdose.

**Models of Care 2: treatment dangerousness defused (Symposium 594888)**

*Harry G. Kennedy, Alex Lewis, Marc Head, Luca Castelletti, Birgit Völlm*

Room: Montréal 6

*Harry G. Kennedy*

Models of care in forensic services must include treatment in forensic settings. From formulation to treatment planning, aspects covered will include the coordination and delivery of treatment programmes over sustained periods of time, resourcing of treatment programmes and common factors relevant to outcomes such as engagement and working alliance. Novel approaches to treatment include neurocognitive and metacognitive interventions and offence-specific intervention programmes. Participants will hear about research on interventions designed to reduce risks and the seriousness of risks. Where there are gaps in clinical evidence, new methods of studying treatment effects will be described in the light of recent work.

**Sustainability and managed length of stay**

*Alex Lewis*

Background: whether a population is served by relatively few secure beds per capita or many, sustainable accessibility of secure forensic hospital beds will be determined mainly by length of stay. Waiting list numbers and waiting times for admission are determined mainly by length of stay whenever a new service or new model of care reaches a steady state. There is a limited operational research literature on length of stay in forensic hospitals and the factors that influence it. There is an inevitable tendency in any hospital with a limited number of beds for admission rates per annum to decline as new long stay patients accumulate. In order to design a sustainable service in which a consistent admission rate is maintained, it is necessary to closely manage length of stay. Surprisingly little is known about the natural history of the duration of episodes of mental illness or response times for pharmacological and psychosocial interventions in acute or chronic illnesses. Method: as part of the design of a new model of care, we set out to design a system in which the constraints of fixed bed numbers were used to determine target maximum lengths of stay in acute, sub-acute, medium term and pre-discharge wards, clusters of wards or compartments. Results: while it is possible to design a manageable through-flow by means of target setting, accumulation of new long-stay patients will be influenced by sentencing practice, risk averseness and the natural history of treatment resistant mental disorders.

**Placement on the secure care pathway: A dose response to therapy in Broadmoor High Secure Hospital**

*Marc Head*

Background: Active management of length of stay in forensic hospitals is vital from both a human rights and a financial perspective. Therapeutic engagement and recovery should be achieved for transfer to less-secure

settings. Forensic psychiatric hospitals in the NHS aim to provide a minimum 25 hours therapeutic engagement per patient per week. This study aimed to examine associations between patient engagement and placement on their care pathway. Methods: Retrospective study of all high-secure patients in Broadmoor Hospital across a six-month period (n=189). All face-to-face engagements with all clinicians were logged. Associations were examined between placement in the hospital on pathway (PD or MI), dependency level, length of stay and therapeutic engagement. Results: Data from 87201 engagements for 189 male high-secure patients were included. Highest mean engagement was on rehab wards: mean=84.2 hours per week; followed by admission wards mean=77.6 hours; Intensive care (mean=74 hours; high dependency wards mean=58.6 hours (ANOVA  $F=3.213$ ,  $p=0.024$ ). The mean level of engagement with the various MDT disciplines also varied across dependencies. Patients with a higher level of engagement, relative to peers at the same level of dependency, were more likely to achieve a positive pathway move. Conclusions: Higher levels of engagement were linked to positive pathway moves. These findings highlight the importance of engagement in order to achieve positive outcomes, e.g. discharge from hospital. We also demonstrated a need to adapt the approach of the various MDT disciplines, depending on the level of dependency.

### **Causal formulation**

*Luca Castelletti*

Background: structured professional judgement instruments for risk assessment generally require the clinician to formulate at the end of the structured process, but this is still a relatively unstructured process. Since risk assessment should be inseparable from risk management, the formulation should be directly relevant to treatment planning aimed at reducing the risk of future violence and reducing the seriousness of harm that might be caused by any future relapse or reoffending. Yet risk factors are often indirect associations of violence, not causal factors, which should be antecedent, proximate and explanatory. Method: based on recent research indicating that a model of treatment focusing on the routine measurement of engagement and change in seven domains of treatment could be related to progress from more secure to less secure paces, and change in a measure of violence proneness the HCR-20, we have designed a structured format for causal formulation and a basis for treatment planning. A variety of theoretical frameworks will be described. Results: A Delphi method was used to populate the seven a priori domains of causation so that multi-modal treatment plans could be drafted in the form of individual care plans and aggregated hospital-wide needs assessments for treatment planning.

### **Evaluating International norms for beds and pathways**

*Birgit Völlm*

Background: definitions of forensic services, forensic hospitals, forensic patients and levels of security such as high, medium or low security differ from country to country, and often from hospital to hospital. In recent years definitions that allow international comparisons have been tested internationally. As part of EU COST Action IS1302 long-term forensic psychiatric care we conducted a survey of forensic psychiatry legal processes, forensic beds and pathways. We report preliminary results and discuss some of the difficulties in interpreting such surveys. Method: A point census inquiry form was circulated to members of EU COST IS 1302. This covered local definitions and admission criteria, levels of therapeutic security, admission rates and lengths of stay. Results: Data were collected by 17 experts representing the following countries: Belgium, Germany, Latvia, Italy, Ireland, Poland, Portugal, The Netherlands, England & Wales, Scotland, Slovenia, Spain, Finland, France, Croatia, Macedonia and Lithuania. Data refers to 2013, the more recent year in which more complete information was available at the

time of the survey. Wide variations were found between participating states. The sources of variation include legal differences, clinical practices, reliability of the data and to some extent, public attitudes and cultural expectations.

**Criminal Justice & Disability: Building understanding and alternatives in Latin America (Symposium 595087)**

*Diana Sheinbaum, Ezequiel Mercurio, Paula Medina*

Room: Montréal 7

This symposium explores the intersection between the criminal justice system and psychosocial and intellectual disabilities in Buenos Aires, Mexico City and Santiago de Chile. Persons with these disabilities are not only more likely to come into contact with the criminal justice system, but once within it, their situation is especially vulnerable. The lack of accommodations and supports responsive to their specific needs jeopardizes their right to inclusion, due process, and access to justice in equal conditions. Developing alternatives and services in the criminal justice system and in the community constitute an urgent matter to address the underlying causes of imprisonment.

**Mexico: Challenges and opportunities in the criminal justice system for individuals with intellectual and psychosocial disabilities.**

*Diana Sheinbaum*

Persons with intellectual and psychosocial disabilities faced many obstacles when involved in the criminal justice system. The lack of alternatives and supports responsive to their needs jeopardizes their right to due process and access to justice. Moreover, prejudices and the lack of awareness regarding the impact of disability on the part of police investigators, prosecutors, lawyers and the courts represent further obstacles. In order to overcome such barriers, a program to provide procedural accommodations for persons with intellectual and psychosocial disabilities in criminal proceedings was launched two years ago in Mexico City. This program, undertaken by a non-governmental organization, seeks to fulfill Mexico's commitment under the Convention on the Rights of Persons with Disabilities, particularly article 13 which states the obligation to ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations. The results from this experience reveal that in the Mexican criminal justice system the identification of a disability often serves as an excuse for hindering due process rights and provides a justification to deprive someone of their liberty: once disability is identified, the presumption of innocence moves to a second place and the notion of incarceration for treatment becomes a priority. Regarding procedural accommodations, the results show their positive impact as tools to make the criminal justice system accessible, ensure the participation of the individual and his/her recognition as a right holder, and challenge the stigma frequently associated with intellectual and psychosocial disabilities.

**Offenders with intellectual and psychosocial disabilities: Navigating the criminal justice system in Argentina and Mexico.**

*Ezequiel Mercurio*

Argentina and Mexico ratified the Convention on the Rights of Persons with Disabilities in 2007. In this context, Argentina promoted different instruments in its civil legislation, like a new mental health legal framework and supports for legal capacity. Mexico is currently discussing a national mental health law, which contents are far

from reflecting the international human rights standards set by the Convention. The aim of this paper is to compare a sample of 40 suspects with intellectual and psychosocial disabilities accused of committing a crime between 2010 and 2017 in Mexico City and Buenos Aires and establish, first, if the presence of a disability was adequately identified in the early stages of the criminal process and second, if this identification led to the implementation of supports and accommodations in the criminal proceedings. The results of this comparison show that invisibilization, lack of supports and accommodations and the denial of legal capacity constitute specific obstacles for individuals with intellectual and psychosocial disabilities to access justice in equal conditions. In that sense, raising awareness and training all judicial staff, including forensic mental health professionals, and developing and implementing programs to overcome these barriers constitute an imminent need.

**Intra-penitentiary living conditions of people with physical, sensory and psychosocial disabilities, in prisons in Santiago de Chile.**

*Paula Medina*

This paper synthesizes a study on intra-penitentiary living conditions of people with physical, sensory and psychosocial disabilities, in 6 prisons in Santiago de Chile, based on interviews with 20 people with disabilities and 20 officials of Gendarmería de Chile (institution responsible for the custody of prison inmates) that were carried out between April and July 2018. The incarceration rate in Chile almost doubled between 1990 and 2018, rising from 150 to 278 inmates per 100 thousand inhabitants. In this context of mass incarceration, prisons are characterized by conditions of overpopulation, insalubrity, deficient physical and mental health care, few reinsertion programs and high levels of interpersonal and institutional violence. According to official figures, the population with disabilities in Chilean prisons is approximately 1.3%, however, there are no medical diagnoses to support it, and it is estimated that there is a significant underreporting, especially of people with intellectual and psychosocial disabilities, which have historically been one of the most invisible groups of prison reality. The results of this study, first of its kind in Chile, show that the prison is a disabling institution, which causes and exacerbates the situation of disability, seriously violating human rights. People with psychosocial disabilities are victims of negligent, violent and discriminatory treatment, and many of them are in jail because there are no public health institutions or family or community networks capable of meeting their needs, so after leaving in freedom, end up coming back again and again to jail.

**Psychopathic Traits and Manipulation: Implications for Faking, Victim Impact, and Post-Experience Growth (Symposium 594618)**

*Adelle Forth, Sebastian Baglolle, Sara Lapsley, Jayme Stewart*

Room: Montréal 8

With an adept ability to deceive and exploit others, it is not surprising that psychopaths have been a focus of much research. Until recently, there has been little research on faking psychopathic symptoms and victims of psychopaths. The first presentation will investigate whether Dark Triad traits are related to successfully faking psychopathic and PTSD traits. The second presentation will describe the experiences of harm reported by intimate partners of psychopathic individuals. The third presentation will explore effects of bullying behaviors by psychopaths in the workplace. The last presentation will describe any positive post-experience effects reported by workplace survivors of psychopaths.

## **Psychopathic Bosses and Co-Workers Who Bully: Impact and Implications**

*Adelle Forth*

What are the impacts of working alongside a psychopath in the workplace? Recent research suggests that victims of psychopaths in the workplace are at substantial risk for emotional harm from harassment and bullying (Boddy, 2014; Caponecchia et al., 2012; Mathieu et al., 2014). This study examines the prevalence and impact of bullying perpetrated by psychopathic individuals to individuals within various corporate settings. A mixed methods online study of 321 individuals who have worked with a psychopath was conducted. Participants completed the Self-Report Psychopathy Scale: Short Form (SRP:SF; Paulhus et al., 2016) to assess the psychopathic traits of their supervisor or co-worker. To assess bullying, the Negative Acts Questionnaire-Revised (NAQ-R; Einarsen et al., 2009), and responses to open-ended questions were used. The NAQ-R measures three different aspects of bullying, including person-related bullying, work-related bullying, and physical intimidation. Preliminary results demonstrate that 198 survivors reported experiencing a wide range of bullying behaviours. Using the NAQ-R cutoff scores (Notelaers & Einarsen, 2013), 10% were not bullied, 19% were bullied occasionally, and 71% bullied frequently. SRP:SF traits were positively related to all three types of bullying, particularly with physical intimidation. Using Poilpot-Rocaboys (2006) model of workplace bullying, three themes emerged from participants open-ended responses: mental and physical health problems (60%); relationship difficulties (47%); and financial implications (37%). Knowledge of the specific types of bullying experienced by workers will hopefully lead to better recognition of individuals with psychopathic traits and the potential serious consequences for those who are victimized in the workplace.

## **The Ability of University Students to Manipulate Disordered Traits for Implicit Gain**

*Sebastian Baglole*

Recently, forensic researchers have shown interest in subclinical populations with Dark Triad traits (e.g., Machiavellianism, narcissism, and psychopathy) for their potential to fake disordered traits (Jones & Paulhus, 2014). Previous research has focused mainly on the relationship between psychopathy and the ability to fake, finding those successfully faking good had higher scores related to Machiavellian egocentricity than those caught faking (MacNeil & Holden, 2006). The goal of this study was to extend previous work beyond psychopathy and to examine whether participants with subclinical levels of Dark Triad traits could successfully feign desirable symptoms of psychopathy or symptoms of Post-Traumatic Stress Disorder (PTSD) for implicit gain. After assessing baseline levels of Dark Triad features, participants (N = 443) were randomly assigned to one of three conditions: 1) modulate traits of psychopathy during a job interview; 2) elevate traits of PTSD for an insurance claim; and 3) a control condition. In the first condition, participants significantly increased desirable psychopathic traits (e.g., callous affect and interpersonal manipulation), while significantly decreasing less desirable traits (e.g., erratic lifestyle and antisocial behaviour), although this was unrelated to faking success. Participants scoring higher on narcissism at baseline were the most successful in the first condition. In the second condition, participants were able to falsify PTSD symptoms, with faking success significantly predicted by an interaction of mean scores on Dark Triad and psychopathy measures. Our results indicate that Dark Triad and psychopathic traits in tandem are related to faking ability in a non-clinical sample.

## **A Wolf at the Door: Psychopathic Harm Perpetrated in the Context of Intimate Relationships**

*Sara Lapsley*

Due to well-documented deficits in interpersonal and affective domains, a propensity for a socially deviant lifestyle (Hare, 2003), and an enhanced ability to perceive vulnerability in others (Book et al., 2013), psychopathic individuals often have a devastating impact on those they interact with (Kirkman, 2005; Mathieu et al., 2014). A mixed methods online survey recruited 474 participants (89% female) who self-identified as being in a current or former romantic relationship with a psychopathic individual. The objectives of the study were to a) evaluate the types of harm that participants experienced in their relationship, b) identify the prevalence of these harms, and c) examine the relationship between types of harm and psychopathic traits as measured by the Self-Report Psychopathy Scale (SRP; Paulhus et al., 2016). The most commonly reported harm was emotional (98.1%), followed by deceit (95.1%), financial (79.1%), spiritual (57.8%), and physical harm (50%), property crimes (39.2%), sexual harm (31.4%), and forced intoxication (12.9%). The vast majority of participants (92%) reported they experienced three or more types of harm ( $M = 4.66$ ) in their relationship, and scores on the SRP demonstrated small-moderate, significant correlations across types of harm. Qualitative data will contextualize the range of harmful behaviours that were perpetrated by psychopathic individuals and explore the impact on their victims. Discussion will highlight the dearth of research with respect to victims experiences and the importance of promoting public safety by raising awareness of the harm caused by psychopathic individuals who live amongst us.

## **Working with a Psychopath: Is There Light at the End of the Tunnel?**

*Jayme Stewart*

It is estimated that roughly 1% of the general population (Coid et al., 2009) and 4% of the corporate population are psychopathic (Babiak et al., 2010). Indeed, having a supervisor with psychopathic traits is related to bullying, poorer job satisfaction, and distress (Boddy, 2014; Mathieu et al., 2014). To date, research on corporate psychopathy has primarily focused on the negative, but not positive, impacts of working with or being managed by a psychopathic individual. This study examined how working with a psychopath impacts post-traumatic growth and resiliency. Three hundred and twenty-one participants who have worked with a psychopath supervisor (47%) or co-worker (%?) completed a mixed methods online survey. Each participant completed the Self-Report Psychopathy Scale-Short Form (SRP:SF; Paulhus et al., 2016) on their psychopathic colleague, the Post-Traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), and open-ended questions on what they learned. Preliminary analysis on 198 participants highlights five common themes of post-experience learning. Participants reported both positive and negative effects as a result of working with a psychopathic individual: experiencing positive personal growth (68%), developing greater psychopathic trait identification strategies (25%), utilizing better coping strategies (34%), becoming less trusting of others (32%), and experiencing a variety of negative emotions (36%). It is crucial to not only bring to light the negative impacts of working with a psychopathic individual, but also the positive so that we may begin to promote post-experience growth for individuals who are currently in or have previously experienced these challenging relationships.

## Concurrent sessions: papers 13:30-14:40

### Safety & Ethical issues

Room: Montréal 4

**1) Gang organization and management of victims of bank robberies from interviews and case files (Paper Session 594598)**

*Ivete Santos*

This paper shows the bank robberies organizations in the State of Bahia (Brazil) by analyzing their modus operandi, victim management techniques, firearms, organization. 40 interviews were conducted with imprisoned (including two female), 10 victimized bank workers, 3 members of the bank security unit personnel and 1 police chief. Professional criminals were prevalent. These events may be explained by the availability of high financial resources in retailing agencies and is evident in resource allocation, careful action planning and instrumental use of violence to accomplish their goals. We analyzed the kinds, ways and immediate effects of violence on bank workers.

**2) The blurring of sectoral boundaries in the Belgian internment field: a hybridisation of justice and healthcare professionals' discourses and representations? (594035)**

*Coralie Darcis, Frédéric Schoenaers*

The Belgian internment measure has been oscillating between justice and health since its first formulations. The 2016 Internment policy plan and legal framework emerged as, even if remaining hybrid, devices indicating and supporting a paradigm shift from a prevailing judicial approach (protection of society) to a central care approach (recovery) of those patients. The arrival of new hybrid devices and professional roles come to foster the blurring of mental health and justice sectors respective boundaries. Therefore, thanks to qualitative empirical material, we would like to ask to which extent this hybridisation pervades health and justice professionals' discourses and representations.

**3) Preventative detention in Switzerland, Canada, and the Netherlands: An ethical analysis (579146)**

*Tenzin Wangmo, Sophie Haesen, Helene Merkt, Bernice Elger*

Risk assessment of prisoners for preventive detention is a common criminological and judicial concept. Several ethical issues need to be addressed in this context, such as zero-risk mentality, possible dual loyalty of health professionals providing the expert reports, limits of reintegration possibilities, and conflicts of national practices with fundamental human rights legislation. Different countries use varying approaches based on their cultural views on reintegration of prisoners into society. In our research project, we studied risk assessment strategies in three countries: Switzerland, Canada and the Netherlands. The goal is to present and ethically assess these approaches.

**4) Understanding Escape Behavior in Forensic Psychiatry (588448)**

*Meena Rangan, Mini Mamak, Katelyn Mullally, Gary Chaimowitz*

Escape from any custodial environment is a serious concern, with those who escape from forensic settings being at a higher risk for violence. The purpose of this study is to gain a better understanding of patients who escape from forensic institutions while under the jurisdiction of the Ontario Review Board (ORB). Data was extracted from the ORB database at St. Josephs Healthcare Hamilton. The database consists of 1251 patients, out of which 389

participated in 1289 escapes over the course of their psychiatric history. This study establishes observable trends in absconding events and identifies discernible differences between absconders and non-absconders.

## Concurrent sessions: Symposia and Round Tables 14:50-16:00

### **New Developments in Brief, Dynamic Inpatient Risk Assessment (Symposium 594069)**

*Lindsay Healey, Mini Mamak, Gary Chaimowitz*

Room: Montréal 1

One in five patients engage in physical violence as an inpatient (Iozzino et al., 2015), which is why over 80% of forensic psychiatric hospitals routinely use structured risk assessment tools to assess patients' dynamic risk (Khiroya et al., 2009). This symposium will discuss two risk assessment approaches, including the Brockville Risk Checklist and the Hamilton Anatomy of Risk Management, as well as how big data may extend our understanding and approaches to risk assessment. Recent data regarding the reliability and validity of each of these tools, as well as their utility for the prediction of inpatient violence will be presented.

#### **The relationship between two forensic risk management tools used at the Royal: The BRC4 and the HARM.**

*Lindsay Healey*

The Royal uses two dynamic risk management tools: the Brockville Risk Checklist 4 (BRC4) at its Brockville campus and the Hamilton Anatomy of Risk Management (HARM) at the Ottawa campus. The presentation will discuss the results of an evaluation conducted from May 2014 to January 2017 assessing their concurrent and predictive abilities. Risk ratings were completed simultaneously and blindly by the researcher and the treatment teams on each patient at two consecutive time points. The outcome variables were any recorded incident over the subsequent reporting period (Mdays = 51.7-61.5) on the HARMs Aggressive Incidents Scale (verbal/physical aggression) or on the BRC4s Incident section, which in addition to aggression included outcomes like rule violation and substance use. The findings demonstrate that similar risk items on the BRC4 and the HARM were at best moderately correlated ( $r = .28-.59$ ), which may be explained by the different raters (i.e. researcher versus treatment team). We found that risk items on each tool had fair to moderate accuracy in predicting future incidents (AUC = .70-.96). These items were more effective at detecting a patient with 4+ incidents in the following reporting period, rather than patients who only engaged in 1-3 incidents. Researcher ratings were more predictive of outcomes than the treatment team ratings in most analyses. The presentation will also outline the difficulties and limitations associated with implementation and evaluation of routine risk management in a clinical forensic setting, including its effect on these results, and lessons learned during the process of this study.

#### **Assessing the Concurrent and Predictive Validity of the eHARM-FV and BRC4**

*Mini Mamak*

The Electronic Hamilton Anatomy of Risk Management Forensic Version (HARM-FV) and the Brockville Risk Checklist 4 (BRC) are structured professional judgment tools designed to assess risk and inform risk management. Both measures include assessment of dynamic risk factors, risk predictions at various time points, and measures of relevant incidents or outcomes, including aggressive behaviour and rule violations. The current study sought to assess the concurrent and predictive validity of the eHARM and Brockville Risk Checklist (BRC4). The eHARM-FV

and BRC4 were completed concurrently for 55 forensic inpatients over a period of four months. In addition, the HCR-20 was also completed at each of these intervals to assess the concurrent validity of these tools with a third well-known and validated risk assessment tool. Outcomes were assessed using the AIS and BRC4 incidents scales. Findings demonstrate moderate agreement in ratings of similar domains on the eHARM-FV and BRC4 (Kendalls tau-b = .27 - .76), thus providing some support for their concurrent validity. In addition, results provide promising support for the predictive accuracy of the eHARM (AUC = .56 - .90). and the BRC4 (AUC = .72 - .96) for incidents including rule violations, substance use, and importantly, inpatient aggression. Results provide support for both tools, while also highlighting their uniqueness and utility for use in different settings, and for assessing different outcomes. Additional results and implications will be discussed.

### **Big Data and Risk Assessment: A game changer?**

*Gary Chaimowitz*

The risk assessment field has seen little change since the introduction of actuarial and structured professional judgement tools in the 1990s. At the time of their introduction, these tools greatly improved risk assessment practice and outcome. For the past 10-15 years however, other than tools being tweaked and new versions being released, there has been no notable advancement in the field. Machine learning and use of big data has the potential to change the risk assessment landscape. Information technology and data storage has greatly advanced research practice in a number of fields in recent years. While still in its infancy, research utilizing machine learning and big data in psychiatry is showing great promise. Recent studies have demonstrated the utility of using machine learning to better understand psychiatric disorders and to individualize treatment. Such strategies however, have not yet been tested in the forensic or correctional arena. It is proposed that using big data will greatly advance forensic practice and will lead to individualized risk assessments and individualized treatment. The electronic version of the Hamilton Anatomy of Risk Management (eHARM), a structured professional judgement tool, now has the capability to store and aggregate large amounts of data-allowing for big data analyses and machine learning. The use of big data to improve risk assessment practices will be discussed and preliminary analyses using the eHARM aggregator function will be presented.

### **A Comparison of the MMPI-2 and MMPI-2-RF Validity Scales in Detecting Symptom Exaggeration and Defensiveness (Syposium 594252)**

*Maria Aparcero-Suero, Emilie Picard, Lillian Bopp, Barry Rosenfeld (Discussant)*

Room: Montréal 8

A thorough review of the MMPI-2 validity scales in detecting symptom exaggeration and defensiveness has not been conducted since the early 2000s, and no meta-analysis has evaluated the ability of the MMPI-2-RF to detect symptom minimization. The present symposium presents a series of meta-analyses of the MMPI-2 (first presentation) and MMPI-2-RF (second presentation) validity scales to assess how adequately they can identify symptom exaggeration and minimization. Two presentations also compare the relative effectiveness of the MMPI-2 and MMPI-2-RF validity scales in detecting over and underreporting in English-speaking (third presentation) and culturally and linguistically diverse samples (fourth presentation).

### **Detecting Symptom Exaggeration and Defensiveness with the MMPI-2: An Updated Meta-Analysis**

*Maria Aparcero-Suero*

Background: The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) includes multiple detection strategies for identifying symptom exaggeration and defensiveness, making this instrument very useful in forensic settings. In the early 2000s, two meta-analyses examined the utility of the MMPI-2 validity scales in detecting defensive or exaggerated symptom profiles (Baer & Miller, 2002; Rogers et al., 2003). However, the number of studies using the MMPI-2 has considerably increased in the past 15 years and there is a need to reexamine the effect sizes reported by previous meta-analyses. This meta-analysis provides an updated review of the MMPI-2s ability to detect symptom exaggeration and defensiveness. Method: Using a four-phase search strategy, 924 unique studies were identified and 657 were excluded after screening their abstracts. A total of 267 full-text articles are being screened for eligibility and coding; 217 of which uniquely review the MMPI-2. For each study, sample characteristics, research design, and statistics will be coded. The means and standard deviations for all validity scales reported for each group (honest vs. non-genuine respondents) will be coded to calculate effects sizes. The screening and coding processes is being conducted by two authors to add reliability to the systematic review. Results: Performance on the validity scales designed to detect exaggeration (e.g. F, Fp, FBS) and defensiveness (e.g. L, K, S) will be compared across groups. This meta-analysis will provide mental health professionals the necessary information to evaluate which validity scales are more useful in differentiating honest responders from individuals who engage in symptom exaggeration or defensiveness.

### **Detecting Minimization and Underreporting in the MMPI-2-RF**

*Emilie Picard*

Background: The tendency to minimize symptoms or difficulties is a common problem when conducting court ordered evaluations. However, prior research on the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) validity scales has focused on detecting malingering or overreporting. Few studies have examined the MMPI-2-RFs validity scales as tools to detect minimization or defensiveness and there is no known meta-analysis on this topic. Therefore, to fill this area of need, this meta-analysis will examine the utility of the MMPI-2-RF validity scales in detecting minimization and defensiveness. Method: This study will compare scales that measure underreporting or minimization (i.e., L-r and K-r scales) on the MMPI-2-RF across study designs and groups. Using a four-phase search strategy, 924 unique studies were identified. Upon abstract review, 657 were excluded, leaving a total of 267 full-text articles to be screened for eligibility and coding; 52 of which uniquely review the MMPI-2-RF. For the articles selected for full review, sample characteristics, research design, and statistics will be coded. Means and standard deviations for all validity scales reported in each study will be coded to calculate effects sizes. The screening and coding process is being conducted by two researchers to ensure reliability. Results: Performance on validity scales will be compared across groups, while controlling for study design and sample characteristics. This meta-analysis will help to guide clinicians to better understand MMPI-2-RF results when assessing for potential defensive behavior during evaluation.

### **Detecting Malingering and Defensiveness in the Translated Versions of the MMPI-2 and MMPI-2-RF**

*Lillian Bopp*

The availability of numerous translated versions of the MMPI-2 and MMPI-2-RF make them widely used in forensic assessments. These instruments have been extensively adapted in various languages, but with varying degrees of support for their validity across cultures and languages (Butcher, 2005). Research has investigated the utility of

the MMPI-2 validity scales in distinguishing truthful and exaggerated responses in English-speaking samples however, there is a dearth of research examining the scales across cultures (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989; Hahn, 2005). In order to fill this gap, this meta-analysis will examine the clinical utility of the translated versions of the MMPI-2 and MMPI-2-RF validity scales in detecting malingering or defensiveness in culturally and linguistically diverse samples. A four-phase search strategy is in progress in order to identify studies employing a translated version of the MMPI-2 or MMPI-2 RF. These studies will be screened for eligibility and, if they provide an empirical analysis of the validity scales, will be coded for descriptive characteristics, research design, and statistics. The means and standard deviations for all validity scales reported in each study will also be coded to calculate effect sizes, as well as predictive accuracy in identifying feigning and/or defensiveness. This presentation will provide mental health professionals utilizing translated versions of the MMPI-2 and MMPI-2-RF with the necessary information to discriminate between truthful and feigned or defensive responses in culturally and linguistically diverse samples.

**Implementing the START across settings: An international roundtable (Round Table 594465)**

*Anne G. Crocker, Leila Salem, Tonia Nicholls, Sarah L. Desmarais, Herminie Leca, Paul Béraud*

Room: Montréal 3

The need to implement structured clinical assessment tools in clinical practice is well established, yet the literature on implementation strategies remains early stages. This roundtable will discuss insights, issues and thoughts of four groups of researchers and clinicians with extensive experience using, implementing and studying the START across different sectors (corrections, psychiatric hospitals, forensic psychiatric hospitals, and community organisations) and their associated service cultures and practices. Presenters from North America and Europe will discuss strategies to facilitate implementation, measure outcomes, and address challenges across these various sectors.

The importance of structured professional judgment tools is well established, yet there is a dearth of literature on implementation strategies in forensic mental health. Four groups of researchers & clinicians with extensive experience using, implementing and studying the START in corrections, psychiatric hospitals, forensic hospitals, and community organisations will address two overarching themes: 1) integration of the START into routine care practice; 2) use and integration of the START in various services and associated service provision cultures. Dr Paul Béraud and Dr Herminie Leca (France) will discuss the use of the START two French psychiatric services within the same hospital, how the START used in interprofessional teams despite the fact that it is a methodology that is out of step with the traditional French psychiatric culture. Dr Tonia Nicholls (Canada) will discuss integration of the START in care planning using a case example to demonstrate how a good assessment prevented a potentially serious adverse event. Dr Sarah Desmarais (U.S.A.) has been supporting statewide implementation across California's psychiatric hospitals, and in local county jails in Florida and North Carolina and community-based treatment settings across North Carolina. She will be discussing implementation similarities and differences across these sectors. Dr Leila Salem has been supporting a forensic housing service in Montréal using the START to optimize psychosocial services. She will address successes and pitfalls in integrating structured professional approaches and systematic assessment strategies in community-based services. Discussions will be invited on how to support services in improving implementation and monitoring of the START.

**Developing a human rights based approach to prison healthcare (Round Table 595137)***Tim Exworthy, Andrew Forrester, Peter Bartlett, Jeremy Skipworth, Alexander Simpson*

Room: Montréal 4

This roundtable discussion brings together an international group of experts to consider how a human rights based approach, primarily focussed on the United Nations right to health, can be used to improve healthcare delivered to those in places of detention. It will explore the functional uses and limitations of such an approach and the extent to which its international application is viable. There will be a focus on learning between countries, systems and approaches.

The Universal Declaration of Human Rights contains the right to the highest attainable standard of health (article 25). The promotion of this right to health, at an international level, has been assisted by the creation of the post of a UN Special Rapporteur and his reports have proposed a framework for healthcare that is available, accessible, acceptable and of good quality (AAAQ). Focussing on prison healthcare, some countries have adopted a principle of equivalence to ensure detainees receive healthcare of an equivalent standard to that available to people in the community. This approach has been criticised on the basis that the clinical needs of the two populations are very different, producing gross inequality. Although implementation of the AAAQ framework has been advocated as a way forward, far less attention has been focussed on the practical implementation of the model. This round table will explore how a human rights based approach, using the AAAQ model, could improve the mental health of detainees primarily in places of detention including those subject to administrative detention. Its application to other correctional settings will also be considered. The functional uses and limitations of the framework will be debated, along with the extent that the international application of the AAAQ framework is viable. The group assembled to consider these topics includes

Tim Exworthy (London, UK); Peter Bartlett (Nottingham, UK); Sandy Simpson (Toronto, Canada); Jeremy Skipworth (Auckland, New Zealand); Andrew Forrester (Manchester, UK); A wider international group will also be in attendance, contributing from the audience.

**Models of Care 3: Evaluation (Symposium 595143)***Harry Kennedy, Moustafa Saoud, Petra Habets, Saima Ali, Lisbeth Uhrskov Sørensen, Quazi Haque*

Room: Montréal 6

In areas of clinical practice such as oncology, major trauma and transplant programmes, improved survival and improved quality of life have been achieved through systematic research and development of the model of care as a whole, not just isolated elements such as a new drug. Forensic mental health lends itself to this approach. All models of care must be evaluated, either as an evaluation of any change of model of care, or as a routine part of the monitoring of service delivery and performance management. Evaluating the model of care is also a part of clinical research and development.

**Evaluation as part of the model of care***Moustafa Saoud*

Background: These symposia concerning models of care have progressed from defining models of care in forensic mental health, through describing models of care in terms of pathways through therapeutic security and the programmatic delivery of specialised treatments. No model of care should go unevaluated. Changes of model of care should be examined for unanticipated adverse consequences. All models of care should be subject to annual assessment of population accessibility, productivity and efficiency. Clinical activity should also be assessed through routine outcome measurement. Method: ways of integrating evaluation into the processes and delivery of the model of care are reviewed. Results: mandatory reporting of results to a central data base that supplies no feedback to those who collect the data is unpopular, as is the use of instruments that are not perceived by operational staff as relevant or useful to them. The greatest level of adherence to ROM is found by tying routine outcome measurement to governance structures such as preadmission, admission and discharge summaries, periodic reports to review boards, leave committees and to patients in care planning meetings. Use of dashboard functions linked to hand held devices for data entry and electronic health records will provide clinicians at all levels with live performance data for themselves and their teams. Patients should have access also. For the future, a greater emphasis on reliability of measurements and data handling will inevitably lead to the growth of psychometric laboratories in every service, analogous to the laboratory functions in a general hospital.

#### **Evaluating and facilitating transfers between Flemish forensic settings using the DUNDRUM-toolkit.**

*Petra Habets*

Background: The Belgian government was convicted numerous times by the European Court of Human Rights because a number of forensic patients were residing in prison without receiving the proper treatment. As a result the forensic field has seen a lot of changes in Flanders recently. New high security facilities were opened together with a long stay facility and new wards for forensic patients with an intellectual disability. However every facility uses their own methods to decide on admittance and readiness to transfer. Method: The DUNDRUM-toolkit is a useful structured professional judgement instrument designed to assist decision making with regard to the therapeutic security triage and has been recently translated into Dutch. Results: the use of the DUNDRUM-toolkit in Flanders (Belgium) including feedback from staff and patients from high and medium security units, will be presented together with ideas on how the DUNDRUM-toolkit can be implemented in Flemish forensic settings to facilitate transfers between security levels and how the DUNDRUM-toolkit can be used to increase transparency in decision making processes with regard to admittance processes.

#### **Disengagement: Economic and personal cost to recovery in Broadmoor High Secure Hospital, England.**

*Saima Ali*

Background: Broadmoor Hospital has a dual purpose: treating mental disorder and reducing risk of violence. Patients are offered a wide variety of therapeutic groups and individual sessions. Non-attendance slows rehabilitation, may lead to increased length of inpatient stay and increased costs. We explored the prevalence and reasons for patient non-attendance and evaluated financial and personal recovery costs of non-attendance. Methods: a retrospective chart review of all current inpatients (n=186) over a one-month period. Data was collated on demographics, diagnosis and treatment needs. All attendance at every therapeutic encounter (group or individual) is recorded by the hospital routinely. Results: All 186 patients included were male, mean age 38.2(SD 9.75), primary diagnosis was schizophrenia in 54%. Non-engagement varied across levels of dependency. Admissions patients did not attend 52.3% of offered therapy whereas ICU patients did not attend 26.7 % of offered therapy. HDU and rehab wards had similar DNA rates (37.3% and 37.2% respectively). The commonest reason for

non-attendance was refusal/declining therapy. Between Psychology and OT 1,190 therapeutic hours were lost through patient DNAs during the one month period examined. This resulted in a total estimated cost of £22,400 to the service, with additional costs to patient recovery. Conclusions: High secure hospitals are low volume, high cost services. Non-attendance at therapy is pertinent in all forensic services, concerning patient recovery, managing length of stay in high security and effectively managing scarce financial resources. Understanding the reasons behind non-attendance is vital to managing resources and supporting patient recovery.

### **Evaluating the four recoveries: Personal, symptomatic, functional, forensic**

*Lisbeth Uhrskov Sørensen*

Background: no model of care should be changed without evaluating the outcome of the change, and no model of care should continue without routine outcome measurement. A model of care can be evaluated from two complimentary perspectives. At the population and systems level, is the service meeting the needs of the population served and the policy goals for the public mental health and criminal justice services. At the individual level, is the service meeting the needs of the four recoveries: personal recovery, symptomatic recovery, functional recovery and forensic recovery. Method: Alternative evaluation models include the UK systems of Patient Related Experience Measures (PREM), Clinically Related Outcome Measures (CROM) and Patient Related Outcome Measures (PROM). and a recent systematic review of routine outcome measures in forensic mental health (Shinkfield and Ogloff 2014, 2015) . Results: Alternative outcome measurement schemes will be compared and contrasted having regard to real world case studies. The best fit for a new model of care should arise at the design stage, however for existing services, a well-defined model of care is essential in order to design the evaluation scheme.

### **Quality and excellence: Professional, relational and therapeutic milieu**

*Quazi Haque*

Background: Enormous gains have been made in quality through the implementation of quality standards and cyclical peer review and quality improvement. We propose that excellence in mental health services can be recognised by the conduct of randomised controlled trials (RCTs) to continuously improve treatment as usual (TAU). A patient newly diagnosed with a cancer can expect to be enrolled in a RCT comparing an innovation with the current best TAU. The same should be provided for patients newly diagnosed with severe mental illnesses and particularly for those detained and at risk of prolonged periods in a secure hospital. Methods: We propose that services can be characterised in four levels according to seven domains, values or qualities of clinical organisation, consistency, timescale, specialisation, routine outcome measures and research. In each case, a service may be rated from 1 to 4, basic to excellent. Excellence is necessary to drive the virtuous cycle of research and development that is necessary for teaching and training. A brief series of case studies compares models of care in different forensic services to test the applicability of these criteria. Results: Although there has been convergence and evening of quality standards across services, there is still variance in levels reached according to these excellence standards. Substantial advances in the treatment of the more severe mental disorders requires a drive at national and international level to create services that meet these standards of excellence and are focused, active and productive to drive better outcomes for service users.

**Suicide prevention and intervention in Canadian prisons (590225)***Michael S. Martin, Jeremy Mills & Yolanda Fernandez*

Room: Montréal 7

While suicide prevention is practiced in all correctional and forensic mental health systems, low base rates create clinical and outcome measurement challenges. Presenters will discuss suicide prevention practices and challenges in their respective settings. As part of this discussion, the facilitators will present the theory and preliminary evaluation of a new clinical framework and the comprehensive evaluation strategy using a pragmatic clinical trial design. The framework is rooted in the Interpersonal Theory of Suicide and Ideation to Action framework. It is expected this will increase proactive and least-restrictive interventions and prevent progression from ideation to action.

**Measuring impacts of suicide prevention: Challenges and opportunities***Michael S. Martin*

Evaluating suicide prevention is challenging in a prison context for a range of reasons, including low base rates, and ethical considerations of conducting an RCT. This presentation will present baseline data about current suicide risk assessment and intervention within the Canadian prison system. Roughly 20-25% of offenders self-report recent suicidal or self-injurious thoughts and behaviours at intake screening, requiring further assessment. Approximately 0.5% of offenders are placed in an observation cell in a given month. We will present data coded from file about the factors assessed, how clinicians integrate these factors, and the plans to address vulnerabilities and needs related to suicide. We will present the stepped wedge trial design that is being used to measure the impact of CSC's new suicide prevention and intervention strategy (SPIS) as part of a quality improvement initiative. Immediate (e.g. quality of assessments), intermediary (e.g. use of suicide watches) and distal impacts (e.g. self-harm and suicide incidents) will be measured. The alignment of this trial design with the typical gradual implementation of new initiatives will be discussed to emphasize the benefits of using novel, pragmatic trial design to evaluate initiatives where the usual trial conduct of withholding an intervention may not be feasible for ethical, legal, or other considerations that may be common in a prison or forensic setting.

**The Theoretical Underpinnings for the Classification of Offender Vulnerabilities for Suicide***Yolanda Fernandez*

Across all populations studied, there are challenges in predicting and preventing suicide (Klonsky, et al., 2016). Thus, it is not possible to predict which individuals will attempt suicide (Franklin, et al., 2016). The assessment of suicide vulnerability without use of a specific theory is ubiquitous in clinical practice (i.e., atheoretical risk assessment). Suicide risk levels are frequently determined through an unstructured clinical interpretation of risk factors has recently been challenged and there is little empirical evidence for the predictive validity or clinical utility of such risk levels (i.e., low-, medium-, and high-risk) (Claassen, et al., 2014; Franklin et al., 2016; Newton-Howes, & Coid, 2016; Sommers-Flanagan & Shaw, 2017). The Framework formally introduces current theory into suicide and self-injury prevention and intervention. First, a theory will provide consistent structure to the activities and communication associated with suicide and self-injury prevention and intervention. This will assist with clarity of communication and case conceptualization across clinicians. Second a theory provides a structure for understanding a large amount of information. Third, using a theory as a foundation will allow evaluation of the activities through Quality Improvement activities. Fourth, the empirical evidence-base about the theory can

inform the Framework, rather than generating another unique suicide risk assessment scheme based on a less explicit basis.

### **The Classification of Offender Vulnerabilities for Suicide: Classification Tool, Reliability and Validity**

*Jeremy Mills*

Classification in the Framework involves screening clients to determine needs and vulnerabilities for suicide and self-injury. Depending on the significance and recency of suicide and self-injury vulnerabilities, clients are screened in or out of further assessment and intervention. The Classification tool also screens for possible needs (i.e., underlying issues that may influence suicidal and self-injurious thoughts and behaviours). These are called Possible Indicators of Need (PINs). The goal of this screening is to deliver the right interventions to the right clients, for the right targets, before a suicide/self-injury-type incident arises. This will shift the focus from crisis intervention to proactive engagement with the goal of prevention. There are five classes of needs and vulnerabilities based upon Acquired Capability for Suicide (ACS) and Possible Indicators of Needs (PINs). Classes 1 and 2 are assessed as low ACS and require little or no intervention for suicide vulnerability. Classes 3-5 are assessed as moderate to high ACS with varying number of PINs and indicate the need for a more formal assessment, treatment, and intervention plan as indicated. Results from a preliminary evaluation based on a sample of 211 incarcerated offenders show excellent inter-rater reliability and good concurrent validity with self-report measures

### **Violence, substance use and major mental illnesses: From neural correlates to clinical risk factors (Symposium 594837)**

*Alexandre Dumais, Laura Dellazizzo, Mimosa Luigi, Mélissa Beaudoin, Jules Dugré, Stéphane Potvin*

Room: Montréal 8

Violence has been shown to be increased in those with severe mental illnesses (SMI), however the association is not clear-cut. This symposium aims to further the understanding of violence perpetrated by this population. We will explore the impact of substance use, symptomatology, antisocial behavior and emotional processing, while examining higher-risk subgroups. The following will be discussed: (i) a meta-analytical investigation of the cannabis-violence relationship in SMI; (ii) two longitudinal profiling studies examining symptomatology, substance use and violence using known databases; (iii) a neuroimaging study analyzing neural correlates of emotional processing to angry facial expressions in subgroups of patients with schizophrenia.

### **Violence, substance use and major mental illnesses: From neural correlates to clinical risk factors**

*Alexandre Dumais*

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### **Cannabis use and violence in patients with severe mental illnesses: A meta-analytical investigation**

*Laura Dellazizzo*

Cannabis is the most widely used illegal drug in several countries of the world. Its use has been related to many mental health/psychosocial problems such as violence. Importantly, compared to the general population, the prevalence of cannabis use is twice as high in those with severe mental illnesses (SMI), who are already at greater risk of adopting violent behaviors. One of the key risk factors elevating their propensity is substance use. Yet, far less attention has been paid to cannabis use in SMI. We therefore sought to carry out a meta-analysis to investigate the cannabis-violence relationship in this population. A systematic search strategy was employed to identify relevant studies filing our inclusion criteria. Search engines comprised PubMed, PsychNet, Web of Science and Google scholar. A standardized form was used to extract data. Data then was entered into an electronic database and analyzed with a quantitative meta-analytical approach using Comprehensive Meta-Analysis software. Meta-analysis of risk of violent outcomes were carried out generating pooled ORs with 95% confidence intervals. Potential sources of heterogeneity and publication bias were also investigated. Literature search identified 10,250 records, of which 11 final studies were included into the meta-analysis. The results show a moderate association between cannabis use and violence (OR=2.3). Notably, significant differences are found when comparing cannabis use (OR=2.1) to misuse (OR=5.2). While these findings are clinically relevant and add to our understanding of the negative consequences of cannabis use amid psychiatric patients, the studies were limited by many shortcomings that will further be discussed.

### **Violence and Criminality in severe mental illnesses: A trajectory analysis**

*Mimosa Luigi*

Individuals with severe mental illnesses are at greater risk of offences and violence, though the relationship remains unclear due to the interplay of static and dynamic risk factors. Static factors have generally been emphasized, leaving little room for temporal changes in risk. Our longitudinal study will therefore examine the dynamic changes of symptomatology and substance use by analyzing 825 patients from the MacArthur Study having completed a baseline interview and 5 post-discharge follow-ups. Individuals were classified into outcome trajectories (violence and criminality). Trajectories were computed for each substance (cannabis, alcohol and cocaine, alone or combined) and for symptomatology and inputted, along with other demographic and psychiatric factors, into binary logistic regressions for predicting violence and criminality. Best predictors were then identified using backward elimination and ROC curves were calculated for both models. Two trajectories were found for violence (Low- and High-violence). Best predictors for persistent High-violence were persistent cannabis use (alone), persistent elevated affective symptoms, low verbal IQ, and higher total scores on the PCL and Novaco Anger Scale. The models AUC was 0.773. Two trajectories were also chosen as being optimal for criminality. The final model to predict High-criminality yielded to an AUC of 0.788, retaining as predictors persistent polysubstance use (cannabis, cocaine and alcohol), persistent cannabis use (alone), male sex, a higher score on the PCL, and lower educational levels. Both models were moderately predictive of outcomes. We will discuss these models, which aim to identify subgroups of psychiatric populations at risk of violence/criminality to reduce these behaviors.

**The relationship between substance use and violence in schizophrenia : Analysis of the CATIE database***Mélissa Beaudoin*

To further our understanding of the effects of substance use on violence in patients with severe mental illness, we decided to examine this relationship in a more specific sample of patients diagnosed with schizophrenia from the CATIE project. To our knowledge, no prior study using this database has investigated the impact of specific substances on violence. For this prospective project, we retrieved measures on violence (MacArthur Violence Risk Assessment Instrument), substance use (hair/urine testing, General Clinical Status) and other potential predictors (i.e., socioeconomic/clinical/functional characteristics, symptomatology, childhood risk factors and service utilization) from the 6-month period before baseline and the 5 time-points (baseline, and follow-ups at 3, 6, 9 and 12 months). Only participants with valid measures for substance use, violence, and symptomatology at all 5 time-points were included in the analyses (N=565). Dichotomous variables for violence and substance consumption at each time-point were used and were added to obtain a measure of persistency. Linear regressions were conducted to identify the best predictors of serious violence and other types of aggressive acts. Our preliminary results suggest that the best predictors for the persistency of other aggressive acts were the presence of childhood antisocial behaviors and the cannabis use persistency. As for the persistency of serious violence, the best predictors comprised of the persistency of cocaine and cannabis use, being divorced, and the number of previous hospitalizations within the year before baseline. These findings confirm our previous results regarding the relationship between substance use (particularly the persistent use of cannabis) and violence.

**Neural correlates of emotional processing to angry facial expressions in subgroups of patients with schizophrenia at risk of violence***Jules Dugré*

Violence committed by individuals with schizophrenia (SZ) is extensively covered by the media, which is potentially due to the lack of understanding of the violent behavior and/or the pathology itself. Recent studies have nonetheless found that, when compared to the general population, those with SZ are 4 times more likely to exhibit violent behaviors. Some studies have thus proposed that the temporal order between the beginning of violence and the age of onset of the first psychotic symptoms may result into 2 distinct psychopathological offender subgroups (early-starters and late-starters with SZ), whereas the majority of violence are likely to be committed by the former. Results of past research have suggested that early-starters are principally characterized by conduct disorder in childhood, impulsivity, lack of remorse/empathy and an indifference to threat stimuli. Interestingly, only a few neuroimaging studies have investigated the neural correlates of negative emotional processing in this specific subgroup. Consequently, the present study aims to better comprehend the emotional processing of patients with a history of violence. A total of 100 participants have completed a functional magnetic resonance imaging task in which they have viewed angry and neutral facial expressions. Four distinct groups will be compared on brain region activations and their connectivity: (i) early-starters with SZ; (ii) late-starters with SZ; (iii) patients with SZ without a history of violence and (iv) healthy controls. Results of this project may further the knowledge of the neurobiological mechanisms associated with emotional processing in subgroups of individuals with SZ having committed serious violence.

## **Concluding remarks: Violence, substance use and major mental illnesses: From neural correlates to clinical risk factors**

*Stéphane Potvin*

This symposium detailed the factors associated with violence in individuals with severe mental illnesses (SMI). More specifically, it explored the impact of substance use, symptomatology, antisocial behavior and emotional processing, while examining higher-risk subgroups. First, our meta-analysis on 11 studies pertaining to this relationship found a moderate effect between the two. Second, using the data from the well-known MacArthur study, both models with their associated predictors were moderately predictive of the profiles with higher levels of violence and criminality. Third, the findings of the CATIE project showed important risk factors associated the persistency of serious violence and other types of aggression. Particularly fascinating in these studies is the relationship between substance use and violence, notably the use of cannabis. The latter is suggested to have several negative effects such as violence in those with SMI as demonstrated by our results. While these studies are indeed of interest and add to the wealth of knowledge on risk factors of violence and profiles of individuals more at risk, there remains a clear gap in our understanding of violent behavior and/or the pathology itself. Research in this respect needs to be conducted to aid in the prevention and management of violent behaviors in those with SMI. Our fourth study therefore sought to shed light on the neural correlates of negative emotional processing in patients with a history of violence. In our distinct subgroups, we found several differences in brain region activations and their connectivity. The symposium will end with our future neuroimaging projects.

## Poster Session #1 cont. 16:00-16:30 (see Posters p. 80) St-Laurent 1-2

### Concurrent sessions: Papers 16:30-17:30 Technology and Forensic Mental Health

Room: Montréal 1

#### **1) Efficacy of Virtual Reality aggression prevention training (VRAPT): a multicentre randomised controlled trial (594024)**

*Stéphanie Klein Tuenté, Stefan Bogaerts, Wim Veling*

Background: Although many patients in forensic psychiatric centers have aggression regulation problems, evidence-based aggression therapies are scarce. Therefore, we developed a novel Virtual Reality aggression prevention training (VRAPT), in which patients practice controlling aggressive behaviors. Method: In this multicenter randomized controlled trial participants (N = 128) were randomly assigned to waiting list or the 16-session VRAPT training. Groups were compared at pre-intervention, post-intervention and at 12-weeks follow-up. The primary outcome was aggressive behavior measured by self-report questionnaires and staff-reports. Results: Data collection will be completed in December 2018. The primary results of the trial will be presented at the conference.

**2) Internet use for in-patients in two secure hospital settings: A study from Broadmoor Hospital England and Dundrum Hospital Ireland (594907)**

*Michael Jewell, Mary Davoren*

There is an obvious tension between permitting patients access to the internet and the associated risks in forensic settings. The aim of this study was to explore staff attitudes to, and knowledge of, supervised internet access for patients in two high secure hospital settings, across two countries. A high number of clinicians (42%) thought patient internet access was permissible. However, few staff demonstrated basic knowledge of the dark web. The gaps in knowledge around internet security will need to be addressed as a priority if supervised internet access is to go ahead in high secure hospitals.

**3) Avatar Therapy: Using virtual reality to target key symptoms associated with violence in schizophrenia (595206)**

*Laura Dellazizzo, Stéphane Potvin, Kingsada Phraxayavong, Alexandre Dumais*

There is a gap in the best way to treat/reduce violence in individuals with schizophrenia. Notwithstanding that auditory hallucinations are not the only risk factors for violence among this population, findings underline the need to structure treatments targeted at psychotic symptoms when preventing violence in schizophrenia. Avatar Therapy (AT) is innovative intervention using virtual reality where patients from the community and forensic settings engage in a dialogue with a virtual representation of their persecutory voice. This provides a unique opportunity for them to gain control over their voices and regulate their negative emotions (i.e., anger). Preliminary results will be discussed.

**4) The Safety Diagnostic Tool: using data science to reduce prison assaults, self-harm and drug use in England and Wales (594257)**

*Philip Howard*

Advances in data science offer opportunities to track individual service users across multiple sites, making vital, timely information available to staff. This presentation demonstrates the capabilities of the Safety Diagnostic Tool used in English and Welsh prisons. The SDT allows staff to select and access data on prisoners, such as those newly sentenced or transferred in, or those with the highest risk levels. Prisoners can be profiled on current risk levels, and case files retrieved on previous incidents of self-harm, violence and other safety issues. Other prison safety analysis (e.g., identifying criminal networks) will also be summarised.

## Threat Assessment and Intimate Partner Violence: Issues for Colleges and Universities

Room: Montréal 2

**1) The Impact of Mental Health and Community Structural Characteristics on Suicide-Related Behavior and Self-Harm among Community Respondents (592913)**

*Catherine Shaffer, Adam J. E. Blanchard, Erin K. Fuller, Kevin Douglas*

In this prospective study, we examined the association between three types of mental health symptom clusters (i.e., psychotic, internalizing, and externalizing) and suicide-related behavior (SRB) and self-harm, and whether community disadvantage and residential instability moderated these associations. Psychotic and internalizing, but

not externalizing, symptoms were significantly positively associated with SRB and self-harm at 6-month follow-up. Neither community disadvantage nor residential instability moderated the association between mental health symptoms and SRB or self-harm. These findings suggest that mental health can influence the expression of SRB and self-harm irrespective of community context. Implications for treatment and future research are discussed.

## **2) Predicting violence justification attitudes within a collegiate sample (590807)**

*Patrick T. McGonigal, Jessica L. Semmann, Madeline M. Eyer, Kyle R. Siddoway, Mario J. Scalora*

Violence justification in response to grievances is typically viewed as a significant risk factor for targeted violence (Meloy et al., 2012; Bandura, 2017). However, limited literature has empirically evaluated the impact and role of these attitudes on concerning behavior. Findings from the current study suggest predictors of attitudes condoning justified violence following perceived injustices. Participants whose grievance involved aspects of their identity and engaged in rumination were more likely to endorse feeling as though their grievance warranted violence as a response. These findings may be of particular relevance for threat assessment professionals managing concerning behavior.

## **3) Examination of persistent perpetration in university threat assessment cases (593905)**

*Madeline M. Eyer, Jessica L. Semmann, Patrick T. McGonigal, Elizabeth C. Low, Mario J. Scalora*

Threat assessment has become the most promising prevention strategy to manage violence in schools. While threat assessment cases do not typically require active follow-up, there is a subset of perpetrators that will continue to contact their target(s) after the threat assessment team has intervened, thus posing continuous risks to the University. Therefore, identifying persistent perpetrators may assist law enforcement agencies in effectively mitigating their elevated risk. Through the use of a predictive model, the current study illustrates that non-persistent perpetrators can be distinguished from persistent perpetrators based on the specific behaviors demonstrated and the thematic content of grievances.

## **4) Mens experiences of aggression and intimate partner violence perpetration: A qualitative study with perpetrators of intimate partner violence (594900)**

*Shilan Caman, Marianne Kristiansson, Charlotte Alm*

To date, qualitative research on male perpetrators experiences of IPV perpetration is limited. The objective of present study is to explore how male IPV perpetrators (convicted and self-referred) make sense of their aggression and IPV perpetration. Semi-structured face-to-face interviews were conducted with 13 convicted men from the Swedish Prison and Probation Service, and six self-referred men from a mens crisis centre. The interviews were transcribed and analysed using Interpretative Phenomenological Analysis (IPA). Main themes will be discussed and illustrated with quotes drawn from the transcripts. Also, directions for criminal justice and therapeutic interventions will be highlighted.

## Judicial and Jury Decision-Making

Room: Montréal 3

### **1) #DeGrood: A qualitative case study of Twitter users views on the insanity defense. (595537)**

*Ilyv Goossens, Marlee Jordan, Tonia L. Nicholls*

This study examined how informed Canadian twitter users are about the Canadian insanity defense by conducting a qualitative content analysis of Twitter activity surrounding a high-profile Canadian insanity defense trial. We harvested 4,991 tweets between May 11 (trial) and June 1, 2016 (7 days post-verdict) that included #DeGroot; #Brentwood5; #bsd5 (n=457 tweets from private persons). Results indicate that the insanity defense is experienced as unjust and a means to get off. While there were many calls for retribution (e.g., death penalty), some called for moderation and understanding (e.g., searching for answers, not equating mental illness with violence).

## **2) The Influence of Risk Assessment Evidence on Judicial Sentencing Decisions (589649)**

*Melissa Jonnson, Jodi Viljoen*

Despite the increased presence of risk assessment evidence in sentencing proceedings, its role has been contentious, and judges use of this evidence is unclear. This study used a mixed-methods design to examine judges opinions about risk assessment tools and the influence of tools on hypothetical sentencing recommendations. Participants were 170 judges from 34 American states and two Canadian provinces. The most common advantage judges highlighted was the increased information tools can provide, while the most common concern was the potential for bias. Tools did not influence judges placement recommendations; however, they resulted in more consistent program recommendations in high-risk scenarios.

## **3) Jury Decision-Making in Insanity Defence Trials (595532)**

*Evelyn M. Maeder, Jacqueline Matthews, Susan Yamamoto, Kendra McLaughlin*

Multiple studies (e.g., Maeder, Yamamoto, & Fenwick, 2015; Skeem, Loudon, & Evans, 2004) have examined jurors decisions in insanity defense trial scenarios, but almost none have included a deliberation component. The current study quantitatively tested whether the majority of individual verdicts would predict final jury verdicts, and whether individual verdict confidence would predict verdict change following deliberation. We also qualitatively examined jury deliberation content to determine how jurors persuade one another in the context of insanity defence trials. Results revealed inconsistent patterns of predeliberation verdict breakdown and certainty on final verdicts, but interesting themes in the deliberation content itself.

## **Substance Use in Forensic Population**

Room: Montréal 6

### **1) Urine drug screens in a forensic population: Frequency and clinical utility in risk management (595200)**

*Treena Wilkie, Stephanie Penney*

There is a high frequency of comprehensive urine drug screens (UDS) performed within forensic patient populations, at significant use of resources and without substantive evidence attesting to their utility for identifying substance use or reducing rates of other adverse outcomes. This study investigates the clinical utility of current UDS practices in a large forensic psychiatric service in Ontario, Canada. Results to date suggest a positive relationship between the frequency of UDS and the likelihood of illicit substance use, raising questions about the efficacy of this practice. Implications for risk assessment and management will be discussed.

## 2) Validation of the Brief Screening Checklist in Justice-Involved Adults with Fetal Alcohol Spectrum Disorder (595815)

*Kaitlyn McLachlan*

Individuals with fetal alcohol spectrum disorder are overrepresented in forensic and correctional settings, though no cross-validated screening tools exist to identify this invisible disability. Failure to detect neurocognitive and health needs in this population may lead to increased recidivism, poor treatment outcomes, and ultimately high social and health costs. The current study presents findings from two samples aiming to validate an abbreviated version of the Brief Screening Checklist (MacPherson et al., 2011) in justice-involved adults with FASD. Findings indicated good sensitivity and specificity and suggest this 8-item screening tool may have clinical utility in forensic and correctional settings.

## 3) Highly structured treatment of addicted offenders - The effects of the Reasoning & Rehabilitation Program and DBT-F (594052)

*Anne Wettermann, Birgit Völlm, Detlef Schläpfl*

In the Clinic of Forensic Psychiatry in Rostock, Germany, we treat addicted offenders in a closed psychiatric setting. Since 2009 we realize the Reasoning & Rehabilitation- Program (R & R; Ross & Fabiano, 1986; IFPH, 2004) and the Dialectical Behavioral TherapyForensic (DBT-F; McCann et al. 2000; Oermann et al., 2008) routinely. We compared pre- and post-tests regarding the cognitive style of addicted offenders, either having undergone R&R, DBT-F or Treatment as Usual. Our current data validated our previous work in a large sample, namely that there were significant neuropsychological changes in mental flexibility, planning, and problem-solving in the R&R-group.

## 4) Implementation of Computer Adaptive Mental Health Screening Tools in Two Criminal Justice Settings (595549)

*Katie Bailey, Bradley R. Ray, Madison Alton, Sarah Hartley*

One of the largest barriers to treatment for mental health and substance use disorders is the fast and effective identification of needs. Current assessment methods are inadequate in terms of ease, speed, reliability and detection. Recent advances in computerized adaptive testing have revolutionized screening and assessments and have the potential to overcome barriers faced by traditional methods. We discuss two case studies where we have implemented this technology (CAT-MH®) in criminal justice settings. We highlight the barriers towards adoption of computer adaptive testing in these settings, and the advantages of computerized adaptive testing over traditional screening and assessment.

## Forensic Treatment and Outcomes

Room: Montréal 7

### 1) Developing immersive videos to address social perception: toward an adaptation of the Integrated Psychological Treatment to the forensic psychiatric context (594357)

*Mathieu Dumont, Catherine Briand, Stéphane Potvin*

The Integrated Psychological Treatment is a cognitive-behavioural group approach for individuals with schizophrenia that has been implemented in Canadian correctional and forensic psychiatric settings in the last few years. To adapt the approach to the reality of those settings, stakeholders deemed necessary to enhance the

module on social perception and find new ways to foster skills generalization in custody. Considering those needs, an additional therapeutic modality was proposed in the form of immersive videos. This presentation aims to describe the collaborative process that took place in a forensic psychiatric hospital to develop immersive videos intended for IPT.

**2) Complex social dynamics in group facilitation - rural meets urban (594416)**

*Michael Ivany*

Group facilitation is an effective method of service delivery however there are challenges that are particular to providing group services in a forensic mental health context. Case examples will include dealing with gender norms, stereotypes, and comments about race, ethnicity and income disparity from different group types and working with forensic inpatients and outpatients from varied backgrounds. Facilitator competency in this area can help the participants achieve the target objects of group programming and enhance the group service delivery.

**3) The highs and lows of treatment intensity: Where are we now? (594831)**

*Minh Nguyen-Hoan, Anita McGregor*

Based on RNR principles, it is widely understood that treatment intensity is an important aspect of effectively addressing risk in forensic populations; namely, clients with high levels of risk require high intensity treatment. However, what is not widely accepted is what different levels of intensity mean. While there is some overlap, there also appears to be variability in definitions and standards, depending on the jurisdiction and type of offending behaviour. This paper reviews the literature on treatment intensity and discusses the implications for risk prediction, evaluation of treatment efficacy and decision-making.

## Culture and Forensic Assessment

Room: Montréal 8

**1) Suicide assessment across race: An item response theory analysis of the Personality Assessment Inventory suicidality scale (596210)**

*Jared Ruchensky, Stephen Balsis, John Edens, Kevin Douglas*

Research investigating the psychometric properties of suicide assessment tools in correctional settings is limited and little attention has been paid to whether these tools function equivalently across race. The current study uses a large, multi-site offender sample to examine whether items on the suicidality (SUI) scale of the Personality Assessment Inventory indicate suicidality differently across race. Results from differential item functioning (DIF) analyses reveal that Whites fail to report symptoms of suicide relative to African Americans, when both groups are matched with level of suicidality. Findings highlight the need to consider psychometric differences in suicide assessment instruments across race.

**2) Performance of the Brief Jail Mental Health Screen as a Function of Race and Gender (595895)**

*Courtney Wade, Sarah L. Desmarais, Samantha A. Zottola, Rachel Haselow, Richard Van Dorn, Kim Mueser*

The Brief Jail Mental Health Screen (BJMHS) is one of the most widely used jail mental health screening tools. Yet, there has been relatively limited investigation into its performance in practice, especially across subgroups defined

by inmate race and gender. To this end, the current study explored the performance of the BJMHS results (n = 2,805) in relation to self-reported DSM-V diagnoses as administered during routine practice in a large, urban US jail. Findings raise concerns regarding performance in detecting women who may be experiencing serious mental health problems. In contrast, findings showed comparable--and adequate--performance as a function of race.

**3) Bringing Cultural Safety to a Risk Assessment tool: Revising the EARLs for a new Generation of Children (595461)**

*Areti Smaragdi, Leena Augimeri*

The Early Risk Assessment List (EARL) is a gender specific and culture sensitive risk-assessment tool available for middle-school children, specifically developed for clinicians and other health-care professionals to evaluate childhood risk factors associated with future antisocial and/or criminal behavior. We will present the updated EARL that includes an increased focus on cultural sensitivity and the effects of marginalization, and highlight the process of revising the tool through extensive scientific literature searches and expert reviews. We will also present pilot data on the predictability and reliability of the revised assessment tool.

**4) Systematic Assessment of Malingering from Transnational and Transcultural Perspectives (587540)**

*Richard Rogers, Sarah Velsor*

The assessment of malingering continues to be a cornerstone of forensic evaluations to ensure the accuracy of professional determinations. As exemplified by the IAFMHS, malingering and other clinical measures are increasingly evaluated from transnational and transcultural perspectives. This presentation focuses on two widely used multiscale inventories (MMPI-2 and PAI) and two specialized feigning measures (SIMS and SIRS-2) in considering issues related to linguistic and clinical equivalence of translations and their cultural sensitivity. Its goal is to inform practitioners and researchers about the current status and future steps of applying malingering assessments within forensic evaluations in different cultures and languages.

## Poster Session 1

	Submission Title	Submission Topic	Last Name
594396	Increasing recovery-based activities for patients on a Secure Forensic Unit through staff training in Cognitive Behaviour Therapy	Mental health treatment	Balasingham
589009	Knowledge through discovery: Developing a contextually-informed understanding of the unique needs of forensic mental health nurses	Education and training	Boldt
595335	Experiences of formerly incarcerated adults with mental illness with correctional officers and health and mental health staff	Mental health treatment	Canada
595732	What is the Dimensionality of the Comprehensive Assessment of Psychopathic Personality (CAPP)?	Forensic assessment	Fox
584690	Leveling and Abuse: legal issues among patients with bipolar disorder in Ethiopia	Mental health treatment	Gobie
592742	Latino sex offenders: A qualitative exploration on barriers for reintegration	Dynamics of diversity	Gonzalez
586829	Police risk assessment of intimate partner violence with B-SAFER - A prospective cohort study of perpetrators	Intimate partner/family violence	Gudde
599997	Translation and validation of a measuring tool the climate of violence prevention in a psychiatric environment	Offender services and management	Goulet
593782	The continuum between self-inflicted and other-directed violence in women: a scoping review	Violence risk (general)	Khalil
599999	Assessment for level of security tool (ALS), an 18 factor checklist to help teams determine movement up or down the level of security including high security	Forensic assessment	Khan
574288	Psychotic Motivation for Sexual Homicide: A Review of the Literature and Summary of Forensic Psychiatric Cases	Violence risk (general)	Lam
583721	The links between the DSM-5 Alternative Model for Personality Disorders and aggression: Preliminary results from a clinical sample	Violence risk (general)	Leclerc
594753	Mental Health Needs and the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) on Adolescent Offending	Juvenile offenders	Li
592969	The rapid increase in violence by aged persons and its relationship with dementia	Violence risk (general)	Matsubara
592434	Whittingham Lives: bringing a community heritage and arts project into a secure hospital	Social justice	McKewon
595306	The "Texas Model" an effort to bring effective trauma informed care to the Texas Juvenile Justice Department	Juvenile offenders	Norton
594727	The Effects of Suggestibility, Compliance, and Understanding of Custodial Rights on False Confessions	Dimensions of individual differences	Otal
595119	A contextual analysis of involuntary treatment orders in Quebec, Canada: What are the implications for psychosocial intervention?	Mental health treatment	Pariseau-Legault
592951	Assessing Borderline Personality Disorder by Self-Report: Discriminant Validity With Respect to Measures of Psychopathic Personality Disorder	Forensic assessment	Patel
594839	The validity and reliability of the Thai START (Short-Term Assessment of Risk and Treatability) in a Thai forensic psychiatric population	Violence risk (general)	Sanmontree
588447	Systematic Review of Risk and Protective Factors Associated with Intimate Partner Violence Perpetration and Victimization Among College Students	Intimate partner/family violence	Shaffer
599998	Germany's refugee policy and its effects on Haina ... or one winter's night...	Social justice	Willhardt

**Increasing recovery-based activities for patients on a Secure Forensic Unit through staff training in Cognitive Behaviour Therapy (Poster 594396)**

*Shawwna Balasingham, Talitha Dykstra, Roland Jones*

The Medium Secure Forensic Unit at CAMH embarked on a quality improvement initiative aimed at increasing the number of recovery based activities patients partake in. Staff were trained in the behavioral principles of Cognitive Behaviour Therapy and encouraged to utilize these practices in their 1:1 interactions with clients, as a way to motivate patients to participate in activities. Preliminary data indicates that the increase in staff capacity has allowed for an increase in patient recovery as seen with 1) increase in the hours of recovery based activities patients partake in and 2) increased positive ward atmosphere.

**Knowledge through discovery: Developing a contextually-informed understanding of the unique needs of forensic mental health nurses (Poster 589009)**

*Irene J. Boldt, Frances Abela-Dimech, Jill Campbell*

The Centre for Addiction and Mental Health (CAMH) is conducting a needs assessment of its forensic mental health (FMH) nurses. The purpose of this project is to develop a contextually-sensitive understanding of these nurses needs and to identify ways to support them in practicing to their fullest potential. Phase One of this project, the focus of this presentation, has involved a process of discovery. Qualitative and quantitative data are being used to develop an understanding of the current and ideal states of FMH nursing practice at CAMH, identify the gap between these states, and highlight unique aspects of this practice.

**Experiences of formerly incarcerated adults with mental illness with correctional officers and health and mental health staff (Poster 595335)**

*Kelli E. Canada, Stacey L. Barrenger, Casey Bohrman*

People with mental illnesses are more likely to experience victimization, attempt suicide, and have difficulty following rules while incarcerated. Prison staff are critical to the well-being of this population yet little is known about these interactions. This research presents data on the prison experiences of people with mental illnesses. Results show experiences with staff varied within and across sites, particularly with correctional officers and access to treatment services. Stigma was a common experience with some people concealing their need for treatment while others were punished for exhibiting symptoms of mental illness. Results inform prison health practice and policy.

**Translation and validation of a measuring tool the climate of violence prevention in a psychiatric environment (Poster 599997)**

*Marie-Hélène Goulet, Caroline Larue, Pierre Pariseau-Legault, Jean-Sébastien Turcotte, Anne G. Crocker, Michele Desmarais, Catherine Lemay*

In a psychiatric setting, organizations cannot measure violence prevention, because of the lack of adequate indicators. The Violence Prevention Climate Scale (Hallet, 2018) is a validated tool that aims to assess the violence prevention climate on care units that can be completed by both the caregivers and the patients. This study aims to translate in French and adapt the Violence Prevention Climate Scale and verify its reliability and validity in Quebec's general and legal psychiatry units. The preliminary results show a great potential to help to prevent act of violence in psychiatric units.

**What is the Dimensionality of the Comprehensive Assessment of Psychopathic Personality (CAPP)? (Poster 595732)**

*Will Fox, Michael Maraun, Stephen Hart*

Questions about the dimensionality of the PCL-R have recently been asked by Maraun et al. (2019), who found that, contrary to popular belief, the PCL-R is most suitably modeled as a unidimensional monotone latent variable (UMLV), as opposed to its previously understood multi-dimensionality. This study investigates whether this phenomenon is unique to the PCL-R or if could it be found in other measures of psychopathy. After applying the same methodology to the Comprehensive Assessment of Psychopathic Personality (CAPP), we found that it too plausibly fits a UMLV model.

**Leveling and Abuse: legal issues among patients with bipolar disorder in Ethiopia (Poster 584690)**

*Habte B. Gobie*

Even though WHO clearly stated the importance of psychological well-being in the definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, the lives of people with bipolar disorders are extremely harsh or abusive. However, the rate information about verbal or physical abuse among patients with bipolar disorder in Sub-Saharan countries like Ethiopia is not well address. Data was collected from 411 bipolar patients at the psychiatric hospital in Ethiopia. The prevalence of abuse (verbal/physical) was 37.7%. Therefore, the patient's right should not be violated during their morbidity.

**Latino sex offenders: A qualitative exploration on barriers for reintegration (Poster 592742)**

*Kenny Gonzalez, Daryella Escobar, Elizabeth Jeglic*

Despite overrepresentation in the criminal justice system (CRJ), little attention has been paid to unique barriers for reintegration for Hispanic/Latinx offenders, particularly among those who have committed sexual crimes. The current study explored the barriers faced by released Latino sex offenders (SO) and evaluated their attitudes toward current SO policy and legislation. Participants were recruited from an outpatient sex offender counseling center in a large metropolitan area. Preliminary results will be discussed as they pertain to the development of culturally informed policy and treatment.

**Police risk assessment of intimate partner violence with B-SAFER - A prospective cohort study of perpetrators (Poster 586829)**

*Camilla Buch Gudde, Merete Berg Nasset, Monica Frost Ravlo, Marit Fostervold, Tom Palmstierna, Johan håkon Bjørngaard*

The aim of this study is to investigate the use of structured risk assessments by police officers in cases of intimate partner violence (IPV) in order to identify relapse risk factors. The sample consists of all registered IPV cases in a Norwegian police district during the period 2015-2021. There is a need for more knowledge concerning the assessment of risk and vulnerability factors for repeated IPV by police officers and the development of effective interventions for both perpetrators and victims. This is crucial to underpin a customized follow-up of perpetrators and victims and to improve IPV prevention.

**The continuum between self-inflicted and other-directed violence in women: a scoping review (Poster 593782)**

*Laura Khalil, João Da Silva Guerreiro*

Self-inflicted and other-directed violence may lead to serious consequences including posing direct risk, and even morbidity and mortality (Sadeh, Javdani, Finy & Verona, 2011). Women offenders engage in self and other-directed violence before incarceration, as well as in forensic psychiatric care and correctional institutions (Selenius & Strand, 2017). Despite the importance of better understanding self and other-directed violence in women, few studies have explored the role of gender in both types of violence (Sadeh et al., 2011). The aim of this scoping review is to provide a comprehensive review of the literature on self and other-directed violence in women.

**Assessment for level of security tool (ALS), an 18 factor checklist to help teams determine movement up or down the level of security including high security (Poster 599999)**

*Zulaikha Khan, Arun Chidambaram, Michaela Thomson, Courtney Hurst*

Psychiatric inpatient facilities support patients to reside within levels of security proportionate to the individual's security and risk profiles. The decision to admit a patient in a secure unit or to transfer them between security wards whilst ensuring that the level of security is proportionate to the risk is made by the Multi-disciplinary Team (MDT). This study interviewed members of the MDT's to determine what key factors they believe are most important when determining a patient's security level and resulted in the development of 18 item list referred to as the Assessment for Level of Security Tool (ALS).

**Psychotic Motivation for Sexual Homicide: A Review of the Literature and Summary of Forensic Psychiatric Cases (Poster 574288)**

*Austin Lam, Stephanie Penney, Alexander Simpson*

Background. Despite evidenced connections between psychosis and homicide as well as sexual offending, research on psychotic motivation for sexual homicide is limited. Objective. To estimate the prevalence of psychotic motivation for sexual homicide. Methods. Articles were identified by searching PsycINFO, MEDLINE, EMBASE, and article references. Results. Eight studies were included. The prevalence of psychosis among individuals who committed sexual homicide ranged from 0%-27%. A summary of Ontario Review Board cases is presented. Discussion. As five of the eight studies reported psychosis rates to be 5% or less, our findings suggest that psychosis is a minor motivating factor for sexual homicide.

**The links between the DSM-5 Alternative Model for Personality Disorders and aggression: Preliminary results from a clinical sample (Paper 583721)**

*Philippe Leclerc, Dominick Gamache, Maude Payant, Mireille Lampron, Jonathan Faucher, Claudia Savard*

While the links between aggression and personality pathology are well documented, few studies have examined its associations with the DSM-5 Alternative Model for Personality Disorders (AMPD). This study aims to explore the links between multiple forms of aggression and the AMPD. A clinical sample of outpatients with at least one severe personality disorder (N = 106) was recruited from a specialized clinic in Quebec City, Canada. Preliminary

results from correlational and regression analyses confirm the presence of expected associations between Criteria A and B from the AMPD and aggression among people with personality disorders.

**Mental Health Needs and the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) on Adolescent Offending (Poster 594753)**

*Shanna Li, Nicole Muir, Jodi Viljoen*

Regardless of gender, mental health problems are disproportionately high among the forensic youth population. Poor mental health has the potential to hinder ones response to interventions, however, the association between mental health and offending remains unclear. The present study aimed to clarify this association using the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) and self-reported offending among a sample of 98 at-risk youths. The Alcohol/Drug Use and Angry-Irritable scales of the MAYSI-2 were found to predict offending among both genders. Specifically, high scores on Alcohol/Drug Use were found to predict aggressive offending, while Angry-Irritable was predictive of income-related offences.

**The rapid increase in violence by aged persons and its relationship with dementia (Poster 592969)**

*Yoichiro Matsubara, Mayumi Yamagata, Yosuke Ichimiya*

In Japan, although the total number of arrests of persons over 65 has been declining, the number of arrests for violent behaviour has increased in this age group. This was the only age group with such an increase. Out of 204 new dementia outpatients at our Medical Centre, 31.6% exhibited violent behaviour, mostly entered into impulsively. This further suggests the possibility that much of the violent behaviour for which persons over 65 are arrested is also similarly impulsive, and includes acts by patients of undiagnosed dementia. A system to protect the rights of living well with dementia is needed urgently.

**Whittingham Lives: bringing a community heritage and arts project into a secure hospital (Poster 592434)**

*Mick McKeown, Karen M. Wright, Paula Holohan, Eric Northey, Brian Gumbly, Sue Flowers, Bernard Melling, Mark Love, Graham Ash, Carole Hunt, Sophia Boeer, David Keddie, Kate Eggleston- Wortz, Jacquie Crosby, Kathryn Newman and Bob Kelly*

This presentation describes how creative and performative elements of a community heritage and arts project were enacted within a secure environment and how the products of this work were displayed in a public exhibition. We will discuss the nature of the broader project, based on the archive of the Whittingham Asylum (1873-2016) and the particular work undertaken in the modern secure unit that now stands on the old asylum site. We will also reflect upon the experiences of staff and service users taking part, the views of the wider public, and social justice implications evaluated during the project.

**The "Texas Model" an effort to bring effective trauma informed care to the Texas Juvenile Justice Department (Poster 595306)**

*Evan S. Norton*

The state of Texas has been known as a lock them up, and throw away the key correctional system for decades. This mentality of treating those involved in the justice system, bleeds into the treatment of juveniles who have broken the law. The Texas Model was designed to combat this mentality and rehabilitate youth through a trauma

informed lens. Using techniques from Trust based Relational Intervention (TBRI) as a stepping-stone the Texas Model aims to drastically change the way young offenders are treated. Texas Model implementation and program efficacy will be discussed.

**The Effects of Suggestibility, Compliance, and Understanding of Custodial Rights on False Confessions (Poster 594727)**

*Tanveer K. Ota, Richard Rogers*

Research indicates a startlingly high prevalence of false confessions (Kassin & Gudjonsson, 2004) and individuals invalidly waiving custodial rights while in police custody (Rogers, 2008); thus, it is essential to understand factors influencing these consequential decisions. The current study utilized a novel false accusation paradigm to inform the role of personality characteristics (i.e., suggestibility, compliance) and understanding of custodial rights (i.e., comprehension, reasoning) in predicting false confessions. Results indicate that confession is significantly predicted by suggestibility and comprehension and reasoning of custodial rights. Furthermore, significant differences emerged by race/ethnicity for comprehension of custodial rights. Implications for practical applications are discussed.

**A contextual analysis of involuntary treatment orders in Quebec, Canada: What are the implications for psychosocial intervention? (Poster 595119)**

*Pierre Pariseau-Legault, Marie-Hélène Goulet, Anne G. Crocker*

Involuntary treatment orders (ITOs) are characterized by their jurisdictional variability, by the diversity of the treatments offered through them, as well as by the involvement of a multiplicity of actors during their application. The objective of this contextual analysis is to better understand their uses and challenges in Quebec, Canada. A review of scientific and grey literature was carried out in order to achieve this objective. This paper will address the clinical and ethical considerations of ITOs, in particular regarding their implementation, their conditions of application, as well as their formal and informal uses in the context of psychosocial intervention.

**Assessing Borderline Personality Disorder by Self-Report: Discriminant Validity With Respect to Measures of Psychopathic Personality Disorder (Poster 595951)**

*Unnati Patel, Yan L. Lim, Stephen D. Hart*

Discriminant validities of self-report measures of borderline personality disorder (BPD) and psychopathic personality disorder (PPD) were examined to determine the level of overlap in symptomatology. Multiple regressions revealed significant small to moderate correlations between some subscales of the psychopathy and borderline personality measures, with gender impacting the pattern of these correlations. The findings expand our understanding of the relationship between gender and symptoms between BPD and PPD, and implications for the theoretical basis of the disorders will be discussed.

**The validity and reliability of the Thai START (Short-Term Assessment of Risk and Treatability) in a Thai forensic psychiatric population (Poster 594839)**

*Weerapong Sanmontree, Thomas Fahy, Shubulade Smith*

There have been suggestions concerning a lack of standardised risk assessment in Thai forensic setting and an insufficient application of START in different contexts and populations. This present study investigated reliability and validity of START-Thai version in 118 Thai forensic inpatients and included a different follow-up periods from short-term (2 weeks) to long-term timeframes (48 weeks). The internal consistency, test-retest, and inter-rater reliability were moderate to very strong. The construct validity as extracted by EFA supported a multidimensional construct of Thai START. Finally, some subscales of Thai START showed moderate to strong predictive validity across follow-up periods and rater groups.

**Systematic Review of Risk and Protective Factors Associated with Intimate Partner Violence Perpetration and Victimization Among College Students (Poster 588447)**

*Catherine Shaffer, Kevin Douglas, Jodi Viljoen*

A systematic review was undertaken to identify empirically supported risk and protective factors associated with intimate partner violence perpetration and victimization among college students. In total, 41 published studies were included. Thirty risk factors were identified in three domains: individual (e.g., substance use), (2) social contextual (e.g., exposure to violence in ones family of origin), and (3) relationship (e.g., cheating). Five protective factors against perpetration or victimization were also identified (e.g., relationship satisfaction). Implications of these findings for intervention and prevention programming and risk/threat assessment and management in higher education are discussed.

**Germany's refugee policy and its effects on Haina ... or one winter's night... (Poster 599998)**

*Holger Willhardt & Angelika Marc*

In September 2015, the whole world looked on a small part of the border between Hungary and Austria. Almost one million refugees had started their way, mainly coming from Syria, Iraq and Afghanistan, to come to Europe, for most of them the final destination was Germany. In this special night, the German government made a decision in the name of humanity and allowed the refugees to pass the German border. Since 2015, about 1.6 million refugees came to Germany. In February 2017, the biggest forensic psychiatric hospital in Germany recorded the highest amount of patients with a non-German background ever. Almost one quarter of our patients were not German! In 2015, neither chancellor Merkel nor our forensic service could imagine all the different kinds of problems we would have to face with an increasing number of refugees as patients. But those issues will be dealt with in our presentation. Just to mention a few: language and cultural problems, unknown identities and ages of patients, deportation obstacles, translation via computer etc. If a patient doesn't speak your language, refuses to be treated by a woman and doesn't accept medication due to fasting – you deal with a challenging situation.

Conference Banquet 19:00-00:30  
Centre des Sciences de Montréal

**Join us for an evening of dining and dancing at the Centre des sciences de Montréal in the Old Port of Montréal. It's a nice 20 minute walk from the Conference venue. Door prizes also await to be won!**

Student social 19:00

**Come and meet you fellow forensic mental health students! The social takes place at the Sir Winston Churchill's pub. @19:00...meet at the hotel lobby @18:30.**

## THURSDAY JUNE 27

Concurrent sessions: Symposia 9:00-10:15

**Progress towards increasing access to evidence-based psychological therapies in forensic mental health services in the NHS in Scotland (Symposium 595781)**

*Patricia Cawthorne, Sarah Weldon, Lindsey Gilling McIntosh, Heather Laithwaite*

Room: Montréal 1

Ensuring patients have increased access to evidence-based psychological therapies is a key priority for NHS healthcare providers in the UK. However, due to the high level of complex and severe mental health needs, plus the concurrent criminogenic and risk needs frequently seen in patients in forensic mental health services, additional recommendations for such services to organise themselves in accordance with a matched stepped-care model of delivery were long-resisted and considered to be largely untenable. This symposium presents an update on the progress made towards increasing access to evidence-based psychological therapies in forensic mental health services in the NHS in Scotland.

**Seven years on: A review of the introduction and impact of the Forensic Mental Health [Psychological] Matrix and the matched stepped-care model of service delivery in forensic mental health services in the NHS in Scotland**

*Sarah Weldon*

For many years, difficulties were encountered when attempting to deliver a matched stepped-care model of psychological services care provision in forensic mental health services in the NHS in Scotland. These difficulties included having a limited number of psychological practitioners available to provide interventions, and a lack of evidence for the efficacy and effectiveness of many of the pre-existing treatment programmes. This led to a significant rethink about how services might increase access to evidence-based psychological interventions for patients in their care. This rethink together with a revision of the pre-existing evidence for psychological interventions in these services, such as it was, subsequently led to the development of the Forensic Mental Health [Psychological] Matrix (Forensic Matrix) in 2011. In 2012 a Forensic Matrix Implementation Group (FMIG) was then established to help drive forward the recommendations contained in the Forensic Matrix. Further, in response to outcomes noted from nationally-undertaken patients psychological needs analyses, the newly-formed FMIG recommended that, (a) initial priority should be given to the development of a suite of forensic low intensity (LI) psychological protocols, and (b) an appropriate staff training programme should also be developed to help increase capacity within the wider workforce to safely and effectively deliver these protocols. This first presentation will discuss the development of the Forensic Matrix and the LI protocols and training. To date, over 300 LI practitioners have been trained and LI interventions are currently being delivered across all 12 major health boards in Scotland, including in some prison mental health services.

### **A process evaluation to determine the barriers and facilitators to successful implementation of a CBT for psychosis treatment programme in a high secure setting**

*Patricia Cawthorne*

In 2002, a treatment manual was developed and used to help guide therapists in their delivery of this high intensity psychological intervention. The initial impression gained (albeit anecdotally), was that this intervention appeared to be well-received and was being frequently used by therapists. However, despite the continuing high prevalence of patients with this identified treatment need (i.e. up to 80% of the current TSH inpatient population), it was noted that referrals for this intervention were steadily dropping off over the 16 years since its inception. Further, this interventions authors also became aware of a number of other apparent difficulties with its ongoing implementation, particularly within the context of the therapists role. For example, high variance in therapists adherence to the current manual guidance, poor uptake of clinical supervision related to the intervention, high variability in the treatment dose delivered to patients, high numbers of incomplete treatments, and feedback received from therapists such that they found the guidance contained in the current treatment manual somewhat cumbersome and difficult to operationalise in treatment sessions. Given the aforementioned difficulties, the interventions authors identified the need to determine the acceptability of delivering this complex intervention within this setting, by conducting a process evaluation. It was proposed that this approach would best enable the programme leads to determine the barriers and facilitators - specifically in the context of the therapists role - to the successful implementation of this CBTp treatment programme in this environment. Outcomes of this evaluation will be presented and discussed.

### **The challenge to evaluate the Forensic Matrix: Results from a feasibility randomized controlled trial of the On the Road to Recovery low intensity psychological therapy**

*Lindsey Gilling McIntosh*

On the Road to Recovery (OTRTR) is an LI intervention developed by the FMIG. The programme is intended for forensic patients who are new to mental health services and aims to improve their understanding of mental health and recovery, and support them to develop coping skills to manage distress. OTRTR has been delivered across the Scottish forensic estate, and while this has facilitated some discrete local service evaluations assessing patient treatment outcomes, the amount of resources invested in the protocol development and LI training necessitated an evaluation of OTRTR in a more rigorous, prospective research study across high, medium and low secure units in Scotland. OTRTR poses a significant challenge for evaluation approaches such as the traditional, gold standard randomized controlled trial (RCT) which would emphasise manualisation and discourage treatment flexibility in response to patients dynamic and heterogeneous psychological needs. For these reasons, it was not clear whether OTRTR could be evaluated within the Forensic Network using the RCT framework, or whether an alternative approach and design would be required. The proposed solution was to conduct a feasibility RCT of OTRTR, now underway. This study will determine whether a definitive RCT of OTRTR is possible and warranted. Forensic patients in care across high, medium, and low secure services on Scotland are randomized to complete OTRTR or treatment-as-usual. The study is due to be completed in Summer 2019. Results relating to the studys feasibility outcomes will be presented. Implications for evaluating psychological therapies in forensic services will also be discussed.

**The Use of Restrictive Practices in Secure Forensic Hospital Settings: Night Time Confinement (NTC) and Long Term Segregation (LTS) (Symposium 595308)**

*Mary Davoren, Lindsay Thomson, Mike J. Harris, Asha Patel*

Room: Montréal 2

High Secure forensic hospitals provide care and treatment to mentally disordered offenders who pose a grave risk to the public. Staffing levels and security procedures combine to provide the therapeutic security needed to allow patients to be therapeutically challenged in a safe way. Secure services are coming under increasing pressure to reduce and in some cases end restrictive practices. This symposium will discuss Night Time Confinement and Long Term Segregation, and the importance of balancing the least restrictive option, with taking a realistic approach to providing patients and staff with a safe environment to promote recovery and end violence.

**Characteristics of patients on Long Term Segregation in Broadmoor Hospital.**

*Mary Davoren*

**Background** The patient population within Broadmoor High Secure Hospital is a highly selected subgroup even among forensic mental health services. A proportion of patients admitted to Broadmoor Hospital go on to require Long Term Segregation (LTS) due to consistent assaultative behaviour within the hospital. The aim of this project was to examine the differences between LTS patients and those who did not go onto LTS in Broadmoor. **Methods** All LTS patients were compared for their baseline need for therapeutic security, dynamic violence risk, programme completion and recovery since admission overall functioning and length of time on LTS. **Results / Discussion** We found that about 15% of Broadmoor in-patients at any given time are on LTS. The mean length of time on LTS varied very significantly from a short few weeks to several years. There was no significant difference in the baseline need for therapeutic security (Dundrum and HONOS-secure) or dynamic violence risk (HCR-20-V3) between the LTS patients and other patients in Broadmoor. Those on LTS had poorer scores on measures of therapeutic programme completion and recovery (Dundrum scale) and poorer overall functioning (GAF). It is difficult to predict the patients which will go on to require LTS during their hospital stays in Broadmoor. Pre-admission measures, while being able to differentiate between those requiring high secure care versus medium secure care, do not appear to have the sensitivity required to separate out those who require LTS from those who do not within the high security setting.

**Night time confinement and the practice of realistic medicine.**

*Lindsay Thomson*

**Background** Realistic medicine places the patient at the centre of decision-making, and aims to reduce harm and waste, tackle unwarranted variation in care, manage clinical risk and innovate to improve so as to ensure a well-functioning and sustainable National Health Service (NHS). This is relevant to all areas of clinical practice and is exemplified by the debate on night-time confinement (NTC) currently taking place in the UK. **Method** This presentation will explain the practice and purpose of realistic medicine, and examine the arguments set out in three commissioned papers for the Bulletin of the Royal College of Psychiatrists for and against the use of NTC, including one by the presenter (LT). **Debate** Night-time confinement is the practice of routinely locking patients in their rooms at night unless there is a contrary clinical indication. It is used in high secure psychiatric hospitals in the UK. Those opposed to the practice argue that NTC cannot be justified on ethical or human rights grounds. Those who argue in favour of this practice do so on the basis of realistic medicine, an individual human rights

based approach, the principles of mental health legislation in Scotland and England, research results and cost effectiveness. These arguments will be described. Conclusion This is not an academic debate. There is a danger that those advocating against night-time confinement, if successful, may make little difference to the lives of our patients as they sleep, and at worst may hugely impoverish their lives because of reduced daytime activities.

### **Night Time Confinement in High Secure Hospitals in England: Discontinuation followed by reintroduction.**

*Mike J. Harris*

Night time confinement was stopped in the 3 English High Secure hospitals following an outcry over prison conditions and was subsequently re-introduced in Rampton High Secure Hospital. The paper will examine the reasons for re-introducing Night Time Confinement, the Preparation the Hospital went through to allow it to happen, the opposition to the project and how this was overcome and most importantly the effect on patients and staff. The paper will examine in detail where the idea came from, the process over in excess of 5 years how the hospital was prepared undertaking major building work, how through negotiation and use of trial methods we overcame some but not all of the resistance. The paper also looks at the provisions put in to safeguard patients and what happened when attempts were made to reduce the safeguards. The paper examines the audit undertaken before and after the introduction and the effect on patients most of which were very positive. The paper will also look at how once the procedure had been introduced it was taken up by some of those who opposed its introduction Debate: Is night time confinement a reasonable response to the realities of providing, safe, therapeutic and cost effective treatment or is it as some believe ethically wrong and a retrograde step. Conclusion: It is the view of the author that Night Time confinement was not just a reasonable response to a financial imperative but that it significantly improved the care of the patients and their safety.

### **Necessity and proportionality of restrictive practice at Broadmoor Hospital.**

*Asha Patel*

Background Restrictive practices limits the rights, freedom, or movement of a person within mental health services. However they are also ways staff may intervene to prevent harm; for example physical restraint, seclusion, supportive observations, and rapid tranquilization. Dundrum Restriction-Intrusion Liberty Ladders (DRILL) is used to analyse incidents and subsequent staff responses. The aim of the tool is to support clinicians in ensuring that restrictive practices are proportionate to the situation. This review is part of a wider CQUIN (Commissioning for Quality and Innovation in the NHS) project to secure improvements in the quality of services and better outcomes for patients. Methods We rated all incidents occurring on the highest dependency wards at Broadmoor hospital over a two month time period using the behaviours and interventions ladders of the DRILL. This included intensive care (12 beds), high dependency (48 beds) and admission wards (36 beds). This enabled us to determine the level of acuity on the wards as indicated by the severity and frequency of the incidents overall. All restrictive practices that took place on the wards during this time period were also rated. Results / Discussion Our study marked the baseline for the seriousness of incidents and the restrictiveness of interventions prior to the implementation of changes in the future whose aim will be to reduce restrictive practices. We have utilised the DRILL tool as a framework to demonstrate that the restrictive interventions on the acute wards of Broadmoor Hospital, were proportionate to the incidents which took place.

**Innovation in measurement in forensic mental health and prison settings (Symposium 595029)***Alexander Simpson, Roland Jones, Kiran Patel, Zahra Jamal, Harry Kennedy*

Room: Montréal 3

There is a need to provide objective and valid measurement of the experience of persons with serious mental illness in correctional settings, and the services they require. However the setting has inherent challenges; assessment tools may need to be designed specifically for this group. This symposium presents four examples of innovations in measurement for correctional mental health settings, including measurement of mental health need or severity of illness, satisfaction with services and performance of clinical systems.

**Positive Predictive power of a screening and triage model for detecting secondary mental health needs in a remand correctional setting***Alexander Simpson*

The STAIR model of CMHS emphasizes that screening, triage and assessment functions are vital components if rates of access to care are to approximate research derived estimates of need. In remand populations, rapid screening and triage is vital because of the rapid turnover and acuity of mental disorder and distress in this setting. Efficiency of this process is vital if finite health resources are to reach those of greatest need. We therefore measured the referral efficiency of the screening and triage processes to the FEIS service in a remand setting in Toronto, Ontario. All new receptions into a large male and large female remand prison are screened using the Brief Jail Mental Health Screen BJMHS, and all screening positive referred for a triage interview using the Jail Screening and Assessment Tool (JSAT). We define positive prediction as triage identification of persons requiring psychiatrist assessment or intervention. Using that definition, the positive predictive power and referral efficiency of the screening and triage process will be presented for men and women. We will relate this to the resource requirements likely to be needed to ensure assertive triage and engagement of persons with serious mental illness in remand settings.

**Clinical Global Impressions scale for correctional settings: CGI-C.***Roland Jones*

The Clinical Global Impression Scale is one of the most widely used measures of severity of serious mental disorders. It has been widely used as a severity measure and a measure of clinical change in routine practice and in clinical trials. Patients are rated between 1 and 7 on the overall severity of their mental disorder. The CGI-Corrections (CGI-C) is a clinical measurement tool based on the CGI, adapted for correctional settings. The tool is designed to rate the severity of Mental disorder which includes mental illness, substance use disorder, personality disorder, pervasive developmental disorders, intellectual disability, temporary conditions including substance intoxication or withdrawal and organic diseases of the brain and acquired brain injury. We describe our adaptation and validation of the CGI-C. First, we developed draft descriptions of how an inmate might present for each of the 1-7 point ratings. Second, we developed case-vignettes based on our clinical experience, and completed inter-rater reliability assessment by forensic psychiatrists. Third, we provided training for interdisciplinary staff and tested interrater reliability of their ratings. Finally we tested inter-rater reliability of inter-disciplinary team members and psychiatrists rating of the same cases in real world practice. As the tool can be administered by clinicians of different disciplines, is brief, and has good inter-rater reliability, we have now implemented the CGI-C into routine practice into two remands prisons.

### **Assessment of acute admission needs for female remand and sentenced inmates using the DUNDRUM 1 and 2 tools.**

*Kiran Patel*

There are few estimates of how many prison inmates require hospital level care, so we surveyed the total provincial female prison population in Ontario to determine the proportion which requires psychiatric hospitalization, and the security level required, and assess the validity and psychometric properties of the DUNDRUM-1 and DUNDRUM-2 in making these assessments. Methods: We carried out a cross-sectional study of all female inmates in Ontario. All prisoners were screened using BJMHS at reception. Health care managers at each institution were asked to categorise the severity of mental health need of every prisoner on a 5-point scale as either Very Serious, Serious, Moderate, Mild or None on one day. Two forensic psychiatrists examined all medical files of prisoners categorised as Very Serious or Serious, and a random sample of 25% of those in the Moderate category, and rated the files using DUNDRUM-1 and DUNDRUM-2, and CGI. An overall opinion was then made as to whether admission was required. Results: There were 643 female inmates. We also examined 13 cases (2%) identified as very serious and 40 (6.2%) as serious and 16 files of the 67 women rated as moderate (23.8% of all moderates). We estimated that 5.9% (38 inmates) required psychiatric admission. Total scores on both DUNDRUM-1 and -2 were significantly different between those assessed as needing admission and those who did not, and distinguished the level of security required, suggesting that the DUNDRUM toolkit is useful in determining the threshold and priorities for hospital transfer of female prisoners.

### **Systematic review of client satisfaction measures of correctional mental health services**

*Zahra Jamal*

Measurement of patient satisfaction is well established and required in all areas of health care. Although usual practice in forensic settings, there is no agreement on how patient satisfaction should be measured or what tools should be used for this task. There are even fewer tools available for correctional mental health settings, where surveys of service satisfaction are not usual practice. To investigate this issue, we performed a systematic review of patient satisfaction in forensic settings. We found 32 different tools have been applied to determine forensic patients satisfaction with the service they received. We will describe the major domains of satisfaction covered by these tools and report on their relative quality, psychometrics and validation. We will give recommendations about the utility of these tools and their potential application in correctional settings.

### **Discussant: measurement in correctional mental health care**

*Harry Kennedy*

Will discuss and lead off reflection on the themes from the presentations and the implications for clinical standards in mental health services in correctional settings.

### **Innovative perspectives on individuals found Not Criminally Responsible on account of Mental Disorder in Canada: Systems, Care, Victims and Neighborhoods (Symposium 595008)**

*Amanda Butler, Michael C. Seto, Jamie Livingston, Yanick Charette, Anne G. Crocker (Discussant)*

Room: Montréal 6

Individuals found NCRMD are at the intersection of different systems (criminal system, health system, community resources), environments (neighborhoods), and relationships (clinical care, victims) which may all affect the long-

term outcome of forensic patients and eventually forensic mental health practices and processes. In this symposium, we provide an overview of different innovative perspectives of this population. First, Butler examines health service use of NCRMD accused. Second, Seto explores which clinician-documented incidents of aggression lead to criminal convictions. Third, Livingston examines how practitioners deal with victims of NCRMD accused. Fourth, Charette explores the neighborhoods these individuals return to once discharged from hospital.

### **Health system service use among individuals who are deemed Not Criminally Responsible on account of Mental Disorder (NCRMD) in British Columbia**

*Amanda Butler*

**Background:** The current project uses data from a file-based study of persons found Not Criminally Responsible on account of Mental Disorder (NCRMD) in three Canadian provinces. The aim of the project is to examine health system service use prior to the NCRMD verdict, during the jurisdiction of the Review Board, and following discharge, among people who are found NCRMD in the province of British Columbia (BC). **Method:** The study sample includes all people in BC who were found NCRMD between May 1st, 2000 and December 31, 2008 (N = 222). The data permit a minimum of two years of follow-up and a two-year lookback period for all cases. Health services data includes hospital separations, psychiatric rehospitalisation, visits to a physician or psychiatrist, and drug prescriptions. Data from the BC Review Board, Forensic Psychiatric Hospital and Criminal records were linked deterministically to BC provincial health databases via Population Data BC. We will report rates and predictors of health service use, including contextual, clinical, criminal justice, and sociodemographic variables. **Results:** This research generates important descriptive information about health system interactions and health outcomes for patients who receive a NCRMD designation in BC. Interactions with the health system (nature, frequency, and patterns) can provide proxy measures for identifying preventative opportunities before an index offence is committed, and assessing community reintegration after release from the Review Board system.

### **Predicting Which Clinically Documented Incidents of Aggression Lead to Criminal Convictions In A Forensic Psychiatric Sample**

*Michael C. Seto*

**Background:** This study fills a gap in the literature examining factors that predict which clinically documented incidents of aggression among forensic psychiatric patients resulted in criminal conviction. **Method:** Data for 471 individuals who engaged in 905 incidents of aggression were obtained from the National Trajectory Project, a file-based study of persons found Not Criminally Responsible on account of Mental Disorder (NCRMD) between 2000 and 2005 and followed for 3 to 8 years. The average age was 30 and most were men (90%) with a psychotic spectrum disorder (70%); more than half were also diagnosed with a substance use (69%) and/or personality (63%) disorder. File data included sociodemographic characteristics, psychiatric history, criminal history, aggression, treatment participation, and clinical trajectories. **Results:** Individuals had, on average, 1.78 aggressive incidents (SD = 1.31) and were convicted of an average of 0.32 offenses against persons (SD = 0.59). Most (85%) aggressive incidents did not lead to conviction. Younger age, a more serious index offense, whether past aggression led to conviction, and living with family, friends or alone at the time were associated with clinically documented aggression leading to criminal conviction. The effects of psychiatric history, substance use and active symptoms were conditional on living setting. Some factors suggested in clinical or ethical frameworks predicted which incidents led to criminal convictions. Results highlight the need to develop a priori hospital policies and to better understand the benefits and costs of involving the criminal justice system when patient aggression occurs.

**I totally empathize with the victim, but Im here to deal with the accused: Forensic mental health practitioners views about working with victims**

*Jamie Livingston*

Background: Although people adjudicated Not Criminally Responsible on account of Mental Disorder (NCRMD) have been absolved of moral culpability and legal responsibility, their crimes produce victims with significant needs. Forensic mental health practitioners struggle with the extent to which, and how, they should work with victims of NCRMD offences a topic that has received little scholarly attention. Method: To address this gap, we conducted a qualitative study to examine forensic mental health practitioners views about involving and meeting the needs of victims of NCRMD offences. Twenty-two practitioners offering therapeutic services in a Canadian forensic mental health hospital participated in a workshop focused on crime victims that was held in May 2018. Their conversations were recorded and thematically analyzed, producing four predominant themes. Results: The first theme, Defining Victims, pertained to the practitioners fluid conceptualization of the term victim, encompassing people directly and indirectly harmed by the index offences as well as people found NCRMD. The second theme, Minimizing Harms/ Maximizing Benefits, involved the practitioners views about the therapeutic value of involving victims in the forensic mental health system. The third theme, Empathizing with Victims, reflected the practitioners thoughts about the injustice and frustration felt by victims of NCRMD offences. The fourth theme, Improving Relationships, focused on the practitioners views about facilitating relationships between people found NCRMD and their victims. Based on these findings, we outline challenges, opportunities, and future directions for meeting the needs of victims in the forensic mental health system.

**Spatial mobility trajectories of individuals found Not Criminally Responsible on account of Mental Disorder (NCRMD)**

*Yanick Charette*

Background: After hospital discharge, individuals declared NCRMD return to the community. Depending on various factors such as the involvement of friends and family in their lives or simply the services available, individuals found NCRMD might have to move away from where they resided at the time of the offence. The characteristics of the neighborhood where they end up might have crucial effects on community reintegration. Method: This study used longitudinal data from the National Trajectory Project of 1,185 individuals found NCRMD who has been discharged in the community and followed up to an average of 2.23 yearly hearings. During this follow up period, 72% of the sample moved at least once, for an average of 1.48 transitions. Using Geographic Information Systems (GIS), characteristics of neighborhoods (urbanity, deprivation, resources accessibility) in which the individuals lived were identified. Transition analyses were carried out to evaluate the mobility of these individuals in terms of distance from the residence at the time of the offence and associated neighborhood characteristics. Influence of individual characteristics (age, gender, diagnosis, severity of the offense) on these mobility trajectories were also evaluated. Results: We will describe the geographic mobility of persons found NCRMD as they leave hospital in terms of how far away they move, how often they move, and what kind of neighborhoods they live in. We will also examine individual correlates of these spatial mobility parameters. These results will inform mobility influence on the follow up success for this population.

**Machine Learning in Forensic Psychiatry (Symposium 594319)***Diego Librenza-Garcia, Mini Mamak*

Room: Montréal 7

Machine Learning and Big Data have the potential to change the landscape of risk assessment and risk management. Being able to individualize risk assessment and risk management strategies would greatly improve the services provided to justice involved persons and enhance public safety. This symposium will provide an overview of Machine Learning and Big Data Analysis and the potential for using such strategies in the Forensic Mental Health field by introducing and demonstrating the electronic version of the Hamilton Anatomy of Risk Management (e-HARM), a structured professional judgement tool that has the capability of storing and aggregating large amounts of data.

**An overview of machine learning techniques and potential applications in forensic psychiatry settings***Diego Librenza-Garcia*

Big data consists of a large amount of data, created at a high velocity and of a wide variety of types. Given how complex these datasets are, it is unpractical to use traditional statistics to analyse them. Besides, statistical analyses can identify risk factors at a group-level instead of an individual level, and often do not deal well with the comorbidities and heterogeneity of psychiatric disorders. To extract value from this data and transform it into applicable information, we use machine learning analysis, a field of artificial intelligence that is focused on algorithms that can learn from data, and later apply this knowledge to make predictions on how unseen cases will behave. Another application of machine learning is to cluster groups of patients into more relevant and integrative phenotypes. The use of these predictive models may help to develop tailor-made interventions for patients, and a better allocation of resources from the health care system, by identifying individuals at a higher risk for an outcome of interest. In forensic settings, these models may aid to predict violent behaviour, criminality, or social rehabilitation, by providing clinical tools to stratify risk during patient assessments. Having more objective measures and individual-centered outcomes can be a decisive step to improve therapeutic decisions, and will also enable governments to optimize the use of limited resources to develop more effective public health policies.

**Potential for machine learning in forensic psychiatry: eHARM overview***Mini Mamak*

The use of machine learning and big data analysis has the potential to greatly improve the risk assessment process in forensic psychiatry. The electronic Hamilton Anatomy of Risk Management - Forensic Version (eHARM-FV), a structured professional judgement tool of violence risk, contains features that allow for big data analysis and machine learning. The tool was developed for use in forensic inpatient psychiatric settings and allows clinicians to provide information on historical risk data, examine current risk and protective factors, and provides staff with the opportunity to outline treatment plans. The eHARM-FV now allows for storage of data, allowing for individual and group level analyses to be undertaken, using the embedded patient analytics and aggregator functions. The patient analytics provide users with the opportunity to view individual performance trends in aggressive incidents, risk factors, and clinical likelihood of violence. The aggregator component of the tool allows users to observe trends and treatment patterns across multiple patients. The utility of using analytics in forensic practice to monitor changes in risk level and the impact of risk management strategies will be discussed.

### **Demonstration of the patient aggregator using the eHARM**

*Mirna Batinic*

Using the eHARM-FV, risk is assessed at admission, at various points throughout the patient's stay, and again at discharge. These multiple assessment stages provide plenty of data points that are useful for research and quality assurance. In addition to the embedded patient analytics within the eHARM-FV, which allow for quick review of trends across risk factors and risk status, users can upload individual or large groups of patient files to the aggregator, allowing for larger scale analyses. The outcome of this feature is a rich database consisting of an extensive variety of relevant variables at numerous time points. As a result, users have access to an accurate, longitudinal database of historical risk, treatment, and outcome data for further analysis. The analytic components of the eHARM-FV also provide an easy way for clinical staff to better target programs and risk factors, resulting in more timely and focused care. Given that risk related data is automatically stored by the tool, this greatly reduces the time typically taken for data collection, enhancing research productivity. The eHARM-FV has been successfully implemented in numerous psychiatric settings across Canada; therefore, multiple databases are underway, which can be combined to compare data across sites. Preliminary data using the aggregator function of the eHARM-FV will be presented.

### **Forensic Mental Health and Racial/Ethnic Disparities in the American Criminal Justice System (CJS) (Symposium 594876)**

*Lara Guzman-Hosta, Natalie Anumba, Vera Klinoff*

Room: Montréal 8

The American CJS has been under scrutiny for racial/ethnic disparities at all levels. In forensic psychology, issues have been raised about the cultural and linguistic appropriateness of assessment procedures. The first presentation will review the trends for people of color, including the overrepresentation of minorities at all levels of the CJS. The second presentation will take a closer look at the limited cross-cultural data on violence risk assessment; as it applies to minority populations within the CJS. The final presentation will address the limitations in the assessment of limited English proficient populations at the intersection of forensics and neuropsychology.

### **Violence Risk Assessment with Minority Groups Overrepresented in the American Criminal Justice System**

*Lara Guzman-Hosta*

Violence risk assessment is routinely employed to make important decisions across various points in the Criminal Justice System (CJS). The major risk assessment instruments have shown good predictive validity among general offender populations though the literature is limited with regard to cross-cultural predictive validity with ethnic and racial minorities in the US. The presentation will highlight the practice, ethical and social justice implications of conducting violence risk assessments within the current context. It will discuss of the need for future research from a cross-cultural perspective.

### **Disparities in Criminal Justice and Mental Health**

*Natalie Anumba*

There are broad disparities in the treatment of racial/ethnic minorities in the American CJS. Psychology is not immune to such disparities; the active psychology workforce does not fully reflect national demographic trends,

and there are persisting problems with ethnic minority group members use of and access to mental health treatment. The application of psychology to the legal system runs the risk of inadvertently perpetuating disparities. The topic of cultural competence in forensic mental health assessment is in growing need of attention, discussion, and research. The field of psychology and law must face these challenges as we move forward.

**The assessment of limited English proficient populations in forensic/neuropsychological evaluations**

*Vera Klinoff*

Despite awareness of the importance of culturally competent forensic assessment, the current amount of research, resources, and guidelines are limited in comparison to the immense demand for assessment of culturally and linguistically diverse defendants. These issues become more complex when ethnically/culturally diverse defendants also present with a need for neuropsychological assessment to inform Psycholegal questions. This presentation aims to review the state of the research and practice of culturally competent assessment within the nexus of forensic and neuropsychological issues, while highlighting areas for needed growth.

POSTER SESSION #2 10:15-10:45 (see Posters p. 123)  
St-Laurent 1-2

Keynote Address: Dr Nancy Wolff 10:45- 12:00  
Salle de Bal Montréal

PERSON-FIRST EQUALS COST-EFFECTIVE: IT'S SIMPLE, UNIVERSAL, AND WITHIN BUDGET

Treatment success is about relational effectiveness. In this address, Dr. Wolff draws on her 30 plus years of research and service experience to argue that person-first equals cost-effective because it is cheap – soft skills are definitely within budget, in fact, they cost very little; it is universal – we all can smile and be present in the moment; and it is effective – it creates connection that is central to human engagement -- the active ingredient in treatment receptivity and effectiveness. To make her points about the person-first approach being simple, universal, and within budget, she will draw from a recent experience in which her team implemented a randomized control trial of manualized trauma and addiction interventions at a men’s prison. She will deconstruct this experience using another powerful way to communicate, educate, share, and engage – storytelling. She will use symbols and morals from a 15<sup>th</sup> century English poem from the Tales of King Arthur to deconstruct the person-first approach in her trauma study. Her address ends with the wise words of William Ury, a leading expert on negotiation: “When you listen to someone, it’s the most profound act of human respect.”



**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.

## Concurrent sessions: Papers 13:00-14:10

### Risk Assessment

Room: Montréal 1

**1) Short-term risk assessment and imminent violence adjusted for repeated measurements: Differences among diagnostic subpopulations (591187)**

*Øyvind Lockertsen, Sverre Varvin, Ann Færden, Solveig B. Vatnar*

This naturalistic prospective in-patient study investigates the association between the Broset Violence Checklist (BVC) and imminent violence, adjusted for repeated measurements. We particularly scrutinize if the prediction of imminent violence differentiates between diagnostic subpopulations. The study included all admitted patients in an acute psychiatric ward during one calendar year (N = 528). Generalized linear mixed model analyses were conducted. Adjusted for repeated measurements, the BVC was significantly associated with imminent violence. The association remained for four out of six diagnostic subsamples, according to the International Classification of Diseases (ICD 10).

**2) Violence Risk Identification Practices in Inpatient Psychiatry (594692)**

*Kelly A. Watt, Brianna K. Layden, Stephen D. Hart*

Serious mental illness is an important risk factor for violence. Research suggests that many psychiatric inpatients have perpetrated violence before, during, and after hospitalization. Despite the prevalence and implications of violence among psychiatric patients, little is actually known about what practices are being used to identify violence risk in inpatient psychiatry units. The purpose of this study is to obtain a better understanding of violence risk identification practices used by inpatient psychiatric units. The analysis revealed limited use of formal identification tools for violence risk. These findings have implications for highlighting promising practice areas for future improvement.

**3) Cumulative Disadvantage and Risk Assessment in the Criminal Justice System (595324)**

*Jennifer Kamorowski*

Some critics claim the use of risk assessment tools in criminal sentencing may have a disproportionately negative impact on minorities and the poor. The current research applies a cumulative disadvantage framework to clarify the intersectionalities of race, socioeconomic status, and recidivism risk factors, as well as the interactive relationship risk factors have with one another. The differential distribution of risk factors among groups suggests that the use of risk assessment categorizations in a punitive context may exacerbate racial and socioeconomic disparities in the justice system. Research evidence suggests policymakers should avoid the use of risk to increase punishment.

**4) Utility of self-reported risk, needs, and responsivity for correctional and forensic mental health services (589292)**

*Christopher M. King, Dwight Ceballo, Ambiorix Ramirez, Tristin Faust, Kaitlyn Komar, Jill Del Pozzo*

Effective correctional rehabilitation involves, among other things, treatment tailoring and humane service delivery. The incremental utility of self-reported responsivity factors and non-criminogenic needs, relative to

evaluator ratings, has received little to no attention in the risk/needs assessment literature. Accordingly, this study examined the consistency of self-reported and evaluator-rated responsivity factors and non-criminogenic needs, and the influence of response style. Results indicated that corrections clients and evaluators respective ratings only moderately overlapped, and that response style inversely related to corrections clients disclosures. The feasibility of incorporating self-reported risk, needs, and responsivity information in correctional and forensic rehabilitation services is discussed.

## Adolescent and Transitional Age Youth

Room: Montréal 2

### 1) Psychometric Evaluation of the LS/CMI in a Sample of Transitional Age Youth (595305)

*Samantha A. Zottola, Samantha C. Cacace, Sarah L. Desmarais, Keith R. Cruise, Taylor Karbowski, Jessica Klaver*

The Level of Service/Case Management Inventory (LS/CMI) is a widely used assessment tool that has demonstrated validity in predicting recidivism among adults. However, in practice, the tool is frequently applied to transitional age youth. The goal of this study was to psychometrically evaluate the LS/CMI in this population. An initial confirmatory factor analysis produced poor model fit. Through exploratory factor analysis and exploratory structural equation modeling, we established a new factor structure that was a better fit for this sample. Findings suggest the LS/CMI can be paired down to the best indicators of each domain for transitional age youth.

### 2) Examining Age Differences in Criminogenic Risks and Needs in Transition Age Youth: Implications for Practice and Policy (595007)

*Taylor Karbowski, Keith R. Cruise, Jessica Klaver, Sarah L. Desmarais, Samantha A. Zottola, Samantha Cacace*

Alternative to incarceration (ATI) programs have seen an increase in adolescents and adults charged with felony convictions. A key question for practice and policy within ATI programs is to what extent there are age differences in key criminogenic risk/needs among the transition age (i.e., 16 to 24) population that can inform risk reduction and rehabilitation. Level of Service/Case Management Inventory (LS/CMI) scores were gathered from 1,462 participants aged 16-26 of an ATI program. Results indicate a difference between 16- and 17-year-olds and those aged 18+ on three of the eight LS/CMI subscales. Implications for field use are discussed.

### 3) Facilitators and Barriers to Implementing the START:AV in a Dutch Residential Youth Care Facility (594977)

*Tamara De Beuf, Vivienne de Vogel, Corine de Rooter*

The potential value of structured risk assessment for recidivism reduction may be enhanced by increasing implementation quality. The current study contributes to the limited body of literature on risk assessment implementations by evaluating the barriers and facilitators to the implementation of the Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV) as experienced by a multidisciplinary staff. Implementation determinants, as well as recommended strategies, were collected through focus groups at three time points during the implementation. Findings are presented according to frameworks from implementation science and useful insights for future implementation endeavors are provided.

#### 4) **The mental health of young runaways from rehabilitation centers (594449)**

*Catherine Laurier, Sophie Couture, Ariane Daviault, Valérie Côté*

This presentation aims to explore the mental health of young runaways in from their rehabilitation centres and whether they are different from non-runaways. This study involved 200 adolescents housed in rehabilitation centres in the Montréal and Laval regions. The results show that within this sample, only the hypothesis that young runaways present more externalized disorders is confirmed. In addition, although they do not differ in the presence of post-traumatic stress disorder, young runaways are significantly more likely than non-runaways to report being exposed to at least one potentially traumatic event.

### Law and Legal issues

Room: Montréal 3

#### 1) **The relation between offender characteristics and the rehabilitation process (589325)**

*Maartje Clercx*

Offenders in forensic psychiatric hospitals in the Netherlands are gradually rehabilitated through gradual leave or furlough permissions. These leave permissions provide useful insight in the rehabilitation process, in terms of both the speed as well as any withdrawals of permission. This study investigates whether offender characteristics, such as intelligence, index crime, diagnoses, risk level and cultural background influence the rehabilitation process. Results are discussed in terms of the Risk-Needs-Responsivity model.

#### 2) **Psychiatric profile in intimate partner homicide offender (594873)**

*Shilan Caman, Joakim Sturup, Marianne Kristiansson, Katarina Howner*

Our knowledge about psychiatric characteristics in intimate partner homicide (IPH) offenders is very limited, and the few studies within this area are inconsistent. The objective of the study is to identify psychiatric characteristics of IPH and non-IPH offenders, and to investigate whether they had contact with the psychiatric services in close connection to the crime. The population-based study is of retrospective design and includes male-perpetrated homicides committed in Sweden 2007-2009. Our results illustrate that mental illnesses with psychotic symptoms were rare, however, one-third of the perpetrators, irrespective of homicide type, had been diagnosed with a mental disorder.

#### 3) **Association between executive functions and Violence risk: An exploratory study in a population of forensic patients (594799)**

*Audrey Vicenzutto, Laurent Lefebvre, Thierry Pham*

Executive functions are hypothesized to increase the risk of engaging antisocial behavior in the onset, persistence and desistance of these behaviors over the lifespan. This study examines the relationship between executive function performances and violent risk assessment. We studied the profile of 23 male forensic inpatients who were assessed with the VRAG and the HCR-20 and executive functions (The Tower of London, The Modified Card Sorting Test, The Stroop Test, and The Verbal Fluencies). We will discuss the associations between antisocial behavior and executive functions and their implications in terms of assessment and treatment.

**4) Recognition of emotional expressions by psychopathic violent offenders (595112)**

*Lukasz Barwinski*

Deficient ability in recognition of emotional expressions in psychopathy was confirmed in many previous study and as so many clinicians and researchers attempted previously to emphasize its role in aetiology of violent antisocial behaviour. The presented paper shows differences in such an ability in selected offender sample regarding four types of emotional expressions (including fear, happiness, anger, sadness) presented in three alternative ways (mimic, postural, vocal). Results revealed no global deficits in emotional recognition but interesting differences regarding the type of emotion and its modality which will be discussed in regard to possible psychological mechanism explaining violent behaviour.

## Improving Oversight Care in Forensic Mental Health Practices

Room: Montréal 4-5

**1) Are court requested reports clinically indicated? A three year retrospective analysis of reports from Irelands main male remand prison. (595126)**

*Kezanne Tong, Christopher Mohan, Jamie Walsh, Lisa McLoughlin, Conor O'Neill*

There has been increasing demand for psychiatric reports from District Court Judges in Ireland in recent years. It was unclear if these requests related to persons with severe mental illness. We studied all reports requested by Courts relating to males in Irelands main remand prison from 2015 to 2017 to determine the clinical relevance of requests and clinical outcomes. Two-thirds of District Court reports related to persons with major mental illness, with half having active psychosis. One-third of first reports were followed by general or forensic psychiatric admission. Requests from Circuit Courts were less likely to have major mental illness.

**2) Current status of research in law and psychiatry in China (595320)**

*Jinian Hu*

A series of new laws and regulations have been enacted in recent years in China. They include but not limited to the following: The Criminal Procedure Law of Peoples Republic of China (2012), The Mental health law of Peoples Republic of China (2012), General procedure rules of forensic authentication (2016), Guidelines for assessing capacity for criminal responsibility for the mentally disordered (2016). General provisions of civil law (2017). The present paper introduced the current research interests and focuses, especially problems in implementation of the above new laws and regulations.

**3) A missing step? Outcomes of fitness and criminal responsibility assessments in referrals from communities without Mental Health Courts. (595362)**

*Lindsay Healey, Michelle Mathias, Sam Mestern*

Ottawas Mental Health Court (MHC) screens defendants psychiatrically before referring them for a full forensic assessment (fitness, criminal responsibility) in hospital, and on average prevents 55% of unnecessary admissions due to this process. However, legal partners from courts in surrounding communities refer defendants for full

assessments (e.g. 30-day criminal responsibility) without first psychiatrically screening them. This presentation will compare these two samples admitted between 2016-2018 on demographic, psychiatric, and legal characteristics and, most importantly, compare assessment conclusions. This research has immediate, tangible clinical and forensic implications for communities without MHCs, for defendants, and on cost and efficiency in forensic hospitals.

**4) Dealing with Dangerous Offenders in Europe: A Comparative Study of Provisions in England, Wales, Germany, the Netherlands, Poland and Sweden (594300)**

*Marleen H. Nagtegaal, Michiel van der Wolf*

Countries across Europe have developed differentiated systems to deal with so-called dangerous offenders and/or forensic psychiatric patients. Over the last decades, several new sanctions and measures have been incorporated into the legal systems, such as a long-term supervision order in the Netherlands or electronic monitoring in Poland. Different answers to the challenge of dealing with dangerous offenders provide possibilities for interesting comparative analyses: How are so-called dangerous offenders dealt with in European countries? Which similarities and differences can be observed? Such a comparative glimpse beyond the national level provides new perspectives for politicians, researchers and practitioners.

## Psychopathology and Neurodiversity in Forensic Population

Room: Montréal 6

**1) Do Neuropsychological Deficits Predict Anger Dysregulation in Adults with ADHD? (590897)**

*Tracey McDonagh, Aine Travers, Jessica Bramham*

Background: ADHD is common in forensic populations, yet links between neuropsychological deficits and anger remain under-researched. Objective: To examine the relationship between anger and neuropsychological functioning in adults with ADHD (N = 70). Method: Hierarchical multiple regression analyses examined relationships between neurocognitive tasks and anger. Results: Trait anger and anger out were significantly related to shifting attention and anxiety. Anger control was significantly related to response inhibition. Conclusion: Anger was significantly related to neuropsychological functioning and anxiety. Shifting attention was associated with trait anger and anger out. Response inhibition was related to anger control. These findings could inform forensic interventions.

**2) Evaluating the Impact of Clinical Evidence about FASD on Perceptions and Decisions in a Criminal Justice Context (591096)**

*Katelyn Mullally, Kaitlyn McLachlan, Regina Schuller, Stephen Lewis*

Recent calls for legislative and policy reform to address the overrepresentation of individuals with fetal alcohol spectrum disorder (FASD) in the criminal justice system are likely to increase the amount of FASD evidence in North American courtrooms. Preliminary evidence suggests that this type of evidence may support more effective outcomes in some cases, while also potentially having the effect of more serious sanctions in others. The current study aims to explore the potential impact of FASD on legal decisions in a criminal justice context. Findings from this study will cover impact relevant to policy, legal, and clinical decision-making.

**3) Countertransference in forensic medium-secure unit for patients with psychosis Associations with symptomatology, inpatient violence, and antisocial/psychopathic personality traits. (593064)**

*Louis De Page, Patrizio Di Virgilio, Pierre Titeca*

If left unchecked, countertransference can induce acting-out in staff, more coercive measures such as restraints, staff depletion and burn-out, and affect decision-making and risk assessment. In forensic settings, staff is even more subject to countertransference triggers (heinous crimes, inpatient violence, antisocial/psychopathic individuals, etc.). In this study, we present a brief literature review on countertransference in forensic settings, and we report on an ongoing empirical investigation of associations with symptomatology, inpatient violence, and antisocial/psychopathic personality traits. The main objective is to be able to recognize when and how adverse countertransference reaction might happen in order to reduce and prevent them.

## Issues in Secure Care Facilities

Room: Montréal 7

**1) Distribution of ethnicity among admissions and discharges from Ashworth High Secure Forensic Psychiatry Hospital, United Kingdom (593089)**

*Pushpindr Ssidhu, Panchu Xavier*

Detentions under the Mental Health Act by NHS Digital showed that people of Black ethnicity were more likely to be detained in hospital. We looked at the distribution of ethnicity among admissions and discharges from Ashworth Hospital from 2006 to 2016. The ethnic composition of catchment area shows 89.5% people of White ethnicity, 1.76% Blacks and 8.74% others. There were 334 admissions in 10 years. The admission rate for White and Black ethnicity were 80.2% and 17.06%, respectively. The figures showed that 58.3% of White ethnicity and 67% of BAME were discharged. Black ethnicity's over-representation at Ashworth reflected national picture.

**2) An exploration of the management of significant violence and aggression in high and medium secure forensic psychiatric hospitals in Scotland (593549)**

*Helen Walker, Lindsay Tulloch*

The aim of this study is twofold, firstly to examine the frequency and management of significant violence and aggression and secondly to explore the views of people involved directly or indirectly, in high and medium secure services. A sequential mixed method approach will be used. Initially a survey of the policies and procedures from the high secure and three medium secure units will be accessed and examined. Thereafter views of staff, patients and carers will be explored, in order to gather further detailed information on the subject of managing significant violence and aggression.

**3) A literature review, 5-year evaluation and QI application of multidisciplinary ward round standards in secure services across 2 Trusts Papers (594910)**

*Sanjib Ghosh*

The multidisciplinary team ward round is the most resource-intensive and influential part of the week regarding a patients clinical care. We randomly sampled 25% of patients in 2 regional forensic services in 2015 (n=44) and

2016 (n=60). The regular full ward round with RC attendance, attendee records, management and leave status were recorded at 75% or above. Medication, discussion and patient involvement require improvement (55%- 66%). Risk review (25%- 50%) needs focus despite improvements shown over 4 years. Clinical culture, and differing interpretations on risk are key. The authors devised an electronic protocol, proforma and training package for ward rounds.

#### **4) The Scottish Forensic Inpatient Population 2013-2018: Changes and Developments (594979)**

*Jamie Pitcairn*

The Scottish Forensic Managed Care network have conducted an annual Census of its inpatient population since 2013, with the data generated proving invaluable to research, patient management and service development. The original full Census dataset from 2013 has now been updated for patients remaining within inpatient services since 2013, and collated for all patient admitted since that point. This talk will provide details of the current inpatient population and address the changes that have been seen within this population over the period of time since the inception of the Forensic Network Census.

### **Violence and Aggression**

Room: Montréal 8

#### **1) Alcohol induced aggression: an experimental ERP study using the N2pc to differ between an attentional bias towards provocation or emotion (595627)**

*Carmen S. Sergiou, Ingmar Franken*

The alcoholmyopia-hypothesis proposes that alcohol induces a strong focus on the provoking aspect of the environment. In this study half of the participants received alcohol and half a placebo while alcohol-induced aggression was provoked with the Point Subtraction Aggression Paradigm (PSAP)-task, which contains an aggressive opponent. Hereafter the same aggressive opponent appeared in the Dot-probe task, to test for the attentional focus on the angry face. The attention towards angry faces is measured through N2pc, a component of Electroencephalogram (EEG). The expectation of this study alcohol will induce more attention towards the angry and show an increase in (behavioral) aggression.

#### **2) Who is at risk: Initial findings on the risk for co-occurring suicidal and violent behaviors among forensic and psychiatric inpatients (595834)**

*Elizabeth C. Low, Kyle R. Siddoway, Jessica L. Semmann, Christina L. Hein, Mario J. Scalora*

Violent and suicidal behaviors among psychiatric inpatients significantly impact patients, staff, and hospital operations. The literature has generally examined the risk of violent and suicidal behaviors in this population separately. However, better understanding the risk for when these behaviors co-occur is critical for early identification and intervention, treatment planning, and risk assessment. This study examines the characteristics and risk factors for the co-occurrence of violent and suicidal behaviors within a sample of 256 forensic and psychiatric inpatients.

#### **3) The analysis of offence-scenarios related to clinical observed early warning signs of aggression, in mentally ill offenders. (594005)**

*Frans Fluttert, Banafshe Pouyan, Meaghan Smit, Jolanda Zuiderhof*

In order to gain a better understanding of the cause and factors involved in severe offences committed by mentally ill offenders, a personalized offence-scenarios are drawn up describing what factually happened at the moment of the offence. This is an observational explanatory pilot study addressing the research question: What is the relation between violence risk warning signs described in offence scenarios compared to early warning signs obtained by FMH-Nurses by means of the Early Recognition Method? Guided by treatment coordinator 10 specific offence scenarios descriptions of patients with Schizophrenia were obtained for text analyses. Additionally, 10 ERM-plans of the same patients were obtained in order to identify descriptions of early warning signs. In the paper will be explained how this pilot-study was achieved, which follow-up study procedure could result in a guideline how to standardize FMHN to manage warning signs on the spectrum from offence to clinical ERM early warning signs.

**4) Evaluation of psychopathology symptoms using the Brief Symptom List (LSB-50) in prisons from Yucatan, Mexico. (595753)**

*Paulino Dzib Aguilar, Pedro F. Un Pérez, Verónica Godoy Cervera*

The development of psychometric instruments with a screening format invites the opportunity of their usage in the assessment of personality and psychopathological disorders in penitentiary settings. Allowing for brief and accurate assessments, as opposed to lengthy personality measures such as the PAI or MMPI-2. Using the List of Brief Symptoms LSB-50 (Abuín y de Rivera, 2014) as measure, a group of 255 inmates convicted of varying crimes, all from Penitentiary Centers of the State of Yucatan, Mexico, Psychopathology symptoms are explored, as well as the validity of this instrument discussed to be further used in research regarding penitentiary populations.

## Concurrent sessions: Symposia 14:20-15:30

**Intensive Care vs Coercion (Symposium 595374)**

*Mary Davoren, Harry G. Kennedy, Sheena Patel, O'Reilly Ken*

Room: Montréal 1

This symposium addresses the role of restrictive, intrusive and coercive practices in forensic settings. This highly skilled and nuanced area of care is lacking in evidence of effectiveness. This is because of the lack of a nosological framework, a valid rating system within which to test hypotheses and compare interventions. By establishing short term risk assessments e.g. DASA and Broset, it has become possible to study interventions for preventing violence and quantify actual violence and aggression. By quantifying the interventions for prevention of violence, it becomes possible to check proportionality and judgement, and to compare outcomes.

**Terminating Long Term Segregation at Broadmoor Hospital: reintegration of high risk patients with the ward milieu.**

*Mary Davoren*

Background Long term segregation (LTS) is a restrictive practice utilised almost exclusively in high security hospital settings. The aim of LTS is to safely manage the small number of patients who struggle to reintegrate into a ward therapeutic milieu after a period of short term seclusion and continue to pose a high and immediate risk of violence towards others. However, it is vital that high secure forensic hospital settings can successfully reintegrate

these individuals with the ward setting as soon as possible, in order to practice least restrictive care and promote recovery. This is achieved with a structured individualised programme for patients that can include the use of short periods of time in association and the use of tools such as the HOPES model and Barrier to Change Checklists (BCC) to examine the factors that are preventing discontinuation of LTS in four domains: risk, environment, system and individual factors. Methods An analysis of the use of the BCC checklist and other approaches for all successfully terminated LTS episodes over an 8 month period in Broadmoor Hospital was completed. Results. A total of 51 episodes of LTS for 45 individual patients were successfully terminated during this period. The length of time spent on LTS varied significantly and for those on shorter periods of LTS, zoning and the use of time in association was associated with termination. For those on longer LTS periods (>2 months) the BCC model was more effective. Strategies to promote successful termination of LTS will be discussed.

### **Ecology of ward based violence and the ethics of coercion: The DUNDRUM Restriction Intrusion Liberty Ladders (DRILL)**

*Harry G. Kennedy*

Background: Calls to completely end seclusion or any other form of restrictive or intrusive practice are never counterbalanced by the likely compensatory rise in other similar interventions. And at the same time calls for zero tolerance for violence in clinical settings continue without any crossover awareness of the use of these practices to prevent violence. This reflects a lack of a conceptual framework and validated measurement instruments to study the way in which so-called coercive practices are used to prevent violence in hospitals. Method: A Delphi method was used to populate a series of ordinal scales or ladders describing increasing seriousness of adverse behaviours (violence to others, self-harm, risk to others, absconding, non-compliance) and interventions (de-escalation, observations, personal searches, extra medication, situational coercion, manual restraint, seclusion, mechanical restraint) and consequences (re-inforcing, aversive, alienating). When sequenced from risk (DASA), through behaviours to interventions and consequences these provide a quantitative model of context-decision-paths that can be analysed at aggregated individual level or by ward ecological level using General Estimating Equations. Results: DASA on the day before predicts aggregated and ecological levels of adverse behaviours and restrictive, intrusive coercive interventions are proportionate to risk and to actual behaviour. For the future, the use of live data by means of hand held devices and analysis by means of CCTV and eventually artificial intelligence aids to decision making should enable wards to work towards zero violence.

### **Staff attitudes to use of Nasogastric and Intramuscular Clozapine in Broadmoor High Secure Hospital England.**

*Sheena Patel*

Background: In Broadmoor hospital there is a small minority of treatment refractory patients who may benefit from oral clozapine but cannot comply. Clozapine treatment may be legally enforced if it might be of benefit, but practical administration difficulties arise. Clozapine is licenced for the nasogastric route and intramuscular preparations have become available. We aimed to allow clinical staff who are directly involved in the use of IM and NG clozapine to raise their opinions, establish their views and understand any concerns they may have. Methods: An anonymous survey was distributed to 400 clinical staff involved in the approval, prescription and administration of IM or NG clozapine. Attitudes and practical issues raised by these interventions were explored and collated. Results: Of 41 respondents, 27 had been directly involved in the approval, prescription or administration of IM or NG clozapine. 90% would be likely or very likely to consider IM clozapine if it was thought

to be of benefit to their patient. 79% were likely or very likely to consider NG clozapine. Attitudes ranged from strong opinions both for and against the use of both routes. Other themes were raised concerning adverse effects, skills for rare procedures. Staff were concerned about the balance between restrictive practices and the potential benefit of reducing long term seclusion or high dependency placement through better treatment of psychosis. Conclusions: In order for these novel means of clozapine administration to continue as a future option, the opinions of staff involved should be obtained and addressed.

**New approaches to offence-related behaviours: seven pillars, phasing, sequencing and resourcing.**

*Ken O'Reilly*

Background: Forensic patients with schizophrenia experience cognitive impairments influencing psychosocial functioning, psychiatric symptoms, and violence risk. Cognitive impairments include a) general deficits in attention, memory, executive functioning, and social reasoning, underpinning psychosocial functioning and b) specific difficulties in developing critical questions, and updating beliefs, both relevant to challenging delusions. Participation in psychological interventions targeting violence risk and violence seriousness also requires sufficient cognitive capability to attend to, process, store, and utilize information. There is increasing evidence for metacognitive dysfunction and this may extend to moral cognitive capacity. Methods: Patients (n=20) with schizophrenia experiencing delusions were compared to patients (n=20) no longer delusional using the Scale for the Assessment of Positive Symptoms (SAPS) and the 21-Item Peters Delusional Inventory. Change in delusions since admission was also assessed. Neuropsychological tests included the MATRICS Consensus Cognitive Battery (MCCB), Twenty Questions test and Word Context Test, from The Delis-Kaplan Executive Function System (D-KEFS). In a related study, a new measure of metacognitive moral reasoning was rated. Results: Recovered patients differed significantly from those patients who remained delusional on measures of cognition. Both groups were very cognitively impaired compared to members of the non-clinical population. Discussion: Psychological interventions need to follow a logical sequence to improve patient functioning, address delusional beliefs, and reduce violence risk. Metacognitive moral cognition may be a final common pathway leading to serious violence. Initial interventions should focus on remediating cognitive deficits, followed by metacognitive training and CBT, as precursors to interventions targeting causal violence risk factors.

**Diversion along the criminal justice pathway: Translating research findings into evidence-based practice (Symposium 595188)**

*Ashley J. Lemieux, Félica Deveaux, Laurence Roy, Elisabeth Beauchamp*

Room : Montréal 2

This symposium will discuss justice diversion initiatives, conceptualized using Munetz and Griffins (2006) sequential intercept model. There is a growing body of research pertaining to criminal justice diversion programs and interventions. This symposium aims to 1) provide a synthesis of the state of knowledge on pre-arrest and court-based diversion programs; 2) to explore the roles of legal experts and mental health care professionals in the development of diversion initiatives; and 3) discuss ways in which research findings can be translated in a manner to facilitate practice for professionals who work with individuals at various stages of the criminal justice pathway.

### **A scoping review of court-based justice diversion programs: Informing research and practice**

*Ashley J. Lemieux*

**Introduction.** There has been an exponential growth of court-based justice diversion initiatives, such as Mental Health Courts (MHC), across the globe since their inception in the early 1990s. In response to an equally growing body of research, reviews have been conducted to assess the effectiveness of such initiatives. While these reviews have found them to be effective, few have described the programs they were evaluating as well as the processes that may influence effectiveness. The objective of the current review was to provide an overview of court-based diversion programs to document existing initiatives, identify their effects and guide future implementation and research. **Methods.** A scoping review was conducted, which included a consultation with key stakeholders. A total of 107 empirical studies, both quantitative and qualitative, were included in the review. Data extraction included program description, as well study results. **Results.** Many studies provided incomplete program descriptions, rendering interpretation of findings difficult. Nevertheless, results indicated that certain factors may influence participation in and success of court-diversion programs, such relationships with case managers and use of therapeutic jurisprudence principles. Our findings confirm those of previous reviews finding that participation in HMCs decreases the risk of recidivism, increases access to mental health services, and decreases substance abuse. **Qualitative findings** underlined the mostly positive experiences of program participants. **Conclusion.** Results of this review, as well as subsequent discussion with key stakeholders, emphasize the importance of integrated research projects with uniform data collection protocols, which include detailed information on program structure and function.

### **What is known about pre-arrest diversion programs for individuals with mental illness? A scoping review**

*Félica Deveaux*

Internationally, the criminalization of people with mental illness is a growing problem. Various diversion strategies have been put in place to reduce incarceration and to re-connect individuals with mental health and social services. According to Munetz & Griffins (2006) Sequential Intercept Model, law enforcement and emergency services represent an initial point of intervention to divert individuals away from the justice system towards appropriate psycho-social services. A scoping review was conducted following the framework articulated by Levac et al. (2010) to document existing prearrest diversion programs and identify best practices. To be included into the review, selected studies had to discuss police interventions and programs targeting individuals with mental illness. Results explore factors leading to successful police interventions, their outcomes on criminal justice involvement and mental health, their psychosocial impacts, and costs associated with their implementation. Current research appears to focus mainly on the perspective of police officers and most programs identified are police-based models. This scoping review helps determine the current state of knowledge and what still needs to be explored. It also documents existing practices, what is working and what can be improved. Finally, it will be of great value for future development and implementation of guidelines and policies.

### **Translating forensic knowledge into practice: Collaborative development of a practice tool for frontline service providers**

*Laurence Roy, PhD*

**Background.** Diversion practices are varied and often rely on the work of frontline service providers, including patrol officers, community-based health and social service providers, and community workers who provide psychosocial supports to justice-involved individuals living with mental illness. The trajectories of persons living

with mental illness in the criminal and civil justice systems, as well as in forensic care, are often complex, and many frontline providers express lack of knowledge and familiarity with these structures. **Methods.** An integrated knowledge translation (IKT) approach, defined by the Canadian Institute for Health Research as a research approach that involves knowledge users in the research team at every step of the research process, was used. A working group comprised of a peer support worker, an advocate, two community-based health and social service providers, a police officer and two researchers defined knowledge users needs, appropriate knowledge translation activities, and tailored dissemination strategies. **Results.** Knowledge users in the area of mental health and community-based care express the need to better understand the local legal systems, as well as the structure of forensic care. An interactive flow chart based on the sequential intercept model and illustrating potential individual trajectories throughout these systems was co-created by forensic experts and members of the working group. Usability, pilot testing, and large-scale dissemination are underway. **Implications.** This presentation will highlight how forensic knowledge can be translated into practice for frontline knowledge users. The barriers and facilitators to the dissemination and implementation of the flow chart will be discussed.

### **A scoping review of non-empirical works regarding court-based justice diversion programs**

*Elisabeth Beauchamp*

**Introduction.** Although court-based diversion initiatives are known to have emerged as a response to over-incarceration of people with mental illnesses, their normative and theoretical foundations are unclear. The objective of our study is to provide an overview of theoretical discussions on and foundations of court-based diversion, as well as the main concerns identified in the literature. The study also aims to situate Quebec court-based diversion initiatives in this discussion. **Methods.** A scoping review focused on non-empirical work was conducted, yielding 79 essays. **Results.** Mental health courts (MHCs) are the most commonly discussed court-based diversion initiative. MHCs are primarily described as a means to provide treatment. Many articles underlined the difficulty in drawing meaningful conclusions about MHCs given their variability. Some articles attempted to define key principles and characteristics of mental health courts in hope of providing a uniform structural framework. Positive appraisals of MHCs were discussed in terms of health outcomes, while negative appraisals addressed legal considerations such as the rights of the accused, the role of the judge, and the use of coercion. Unlike their American counterparts, Quebec court-based diversion initiatives seem to be articulated mainly in terms of justice considerations as opposed to therapeutic goals. **Conclusion:** MHCs remain controversial, especially among legal commentators. More information is needed about the specificities of Quebec court-based diversion initiatives to understand whether the concerns described in literature apply and how to address them. Future research could address the normative framework through which these initiatives are understood.

### **Approaches to Recovery across Forensic Services (Symposium 594896)**

*Lindsay Thomson, Cheryl Rees, Alexander Simpson, Treena Wilkie, Gary Chaimowitz*

Room: Montréal 3

This symposium will explore approaches to recovery within forensic services. **Aims:** 1. To describe approaches to recovery in forensic services in different countries; 2. To present the views of patients on their recovery journeys; 3. To debate the changes needed to improve the recovery of our patients. Recovery models will be described and

data from retrospective and prospective studies will be presented. Mechanisms to improve the patients experiences of recovery will be debated.

### **Models and Reality Recovery in Mentally Disordered Offenders**

*Cheryl Rees, Lindsay Thomson*

Introduction / Background Recovery forms the basis of modern psychiatric practice. The concepts of hope, security, sense of self, supportive relationships, empowerment and inclusion, life with meaning and purpose, and enablement through coping strategies in turn create the backbone of recovery. In this presentation the recovery model in use in Scotland will be described, the reality of patients recovery journeys over a twenty year period presented and the need for change outlined. Method Data were obtained from a longitudinal study of 241 patients, resident in special security at the State Hospital, Scotland in 1992-3, and followed up over 20 years. Aspects of clinical, functional, offender, personal and social recovery were explored through case note review, extraction from NHS and Police datasets with subjective perspectives on recovery captured through semi-structured interview and application of the Questionnaire about the Process of Recovery (QPR, Neill, 2009). Results Recovery is utilized as one of the eight outcome measures within forensic services in Scotland. Most of our patients experience a complicated recovery journey. Social and personal recovery themes delineated in this study include treatment, the aha moment, identity, progression, previous behaviour, self-protection, family and friendships, community and relationships; and their meaning will be discussed. Conclusions Outcome research has shown that whilst the clinical and criminogenic outcomes for mentally disordered offenders are good, the social outcomes were often appalling. This is mirrored by the patients' views on personal and social recovery. Actions to improve these will be discussed.

### **Recovery, procedural justice and legitimacy for persons found NCRMD and detained under a forensic review board system**

*Alexander Simpson*

Recovery and its measurement in forensic settings Risk assessment, risk management and care-planning with forensic patients has progressively evolved in recent years with the development of concepts such as protective factors, strengths and shared risk assessment processes. To explore the relationships between these factors, we present a quantitative study of risk and recovery factors in a patient population under the Ontario review board. Specifically, we are measuring HCR 20 and SAPROF scores, DUNDRUM 3 and 4 ratings, patient and staff measures, and Personal Recovery Outcome Measure-Brief Form (PROM-BF). We are interested in the interaction of risk level, dynamic risk factors, and clinical progress from the perspectives of patients and staff, as well as patients qualitative perceptions of recovery. Including data from clinical files, we will also conduct 1 and 2 year follow-up reviews to explore the effects of these factors on outcomes. We will report initial recruitment to this study (sample size is aimed at 60 inpatients and 60 outpatients) and initial results on the various tools being employed.

### **Perspectives on the experience of legal coercion and its meaning**

*Treana Wilkie*

Previous work on the experience of compulsory treatment has identified two core concepts; namely, perceived coercion (PC) and procedural justice (PJ). These two dimensions are inversely correlated. PJ is strongly influenced by a sense of clarity of communication, fairness and respect; themes which are also important in recovery. We are particularly interested in whether patients consider their forensic detention legitimate, whether they feel they

are treated fairly and feel listened to, and whether this impacts how they respond to being in the forensic review board system. To do so, we are employing an adapted version of the MacArthur Perceived Coercion Scale (MPCS) from the MacArthur Admission Experience Survey (MAES) for use in both inpatient and outpatient forensic settings. This adapted MPCS consists of 8 items, each focusing on one aspect of PC: influence, control, choice, freedom, persuasion, inducements, threats, and force. We are also using an adapted version of the PJ Scale of Lidz et al. (1995), consisting of 9 items: motivation, respect, validation, fairness, information, voice, deception, interest, and satisfaction. We will analyse the relationship between PJ, PC and recovery perceptions current level of restrictions and progress over the following year. In addition, we will employ qualitative semi-structured interviews of 20 subjects to explore their experiences of being under the ORB as legitimate (e.g., fair, reasonable, right), as well as their perception of their own risk and recovery needs. We will discuss these issues and preliminary data as available.

### **Recovery in Forensic Psychiatry: Challenges and Choices**

*Gary Chaimowitz*

This presentation will address some of the issues that arise in promoting Recovery in forensic practice. It will also try to tease apart rehabilitation processes from Recovery focused practices in a forensic environment. Good forensic mental health practice requires finding a fine balance between risk management and fostering recovery, however risk management may become the dominant view and the clinical setting approximates a correctional environment. Patients needs and their rehabilitation can be lost when risk management is the only lens applied. Fortunately, in many jurisdictions the forensic hospitals, where much of forensic mental health services get delivered, are mandated by law to provide the opportunities for rehabilitation of forensic patients. The challenge then is how to promote recovery in the forensic mental health system. Understanding our patients strivings, goals, life experiences, and what would make for a healthier and meaningful life, gets lost in the multitude of mental status examinations, checklists, tools, protocols, and programs. Determining what our patients' goals are, so as to assist them in moving forward to living a meaningful life remains one of our biggest challenges. Incorporating recovery principles into forensic mental health practices at the clinical, research, and educational levels is no easy task but one that is critical for true risk mitigation. We will discuss the complexities of these challenges and present options for incorporating models used elsewhere into a forensic environment.

### **Role of Psychology in Correctional Mental Health: Reforms at Rikers Island (Roundtable 595628) Virginia**

*Barber, Alexandra R. Garcia-Mansilla, Melodie Foellmi, Barry Rosenfeld*

Room: Montréal 6

The NYC jail system, including eight jails in Rikers Island and three borough facilities, is one of the largest in the country. Over three years ago, NYC transferred provision of mental health care to the jail from a private corporation to the Division of Correctional Health Services (CHS) within NYC Health + Hospitals. This round table will focus on innovative programs implemented by CHS with an eye towards application to international settings. Areas to be discussed include psychological assessment, clinically informed reentry services and ethical challenges faced by correctional psychologists particularly related to punitive segregation and management of violent detainees.

**In the eye of the beholder: Exploring perspectives of health and law enforcement professionals (Symposium 595628)**

*Krystle Martin, Jennifer Murray, Pamela Ritchie*

Room: Montréal 7

Our perspective determines how we view the world and involves assumptions or bias about human behaviour. It can affect who we identify as in need of mental health services, how we assess those in our care, and can have a cascading or snowball effect from person to person. This influences decision-making, allocation of services, and may have adverse consequences for individual clients and the healthcare system at-large. This symposium will explore differing perspectives in law enforcement and mental healthcare, and the impact on client care. Potential solutions and implications for training, education, and future research will be discussed.

**Forensic nurses perspectives of their patients: A qualitative review of documentation content and style (Part 2)**

*Krystle Martin*

Documentation is a fundamental aspect of inpatient mental health care: clinicians are responsible to record services and patient details accurately. Last year we presented results of part 1 of this project that used a computer generated language processing technique to explore how cognitive biases were evident in the content of the notes generated in forensic nursing care. To extend our work in this area, we took a deeper dive into the notes and used a qualitative theming approach. The narratives in our results highlight evidence of both empathic responses to patients but also troubling ones indicative of pathologizing, paternalistic, and dismissive perspectives. These are concerning and discussed in the context of considerable evidence of a cascading effect of beliefs and perspectives from one person to the next which may perpetuate bias and impact patient care. Clinical implications for documentation practices are discussed.

**Defining and assessing vulnerability: Perspectives across law enforcement and public health**

*Jennifer Murray*

Historically, law enforcement focused solely on criminal justice issues. There has been a dynamic shift in focus, with law enforcement professionals assuming more responsibility for tackling mental health issues alongside public health professionals. The term vulnerability is frequently used across law enforcement and public health (LEPH) to identify those in need of services. Effective vulnerability assessment should prevent unintentional harmful health and criminal justice consequences, and manage the negative impact of such in cases where prevention is not possible. From a LEPH perspective, we conducted scoping and systematic literature reviews with three aims: 1) to conceptually map and understand if and how the term vulnerability is defined and the context in which it is used across LEPH; 2) to examine the models or methods of vulnerability assessment as presented in the reviewed articles; and, 3) to identify under-researched areas within the context of vulnerability assessment in LEPH. The reviews identified vulnerability as being context-specific within law enforcement and person-specific within public health. The reviews also show that definitions of vulnerability are at best fragmented, while models for assessing vulnerability lack uniformity across LEPH because it is prioritized differently across these professions. For vulnerable groups, lack of evidence-based definition and assessment may prevent access to relevant LEPH services; exacerbating issues of multiple vulnerabilities, co-morbidity, and/or dual diagnosis. All could

inadvertently enable social exclusion of vulnerable groups from political discourse and policy interventions. For LEPH professions, the lack of consistency may result in reactive crisis responses as opposed to proactive preventative measures.

**An examination of the definitions of intimate partner violence used across law enforcement and public health professions: A cross-cultural comparison between Hong Kong and Scotland**

*Pamela Ritchie*

There are many proposed definitions and terms that are used globally and inter-professionally when addressing Intimate Partner Violence (IPV). There are many challenges in proposing the best definition when addressing the topic of IPV; earlier research into this violence only accounted for cases of a female victim with a male perpetrator and did not factor in same sex couples or female perpetrators. Further, some definitions consider familial abuse and abuse of children within their remit while others focus solely on violence within the intimate/couple relationship. This leads to potential difficulties in cross-disciplinary, inter-professional, and cross-cultural understandings of IPV, policy making, and inter-professional working. This talk will present the findings of a literature review which sought to bring together the various definitions of IPV used across the law enforcement and public health fields, and to explore these perspectives across and within the Scottish and Hong Kong contexts. The talk will discuss the utility of trying to seek a unified definition across law enforcement and public health cross-culturally and the challenges of doing this. Thus, in doing so, the talk will investigate perspectives across Scottish and Hong Kong cultures, policing, health professionals, and victims understandings of assessment, a greater understanding of the suicidal ideation and suicide rates that account for victims of IPV.

**Case conceptualization with sexual murderers (Symposium 594594)**

*Tamsin Higgs, Jean Proulx, Ewa Stefanska*

Room: Montréal 8

Much of the early research conducted on sexual homicide was clinical in nature, typically involving small convenience samples. Following the development of larger, more representative, information-rich datasets, the aim of this symposium is to shed some light on the empirically observed diversity among sexual murderers. We examine scientifically established typologies, victim type, the psychopathology and offending processes of these offenders. Each presentation will offer a new perspective on the issue of diversity in sexual homicide as well as suggest clinical and theoretical implications.

**Beyond organization versus disorganization in subtypes of sexual murder**

*Tamsin Higgs*

Clinical case formulation, intervention, and risk prediction is aided by person-oriented, as opposed to variable-oriented approaches to understanding similarities and differences within a given population. That is, there are advantages for understanding criminal behaviour using the configurations of factors offered by a typology. In the sexual murder literature, there are a number of widely cited, influential typologies. For example, the organized/disorganized dichotomy identified by FBI agents in the late 1980s. This presentation will act as a guide from the seminal FBI work, through what will be argued to be an important and informative, but methodologically limited field of study, to the current empirically supported understanding of diverse types of sexual murderer,

ending by signposting future directions in sexual homicide research. Empirical work underpinning current understanding of the heterogeneity among sexual murderers will be presented in the form of systematic review results. This will provide a synthesis of the most recent and scientifically grounded endeavours in this area of sexual violence research, while also contextualising the research presented in the following parts of the symposium within contemporary views of sexual murder.

### **Offending processes among sexual murderers of children**

*Jean Proulx*

There is a scarcity of comparative studies on sexual murderers of children. Three studies have compared sexual murderers of children to sexual aggressors of women. In the former group, the prevalence of deviant sexual fantasies, prior convictions for non-contact sex crimes, consumption of pornography, compulsive masturbation, and social isolation was higher than in the group of sexual aggressors of women. Despite the value of these comparative studies, they were based on a limited number of sexual murderers of children (N = 61). Consequently, the aim of the current study was to replicate and extend the previous ones. The total sample includes 66 adult male sexual murderers (26 of children, 40 of women). In our sample, sexual sadism and homicidal fantasies were less frequent in sexual murderers of children than in sexual murderers of women. Psychopathy was quite prevalent in both types of sexual murderers. Finally, the prevalence of psychosocial problems (social isolation, feelings of rejection, family problems) was lower in sexual murderers of children than in sexual murderers of women. These results obtained in a sample from France differ in many ways from those obtained in Canadian and German samples. The role of cultural factors is a possible explanation for these discrepancies.

### **A proposal for a new classification of sexually motivated killings**

*Ewa Stefanska*

This presentation will summarize the results of a study that considered the different ways the sexual element and the act of killing could be connected in sexual homicide cases by assigning each case as belonging to one of two groups: direct (the sexual aspect and killing were closely connected) or indirect (the killing was not a source of sexual stimulation). It will be argued that such differentiation is a next step progressing from existing descriptions of subtypes of sexual murderers. A total of 350 non-serial male sexual killers of females aged 14 years or over, who had been convicted and served a custodial sentence within UK Prison Service, were included in the study. Once classified, regression analyses explored the factors related to the criminal events of the two perpetrator groups. Overall, the results suggest that situational factors might be of relevance for the indirect perpetrators whereas the enactment of a deviant fantasy was predictive of membership of the direct group. Similar conclusions could be drawn from analysis of the dynamics of the criminal events (measured by the severity of the attack).

POSTER SESSION #2 cont. 10:15-10:45 (see Posters p. 123)

St-Laurent 1-2

## Concurrent Paper Sessions 16:00-17:00

### Issues in Secure Care Facilities

Room: Montréal 1

**1) Paper session 592313/ Co-production of a benchmarking tool for involvement practices in secure mental health settings.**

*Karen M. Wright, Mick McKeown*

This paper presents reflections upon a participatory action research process by which staff and service users collaborated to produce a novel benchmarking tool to be used to appraise the quality and degree of different types of involvement practices underway within secure care services. These involvement practices had themselves been developed in the course of the participatory endeavours of an organised network of activity connecting all of the medium and low secure units within one UK region. We will demonstrate the completed benchmarking tool and discuss findings from a thematic analysis of the participatory process.

**2) Forensic care trajectories: Lived experiences of mentally ill offenders (594020)**

*Anouk Mertens, Freya Vander Laenen, Delphine Bourmorck, Wouter Vanderlasschen, Pablo Nicaise, Mark Leys*

Mentally ill offenders (MIOs) that are considered unaccountable can be subjected to a safety measure that is undetermined. As a result, treatment is provided in high, medium and low secure (forensic) psychiatric facilities. We studied the subjective experiences of MIOs in different security settings regarding their care trajectories. MIOs care trajectories are marked by a lack of voice in the decision-making process and an experienced lack of support during several transitions. The additional barriers for admission in a (forensic) mental health facility and the long duration of care trajectories contribute to a general negative lived experience.

**3) ERM-Risk management strategy in Mental Health Municipality Care, an in-depth case narrative of early warning signs of violence. (594004)**

*Frans Fluttert, Stål Bjørkly, Karl Yngvar Dale*

The rural and remote context of municipality care require community staff members to be multi-specialists in a work environment that is not equipped to provide adequate care in complex cases. The management of violent clients is challenged by a lack of risk management strategies measures to ensure safety. With the aim of increasing understanding of patient aggression in a complex case in a municipality mental health center, in a three-years in-depth case narrative it was studied how the application of the Early Recognition Method [ERM] contributed to understanding of the case turned personals day-to-day survival mode into self-assuring risk-management interactions.

## Forensic Mental Health Treatment

Room: Montréal 2

### 1) Variation of Forensic Psychiatric Systems across the EU - Overview of Concepts, Legal Frameworks and Practices from 28 European Countries (591153)

*Hans J. Salize, Andrea Giersiefen, Barbara Horten, Harald Dressing*

The placement and treatment of mentally ill offenders is a challenge for every country, but systems differ widely. Detailed descriptions of forensic psychiatric care across nations are lacking, but are essential for identifying models of best practice or developing further forensic psychiatric care on an evidence base. In 2018 a European multi-center study on forensic psychiatric care (EU-VIORMED) has conducted a standardized survey on basic features of forensic psychiatric care in 28 European countries. Preliminary results are to be expected by mid-2019 and presented at this conference, together with a description of the methods.

### 2) Psychotherapeutic work with multicultural prisoners in Switzerland a qualitative study of experts experiences (595171)

*Antonina Brunner*

Foreign national inmates and those with multiple cultural backgrounds outnumber the Swiss in Switzerland's prisons. In 2017, for instance, 71.5% of the prisoners did not have the Swiss citizenship. Yet, little is known on how this affects the work of forensic psychotherapists and psychiatrists. Using a qualitative research design this study aims at exploring their experiences in this multicultural work field. Semi-structured interviews were conducted with psychotherapists and psychiatrists working in prisons. Participants described situations of cultural differences with patients, language barriers as well as challenges due to the expulsion of foreign national prisoners after their sentence or therapeutic measure.

### 3) Development of a tool for measurement of organizational cultural competence within a secure service (594879)

*Piyal Sen*

Cultural Competence (CC) is a set of behaviours, attitudes and policies to enable professionals to work effectively in cross-cultural situations. Mental health services are encouraged to employ policies relevant to the inclusion of CC in clinical practice. The aim of this study was to develop a tool for self-evaluation of organisational cultural competence within a secure service. It adapted a tool developed by the Office of Minority Health in the US for the British population and demonstrates its feasibility and applicability. The tool was also shortened to 37 items based on responses received. The presentation will describe the final tool.

### 4) Asylum Seekers: Psychological Treatments and Findings (593582)

*Maria C. Scigliano, Paula Madrid*

The proposed workshop will describe and explain: the process of conducting a psychological evaluation of individuals who are seeking asylum in the United States; what leads individuals to seek asylum in the US, given the recent current events surrounding asylum seekers coming to the border; key issues that are relevant when assessing children and minors; how to create a safe environment for patients to open up about their experiences; and the most commonly documented psychological problems and diagnoses found in victims of torture. Clinical data will also be presented on the psychological impact of immigration detention.

## Offender Characteristic and Risk

Room: Montréal 3

### 1) Cultural Safety within correctional, forensic, addictions and mental health populations: A Scoping review (594537)

*Cybele Angel, Randi Dunlop, Linda Slater, Tanya Park*

Cultural safety was conceived to address health disparities experienced by Indigenous populations. At this time there are few studies examining cultural safety and correctional populations, hence researchers and practitioners have little to underpin the use of cultural safety within correctional health care. This scoping review will examine what is known in the existing literature about the role of cultural safety with mental health, forensic, addictions and correctional populations for the purpose of informing correctional health care practices.

### 2) Ontario review board hearings: The impact on mood, emotion regulation and future outlook in a sample of forensic patients (594318)

*Adekunle Garba Ahmed, Celia M. Geck, Brooke Carroll, Helen Ward, John Bradford, Michael C. Seto*

Forensic patients found Not Criminally Responsible on Account of Mental Disorder (NCR) in Ontario are managed by Ontario Review Boards (ORB) that render and review annual dispositions. Similar to other major life decisions, ORB hearings can adversely impact forensic patients because they are stressful and decisions can greatly limit freedoms. Very little research has examined the impact of these mandated ORB hearings from the perspective of the patient. Therefore, this study will explore changes in patient mood, emotion regulation, and future outlook before and after an ORB hearing to better understand the impact of preparing for and attending these hearings.

### 3) 10 years of a small-sized Belgian MSU (595368)

*Pierre Titeca, Louis De Page*

Small-sized (= < 30 beds) specialized forensic Medium Secure Units, without collaborating/adjacent high-risk or low-risk units, are forced to adapt if they want to succeed in rehabilitating forensic patients from prison to community settings. In this presentation we will outline hospitalization data (types of hospitalizations, (re)admission rates, lengths of stay, therapeutic program content), patient characteristics and difficulties we have experienced in the last 10 years. Special attention will be given to prison remittals and the way we could have prevented some of them.

### 4) Daily multidisciplinary team handover utilising WORDS approach on a secure unit (595812)

*Nuruz Zaman, Killian Matiwa, Bashier Adnan, Viktoria Nagy, Louise Roberts, Benson Michael*

The WORDS Daily Handover is an innovation in multidisciplinary communication within a secure unit. Communication within multi-disciplinary teams working across various health settings can be suboptimal and variable. One of the leading causes of adverse events leading to harm is miscommunication. As such better communication has been demonstrated to lead to improved patient outcomes. On secure wards traditional handovers were considered to be hierarchical, of variable relevance, of limited accountability and variable.

## Improving Forensic Mental Health Care

Room: Montréal 6

### 1) **Personality Assessment Inventory (PAI) profile of offenders in prisons from Yucatán, Mexico (595721)**

*Paulino Dzib Aguilar, Karime E. Medina Farah, Pedro F. Un Pérez*

Although it is true that the amount of knowledge produced by forensic psychology in Mexico has increased in the past few decades, one of the remaining gaps corresponds to the focus of the evaluation of the prisoners in the personality leaving aside other important aspects of the profile of this population. The psychometric properties of the most commonly used test that is the PAI were analyzed discussing its discrimination with other personality disorders such as antisocial personality disorder as well as the validity of the results obtained due to cultural differences and specific characteristics of this type of population.

### 2) **A new measurement of reflective practice - The Relational Aspects of CarE scale (TRACE) establishing psychometric properties and exploring validity (594007)**

*Helen Walker, Adam Polnay, Chris Gallacher*

Staff education can come in many different guises. Reflective practice groups aim to help staff register their responses to patients, explore the meaning of these in terms of the interpersonal dynamics, consider the potential for unhelpful responses and explore helpful responses. Arguably, a suitable measure to capture the effect of such groups does not exist, a new scale has therefore been developed. This scale has been subject to initial testing in a high secure unit but has potential for use across lower levels of security. Establishing the TRACE's psychometric properties has hopefully resulted in a scale that reflects self-awareness.

### 3) **Predicting Institutional Misconduct with the Personality Assessment Inventory: An Examination of the Moderating Role of Ethnicity (595792)**

*Brittany Penson, Leslie Morey, John Edens*

The Personality Assessment Inventory has demonstrated increased use in correctional settings in identifying high-risk inmates who pose risks of engaging in disciplinary behaviors. In particular, extant research indicates the Antisocial Features and Aggression scales, as well as the Violence Potential Index of the PAI, exhibit incremental utility in the prediction of institutional infractions. However, previous studies have rarely addressed the moderating role of ethnicity in the prediction of such outcome criteria using the PAI. Thus, the present study examines the possible differential predictive validity of the ANT, AGG, and VPI across a large multiethnic offender sample (N = 1,132).

### 4) **The Application of Transdiagnostic Personality Dimensions to Forensic Psychiatric Settings: Possibilities and Practicalities (595934)**

*Shannon Kelley*

The Alternative Model for Personality Disorders (AMPD) is an empirically-driven hybrid classification system that was recently introduced in Section III of the DSM-5, and has previously been described as having promising implications for use in forensic settings. The current presentation provides an elaborative and critical synthesis of research findings and practice implications concerning the clinical utility of the AMPD for forensic assessment, case conceptualization, and treatment planning. Discussion focuses on the convergence of AMPD concepts with existing priorities in forensic practice, unique challenges to applying this approach in forensic psychiatric settings, and exciting areas for future study.

## Special Population in Forensic Mental Health

Room: Montréal 7

### 1) Examination of Parent Victims in the Ontario Forensic Psychiatry System (595311)

*Casey Upfold, Mini Mamak, Gary Chaimowitz, Mirna Batinic, Andrew Olagunju*

Much of forensic/correctional literature address issues related to risk, risk management, and treatment methods. Often the correlates contributing to certain targeted victims of violence overlooked. It is well recognized that individuals known to an offender are at greater risk of being harmed than strangers, with parents being particularly vulnerable. We present a study that examined the prevalence of violence perpetrated towards parents by adult children in the Forensic Mental Health System of Ontario. Patient characteristics were examined using Ontario Review Board (ORB) reports between 2014 and 2015. Understanding this phenomenon could help improve risk management methods for community re-integration.

### 2) Gloomy corners and dark triad: the assessment of victim vulnerability using a virtual reality task (592175)

*Jean-Pierre Guay, Jean-Olivier Lamothe, Nathalie Fontaine, Christian Joyal, Patrice Renaud*

In the field of violent crime and sexual offences, criminal premeditation and victim selection play an important role in the criminal process and explanatory theories regarding the offending process. The main objective of this study was to develop a better understanding of the factors influencing perceived vulnerability, especially the possible effects of the dark triad of personality on victim selection. Using virtual reality, a sample of 70 offenders were exposed to synthetic characters in a linear park and were asked to assess their level of vulnerability.

### 3) Pathways to recovery among homeless people with mental illness: Is impulsiveness getting in the way? (595399)

*Marichelle Leclair, Ashley J. Lemieux, Laurence Roy, Michael S. Martin, Eric Latimer, Anne G. Crocker*

The present study investigates the association between impulsiveness and meaningful improvement on six dimensions of recovery (clinical, physical, functional, criminological, social, existential) among homeless people with mental illness using the reliable change index method. For every increase in total impulsiveness score by one standard deviation, the odds of experiencing clinically meaningful improvement would decrease by 23% on the clinical dimension of recovery and by 46% on the existential dimension of recovery. Impulsiveness does not interfere with the recovery process on other dimensions.

### 4) Dealing with patient violence in psychiatric settings (595527)

*Josianne Lamothe*

This study seeks to document the evolution of psychological distress in a sample of recently victimized professionals (N=81) in the acute phase and over time. Findings suggest that patient violence has a serious impact on staff mental health with close to 35% of women and 11% of men suffering from severe distress at Time 1. Rates of psychological distress decreased steadily over time. Results indicate that professionals experience high levels of distress even after having returned to work and despite constant improvement over time. Risk /protective factors for worker adaptation are discussed.

## Emerging Evidence in Forensic Mental Health

Room: Montréal 8

### 1) Forensic experiences of recovery from mental illness: Analysis of the Questionnaire on the Process of Recovery in Scottish forensic patients (594956)

*Lindsey Gilling McIntosh, Cheryl Rees, Lindsay Thomson*

Despite the increasing use of outcome measures related to recovery from mental illness, such as the Questionnaire on the Process of Recovery (QPR), in forensic services, there is presently a lack of research demonstrating the reliability and validity of such tools in this population. This study will explore the QPR's psychometric properties and resultant recovery scores in a sample of Scottish forensic mental health patients. Results from this study will enable more confident use of the QPR as an outcome measure of recovery and provide useful insights into the nature of recovery from mental illness for individuals in forensic services.

### 2) Trauma exposure, mental health difficulties and offending behaviours in a Northern Irish sample of intimate partner violence perpetrators (594934)

*Aine Travers, Tracey McDonagh, Maj Hansen, Twylla Cuningham, Rikke Holm Bramsen, Nichola Crawford, Cherie Armour*

Background: Exposure to trauma is a risk factor for violent behaviour, including recidivistic intimate partner violence (IPV). Aims: 1) To examine patterns of trauma exposure in a Northern Irish IPV perpetrator sample; 2) to investigate associations between the trauma patterns and offending behaviours and 3) to assess whether mental health difficulties mediate the relationship between trauma and offending. Sample: Approx. 400 convicted perpetrators of IPV. Method: Latent class analysis will identify patterns of traumatisation. Multinomial logistic regression analysis will investigate whether trauma classes predict offending. Mediation analysis will assess whether mental health difficulties influence the relationship between trauma and offending.

### 3) Investigating the Endocannabinoid System in Antisocial Personality Disorder: A Positron Emission Tomography Study (595401)

*Nathan J. Kolla, Pablo Rusjan, Alexander Simpson, Romina Mizrahi, Isabelle Boileau*

Antisocial personality disorder (ASPD) is a serious psychiatric condition that presents with high rates of violence. Despite the burden of ASPD on health care systems, there has been little research investigating the neurochemical correlates of this disorder. We used positron emission tomography, a brain imaging technique, to measure fatty acid amide hydrolase (FAAH) in the prefrontal cortex (PFC) and ventral striatum (VS) of 9 violent offenders with ASPD and 9 healthy controls without a history of violence. Although we did not detect any group differences, we found that VS FAAH levels were positively correlated with several symptoms of ASPD.

### 4) The importance of context: an ESM study in forensic psychiatry (594980)

*Petra Habets, Philippe Delespaul, Inge Jeandarme*

The experience sampling method (ESM) provides detailed descriptions of the daily lives of patients and the variability of the symptoms over time and in different situations. Twenty forensic patients completed maximum 60 ESM self-assessment forms concerning context, thoughts, emotions, psychotic experiences and daily life stressors. A relationship was found between activity stress and more negative affect, lower positive affect, more psychotic symptoms. This relationship was only apparent when a member of the team was present during that activity. This study highlighted the importance of investigating context and the use of ESM in forensic psychiatry.

## Posters Session #2

	Submission Title	Submission Topic	Last Name
595593	Women Offender Assessment: Can Gender-informed Variables Improve Prediction of Institutional Outcomes?	Forensic assessment	Bédard
592820	The socially-determined well-being of community-residing forensic mental health patients: A critical narrative literature review	Social justice	Boldt
588897	Developing forensic mental health nursing practice standards for the Canadian context: Consulting experts	Education and training	Boldt
577424	Brain Dimorphism in Psychopath Offenders Evidenced by QEEG Analysis and synchronous brain activity	Dimensions of individual differences	Calzada-Reyes
590080	Forensic awareness and institutional incidents: conceptual model and research.	Violence risk (general)	Clercx
589387	Weight gain in secure psychiatric settings: the role of routinely collected clinical measures in the mediation of obesity.	Offender services and management	Davies
593458	Arson in severe mental illness: a systematic review	Violence risk (general)	Delcellier
595135	Improving the Quality of DASA-IV Education and Assessments on Forensic Inpatient Units	Education and training	Faziludin
595330	Discharge pathways following medium secure care and risk of recidivism	Offender services and management	Hill
595393	The recovery process of individuals under a community treatment order	Education and training	Lessard-Deschênes
595300	Cannabis and Violence: a systematic review	Violence risk (general)	Naidoo
594354	Staff's Perceptions of deliberate self-injurious behaviour among female forensic psychiatric patients	Offender services and management	O'Hara
590959	Association between PCL-R facet scores and major mental disorder on the forecasting of violent recidivism among a sample of offenders	Violence risk (general)	Peikarnegar
580512	"Woman's experience of battering and their mental health status residing in selected wards of Dharan, Sub Metropolitan city".	Intimate partner/family violence	Pradhan
593272	Trauma among Psychiatric Workers: A Research and Knowledge Translation Project	Public policy and legal issues	Rodrigues
590906	The Role of Sexual Images in the Process of Online Grooming that Involve Children and Adolescents	Public policy and legal issues	Sert
590045	The Structured Interview of Reported Symptoms Classifications in a Taiwan Simulation Sample: Comparison of the First and Second Editions	Forensic assessment	Tam
592701	Life behind closed doors. A comparative study of Quality of Life in prison versus a forensic psychiatric hospital.	Mental health treatment	Tebelakis
599996	Discharge management under pressure	Offender services and management	Vetters
595372	Priority Domains for Gang Exiting in BC	Violence risk (general)	Wilson

**Women Offender Assessment: Can Gender-informed Variables Improve Prediction of Institutional Outcomes?  
(Poster 595593)**

*Theresia Bedard*

The Custody Rating Scale (CRS) is utilized by Correctional Service of Canada to determine initial security classification for women; it is gender-neutral. Gender-informed scholars contend gender-informed variables are more appropriate for women. This study assesses if gender-informed variables predict misconducts and if they yield incremental predictive validity to the CRS. The study used 1,528 women offenders (N = 572 Indigenous and N = 949 non-Indigenous) with new warrant of committal admissions. Results showed gender-informed items were predictive of misconducts for the overall sample, Indigenous and non-Indigenous offenders. Results found gender-informed predictors contributed to the incremental predictive validity of the CRS.

**The socially-determined well-being of community-residing forensic mental health patients: A critical narrative literature review (Poster 592820)**

*Irene J. Boldt, Elizabeth Peter, Denise Gastaldo, Don Rose*

A critical, theoretically-guided, narrative review of the scholarly literature was conducted to determine what is known about socially-determined well-being (SDWB) of community-residing, not criminally responsible, patients in Canada. The relevant empirical literature (N=63) was analyzed to generate insights into the existing knowledge about this topic. Findings indicate that reintegration occurs across time, with stability being one product of this process that not only has a mitigating effect on negative outcomes, but also seems to be enhanced by, and also further enhances, patients SDWB. Significant gaps in our understanding were also identified, which denote the importance of conducting further research.

**Developing forensic mental health nursing practice standards for the Canadian context: Consulting experts (Poster Session 588897)**

*Irene J. Boldt, Frances Abela-Dimech, Suraya Faziluddin, Patti Socha, Kathy Ryan, Kwasi Adu-Basowa*

The Centre for Addiction and Mental Health has started to develop forensic mental health (FMH) nursing practice standards for use in Canada. The purpose of this work is to enhance Canadian FMH nurses' practice by distinguishing the skills needed to care effectively in this subspecialty of psychiatric nursing. This project begun with a scoping review, and presently, a process of extracting data from the located literature is under way. Following a preliminary analysis of this data, a method of expert consultation will be used. This presentation will outline our processes and invite interested attendees to share their thoughts and ideas.

**Brain Dimorphism in Psychopath Offenders Evidenced by QEEG Analysis and synchronous brain activity (Poster 577424)**

*Ana Calzada-Reyes*

We are presenting the results from a comparison between men and women psychopath offenders. The aim of this study was to investigate the presence of electrophysiological differences between male and female psychopath offenders, specifically we wanted to assess whether the results in QEEG, LORETA and changes in synchronous brain activity could be related to sex influence. QEEG showed a pattern of excess of beta activity on the bilateral

frontal regions and parieto-central areas in the men psychopath group. LORETA signified an increase of beta activity in psychopath men group relative within fronto-temporal regions and associative occipital area.

**Forensic awareness and institutional incidents: conceptual model and research. (Poster 590080)**

*Maartje Clercx*

Incidents in forensic hospitals can be extremely harmful to both patients and staff. Staff in forensic hospitals has to always be aware of the unique population and situation they are working with, and the risks they pose. This forensic awareness is a thus far undefined quality indispensable to forensic care workers. We propose a research project designed to define and train forensic awareness, and thereby reduce incidents in forensic hospitals and increase feelings of safety among patients and staff.

**Weight gain in secure psychiatric settings: the role of routinely collected clinical measures in the mediation of obesity. (Paper 589387)**

*Joseph L. Davies, Heidi Seage, Ruth Bagshaw, Andrew Watt, Paul Hewlett, Paul Deslandes, Charlotte Hill*

Obesity rates are high among psychiatric populations with research suggesting that inpatients on average gain three to five pounds a month during initial inpatient treatment (Wetterling, 2001; Shin et al., 2002). Life expectancy has been reported to be 20 years less than that of the general population (Laursen, 2011). Some routinely collected clinical measures have been implicated in weight gain. The current study aims to explore the extent to which age, sex, psychiatric diagnosis, pharmacological interventions and time of contact with mental health services influence weight gain in a medium-secure psychiatric unit.

**Arson in severe mental illness: a systematic review (Poster 593458)**

*Kristin Delcellier, Noreen Moloney, Gautam Gulati, David Meagher*

Aims: Explore the risk of arson in schizophrenia and other psychoses as compared to a general population comparison group, and to contextualize the findings with a systematic review. Methods: Systematically searched for studies exploring the risk of arson in schizophrenia and other psychoses through electronic bibliographic database searches, review of published article reference lists and a search of other sources. Articles were included if they met inclusion criteria. Results: Two articles were included based on inclusion criteria, other articles used for context. Conclusion: The findings suggested an increased risk of arson in severe mental illness, further discussed in the review.

**Improving the Quality of DASA-IV Education and Assessments on Forensic Inpatient Units (Poster 595135)**

*Suraya Faziluddin, Paul Benassi, Maxym Choptiany*

At CAMH, clinicians use the Dynamic Assessment of Situational Aggression Inpatient Version (DASA-IV) to predict imminent risk of aggression to inform intervention plans. Identified barriers to scoring include: clinician factors, client factors, environmental factors, and technological factors. A quality improvement project to improve inter-rater reliability of the DASA-IV scores was undertaken on forensic inpatient units. A series of PDSA cycles were

conducted. Data collected revealed variability in scoring. Further education and re-testing was conducted with improved scoring results, highlighting the importance of linking training interventions to clinically meaningful outcomes that can be measured and evaluated to demonstrate practice improvement.

**Discharge pathways following medium secure care and risk of recidivism (Poster 595330)**

*Charlotte Hill, Andrew Watt, Ruth Bagshaw, Paul Hewlett, Jason Davies*

Medium secure services aim to help individuals return to the community, although some admissions are less successful where individuals are discharged to locked conditions, step up to high security, or return to prison. We compared rates of recidivism based on different discharge locations. A retrospective case note analysis was used on a national cohort of discharged patients from medium security between 01 April 1997 and 31 March 1998 across England and Wales (Maden et al, 2004). Significant differences in reoffending rates were identified between four discharge locations (high security, medium security/locked rehabilitation, open ward/community settings and prison).

**The recovery process of individuals under a community treatment order (Poster 595393)**

*Clara Lessard-Deschênes, Marie-Hélène Goulet*

How does forced treatment influence the personal recovery process? The aim of this poster is to explore the perceptions of individuals suffering from a severe and persistent mental illness, that are under a community treatment order, regarding their recovery process. The current state of knowledge on this issue, the method chosen and the expected outcomes will be presented.

**Cannabis and Violence: a systematic review (Poster 595300)**

*Yedishtra Naidoo, Kristin Delcellier*

Aims: To explore the association between cannabis use and violence, and to contextualize the findings through a systematic review. Methods: Systematically searched for studies exploring violence associated with cannabis use reported between January 2000 and June 2018 through electronic bibliographic database, review of published article reference lists and a search of other sources. Articles were included if they met the inclusion criteria. Data points were extracted from included studies and interpreted as they pertained to violence. Results: Following exclusion of 871 articles by abstract and title, 74 full texts were assessed for inclusion criteria.

**Staffs Perceptions of deliberate self-injurious behaviour among female forensic psychiatric patients (Poster 594354)**

*Daphné O'Hara, João Da Silva Guerreiro, Julie Lefebvre*

Staff perspectives of self-injurious behaviour among female forensic psychiatric patients are an important source of information in the development and implementation of consistent and gender sensitive therapeutic approaches. This is particularly relevant considering the high prevalence of self-directed violence among this clientele. However, the literature specifically addressing staffs perceptions working with female forensic

psychiatric patients is scant. A convenience sample composed of nurses, psychiatrists, psychologists and criminologists will respond to the Deliberate Self-Harm Questionnaire developed by McAllister et al. (2002). The preliminary data (n=15) of this research will be presented and discussed in terms of its practice implications.

**Association between PCL-R facet scores and major mental disorder on the forecasting of violent recidivism among a sample of offenders (Poster 590959)**

*Mehrnaz Peikarnegar, Stephen D. Hart*

There is disagreement in the field on the contribution of major mental disorder to the prediction of violent recidivism. The proposed study will examine whether PCL-R facet scores and major mental disorder add incremental validity to the forecasting of violent recidivism above and beyond the Central Eight. A representative sample of federal offenders (n = 274) with a minimum follow-up period of 10 years will be examined. Measures include the PCL-R and the Case Needs Identification and Analysis (CNIA). File information is available on diagnoses of major mental disorder. Data is collected and is in the process of being analyzed.

**Womans experience of battering and their mental health status residing in selected wards of Dharan, Sub Metropolitan city. (Poster 580512)**

*Nirmala Pradhan, Risika Limbu, Rama Khadka*

Background: Around one third of women worldwide have experienced an Intimate partner violation at some point in their lives. Methods: A descriptive cross-sectional study design was adopted. Purposive sampling technique for the sample selection was used. About 128 samples were collected using womens experience of battering questionnaire and self-reporting questionnaire. Results: Maximum respondent belonged to age group 17-28 years. Majority of spouses occupation was labour (31.2 %). About 68% of the respondents family falls below poverty line. About 37.5% of women were found to be battered and 31.25% of them were found to be positive mental health disorder.

**Trauma among Psychiatric Workers: A Research and Knowledge Translation Project (Poster Session 593272)**

*N. Zoe Hilton, Elke Ham, Rebecca Harris, Nicole C. Rodrigues, Kayla Sherborn, Bonnie Kirsh, Olena Chapovalov, Michael C. Seto*

In the current study, inpatient psychiatric staff was surveyed from two large psychiatric hospitals in Ontario. Responses were received from 761 participants (69% female, 30% male; 47% forensic, 36% other psychiatric unit). An alarming 15% scored above the diagnostic cut off of the PTSD Checklist for DSM5 (PCL-5; Blevins et al., 2015). Based on violence exposure, PCL-5 total scores and symptom duration, 8% met full diagnostic criteria for PTSD. Upon further analysis, controlling for violence exposures, chronic stressors, and self-reported workplace factors, working on a forensic unit significantly contributed to a linear regression model of trauma symptomatology.

**The Role of Sexual Images in the Process of Online Grooming that Involve Children and Adolescents (Poster 590906)**

*Melvin Sert*

This exploratory study examines the role of sexually explicit images (SEI) from the perspective of young individuals who have been sexually abused. The results demonstrate that images have multiple roles occurring at three different points, the online grooming, abuse and discovery of the abuse stage. In all stages, the SEIs play a central role. When images are generated during the online grooming stage, they are used to blackmail the young individuals. Images created during the abuse stage are used to humiliate/dehumanize the youth. In the final stage, they either prevent a disclosure or lead to the discovery of the abuse.

**The Structured Interview of Reported Symptoms Classifications in a Taiwan Simulation Sample: Comparison of the First and Second Editions (Poster 590045)**

*Wai-Cheong Carl Tam, Yi-Ting Chang*

In forensic psychological assessment, one of the commonly used instruments for detecting feigning psychiatric symptoms is the Structured Interview of Reported Symptoms (SIRS). However, there is no consensus on the classification accuracy between the first (1992) and second (2010; SIRS-2) editions. This study compared the classification results of the two editions with a simulation research design consisting of 70 participants in Taiwan. Results indicated that the overall convergence rate was 85.7%, with higher sensitivity for the SIRS and higher specificity for the SIRS-2. The clinical significance and implications of this study were discussed.

**Life behind closed doors. A comparative study of Quality of Life in prison versus a forensic psychiatric hospital. (Paper 592701)**

*Daphné Tebelakis, Louis De Page, Peter Theuns, Pierre Titeca*

In Belgium, a majority of forensic patients is sent to prison for some period of time before they are conditionally released to a forensic hospital. For many patients, imprisonment is traumatic experience on top of their psychiatric illness, which has led them to an NGRI sentence. This study compares their experiences in prison to the forensic hospital. Retrospective prison QoL is compared to current (ward) QoL using a questionnaire. Data will be analysed qualitatively and compared to psychometric clinical and risk assessment data. QoL domains that have proven to be the most problematic will be assessed qualitatively using in-depth interviews.

**Discharge management under pressure (Poster 599996)**

*Marie Vettters, Sarah Libicher & Sven Krimmer*

With revision of penal code 63 in 2015 German federal lawmakers intended to strengthen patients rights in hospital order treatment, to limit detention times and especially to focus on proportionality aspects. Unfortunately the development in forensic clinical practice in Haina meanwhile shows strongly contrasting effects: admission and occupancy rates are generally increasing and especially the clinical discharge wards get under considerable pressure to find best possible aftercare solutions for often insufficient treated patients. Due to legally anchored high-frequency assessments by external experts, especially the vulnerable discharge process gets impaired and patients finally withdraw from therapeutic cooperation hoping for unconditional discharges by courts decision. Cases where a risk-related stepwise discharge plan gets undermined by legally fixed discharge ultimatums increase. The consequences close the vicious circle: By choosing the next possible place in any aftercare hostel due to time pressure instead of picking the best possible solution, social re-integrations of the patients more often fail by psychotic relapses and reoffendings. Therefore established discharge settings get destroyed, aftercare partners stop cooperations and re-admissions are the final result.

**Priority Domains for Gang Exiting in BC (Poster 595372)**

*Catherine Wilson, Nathalie Gagnon, Rubina Mudhar, Lesley Duncan*

The Combined Forces Special Enforcement Unit - British Columbia is the province's integrated law enforcement agency mandated to address gang and organized crime activity. CFSEU-BC's Gang Intervention and Exiting programs target youth and young adults engaged or at risk of becoming involved in the gang lifestyle. Using data collected through the program intake assessment, the presentation will provide a preliminary profile of gang involved individuals in BC and key domains for case management. The results will provide a better understanding of the needs of this target population to better support individuals attempting to leave the gang lifestyle.

**Annual General Meeting 17:00-17:30**

Room: Salle de Bal Montréal

## FRIDAY JUNE 28

### Post-conference Workshop

#### Introduction to the SDV-20: Assessing and managing risk for self-directed violence

Brianne Layden

- 09:00 – 17:00 (Outremon 4)

Self-directed violence (SDV), or suicidal behaviour, has been documented in almost every country and was the second leading cause of death in 2012 among persons aged 15 to 29. Currently, there appears to be an over-reliance on the use of “checklist” methods for assessing SDV risk (e.g., SAD PERSONS), and a great need for empirically guided risk assessment approaches that utilize the advantages of clinical or professional judgment, rather than relying solely on the outcome of quantitative or checklist measures. Strict quantitative or statistical approaches often do not adequately capture the range of dispositional and contextual factors influencing risk for particular behaviours. Thus, the purpose of this workshop will be to 1) enhance participants’ understanding of SDV and to differentiate this behaviour from non-suicidal self-injury, 2) review the results of a systematic literature review of risk factors for SDV, 3) provide a rationale for the use of structured professional judgement (SPJ) in assessing and managing risk for SDV, and 4) to introduce and administer the SDV-20, a set of SPJ guidelines for assessing and managing risk for SDV.

### Visit the Pinel Institute – 09:00-13:15

IAMFHS delegates have the opportunity to visit Institut national de psychiatrie légale Philippe-Pinel, Canada’s largest forensic psychiatric hospital. Affiliated to the Université de Montréal, Pinel has a provincial mandate and admits patients from courts, provincial and federal correctional facilities as well as from other psychiatric hospitals when they display a level of violence risk that cannot be safely addressed in other mental health care facilities. Pinel also provides outpatient services for nearly 700 consumers. Pinel has two dedicated remand units for court-ordered evaluations (e.g., fitness to stand trial and criminal responsibility); one program is dedicated to women from Federal corrections with severe mental illness and one program for youth with mental illness who display violent behaviour. Multidisciplinary teams of psychiatrists, psychologists, criminologists, social workers, nurses, pharmacists, psycho-educators, occupational therapists and rehabilitation staff work together to conduct assessments and provide treatment in a secure environment. Pinel’s research and academic affairs sector provides training to health, correctional and justice systems’ staff. Pinel’s research Center aims to advance and mobilize knowledge and understanding around mental illness, violence and criminality through interuniversity and interdisciplinary research initiatives in partnership with health, social services, justice and public safety institutions and community organisations.

**Sign up early for the visit of the *Institut national de psychiatrie légale Philippe-Pinel* at the registration desk. Places are limited!**

## Student Events



### GET INVOLVED

**Student Board.** We are looking for engaged, creative, and hard-working students to run as candidates for the 2019-2020 student board. Self-nominations are welcome!

**Campus Representative.** We encourage you to apply for a 1-year term to raise awareness about and get more students involved in IAFMHS in your school, department or organization.

**Peer Mentorship.** Apply and be matched with a peer mentor/mentee for up to 12 months with similar interests.



DON'T MISS MICHAEL SETO'S "8 HABITS FOR EFFECTIVE RESEARCHERS"

JUNE 26 @ 9:00  
MTL 2



### Student Brunch

Meet our student board, socialize and get to know more about European vs. North-American graduate programs.

JUNE 25 @ 10:00  
MTL 6

### Student Social

Sir Winston Churchill's  
1455 Rue Crescent, Montréal, QC  
H3G 2B2

JUNE 26 @ 19:00 – 21:00  
(18:30 hotel lobby)

# Dining in Montréal

## Within a 1km radius from the Hôtel Bonaventure

**Café Parvis (\$-\$\$).** You need to know where you're going to find this café hidden behind a church. Locals gather all day long on the patio for fresh salads and creative pizza by the slice.

**Humble Lion (\$).** Great coffee, with two locations – one on McGill College and the other on Sherbrooke.

**La Habanera (\$\$).** Cuban café and bar with a festive ambiance. Reservations are recommended.

**Ferreira Café (\$\$\$-\$\$\$\$).** A staple of fine dining in Montreal, Portuguese cuisine. After 10pm, an appetizer and a main course will only set you back \$30. Reservations required.

## Old Montreal & Old Port

(Place-d'Armes/Champ-de-Mars metro stations or ~20 minutes walk from the Hotel)

**Tommy Café (\$-\$\$).** A great coffeeshop to get those last-minute touch-ups to a presentation.

**Un po' di piu (\$\$).** For coffee and croissant in the morning, *l'apéro* in the late afternoon or a full meal in the evening.

## Plateau Mont-Royal & Mile-End

(Mont-Royal/Laurier metro stations or ~30/40 minutes walk from the Hotel)

**Bar Henrietta (\$\$).** A wine bar with great cocktails or a cocktail place with a great wine list? Let us know.

**Buvette chez Simone (\$\$).** A classic. Come for the wine, stay for the French brasserie style small plates.

**Réservoir (\$\$).** Microbrewery with really great food for sharing and a rooftop patio.

**Yokato Yokabai (\$\$).** Excellent ramen place.

**L'Express (\$\$-\$\$\$).** The classic French bistro par excellence.

**St-Viateur Bagel (\$).** Montreal bagels need no introduction.

### Off the beaten path

**Dinette Triple Crown (\$\$).** During your trip to the Jean Talon Market, grab a bottle of wine and head out to Dinette Triple Crown – they'll provide everything you can possibly need for a picnic in the Little Italy Park, cutlery, picnic blanket and fried chicken included.

**Alexandraplatz (\$).** To find this garage/parking space that magically transforms into a biergarten in the summer, get off at the Beaubien metro station and walk West for 10 minutes or so (you can't miss it if you follow the cool kids on bicycles).

**Manitoba (\$\$\$).** If you aren't sure what local, sustainable Canadian cuisine looks like, head out to Manitoba (and have *l'apéro* at Alexandraplatz, a block away).

**Satay Brothers (\$\$).** For festive Singaporean street food, get off at the Place Saint-Henri metro station. Worth the lineup.

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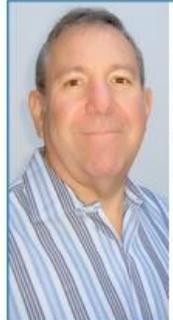
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