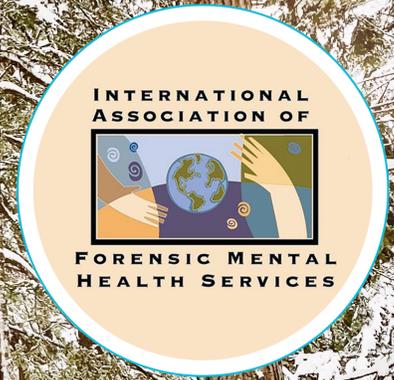


INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER



VOLUME 7 | ISSUE 1
Winter 2022

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Letter from the Editor

“Every winter has its spring.”

H. Tuttle

Well I am sure I am not alone in feeling as though 2022 has already brought many unexpected adversities and uncertainties. Though unlike the start of the pandemic, it feels as though there remains a lingering cautious optimism with some return to what used to be our normalcy.

In this edition of the newsletter, I would like to highlight that our organization is seeking a **paid Social Media Coordinator** as we continue to grow as a more modern organization. I would also like to encourage readers to read the contribution from our Mental Health Diversion section which discusses Service Modifications During COVID-19 and their Impacts on Problem-Solving Courts in Florida, particularly as they related to access to service.

As always we invite contributions but also feedback regarding our newsletter content.

Sarah Coupland, Editor

The Role of Relationships with Youth in Institutional Risk Management

Korri Bickle, PhD, Assistant Professor, Trent University

IAFMHS Newsletter Winter, 2022

The care and treatment of offenders in both forensic and correctional institutions requires a balance of managing risk and safety with a therapeutic role to support rehabilitation and recovery. In practice, however, there tends to be a heavy emphasis on risk management that may lead to overly restrictive environments, including interpersonal ones, that interfere with positive outcomes (e.g., Markham, 2021; Tickle et al., 2014). Similarly, we know that forensic patients and offenders may lose touch with community and/or family supports due to long time periods spent in facilities, barriers to communication, or if they offended against a family member. We also know that at the core of positive outcomes in recovery and rehabilitation are interpersonal relationships (Horvath, 2000). While in an institution, the role of staff as support people then becomes more significant.

Contemplating successful management of risk in youth facilities and reconceptualizing the relationship custody approach – that is, one that emphasizes a caring relationship between staff and youth – are the core of my research focus. In a recent study, twenty-seven officers employed in youth correctional facilities in Ontario, Canada shared their views on their work (Bickle, 2021). Participants completed a mixed-methods survey that assessed their correctional orientation and their endorsement for building relationships with youth. All participants in the study mentioned relationships with youth as an important part of their work, and nearly all of them discussed this without prompting. They recognized that building relationships with youth in custody was important not only for the rehabilitation of the youth in their care, but also as a behaviour management strategy and a way to provide support to youth who were dealing with various struggles and challenges. Participants noted that through the relationship they could learn to understand the youth's triggers, talk with them when they are upset, and support them through emotional situations. It is important to note that although there was a range of correctional orientations within the sample, all

of the participants were clustered toward a treatment-oriented approach to their work. This is important for two reasons: (1) the openness to relationship development and the views on the value of relationships with youth may not be consistent across all officers, and those with a custody orientation may have different views on relationships; and, (2) the participants in this study may prefer to approach escalated situations with a treatment lens rather than a security lens in general, be it through relationships or other means.

The results suggest that it is reasonable to explore the option that with proper training it is possible to manage risk in youth correctional facilities by managing relationship development, youth-staff communication, and interaction rather than attempting to manage youths' behaviour. *[Continued on next page...]*



Korri Bickle, Ph.D.

Assistant Professor
Trent University

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RISKY BUSINESS

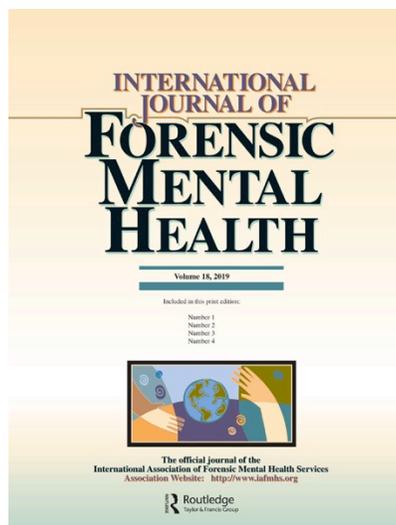
The Role of Relationships with Youth in Institutional Risk Management

The officers in this study noted that the benefits to developing relationships with youth are connected to the increased support felt by youth, the development of trust and the sense that they have a safe adult to talk to when they are upset. If facilities can build on this recognition and teach staff to interact with youth in a different way, they may be able to reduce the risk to both staff and youth in these facilities.

If you are a practitioner or researcher engaged in risk assessment/management and would like to share your research, perspective, or ideas with readers, please contact the Risky Business editor, Krystle Martin at martink@ontarioshores.ca.

INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH

Feature Article



Trajectories and Outcomes of Those Not Criminally Responsible on Account of Mental Disorder through a Canadian Forensic System

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Canadians adjudicated Not Criminally Responsible on Account of Mental Disorder (NCR) are detained in forensic psychiatric hospitals under a jurisdictional review board (RB) governed by the Canadian Criminal Code. The custody and management of NCR populations are administered independently across jurisdictions despite being federally legislated, and research is limited on how RBs may vary in their efforts to balance public safety and social reintegration across cases, settings, and provinces. To this end, the trajectories and outcomes were investigated in one understudied Canadian RB system on a sample of NCR individuals ($n = 109$) and compared to other provincial practices. A retrospective longitudinal design was employed to track an NCR cohort between 2005 and 2010 until 2015. Results demonstrated that the provincial RB aligned their operational and management practices with federal legislation, but unique deviations contributed to novel NCR trajectories and outcomes under RB supervision that were conservative relative to provincial partners. Dispositions varied as a function of risk level and were informed by clinician recommendations. Detention length differences were observed between ancestral lines, as the White ancestral group spent an average of three years less in custody than the Nonwhite ancestral group despite limited differences in demographic, clinical, and criminogenic profiles. Further research is required on NCR trajectories and outcomes across other understudied provinces and the role of forensic risk instruments in assisting with the consistent application of federal law.

References

Bickle, K. (2021). *Youth correctional officer orientation and opinions on relationships with youth*. [Unpublished doctoral dissertation]. University of Ontario Institute of Technology.

Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *Journal of Clinical Psychology*, 56(2), 163–173.

Markham, S. (2021). The Totalising Nature of Secure and Forensic Mental Health Services in England and Wales. *Frontiers in Psychology*, 12, 1-11. <https://doi.org/10.3389/fpsy.2021.789089>

IAFMHS 2021 EDIC Member Survey Findings

If you have not already seen the findings from our 2021 EDIC member survey, check them out [here!](#)

This survey was put together with support from the IAFMHS Equity, Diversity, Inclusion Committee (EDIC) and had two main goals: (1) learn how IAFMHS members perceive the organization’s attitudes toward diversity and inclusivity, (2) identify areas for improvement.

The findings include an overview of respondent demographics, respondent’s ratings of IAFMHS’s attitudes on diversity and inclusion, and respondent’s reflections on how IAFMHS can improve with regard to diversity and inclusion. The report ends with

a summary list of the recommendations IAFMHS can follow to increase diversity and inclusivity in the association broadly, at the conference, and in any IAFMHS publications and communications. The Board of Directors have accepted all recommendations.

Recommendations will be carried out by the EDIC committee and wider IAFMHS membership.

IAFMHS will be launching a new EDIC special interest group; stay tuned for more news on this group coming soon!

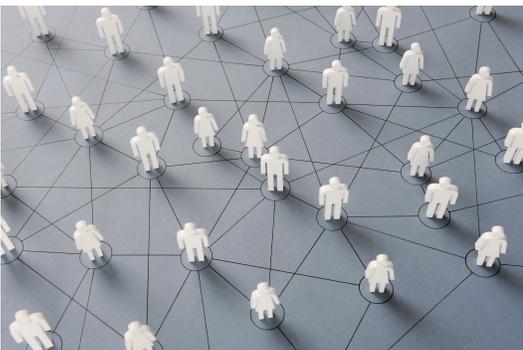
INTERNATIONAL ASSOCIATION OF FORENSIC MENTAL HEALTH SERVICES EQUITY, DIVERSITY, AND INCLUSION COMMITTEE

Member Survey Summary Report 2021

IAFMHS is Hiring a Social Media Coordinator

The **Social Media Coordinator** will be the social media liaison of IAFMHS. The main responsibility of this position is to maintain the IAFMHS website and social media accounts (e.g., Twitter, LinkedIn) by creating captivating content related to the organization’s announcements, resources, and events. This includes consistent social media engagement, oversight of social media analytics and the development of a content strategy.

This position is ideal for someone who is creative, savvy with social media and experienced with online advertising. Ideally, the **Social Media Coordinator** should feel enthusiastic about promoting IAFMHS by translating the organization’s mission into content that captures people’s attention and fosters engagement. Graphic design experience is highly appreciated, but not required. Moreover, this position provides ample opportunity to collaborate with the Board of Directors on advertisement strategies and new initiatives.



Commitment: 1 year, 0.5 days per week (or 30 minutes per day)

Compensation: \$500 CAD per month

Exploring Frameworks for Forensic Mental Health Nursing Practice

Tessa Maguire RN, BN, GD FBS, MMentHlthSci, GD FMHN, Ph.D., Jo Ryan, RN, Bed, PG cert VRAM, Loretta Garvey, BN, Ph.D., Georgina Willets, BN, Ph.D., and Michael Olasoji, BN, Ph.D.

IAFMHS Newsletter Winter, 2022

Decision making frameworks in nursing practice are crucial in guiding assessment and assisting the gathering of relevant information, guiding effective treatment planning, instigating interventions, and undertaking documentation and evaluation (Lunney, 2011). The framework mental health nurses use in daily practice may have an impact on work with consumers and ability to apply sound clinical judgement. Furthermore, contemporary practice requires nurses to be knowledgeable, mindful and proactive professionals and an essential skill in achieving this, is the ability of the nurse to engage in critical-thinking and reflection (Roberts, 2015). Nurses must also have an awareness of how personal assumptions, values, and beliefs impact practice (Foster et al., 2020). This may be particularly so in forensic mental health nursing where it is essential that nurses demonstrate self-awareness and use reflective practice and professional development to explore the therapeutic relationship, due to some of the inherent tensions that can arise in this area of practice (Martin et al., 2012).

One of the preferred nursing frameworks has been the Nursing Process (NP) which has been popular in practice for around four decades (Younas, 2017). There has however been some criticism of the NP framework, with concern that this framework may not encourage full exploration of factors influencing clinical judgment in contemporary settings affected by increasing acuity and complex consumer care. There are other frameworks designed to enhance clinical judgment such as the Clinical Reasoning Cycle (CRC; Levett-Jones, 2018), used mostly in general healthcare as opposed to mental health.

Figure 1. Two Examples of Nursing Frameworks

	Nursing Process	Clinical Reasoning Cycle
Stages	Assessment	Consider facts from patient or situation
	Diagnosis	Collect information
	Planning	Process gathered information
	Intervention	Identify the problem
	Evaluation	Establish goals
		Take action
		Evaluation
		Reflection

At Forensicare (the state-wide service in Victoria, Australia, for Forensic Mental Health), which now employs over 500 nurses, the NP was the framework suggested in local policies and the Forensic Mental Health Nursing Standards of Practice (Martin et al., 2012), which are used to guide practice, education, and research at Forensicare. Prior to an update on the standards of practice (due in 2022) this study was undertaken to explore which framework would be most suitable for nurses across the service (secure inpatient, community, and prison services) to guide practice and encourage clinical reasoning, professional judgement, and reflective practice.

To facilitate the selection of the nursing framework, a Nominal Group Technique (NGT) was conducted with nurses across the service. The NGT is a structured face-to-face method that works towards gaining group consensus. A total of 17 nurses participated in a four-hour NGT workshop, which commenced with a presentation on the NP and CRC frameworks, before splitting into two groups where there was 1) a silent generation of ideas based on questions about the NP and CRC, 2) sharing of ideas, 3) group discussion. The groups then re-joined and there was a large group discussion and voting on the preferred framework (Maguire et al., 2021).

The nurses unanimously selected the CRC as the preferred framework, and while there was overall support for this framework, this was not without consideration for the merits of the NP (including familiarity and its simplicity). However, there was concern expressed that the NP may not capture certain elements of forensic mental health nursing practice (such as the complexities in settings such as prisons). The CRC was considered to be more person-centered and to elicit more attention to a patient's situation and setting. Another advantage seen in the CRC was the ability of the framework to assist training and development of novice nurses, while also being suitable for expert practice (Maguire et al., 2021).

The NGT offered an interactive method of bringing together nurses from across the service to contribute to decision making about the most suitable framework. This technique also ensured that there was equal participation among the participants in the workshop, and from the facilitator's perspective this style of data collection not only produced rich data, but it also generated enthusiasm from the participants, and quarantined time to discuss what is unique and special about forensic mental health nursing practice, across a range of settings.

FORENSIC MENTAL HEALTH NURSING

Exploring Frameworks for Forensic Mental Health Nursing Practice

Now that the framework has been selected, we are embarking on a new study to investigate adaptations to the CRC (as suggested by members in the NGT) to enhance implementation at Forensicare. Importantly, this study will include consumer/carer input, local input, and expert input from a range of forensic mental health nursing experts internationally. We hope that this work enhances nursing practice and consumer care across the service, and we have been truly inspired by the encouraging and fruitful discussions that transpired from the NGT, which clearly showcased the expertise, commitment, compassion, and dedication of the forensic mental health nurses across Forensicare.

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

References

- Foster, K. Marks, P. O'Brien, A. & Raeburn, T. (2020). Nursing and Mental Health in Context. In K. Foster, P. Marks, A. O'Brien & T. Raeburn, *Mental Health in Nursing* (5th Ed, pp. 19-33). Chatswood: Elsevier.
- Levett-Jones, T. (2018). Clinical reasoning. What it is and why it matter. In T. Levette-Jones (Ed.) *Clinical Reasoning: Learning to Think like a Nurse* (2nd ed., pp. 3-13). Melbourne: Pearsons.
- Lunney, M. (2011). *Importance of Using a Nursing Framework for Clinical Reasoning*. Acta Paul Enferm, 24(6), vii. <http://doi.org/10.1590/S0103-21002011000600001>
- Maguire, T., Garvey, L., Ryan, J., Willets, G., & Olosoji, M. (2021). Exploration of the utility of the Nursing Process and the Clinical Reasoning Cycle as a framework for forensic mental health nurses: A qualitative study. *International Journal of Mental Health Nursing*. doi: 10.1111/inm.12963
- Martin, T. Ryan, J. Bawden, L. Maguire, T. Quinn, C. & Summers, M. (2012). *Forensic Mental Health Nursing Standards of Practice*. Melbourne: Victorian Institute of Forensic Mental Health.
- Roberts, M. (2015). *Critical Thinking and Reflection for Mental Health Nursing Students*. SAGE Publications Inc.



The 2022 IAFMHS conference theme will be **Innovations and Resilience through Adversity: Advances in Forensic Mental Health Assessment & Treatment.**

The conference will be in-person in Berlin, Germany. IAFMHS will continue to closely monitor the situation and take all necessary precautions, including requiring proof of vaccination and/or proof of negative Covid-19 test.

Please check the conference website for updates.

MENTAL HEALTH DIVERSION

Service Modifications During COVID-19 and its Impacts on Problem-Solving Courts

Rachel Totaram, MHA,¹ Fatema Ahmed, MHA,¹ Barbara “Basia” Andraka-Christou, J.D., Ph.D.², Danielle Atkins, MPA, Ph.D.², Yara Asi, Ph.D.²

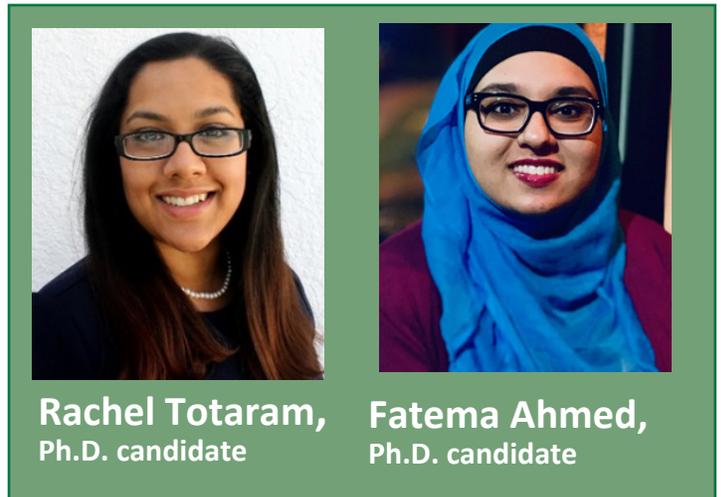
¹ Doctoral Candidate, Public Affairs - Health Services & Management, College of Community Innovation and Education, University of Central Florida, ²School of Global Health Management & Informatics College of Community Innovation and Education, University of Central Florida

The COVID-19 pandemic is colliding with the ongoing opioid crisis, potentially worsening outcomes for people with substance use disorder (SUD). In Florida, family dependency drug courts (FDDCs) are civil problem-solving courts that facilitate parent-child reunification after governmental removal of children due to parental drug use. These courts have been forced to modify existing services due to COVID-19, yet little is known about how problem-solving courts have modified their practices in response to COVID-19 and its impacts. Our research team is working to advance this research by studying how courts have adapted to COVID-19 and how court staff have experienced the switch to virtual technology during the COVID-19 pandemic.

To advance this research, we have recruited all court staff from five Florida FDDC courts from June 2020 to June 2021 for in-person and virtual focus groups and individual interviews as part of a larger study evaluating their implementation of evidence-based practices. In total, we have completed eight focus groups with thirty individuals and an additional five individual interviews. We analyzed interview data using an iterative categorization approach in which a coding template was created based on the research questions, which can be modified during the consensus coding process. These coded excerpts were then labeled with summaries in spreadsheets and used to identify themes within and across codes.

Our findings to date show several interesting trends. Primarily, we found problem-solving courts modified their services by switching to virtual court services and allowing court clients to access treatment virtually (e.g., telehealth, peer support, 12-step groups). In reporting on their perceptions of client experiences during COVID-19, court staff made several consistent observations:

1. Client’s access and participation to virtual court services increased: Court staff noted that clients had greater access to services, as they no longer had common barriers such as transportation or scheduling time off from work to attend court meetings. They also attended virtual court services (i.e., hearings, peer support meetings) more frequently.



2. Client engagement in virtual services decreased: Court staff noted their perception of lower engagement with clients using virtual technology. Clients appeared to be multitasking during meetings when on cell phones, and not paying attention until they were directly spoken to.

3. Clients may lack the technology to use virtual court services: Court staff stated that some clients lacked technology that would increase their participation in virtual court settings – for example, clients may lack a computer with video/audio capabilities to interact with court staff; court staff noted that this may decrease the quality of information garnered about clients.

4. Relationship between staff and clients suffered due to virtual technology: Court staff expressed difficulty forming and sustaining relationships with clients. The success of a problem-solving court relies on the development of bonds and interpersonal relationships between court staff and clients, which is difficult to accomplish virtually.

5. Pre-existing familiarity with technology and institutional support helped staff to adapt during COVID-19: Courts with prior experience with virtual technology (e.g., Zoom, Microsoft Teams, telehealth platforms) and pre-existing relationships with external organizations (e.g., drug screening facilities, providers prescribing medication to treat opioid use disorder (MOUD)) found the transition and incorporation of virtual technology much easier.

Service Modifications During COVID-19 and its Impacts on Problem-Solving Courts

IAFMHS Newsletter Winter, 2022

Overall, our findings suggest that COVID-19 precipitated the justice system's rapid of operations by utilizing virtual technology. This is an opportunity to implement systemic changes that could increase accessibility and efficiency in the court, which has historically been slow to embrace innovations. Whether virtual platforms are a feasible and acceptable way to provide court services should be examined based on the needs of individual courts.

There are still aspects of virtual services that need improvement. A client's inability to participate in virtual services due to a lack of technology may cause negative perceptions from staff. Considering the current technological divide in the US, the incorporation of virtual services into problem-solving courts may negatively impact those with limited access

to technology. Addressing unequal access is an important consideration for future efforts. Future research should delve into potential models for hosting in-person, virtual, or a hybrid model of virtual court services meant to maximize the benefits of both court service models.

If you are interested in learning more about our research project, please visit our website at <https://ccie.ucf.edu/florida-court-evaluation/> or contact Barbara "Basia" Andraka-Christou, JD, Ph.D., at barbara.andraka@ucf.edu.

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.



Response to *The Predominance of Perceived Risk in Secure and Forensic Mental Health Settings* by Dr. Sarah Markham.

The tone of the paper is helpful. Starting with the Baxstrom study, and confirmed over and over since then, we know that researchers and clinicians over-predict violence. She rightly points out that opinions about "riskiness" are bound up in legal, administrative, and cultural "givens". Only relatively recently has it dawned on us---largely due to the influence of our colleagues in The Netherlands---that we need to give as much attention to ferreting out our patients' strengths as to their risks. I think the Markham piece sets up very well the question: "What would an ideal forensic mental health service look like?". This is pretty important because, before long, our students will themselves be administrators, policy makers, and senior clinicians. I speak as someone who has worked in and visited hospitals and services this past 45 years. Although I have seen much to admire and commend, I have not come across a lot that might be considered truly innovative. My main point, though, is to compliment Dr. Markham on inviting all of us to think about the concept of risk and how it influences day-to-day practice and thus so directly the lives of our patients.

- Chris Webster, Psychiatry, University of Toronto, Psychology, Simon Fraser University, Child and Youth Care, University of Victoria, Child Development Institute, Toronto.

We kindly invite reader engagement and responses to any of our articles. Please send your commentary to the editor: Sarah Coupland, sarah_coupland@sfu.ca

STUDENT SECTION**20th ANNIVERSARY SPOTLIGHT EDITON: Interview with our Former Student Board Presidents (Part 3)**

Student Section Editors: **Israa Altwajiri**, President- Student Board, Swinburne University of Technology, AUS | **Sarah Schaaf**, Past- President, Fairleigh Dickinson University, USA, | **Lillian Bopp**, President-Elect, University of Nebraska- Lincoln, USA | **Lindsay Healey**, Student Secretary, Carleton University, Canada

Sarah Schaaf is the current Past-President of the IAFMHS student board and Co-Chair of the IAFMHS Equity, Diversity, and Inclusion Committee (EDIC). She is a Clinical Psychology PhD candidate at Fairleigh Dickinson University (FDU), US, and recently completed her pre-doctoral internship at Rutgers UBHC/UCHC, NJ. Prior to starting her doctoral studies, Sarah obtained her MSc degree in Forensic Psychology from Maastricht University, NL, and was a visiting research scholar at the Sex Offender Research Lab at John Jay College of Criminal Justice, NY. At present, Sarah is an adjunct professor at FDU, where she teaches for the Forensic Psychology MA program, while completing her doctoral dissertation on the heterogeneity of online sexual offenders. Her clinical and research interests predominantly focus on sexual offenders and victims of sexual abuse, as well as forensic assessment and diversity issues in forensic mental health.



Sarah Schaaf, MS
Student Board President
2020-2021

“Happy belated IAFMHS! I can’t wait for the reunion in Berlin this year”

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

A: IAFMHS was the first professional organization I joined as a student and therefore has nostalgic value to me. I attended my first annual conference in Maastricht, NL, back in 2013 and have been “hooked” ever since. Over the years, I have benefitted substantially from the many resources and opportunities offered by the student section; I became a conference volunteer, peer mentor and campus representative. I saw the presidential role as a great way to give back while simultaneously building upon my leadership skill.

Q: What are some of the projects the student board has worked on during the 2020/21 term?

A: The 2020/2021 term started in the midst of the Covid-19 pandemic. That being said, our main goal was to maintain existing resources, while finding new ways to engage student members during these unconventional times. Next to launching the long-planned anniversary sale, we introduced the anniversary spotlight edition to the newsletter, started a webinar series, took a stab at Slack as a student networking platform and organized a student professional development panel at the virtual IAFMHS conference in 2021.

Q: What do you value about IAFMHS?

A: I very much appreciate the platform IAFMHS creates for students and professionals all over the world to come together and engage in knowledge exchange. There are many organizations in the field, but none really compares to IAFMHS in that regard. Furthermore, witnessing the organization’s positive response to the formation of the EDIC committee and how seriously our recommendations are being taken is something I hold in very high regard. Last but not least, I think that the friendly and welcoming atmosphere at the annual conferences is very special. Attending conferences can be quite a stressful and intimidating experience for students at first. I think IAFMHS does a great job making sure that students feel comfortable, valued and included.

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

A: I’ve taken away invaluable leadership skills, but more importantly, I’ve established connections and friendships with an international group of kind, dedicated and supportive colleagues. I really couldn’t have asked for a better team. Each and every one of us brought so much to the table; it was truly amazing to witness ideas flourish into initiatives when we put our minds together.

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

A: Talking “business” is important, but don’t forget to take some time to chitchat and get to know each other in the process. Being on the student board is a very unique experience, in that you get to be part of group of highly creative, passionate and knowledgeable people from different places in the world – take this opportunity to learn as much as you can from each other, embrace each other’s points of view and grow together as a team.

Q: What advice would you give to students interested in following your academic path?

A: Find a field of study you feel passionate about and don’t hesitate to test out the waters early on (e.g., volunteer work, internships that allow you to gain insights into field outside of the classroom) - it will help you find the right fit and stay focused on your goals in the long run! Keep an open mind to the opportunities that present themselves to you and don’t be afraid to take them (I personally never anticipated that I would leave my home country one day to pursue my PhD in the US, yet here I am!). The grad school journey can be rocky at times, make sure you surround yourself with supportive mentors, supervisors and peers who want to see you grow and have your best interest in mind.

STUDENT SECTION**20th ANNIVERSARY SPOTLIGHT EDITON: Interview with our Former Student Board Presidents (Part 3)**

Dr. Melodie Foellmi is a NY State Licensed Psychologist specializing in Forensic Psychology. Originally from Vancouver, Canada, she began her studies in forensic psychology at Simon Fraser University. She received her doctorate in Clinical Forensic Psychology from Fordham University and completed her Pre-doctoral internship at Bellevue Hospital in New York. At present, Dr. Foellmi is the Senior Clinical Director of Forensic Mental Health at EAC Network, a not-for-profit social service organization that provides alternatives to incarceration and prison re-entry services for individuals with mental illness. She also serves as an expert witness in court cases, leads a variety of workshops pertaining to the field of forensic mental health and has taught at both Fordham University and John Jay College of Criminal Justice. Her clinical and research specializations include violence risk screening, assessment, and management, stalking assessment and treatment, alternatives to incarceration, re-entry from correctional contexts, and clinical formulation in forensic contexts. She has been a member of IAFMHS since 2009 and attends the annual conference regularly.



Melodie Foellmi, PhD
Student Board President
2014-2015

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

A: I was a part of the AP-LS student representation at the time, and so I was very excited when the opportunity came up to launch a student initiative at IAFMHS. I had been an IAFMHS student member since my first year in graduate school and always had a deep appreciation for the international and inter-disciplinary aspect of the organization. I wanted to help students from different countries connect around the topics of forensic mental health.

Q: What are some of the projects the student board has worked on during the 2014/15 term?

A: We worked on the budget for the student section, as well as the structure, mission, and guiding principles of the student board. We hosted a fundraiser for student travel awards, discussed how to increase opportunities from under-represented communities and countries, and organized the student social for the conference. We also started conversations about an international peer mentorship program.

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

A: I discovered that a few motivated individuals could make a meaningful difference. Since we were the first student board members, we really had to rely on each other for guidance. Even if we did not have a lot of experience individually (since we were all still students), together we actually knew a lot and motivated each other. I really loved the international aspect of our work. Across places and cultures, we contributed different types of knowledge, approaches and perspectives. It was a truly enriching experience.

Q: What do you value about IAFMHS?

A: I love that IAFMHS is an international organization, and that it is inclusive of many different disciplines – this diversity and inclusivity is what makes IAFMHS special! There is just so much to learn from different countries, as there is such a diversity of legal and psychological approaches to the problems we face in this field. When I think of the annual conference (which I very much look forward to once we can attend conferences in person again), I recall the many times when people from all over the world were presenting different angles on a seemingly similar topic. It was surprising and very refreshing. That is the great part of the international perspective - you never know exactly what to expect, even if you think the topic sounds familiar to you. I also have to say that I love the community aspect of the organization and the conference. When you bring people together from many different parts of the world, it can be a lot of fun. Especially, these days when such gatherings are far from possible, I really see the value in having a nice conversation and a good dinner with colleagues from around the world.

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

A: No matter how specific your goals, make sure that you get a breadth of experience. Knowing how to approach situations from several different perspectives always benefits a person in their personal and professional lives. That is part of the reason why I love IAFMHS so much – it provides a great breadth of learning opportunities. If you are interested in working in alternatives to incarceration, like me, you will need to know a lot about the systems you are collaborating with in order to get your work done. In addition to getting solid general clinical training, try to get an internship in a court setting, correctional setting, or in a clinical setting that takes on clients who are mandated to therapy. Working at the intersection of several systems that have many limits or rules requires creativity and flexibility, so try to cultivate those traits in your work style. When it comes to private practice, make sure that you find mentors and contacts in the field and location where you want to start your practice. A lot of private practice happens with word of mouth.