INTERNATIONAL ASSOCIATION OF FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER

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Summer 2021

Summer Edition Features

Letter from the Editor

"And so with the sunshine and the great bursts of leaves growing on the trees, just as things grow in fast movies, I had that familiar conviction that life was beginning over again with the summer."

F. Scott Fitzgerald

Welcome to the (late) summer edition of our IAFMHS newsletter! I hope you all had a chance to tune into the many fantastic talks at our first ever virtual conference in June. I would like to extend a special thanks to all the organizers and presenters who made this conference possible.

This is our last edition of the newsletter with Marichelle Leclair as our Editorial Assistant. Thank you, Marichelle, for all your hard work and patience in this role. You will be missed! In this issue of the newsletter, I would like to highlight the revival of our Early Career Corner, which has graciously been taken over by Dr. Adam Coffey.

As always, we would like to encourage members and non-members to submit content to the newsletter. We are actively recruiting someone to fill the Editorial Assistant position and welcome applications from all disciplines.

Sarah Coupland, Editor

A Message from our President

Dr. Quazi Haque

President IAFMHS

It is a great honour and privilege to represent our members as President of IAFMHS. Like many members, I have a longstanding attachment to the organization, and have found it to be a valuable arena to gain knowledge and inspiration from colleagues around the world. Having acted as President-Elect for the previous two years through the pandemic, I am even more enthused about the importance and further potential of IAFMHS to support professionals, clients & patients, and our health care systems. Here, we must give great credit to Anne Crocker for her leadership, and I am looking forward to our continued work together as she steps into the role of Past-President. I am also delighted to welcome Tonia Nicholls as our President-Elect. I have known Tonia for many years and will be excited to have her commitment and ideas toward further advancing IAFMHS to support our members.

This newsletter follows our recent virtual annual conference. The IAFMHS administration team, scientific conference committee and CONCEPT did a great job, in a remarkably short time, to pull together an excellent programme. Like most, I yearn to meet colleagues at conferences in person and hopefully that opportunity will arise as we all learn to live safely with COVID. In the meantime, we perhaps should reflect on how the digital solutions employed at the June IAFMHS conference may be of value to enhance the quality of future in-person meetings; perhaps most notably allowing a wider international audience of professionals to gain access to the IAFMHS community. We will be providing more information about next year's conference as soon as possible. I am really delighted that our outgoing Past-President, Barry Rosenfeld will continue to help us to identify and organize future conferences.

Across continents, countries, and communities the pandemic continues to change how we are delivering care. In the UK, as society reduces restrictions commensurate with the deployment of vaccines, we see considerable variations in health and social outcomes even across neighbouring localities. This is the case globally. Our 2021 conference highlighted international research suggesting adults and young people with mental health conditions at the interface with criminal justice settings experienced further burdens on their overall health and human rights. We are therefore grateful to continue receiving policies, practices, and new research about the pandemic from members, and share with the community. This is an important time to uphold the highest possible ethical and professional standards across our clinical and scientific communities. A time to foster effective support and collaboration across our network. I hope you enjoy this newsletter and feel inspired to contribute to future editions.

CALL FOR EDITORIAL ASSISTANT

The IAFMHS is currently seeking an editorial assistant for its newsletter. The editorial assistant works closely with the editor to develop the content and formatting of the quarterly newsletter. The role offers valuable editorial experience and opportunities for network development in the field of forensic mental health.

The role is open to all IAFMHS members and may be of particular interest for trainees. The position is a 2-year voluntary service position that will start on October 1st.

To apply, please submit a brief statement of interest and a CV to sarah_coupland@sfu.ca by September 15th.

Typical tasks

- Assists the editor in developing the content of the newsletter
- Maintains contact with the authors, along with the editor
- Edits and/or proofreads submissions for publication
- Designs and formats the newsletter

SPOTLIGHT ON MENTAL HEALTH DIVERSION

Lack of Formal Diversion Options for Persons with Mental Illness in the South African Criminal Justice System

Letitia Pienaar, LL.B (UJ), LL.M (UNISA), LL.D (UNISA)[1]

[1] Department of Criminal and Procedural Law, University of South Africa (Unisa)

Mental illness is on the rise in South Africa (Simpson & Chipps, 2012). However, the exact number of persons with mental illness in the criminal justice system is not known. A proper health assessment is often not done on a newly admitted accused due to a shortage of staff at correctional facilities, often leaving mental illness undetected at first. South African prisons face severe overcrowding, where some prisons take in between 200 and 400 persons per day (DCS, 2014). Mental illness is often only detected after a court-ordered forensic assessment. The forensic mental health care system faces severe backlogs, which suggests that it is overburdened by the number of persons with mental illness in the South African criminal justice system. An opportunity exists to explore diversion for persons with mental illness to reduce strain on the forensic mental health care system and correctional facilities.

The Mental Health Care Act, 17 of 2002, provides an alternative to arrest in the form of a pre-booking diversion that allows the police to take a person with mental illness who comes into contact with the law to a hospital for observation. However, this provision is seldom used. Many persons with mental illness are thus arrested and sent for forensic assessment. Due to the strain on the forensic mental health care system, there are lengthy wait times for a forensic assessment, in some instances almost a year (S. v. Vika, 2014). Many of these accused persons remain in a correctional facility awaiting assessment.

The Constitutional Court was made aware that mental health support services in South African prisons for those awaiting forensic assessments are seriously lacking (De Vos N.O. and Others v. Minister of Justice And Constitutional Development and Others, 2015). This results in persons with mental health conditions either awaiting forensic assessment or awaiting trial after the assessment, not receiving much-needed treatment and / or medication. The negative effect of contact with the criminal justice system on a person with mental illness is well documented, and efforts to divert them from the criminal justice system should be considered.

Letitia Pienaar, LL.B (UJ), LL.M (UNISA), LL.D (UNISA)

Department of Criminal Justice and Procedural Law
University of South Africa (UNISA)
Pretoria, South Africa

Formal diversion exists for young offenders in South Africa through the Child Justice Act 75 of 2008. Where their cases are not suitable for diversion, a special court hears the case. Diversion is thus not foreign to the South African criminal justice system. Nevertheless, there are currently no formal diversion options for persons with mental illness despite being identified as a group in need of special programs (DCS, 2014). Prosecutors can use their discretion to divert a person with mental illness before trial. Yet, it is unclear how often persons with mental illness benefit from potential diversion since these informal diversion practices are seldom documented.

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SPOTLIGHT ON MENTAL HEALTH DIVERSION

Lack of Formal Diversion Options for Persons with Mental Illness in the South African Criminal Justice System

A possible barrier to the implementation of formal diversion is that the Criminal Procedure Act 51 of 1977 only allows the court to find an accused either fit or unfit to stand trial. An unfit accused may even be released in certain instances (Pienaar, 2018). No orders are available to the court where an accused is fit to stand trial but presenting with a mental illness. Such an accused is found fit to stand trial, and their case proceeds to trial with no further consideration that they may have a mental illness. The court does not have the discretion to order that such an accused should undergo treatment. This is problematic since the outcome of most fitness assessments in South Africa is that the accused is fit to stand trial despite the presence of mental illness (Schutte, 2013). The low threshold-fitness test arguably contributes to these findings (Pienaar, 2019).

The South African criminal justice system can benefit from diversion for persons with mental illness. South African scholars suggested the diversion of persons with mental illness some time ago (Gagiano, Van Rensburg, & Verschoor, 1991), but no action followed. A mental health court could perhaps be considered for South Africa. Such a court could help cut down on pre-trial delays regarding fitness assessments. Since reduced recidivism is one of the positive results of a mental health court, such a court in South Africa could help to alleviate the severe problem of overcrowding. However, resource shortages may be the most significant obstacle in implementing such initiatives.

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

FORENSIC MENTAL HEALTH NURSING

Managing Blanket Restrictions in a Forensic Mental Health Service

Michael Doyle, RMN, Ph.D., Professor of Mental Health, University of Huddersfield, UK
Liza Kitchen, RMN, Ward Manager, Sandal Ward, South West Yorkshire Partnership NHS Trust, UK

Forensic mental health secure services provide care and treatment to those who present a serious risk to others and whose escape from hospital must be prevented (NHS England, 2018). When maintaining a safe environment in which to treat those who pose a risk to others, there is a need to balance the cultures of custody, central to the conduct of a prison, and the cultures of therapy, central to the conduct of a hospital. (Joint Commission Panel for Mental Health, 2013). By their very nature forensic mental health inpatient units are restrictive.

Blanket restrictions are typically defined as rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application. Blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for individuals.

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Managing Blanket Restrictions in a Forensic Mental Health Service

There is a recognition that secure services must impose blanket restrictions on their patients where necessary and proportionate. Getting the balance right between care and custody is the raison d'être of forensic services and forensic mental health nurses are at the forefront of implementing, monitoring, and managing blanket restrictions.

Getting the balance right between care and custody is the raison d'être of forensic services and forensic mental health nurses are at the forefront of implementing, monitoring, and managing blanket restrictions.

South West Yorkshire Partnership NHS Trust (SWYPT) provides inpatient and community mental health and learning disability services to a population of 1.22m people, including specialist forensic services across the Yorkshire region.

The SWYPT Blanket Restrictions policy and related procedures aim to ensure that the least restrictive practice is always observed in low and medium secure forensic services in line with the Mental Health Act Code of Practice (2015; Department of Health, 2015). The following principles guide the approach:

- Wherever possible, the least restrictive option principle shall be observed to maximize patient independence and experience.
- Where an individual needs a greater degree of restriction usually observed and accepted in a particular ward, this is risk assessed, discussed with the patient, clearly documented, and reviewed.
- Each service user will only have restrictions placed upon them that are planned, proportionate, identified by the ward environmental risk assessment and/or following individual risk assessment.

In order to maintain safety and enhance the effectiveness of the services, it is acknowledged that there will need to be some accepted blanket restrictions across ward areas based on health and safety risks, including the following:

- No smoking on Trust premises
- No alcohol on Trust premises
- No illicit drugs on Trust premises
- No New Psychoactive Substances (NPS or "legal highs") on Trust premises
- Prohibited Items List
- All doors into inpatient clinical areas will be controlled
- Fixed mealtimes

In addition, blanket restrictions may be introduced where they are necessary based on the individual ward-based health and safety risk assessments (e.g. access to hazardous materials, locked areas in secure wards) (Care Quality Commission, 2019). If an alternative cannot be identified and the blanket restriction is still deemed necessary, the following needs to be observed:

- The blanket restriction is in place for the shortest possible time
- All affected service users must be made aware of why the decision was made
- Any impact the restriction may have on the service user should be documented in the electronic patient record
- The decision should be reviewed regularly in the Multidisciplinary Team (MDT)
- The decision to implement a blanket restriction can be made by nurse in charge and should be escalated to the General Manager ASAP
- All blanket restrictions implemented outside normal practice will be recorded on incident reporting system
- If the blanket restriction needs to be in operation for over 72 hours or for an indefinite period, this should be reported to the Legal and Mental Health Team and the Director of Nursing and Quality

The case study below illustrates how this approach was used in response to the use of E-cigarettes on a low secure forensic ward.

Case Study on the Use of E-cigs on a Low Secure Forensic Ward

Sandal ward is a 16 bed Low Secure Forensic ward for Male patients in the acute stage of their illness.

Service users were smoking on ward areas, sharing cigarettes, and using additional Nicotine Replacement Therapy (NRT) in breach of policy. Service users were made aware that due to COVID-19 pandemic and following infection prevention & control guidance, e-cigs could not be shared. However, it became apparent that this led to individuals being bullied and exploited.

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Managing Blanket Restrictions in a Forensic Mental Health Service

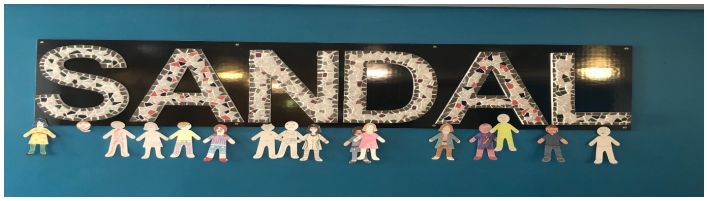
Case Study on the Use of E-cigs on a Low Secure Forensic Ward

A 3-stage approach was used in response. If service users were sharing E-cigs, then this would be removed until the following day, when they would access this for 48 hours under supervision in the courtyard. If this went without issue, they would have access reinstated. However, if suspected of buying and selling the item access would be suspended and discussed with the clinical team.

The system seemed to work partially but bullying and intimidation remained on the ward and there was evidence that E-cigs were being sold on the ward for over £50. From a health and safety perspective, this was causing incidents on the ward, and staff were reporting feeling anxious when coming to work due to the increasing incidents arising from E-cigs use.

Therefore, a blanket restriction on E-cigs on the ward was introduced following discussion with the MDT, service users and senior managers. Service users could still have E-cigs when on leave or in outdoor areas based on individual risk assessments.

Community meetings discussed the blanket restriction every 2-weeks. All service users were involved and asked what they felt was required to keep themselves and others safe. Service users asked for a contract to be implemented that they would sign to avoid issues around people stating they did not know the policy and procedures. Following this E-cigs were reintroduced onto the ward. If service users went against the contract, E-cigs were suspended, and individuals offered alternative NRT. In conclusion, the policy on blanket restrictions enabled effective management of E-cigs on the ward so that the benefits for smoking cessation could be realized. Service users commented:



"I think the system went well, it stopped people borrowing and money problems."

"The Ward Manager controlled the use of E-cigs when they were misused. We were all involved in community and ward meetings and she involved us throughout. When they were reintroduced, this was done fairly."

"Brilliant stopped me smoking."

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If you are a forensic mental health nurse who is interested in submitting a piece, please do not hesitate to contact Helen Walker at: ***helen.walker6@nhs.scot***

CALL FOR INTERNATIONAL HIGHLIGHTS

The newsletter is currently looking to publish content related to the organization of forensic mental health services in various countries. If you are interested in submitting a piece, please contact the Editor at sarah.Coupland@sfu.ca.

RISKY BUSINESS

Adolescent Threats and Violence: An Intriguing Difference.

Chelsea Leach[1], Ph.D.

[1]Child and Youth Mental Health Research Group, University of Queensland, South Brisbane, Australia

Chelsea Leach, Ph.D.

Child and Youth Mental Health Research Group
University of Queensland
South Brisbane, Australia

It is not uncommon for young people to make threats of violence (Nekvasil & Cornell, 2012). Warren et al. (2014) proposed a typology to explain underlying motivations for engaging in this type of violence. For example, some may be considered 'screamers' who are letting off steam, while others may be 'shielders' that are trying to use bravado and threats to protect themselves from perceived danger. 'Shockers' are another group that uses threats to elicit a response in others. Warren et al. (2014) noted that it was unusual for these three groups to act on their threats. Conversely, 'schemers' use threats to stand over or coerce others into meeting their needs and may escalate into violence if needed to obtain their objective. The final and most concerning group, according to Warren et al.'s (2014) typology, are 'signalers' – whose threats are a stated intention to act violently.

Anyone who works with justice-involved youth would be familiar with managing threats in this context. The response is usually based on a consideration of the young person's general risk for violence, their acute risk factors, and the environment around them. This may lead one to either dismiss the threat as an inappropriate expression of personal distress or frustration, or immediately intervene to keep people safe. In youth custody facilities these decisions may be made on the fly, while in other contexts you have enough time to undertake a more thorough assessment with a structured professional judgement tool such as the Structured Assessment of Violence Risk in Youth (SAVRY) (Borum, Bartel & Forth, 2006).

Yet, we know that some of the most serious school-based attacks have been committed by young people with no prior justice involvement (Vossekuil et al., 2004). So are these young people different from those who more regularly engage in general violence? Or do they share a similar pattern of risk factors for violence but their first act happens to have high lethality? In order to explore this, we reviewed a sample of young people referred to our services for a forensic risk assessment. Young people were split into three groups: 1) young people referred for a threat assessment only (i.e., having uttered threats); 2) young people referred for a violence risk assessment only; and, 3) young people referred for both violence risk and threat assessment. The groups were compared across presenting mental health issues and criminogenic risk factors. As expected, young people referred for a violence risk assessment had a higher prevalence of many factors known to be associated with violence risk, such as history of physical abuse, family mental health issues, and prior violent offending. Consequently, their risk estimates were also in the highest risk category. The group referred for both violence and threat assessment appeared to be a younger, lower risk sub-group of those referred for the violence only assessment. Unexpectedly, the group referred for a threat only assessment was 20 times more likely to be diagnosed for depression than those referred for violence-only. There also appeared to be a higher prevalence of Autism Spectrum Disorder in the threat-only group, but this difference was not sustained at a multivariate level.

This was an exploratory study and while the findings should be viewed in this context, they may have important implications for practice. First, it may be that depression is under-diagnosed in the violence-only group as the mood disorder may manifest as irritation and aggression in this group. Alternatively, the findings may highlight a need to screen for violent ideation in adolescent males diagnosed with depression. Finally, future research is needed to explore if these findings can be replicated and whether depression is related to the risk of the threat being enacted.

For more information, see:

Leach, C. L., Harden, S., Heath, A., Hayes, J., Newcombe, C., Johnston, M., & Hasan, T. (2021). Adolescent threats and violence: An intriguing difference. *Criminal Justice and Behavior*, *48*(7), 923-942.

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EARLY CAREER CORNER

Calling all Early Career Professionals!

C. Adam Coffey, Ph.D.

Lithia Forensics and Consulting
Portland, USA

I am Adam Coffey, and I am thrilled to serve as the new coordinator for the early career corner. I am a licensed psychologist and certified forensic evaluator currently working in private practice in Oregon, USA. I graduated with my Ph.D. in clinical psychology, with a specialization in psychology and law, from the University of Alabama in 2019. My predoctoral internship and postdoctoral fellowship both took place at Patton State Hospital in California, where I specialized in forensic evaluation and the provision of psychotherapy with individuals with severe mental illness. After completing my fellowship, I worked as a staff psychologist at Patton State Hospital and was employed there for almost a year prior to transitioning to my current position. Given that I have moved around quite a bit and have worked in both public and private sector positions, I have a growing appreciation for both the external (e.g., learning new systems and relevant statutes, navigating relationships with funding sources, applying for licensure or for licensure transfer) and internal (e.g., imposter syndrome and other common cognitive distortions, ambivalence regarding various viable career paths) challenges that Early Career Professionals (ECPs) face.

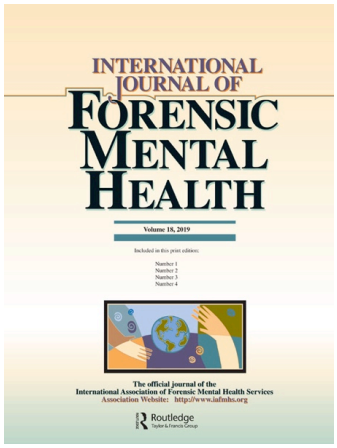
I see this as perhaps the most challenging and exciting time to enter the field of forensic mental health. It seems that, in the last year and a half, our field has entered a new era. Our collective response to the outbreak of a global pandemic has certainly changed the landscape of our profession in the interim and may do so for many years to come. Adding to the challenges, within the United States and Canada among other countries, we continue to reckon with the historical and ongoing impacts of racism, discrimination, colonization, and maltreatment that have contributed to inequity of outcomes among those who access our services. I believe we as ECPs have the opportunity and obligation to set a course for the field that is equitable, sustainable, and leverages all available resources to better our society. I see this newsletter section as one avenue to have important dialogues about challenges that we face as ECPs and share insights for addressing them.

It is my hope that the early career corner will be both practical and thought provoking. My goal for this section of the newsletter is to provide advice on how to tackle pitfalls that are common in one's early career while also sparking discussions about emergent issues that affect all practitioners. I believe we can all benefit from exposure to diverse, multidisciplinary perspectives on these issues and, to that end, will be eliciting content from across various disciplines within IAFMHS and forensic mental health.

If you are an early career professional who is interested in submitting a piece on a timely topic, please do not hesitate to contact me via email at: *coffey@lithiaforensics.com*

INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH

Feature Article



Exploring Rater Cultural Bias in Forensic Risk Assessment

Samantha Venner[a], Diane Sivasubramaniam[b], Stefan Luebbers[c], & Stephane M. Sheppard[d]

[a]Centre for Forensic Behavioural Science, Swinburne University of Technology, Melbourne, Australia; [b]School of Psychological Sciences, Swinburne University of Technology, Melbourne, Australia; [c]Centre for Forensic Behavioural Science, Swinburne University of Technology & Victorian Institute of Forensic Mental Health (Forensicare), Melbourne, Australia

Risk assessment instruments are an important tool for assessing an offender's risk of recidivism. However, concerns have been raised regarding their applicability to different cultural groups, and it has been suggested that rater cultural bias may affect assessment. This study explored whether rater cultural bias impacted upon the scoring of the YLS/CMI-SRV and rater perceptions of offenders from diverse cultural backgrounds. Participants included a representative sample of postgraduate Australian Psychology students who were randomly assigned a vignette of a young offender from either a South Sudanese, Indigenous or Anglo-Australian background. No evidence of cultural bias was found in YLS/CMI-SRV scoring or rater perceptions of the offender.

STUDENT SECTION

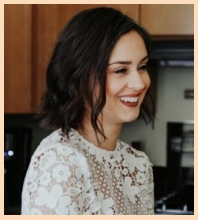
20th ANNIVERSARY SPOTLIGHT EDITON: Interview with our Former Student Board Presidents (Part 2)

Sarah Schaaf, Student President, Fairleigh Dickinson University, USA | Israa Altwaijiri, Student President-Elect, Swinburn University of Technology, AUS | Maartje Clercx, Student Secretary, Radboud University, NLD

Ilvy Goossens is a doctoral student in the forensic psychology-law program at Simon Fraser University (Canada), a researcher in the Mental Health, Law, and Policy Institute, a graduate research assistant in the Youth Risk and Resilience Lab, and a psychology assistant with the Forensic Psychiatric Services Commission.

Her overarching research interests focus on the intersection between mental health and the criminal justice system. Her primary graduate research focuses on risk assessment and risk communication. She is a co-author of the DIARI (Decision-making In Abusive Relationships Interview: Nicholls, Hilterman, & Goossens, 2016), an interview guide to collaborate on safety planning with women in abusive relationships.

Ilvy Goossens, MS
Student Board President
2018-2019



"To everyone before me: A debt of gratitude for giving so many of us a place to socialize, grow, and learn from each other. To everyone who'll come after me: Welcome, I hope you'll experience as much learning and conviviality as I did!"

Q: What motivated you to become president of the IAFMHS student board?

A: IAFMHS was one of the first conferences I attended in the forensic field. I was impressed by the international scope, the mix between research and practice, and the ease with which I could approach fellow students, professionals, and academics from different countries. I immediately got the sense that IAFMHS is an inclusive and open organization. That motivated me to figure out how I could contribute in a more meaningful manner to the association.

Q: What are some of the projects the student board has worked on during the 2018/19 term?

A: There were so many! I was fortunate to have had a great team, with many ideas and the vigor needed to manifest various new programs and incentives. We founded the IAFMHS newsletter, implemented the Derek Eaves Student Research Grant, built out the student resource webpage, and added the Campus Representative program to our existing Peer Mentorship program.

Q: What have you taken away from your IAFMHS student board presidency?

A: So much depends on your team! I have been in several leadership roles, but my experience on the IAFMHS student board takes the cake in terms of team collaboration and real-world impact on the larger organization. We've been fortunate to have been given a lot of trust and freedom from the senior board. We were given carte blanche for student = conference planning, social events, and new initiatives. I look back fondly to my years with IAFMHS and I cherish the relationships I've built with my fellow board members!

Q: What do you value about IAFMHS?

A: The organization lives up to its mandate. It is truly international, interdisciplinary, inclusive, and non-discriminatory. Our student board members make themselves available for questions from the IAFMHS student body years post-tenure. For me, IAFMHS is like coming home or like a school reunion. Each year, that feeling grows. I worry this will come across as too nice, or not nuanced enough. What can I say? I drank the Kool aid —and I like it!

Q: What advice would you give to the current IAFMHS SB?

A: Keep at it! I think we all do better when we share similar goals, when we keep competition down, and when we share successes. In most past boards, my colleagues have been very fair and generous with their time, feedback, and sharing accolades. Practically speaking: Think about longevity (i.e., will this program be able to exist/succeed beyond this board), and mandate (i.e., does this program or initiative fit within the organization's mandate).

Q: What advice would you give to students and young professionals interested in following your career path?

A: Know that many ways lead to Rome. Although there is a big focus on GPAs and GREs, there are many ways to strengthen your chances of getting into graduate school. People may underestimate the value of clinical experience and their own personality. Consider multiple options! A few of my colleagues wrote an excellent series on the difference between North American and European Ph.D. programs (see newsletter database) While equivalent in their meaning, they are quite different in terms of trajectory and content. For example, did you know that you get paid for European PhDs?!

STUDENT SECTION

20th ANNIVERSARY SPOTLIGHT EDITON: Interview with our Former Student Board Presidents (Part 2)

Maria Aparcero-Suero is the current past-president of the IAFMHS student board and a member of the IAFMHS Equity, Diversity, and Inclusion Committee. She is a 4th-year Clinical Psychology doctoral student at Fordham University in the United States, where she is a teaching fellow and the international student representative on the board of the Graduate Student Association. Additionally, she is an extern at Kirby Forensic Psychiatric Center, NY, where she conducts (neuro)psychological evaluations and provides treatment to defendants found incompetent to stand trial or not guilty by reason of insanity. Her research interests include forensic psychological assessment, cross-cultural assessment and instrument validation, feigning, and sexual offending. Maria is currently working on her dissertation on forensic psychological evaluations in the U.S. Immigration Court System.

Maria Aparcero-Suero, MA
Student Board President
2019-2020

"Unfortunately, the celebration of our 20th anniversary had to be postponed, but I am confident that our next in-person conference will be one to remember! We have been preparing for the past 2 years, and everyone is saving their enthusiasm for this occasion. We all hope that this time will come soon! "

Q: What motivated you to become president of the IAFMHS student board?

A: Its welcoming atmosphere and getting to know the past student board members at the IAFMHS Conference in Belgium. As an international student from Spain currently studying in the U.S., I value establishing connections with other international students. I saw in the presidential position the opportunity to expand my leadership skills, connect with students and experts in our field, and leave my mark by serving students who are passionate about forensic mental health.

Q: What are some of the projects the student board has worked on during the 2019/20 term?

A: We started the year with three main goals: contributing to the celebration of the 20th anniversary of IAFMHS, enhancing student members' experiences at the annual IAFMHS conference, and featuring professionals from diverse and interesting backgrounds in our quarterly newsletter (i.e., Spotlight). Unfortunately, our progress towards achieving the first two goals was thwarted by the COVID-19 pandemic, but I hope our plans will be implemented in future years.

Q: During your term, Covid-19 broke out. How has the pandemic impacted the functioning of the student board? Were there any major adjustments you had to make?

A: We were working towards organizing our annual conference when we witnessed the world shutting down. Our lives changed considerably for most of us, and the aspiration of representing and serving student members at the 20th IAFMHS conference became more a dream than a reality. By the start of 2020, the student board had already created the 20th anniversary merchandise and come up with ideas for the conference, so it was difficult to cope with the cancelation of such an awaited event. Nonetheless, being part of this international team and having monthly meetings was one of the things I was looking forward to in the midst of the pandemic. We became friends and supported each other even from a distance.

Q: What have you taken away from your IAFMHS student board presidency?

A: Holding a leadership position as a student in an international organization that I admire has been a very enriching experience, both personally and professionally. One of the most valuable parts for me was being a member of an international team that is dedicated to making our organization a welcoming place for students from all over the world. We shared our interests in forensic mental health, joined our abilities and strengths, and learned from each other while developing new initiatives and opportunities for IAFMHS student members. I have established professional connections and friendships with highly competent and passionate students who will be the next generation of professionals in the field.

Q: What do you value about IAFMHS?

A: I highly appreciate the international and multidisciplinary focus of IAFMHS. It is a very welcoming organization, and it is always very easy to talk to professionals and students at the annual conference. People are not only there to learn and share their knowledge but also to have a good time with colleagues from different countries. IAFMHS helps connect students, professionals, and experts who truly care about professional development and the future of our field.

Q: What advice would you give to the current IAFMHS SB?

A: Take the time to get to know each other and listen to each other ideas! Creativity and productivity are maximized when members know their strengths and can put them together to develop new initiatives. I encourage student board members to take advantage of this opportunity and actively participate in the monthly meetings. And, of course, to enjoy and have fun!