



INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

A Safe Society: Effective Assessment, Prevention and Treatment in Forensic Mental Health

6th Annual IAFMHS Conference

BOOK OF ABSTRACTS



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A Safe Society: Effective Assessment, Prevention and Treatment in Forensic Mental Health

6th Annual IAFMHS Conference

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Prevention and Treatment in Forensic
Mental Health**

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Introduction

The International Association of Forensic Mental Health Services is an international organization of forensic mental health workers. The Association focuses on four major areas: Clinical forensic psychiatry and psychology including family violence, Administrative/legal issues, Research in forensic mental health (civil/criminal), violence, and abuse, and Training and education. The Association also publishes a journal. The International Journal of Forensic Mental Health is intended to provide an international forum for disseminating research and practical developments to forensic mental health professionals. The journal is a benefit of membership.

The goals of the Association are:

- To enhance the standards of forensic mental health services in the international community
- To promote an international dialogue about forensic mental health
- To promote education, training and research in forensic mental health
- To inform professional communities and the public about current issues in forensic mental health
- To promote and utilize advance technologies in the pursuit of the above goals
- To form informal and formal liaisons with organizations having a similar purpose

Similar to past IAFMHS conferences, the focus of this 6th conference is on effective assessment and treatment in forensic mental health. New is the aim to include more presentations on the prevention of violence in children and youth. Special attention is given to conference proposals that attempt to bridge the gaps between science and practice, and science and policy. Keynote lecturers will discuss the growing science of risk communication, the motivational aspects of offender treatment and effective early interventions for childhood behaviour problems.

Forensic mental health is still a relatively young, but rapidly growing scientific and professional discipline. It serves a population that tends to be unpopular with the general public, and still ill-served in some jurisdictions. It is our wish that the IAFMHS mission towards the improvement of forensic mental health services will be served by this (and future international) conference(s).

Corine de Ruiter, PhD

Chair, Local Organizing Committee

6th Annual IAFMHS Conference

Local Organizing Committee 6th IAFMHS Conference 2006

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Keynote Speakers

Keynote 1: Risk communication and risk management: Empirical update and future directions

Kirk Heilbrun, PhD

Professor of Psychology, Drexel University
USA

An integrated model of violence risk assessment includes classification of risk level, description of risk management factors, and consideration of risk communication style. Much of the research on violence that has been conducted during the last two decades has focused on the first of these three areas, promoting greater accuracy in prediction of future violent behavior. Research on risk management and risk communication, however, has been far more limited. This address will provide an integrated summary of research in these latter two areas, and offer suggestions for professional application and future research directions in light of this summary.

Keynote 2: Motivation: The missing link in the treatment and management of offenders

Elizabeth Fabiano, MCA

Senior Partner, T3 Associates, Ottawa
Canada

In the last several decades there has been a particular focus on tackling offending behaviour ‘programmatically’. There are now methods of choice that have been established as more likely to impinge on offending and the cognitive-

behavioural tradition, that is now mainstream in the psychological treatment of various disorders, has spilled over quite extensively into the correctional treatment of offenders. We have witnessed a correctional treatment horse-race as one jurisdiction after another have taken seriously the challenge of developing, implementing and trying to deliver effective programmes to offenders.

The reality has been a little different. Numerous correctional treatment evaluations have begun to indicate that ‘fixing’ offenders, transforming them into law-abiding citizens through delivery of our programmes, is less than guaranteed. We can suggest that delivery of these programmes must focus more on ‘responsivity’ issues, and this turns our attention to making the content of programmes more engaging and the delivery more suited to offender learning styles. But what we have missed fundamentally is the need to truly understand and know how to work with motivation. Offenders, for the most part, will not welcome ‘change’ or even understand the reasons for it. The underlying challenge in working with offenders effectively is to know how to create some real change-motivating awareness that their behaviour is problematic.

This lecture will look at how an invaluable organizing framework in the treatment and case management of offenders can be derived from contemporary motivational theory and practice.

Keynote 3: Evidence-based crime prevention: Using behavioral scientific evidence for an effective criminal justice system

Corine de Ruiter, PhD

Professor of Forensic Psychology, Maastricht University and Netherlands Institute of Mental Health and Addiction (Trimbos-institute)

The Netherlands

This presentation will start with a few examples from clinical practice of how the two disciplines of psychology and law can be at odds with each other: the ‘rules of law’ and the ‘rules of behavioral science’ do not always mix very well. For a forensic psychologist, who has to work within the rules of the criminal justice system, this can pose ethical dilemmas.

The central thesis of this lecture is that the effectiveness of criminal justice systems can be increased by using the knowledge that has been generated from behavioral science research over the past decades. A ‘disease management’ model for criminal behavior will be presented and the implications of this for issues such as the treatment and management of mentally disordered offenders under statutory law, the juvenile justice system and crime prevention policy in general, will be highlighted.

Keynote 4: Treating and preventing antisocial behavior problems: The Oregon Model of Parent Management Training

Marion S. Forgatch, PhD

Director, Oregon Social Learning Center, Eugene, Oregon
USA

Interventions that strengthen parenting practices can lead to positive outcomes for youngsters and their parents, with reverberations throughout the family. This presentation describes the Oregon Model of Parent Management Training (PMTO) a programmatic approach to the development and testing of interventions for youngsters with antisocial behavior problems. PMTO grew out of work conducted for more than three decades by clinician scientists at the Oregon Social Learning Center. The social interaction learning theory on which the interventions are based is described as well the use of intervention as an experimental test of the theoretical model. Treatment and prevention applications to across multiple developmental stages are presented.

Concurrent Session 1

1.1 Stalking and Rape

Development of Structured Professional Guidelines for Stalking Risk Assessment and Management

Kropp, R., Lyon, D., Hart, S.

BC Forensic Psychiatric Services Commission
Canada

Description: In this paper, we will describe the development of the Stalking Risk Assessment and Management (SAM). We will present a description of the SAM and the findings of a study of 70 stalkers assessed with the SAM at a forensic psychiatric outpatient facility in Canada. The paper will culminate with recommendations for risk assessment and management of stalkers.

Stalking is a complex form of violence that poses special problems for risk assessment and management. Specifically, stalkers present with a diversity of behaviors, motivations, and contexts. Moreover, stalking victims differ with respect to their levels of security and vulnerability. In this paper, we will describe the development of the Stalking Risk Assessment and Management (SAM), a set of structured professional guidelines designed with these complexities in mind. First, we will present a description of the SAM which includes sections analyzing the nature of stalking behaviors, offender risk factors, victim vulnerability factors, risk scenarios, and recommended management strategies. Next, we will present the findings of a study of 70 stalkers assessed with the SAM at a forensic psychiatric outpatient facility in Canada. Generally, interrater agreement was moderate to high for individual risk factors and overall judgments of risk. In instances where

interrater agreement was lower item descriptions and coding criteria were modified to address recommendations made by the evaluators. Additionally, we found moderate levels of convergent validity between the SAM and other measures of violence risk such as the Psychopathy Checklist Screening Version (PCL: SV) and the Violence Risk Appraisal Guide (VRAG). The paper will culminate with recommendations for risk assessment and management of stalkers. These recommendations highlight the need for management to: take into account the risks posed the offender and the relevant risk factors; use a multi-disciplinary team, whenever possible; deliver comprehensive and integrated services; focus treatment on improving the psychosocial adjustment of perpetrators; focus supervision on monitoring and restricting the activity of perpetrators; and focus safety planning on improving victims' security resources.

Predicting the Criminal Histories of Stranger Rapists

Scott, D., Lambie, I., Goddard, M., Henwood, D., Lamb, R.
University of Auckland / New Zealand Police
New Zealand

Description: Previous international research is equivocal about predicting the criminal histories of stranger rapists from their offence behaviour. New Zealand research has found that most stranger rapists start out as juvenile property offenders before graduating to violent sexual offending. Such research outcomes are useful to law enforcement and treatment providers alike because they provide insight into the diversity of criminal development.

Previous international research is equivocal about predicting the criminal histories of stranger rapists from their offence behaviour. This presentation is a pilot analysis of 113 offenders who committed 173 offences.

A larger study involving approximately 1,000 offenders is underway. It endeavours to establish whether there is a relationship between offence behaviour and prior criminal history in a sample of New Zealand stranger rapists. Variables from the New Zealand Police profiling and comparative case analysis database (VOICES) are being analysed. In the pilot analysis offence behaviours were compared with demographic, geographic and criminal history variables.

It was found that 60 percent of offenders had prior criminal convictions for property offences and about half had prior histories of violence. It was also observed that the majority of offenders started their criminal careers in early adolescence with 75 percent going on to commit rape before they turned 30. Of note is that almost half of the sample were recidivist offenders who committed two or more rapes.

This research has particular implications for law enforcement and treatment providers. Finding statistically significant correlations between offence behaviour and offender criminal history affects police suspect list prioritisation, the amount of investigation time spent on a case, and the amount of time the perpetrator spends at large. Rapid offender apprehension also means earlier provision of appropriate treatment and this has potential impact upon recidivism rates.

The Stalking Victim's Journey: Offender Patterns, Victim Help-Seeking and the Criminal Justice Response

Harmon, R., Archer, M., King, L., Levin-Russell, K.

Bellevue Forensic Psychiatry Clinic

USA

Description: This presentation describes a project proposed by Safe Horizon, Inc. and funded by the National Institute of Justice's Violence and Victimization Research Division. The project addresses gaps in knowledge about stalking by identifying victim social identities, criminal justice response and social service interventions as factors associated with persistence, escalation and desistance of stalking among crime victims in New York City.

This presentation will describe a two year project proposed by Safe Horizon, Inc. and recently funded by the National Institute of Justice's Violence and Victimization Research Division. Data collection is scheduled to begin in February 2006, and to end in July 2007. The burgeoning field of stalking research has yielded numerous and valuable findings on the prevalence of stalking, contributing to the understanding of offender behavior and victim coping mechanisms and needs. A significant knowledge gap remains, however, regarding how victim assistance and criminal justice systems interact with the victim, the stalker and each other to influence the situation, escalate or

de-escalate patterns of stalking and contribute to short or long term desistance of the stalking behavior. Further, researchers continue to have a limited understanding of the differential patterns of help-seeking, criminal justice and social services responses across cultural groups. Finally, while the field has yielded a number of offender or case typologies, there is debate over their utility and comprehensiveness. This study will address these gaps in knowledge by identifying victim characteristics including social identities, criminal justice response and social service interventions as factors associated with persistence, escalation and desistance of stalking among crime victims in New York City. The prospective design will include in-depth structured interviews to be conducted with a diverse sample 300 female stalking victims at baseline and 200 at a six month follow-up who have come into contact with one of Safe Horizon's crime victim assistance programs. The research interview will be designed to elicit data in the following seven domains, using standardized instruments where available: 1) Demographic information/individual history on the victim and stalker. 2) Prior relationship; 3) Stalking behaviors; 4) Physical violence 5) Victim's knowledge of stalker and stalker's knowledge of victim; 6) Victim's assessment of stalker's motivation and risk; and 7) Help-seeking and interventions. Multivariate analysis techniques will be used to analyze relationships among the categorical variables, identify predictors of escalation and measure the correlates of criminal justice and social services interventions. These data will allow us to test and refine the existing typologies, assess victim help-seeking behavior, and examine the effects of criminal justice and social services interventions. The implications of these findings have the potential to further theoretical development in the field as well as contribute to the improvement of policies and practices among criminal justice and social services providers. The study will also develop a rich data set to be archived by NIJ that can be used by other researchers to test hypotheses about patterns of stalking.

"Pursuers and Attackers of Public Figures"

James, D.

North London Forensic Service

United Kingdom

This presentation reviews non-terrorist attacks on elected politicians in Western Europe between 1990 and 2004 and reports on an examination of 8,000 files on individuals held by protection police in the U.K. The great majority are fixated

– i.e. exhibiting obsessive and irrational preoccupations, largely psychotic in nature. The implications for mental health and protection services are set out.

The protection of prominent people has assumed a greater importance in Europe in recent years in the wake of several high-profile attacks on politicians. Public figures are at risk from three groups – terrorists, criminals and the fixated. The rationale and modus operandi of the first two groups are well understood by police and security services which have accumulated considerable expertise in dealing with them. The third group, the fixated, is problematic in that their motives and actions do not fit into conventional patterns of risk assessment and management. By the fixated is meant people with an obsessive pre-occupation with a person or a cause, held to an irrational degree which may lead them to act in extreme manners.

This presentation reviews the fixated issue with regard to non-terrorist attacks on elected politicians in Europe between 1990 and 2004. Particular attention is given to the implications for threat assessment and management with this group. Secondly, some results are reported from a survey of 8,001 protection police files from the United Kingdom. Most of those who engage in fixated behaviour are suffering from untreated or under-treated psychotic illnesses. Implications for mental health services and protection services are discussed.

1.2 Assessment and Screening

Validation of the Treatment Readiness Screening Measure

Casey, S.

University of South Australia
Australia

Description: Treatment readiness can be broadly defined as the characteristics within either the client or the therapeutic situation, which are likely to promote therapeutic engagement and thereby enhance therapeutic change. The present study describes the development and validation of a general measure of treatment readiness based on the Multifactor Offender Readiness Model and the implications for the effectiveness of treatment.

The concept of treatment readiness in an offender context can be broadly defined as the characteristics (states or dispositions) within either the client or the therapeutic situation, which are likely to promote engagement in therapy and, subsequently, are likely to enhance therapeutic change (Howells & Day, 2002). To be ready for treatment means that the person is motivated (i.e., wants to, has the will to), is able to respond appropriately (i.e., perceives he or she can respond), finds the treatment relevant and meaningful (i.e., can engage) and has the capacities (i.e., is able) to successfully enter the treatment program. Consequently, while the readiness construct incorporates the constructs of both treatment motivation (whether someone wants to enter treatment) and responsivity (whether someone is engaged in the treatment process), it offers a broader assessment of the conditions required for treatment engagement and facilitating an effective therapeutic alliance. The Multifaceted Offender Readiness Model (MORM) identifies 12 different domains of treatment readiness. Five of these domains relate to internal (or individual) readiness factors (such as beliefs about treatment and emotions), the other seven relate to external (or contextual) factors (such as opportunities to attend programs and the timing of programs). According to the MORM, each of these readiness factors will be associated with subsequent engagement in treatment and program performance. High levels of program performance are likely to be associated with reductions in criminogenic needs and consequent reductions in the risk of re-offending. As such, the MORM has the potential to predict who will respond the most to rehabilitation programs. The present study describes the development and validation of a general measure of treatment readiness based on the MORM and the implications for the effectiveness of treatment.

Development of a Brief Mental Health Screening Instrument for Newly Incarcerated Adults

Trestman, R.L., Ford, J., Hogan, V., Zhang, W.

University of CT Health Center

USA

Description: This presentation discusses the development and validation of a mental health screening protocol to enhance the timely and accurate identification of psychiatric disorders within adult correctional systems.

Background: Reliable early identification of psychiatric disorders and suicide risk factors is a critical step toward addressing the public health and safety concerns associated with the increase of mentally ill offenders in correctional facilities. *Methods:* Participants were recruited shortly after processing at each of the four Connecticut jails for men and one facility for women. Women (N=670) and men (N=1526) consecutively admitted to five jails completed a 55-item screen. Randomized sub-samples (100 women; 201 men) completed structured diagnostic interviews within five days. *Results:* An 8-item female screen (CMHS-F) and 12-item male screen (CMHS-M) identified inmates with lifetime psychiatric disorders with 70-80+% overall accuracy and lower rates of false positives and negatives than reported for comparable screens in correctional populations. *Conclusion:* This brief screening tool may be of significant benefit for use in multiple jail settings. Unlike previous instruments, it is gender and ethnicity specific, easy to use, and with adequate sensitivity and specificity to be an effective and efficient screening tool.

This study was funded by a grant from the U.S. National Institute of Justice.

Evaluating Truthfulness: A Practical Approach Guided by the Psychology of Lying

Hervé, H., Cooper, B.

Forensic Psychiatric Hospital and Paul Ekman Group
Canada

Description: Evaluating truthfulness requires adept interviewing skills, simultaneous active listening and observing over multiple verbal and non-verbal channels, identification of inconsistencies within and across channels, and the interpretation of these inconsistencies via a hypothesis testing approach. After discussing the psychology of lying, each of these areas will be reviewed and a validated model for evaluating truthfulness will be introduced.

Research has demonstrated that, without proper training and practice, individuals – irrespective of professional background (e.g., parole officers, police officers, psychologists, psychiatrists, judges, etc.) – are generally no better than chance when it comes to evaluating truthfulness (i.e., distinguishing truths from lies). Yet, most professionals believe that they can outperform a simple coin toss when it comes to assessing credibility. This is especially true

in the forensic context where professionals are routinely faced with deceit and, in part, have grown confident by experience rather than training. Clinical wisdom, experience, and research suggest this false sense of confidence reflects, to a large degree, a lack of knowledge (e.g., not understanding the psychology of lying; not knowing valid clues to lies and truths; etc.) and/or reliance on inaccurate knowledge and/or myths (e.g., belief in a 'Pinocchio' response; view that credibility assessment requires no specialty training; etc). Unfortunately, this state of affairs only serves to propel the myth that assessing truthfulness is simple. The proposed presentation will critique this and other popular myths regarding credibility assessment. We will argue that the business of evaluating truthfulness is, in fact, quite complex. We will discuss how the accurate assessment of credibility requires adept interviewing skills, simultaneous active listening and observing over multiple verbal (i.e., speech content and style) and non-verbal (e.g., body language / gestures and facial expressions) channels, the identification of inconsistencies (i.e., 'hot spots') within and across channels, and the interpretation of these inconsistencies via a hypothesis testing approach. After discussing the psychology of lying, each of the aforementioned topics will be reviewed and a validated, user-friendly stepwise model for evaluating truthfulness will be introduced. This model is based on the latest research and the experience of law enforcement and forensic mental health professionals. The session will conclude with a discussion of the importance of developing this skill set when working within the criminal justice and forensic psychiatric systems.

A Comparison of the MMPI-2 and the Personality Assessment Inventory in the Detection of Malingering

Kucharski, L. Thomas, Duncan, S.

John Jay College of Criminal Justice

United States

The MMPI-2 F, Fp and Fc scales and the PAI NIM, RDF and Malingering index were studied in 138 criminal defendants classified as malingering or honest responders based on the SIRS. LGA revealed that the Fc, F and NIM scales, but not the Fp, RDF or Malingering Index differentiated the groups with acceptable accuracy with good sensitivity and specificity.

Objective personality measures such as the MMPI-2 and the Personality Assessment Inventory (PAI) are widely used in forensic assessment in part because of their demonstrated ability to assist in the detection of malingering. Few studies of the utility of these instruments have utilized criminal defendants in the process of court ordered evaluation, preferring instead to use simulation designs and still fewer have employed empirical criteria to assign subjects to malingering or honest groups resulting in some concern regarding the external and internal validity of the malingering research findings. We studied 138 criminal defendants referred by the court for competency to stand trial and/or criminal responsibility evaluations classified as malingerers or honest responders based on their performance on the Structured Interview of Reported Symptoms scale (SIRS). The MMPI-2 F, Fp and the newly developed Fc scales and the PAI NIM, RDF and Malingering index were included as predictors in Logistic Regression Analyses in order to determine if the groups could be accurately differentiated. ROC curves were generated in order to determine the sensitivity and specificity of each measure. The LGA for the F, Fp and Fc scales was significant (Wald Chi Square=32.24).

1.3 New Developments in Violence Risk Assessment: The “Classification of Violence Risk” Software

Monahan, J., Steadman, H., Heilbrun, K., Kalbeitzler, R.

The Classification of Violence Risk (COVR) software was constructed from data generated in the MacArthur Violence Risk Assessment Study. After the MacArthur Study had been completed, the U. S. National Institute of Mental Health supported a project not only to develop software for violence risk assessment from the MacArthur data, but also to validate that software prospectively. This Symposium consists of three related presentations on this software. In the first presentation, “The Empirical Foundation of the COVR,” Henry Steadman will summarize the essential empirical findings that underlie the development and validation of the software. In the second presentation, “Critical Issues in the Use of the COVR,” John Monahan will address several recommendations for the appropriate use of the software made by its developers. In the final presentation, “The COVR in Clinical and Forensic Practice,” Kirk Heilbrun and Rachel Kalbeitzler will present an original video of the COVR being administered and will highlight practice issues that arise when the software is employed as a tool for violence risk assessment.

1.4 Assessing and Treating Antisocial Behaviour of Patients in General Adult Psychiatric Services

Hodgins, S., Alderton, J., Cree, A., Müller-Isberner, R.

This symposium will argue for importing forensic expertise into general adult psychiatric services in order to prevent criminality among patients with schizophrenia. The first paper, presented by Sheilagh Hodgins, will discuss two important findings from a multi-site international investigation: (1) most forensic patients spend many years in general adult services before committing the crime that leads to admission to a forensic hospital; and (2) patients discharged from forensic services do better in the subsequent two years than patients with the same disorder discharged from general adult services. The next two papers will present results of a study of a representative sample of inpatients on general adult psychiatric wards within an inner city catchment area in the UK. Jane Alderton will describe criminality in the sample and Adrian Cree will describe using the HCR-20 on inpatient ward for acutely ill patients. The fourth paper, presented by Rüdiger Müller-Isberner, will discuss treatment strategies in general adult services to prevent further increases in the numbers of forensic beds.

1.5 Treatment Approaches

Core Principles to Maximise Therapeutic Potential in the Treatment of Personality Disorder

McVey, D., Murphy, N.

Dangerous & Severe Personality Disorder Unit
U.K.

This paper aims to present a summary of principles that can enhance treatment efficacy with people with personality disorder. The paper will focus on the importance of process within the therapeutic relationship and highlight a need for the distinction between management and treatment.

It is widely acknowledged that the treatment of people with personality disorder is an area of great complexity. This paper will discuss the essential characteristics of approaches that treat, rather than manage, personality disordered clients. For example, maintaining optimum affective arousal, understanding the logical perspective

of someone with gross cognitive distortions, the role of explicit communication, the capacity to provide for individualised need, providing individuals with new interpersonal experiences, effective inter-staff communication, ensuring programme integrity, ensuring each professional group has a unique and distinctive contribution to make to treatment. The emphasis will be on the principles that guide the process of treatment as the key to success. The presenter will offer a theoretical rationale and rich clinical examples in support of the paper.

Implementation of a DBT model in a forensic inpatient setting

McGowan, S., Francis, K., Junker, A.

St. Joseph's Healthcare Hamilton
Canada

Description: Inpatient forensic units are frequently confronted with decisions about how to intervene with patients who have personality disorders. This paper provides a brief overview of the research on DBT with this population, followed by a description of the initiation of DBT on a medium secure forensic inpatient unit, challenges involved in this implementation and a discussion of preliminary outcomes.

Forensic settings are frequently confronted with decisions about how to therapeutically intervene with their patients. Historically, limited research has supported the effectiveness of psychotherapeutic intervention for individuals diagnosed with personality disorders on forensic units. More recently, however, clinicians and researchers have begun to implement Dialectical Behaviour Therapy (DBT) with individuals who are involved with the justice system (e.g. McCanne & Ball, 1996; Trupin et al.). Further, DBT has been used with men presenting with problematic anger and aggression (e.g. Korman, 2005).

DBT (Linehan, 1993) is an intervention developed originally for use with chronically suicidal women. Its use has been extended to individuals with borderline personality disorder and other problems of emotion dysregulation. Based on cognitive behavioural strategies, DBT incorporates motivational techniques and Eastern philosophies such as mindfulness strategies within an overarching “dialectical” view. The dialectical viewpoint entails consideration of opposites; for example, patients are accepted as doing the best that they can with the recognition that they still need to change. Patients take part in both individual therapy and group skills training with a focus on initiating change in emotion regulation, interpersonal relationships,

mindfulness, and distress tolerance. Initial research has indicated that DBT can be effective at reducing mental health symptomatology and problematic behaviours (e.g., suicidality and self-harm; Bohus, 2001; Linehan, 1991, 1993, 1995).

This paper reviews the implementation of DBT on an inpatient medium secure forensic unit. Program implementation requires two areas to be addressed: 1) preparing the unit for the delivery of DBT, and 2) the provision of DBT to select patients. With respect to preparing the unit, processes involved include obtaining administrative support, providing intensive DBT training to clinicians, acclimatizing the unit, and training the staff team for skill generalization. Provision of DBT to the patients involves the selection of appropriate clients, implementation of the therapy, maintaining adherence to the therapeutic model, and measurement of therapeutic change and outcome.

Challenges encountered within each of these areas are discussed. For example, in preparing the unit for the delivery of DBT, practitioners may encounter difficulty in obtaining the financial and/or human resources necessary for the training required to meet adherence to the model. They must also foster staff motivation and interest in light of potential resistance to changes in the understanding and the response to patients' behaviour. Further, some of the treatment parameters involved in DBT are atypical and in some ways may be more demanding of the therapist's/team's resources. With respect to the actual provision of service to patients, challenges may include identifying appropriate patients within a complex and heterogeneous mental health population, lack of patient motivation, and limitations in implementing standardized DBT.

Preliminary qualitative and quantitative results are discussed focusing on changes in each of the four treatment goals: emotion regulation, interpersonal relationships, core mindfulness, and distress tolerance. Patient and staff reflections on the program are briefly overviewed as well.

Treatment Target Selection for Complex Mental Health Clients in the Criminal Justice System

Schmidt III, H., Ivanoff, A., Finnegan, D.

Clinical Director, Washington State Juvenile Rehabilitation Administration
USA

Description: One of the challenges in providing forensic treatment is the complexity of the clients who need service. Many, if not most, clients are

“multiply disordered”, exhibiting behavioral issues across domains and diagnoses. Similarly, clients come to treatment with a variety of skills and protective factors. This presentation will outline how to address these complex clients in a systematic, well-defined, and accountable manner.

Hierarchically ordering treatment targets provides numerous efficiencies for staff, clients, and administrators. An agreed-upon progression of treatment targets also reduces staff conflict about treatment. The more behavioral the target list, the clearer the assessment process can be as well. Following assessment, determining how to treat different targets can be a challenge; we offer recommendations on treatment selection and assigning tasks among staff. We also discuss how to incorporate ongoing assessment and development within each specific behavioral target, shifting from sole focus on deficits and disorder.

Dialectical Behavior Therapy [DBT: Linehan,1993; McCann, Ivanoff, Schmidt & Beach, in press] is an example of a treatment for complex clients that uses a hierarchy of targets. DBT is an empirically supported treatment that was developed for complex clients, provides a sensible hierarchical approach to targets, and has been adapted for residential and inpatient settings. Adaptations of the DBT target hierarchy for forensic settings will be discussed.

Evaluation of the Impact of Staff Psychosocial Interventions Training in a Medium Secure Forensic Unit

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England, UK

Description: The aim of this study was to evaluate the effectiveness of PSI training on knowledge, attitudes and levels of burnout in a medium secure unit. A quasi-experimental pre-test/post-test controlled design. The findings suggest there was a clear benefit for the training group & a change towards a more positive ward environment. Future research and implications for clinical practice will be discussed.

The National Collaborating Centre for Mental Health published the NHS NICE guidelines for the care and treatment of schizophrenia in December 2002. Recommendations are made for evidence-based pharmacological and psychological interventions. It is recommended that people with schizophrenia

should be offered evidence-based psychosocial interventions (PSIs), in particular individual and family cognitive behavioural interventions (NICE, 2002). Mental health workers working in secure environments have been shown to benefit from training in PSIs (Ewers 2002), through a reduction in burnout, an increase in knowledge and a change in attitudes. However the evidence to date has been limited and it remains unclear if increase in knowledge & improvement in attitudes have transferred to clinical practice.

The aim of this study was to provide participants with the knowledge and skills to integrate PSIs into practice and then evaluate the effectiveness of PSI training on knowledge, attitudes and levels of burnout.

A quasi-experimental pre-test/post-test controlled design was used with nominated staff who were then randomly allocated into Cohort 1 (Training group) and Cohort 2 (Waiting list control). The duration of the training was 16 x half-days run on a weekly basis. Inclusion criteria included regular contact with service users, opportunity to practice skills learned in training sessions and access to ongoing clinical supervision. Baseline measures of knowledge, attitudes, burnout and evidence of PSI in nursing care plans were undertaken. Staff in the training group showed a significant increase in knowledge and attitudes compared to the control group. Although burnout scores moved in a positive direction there was no significant difference between the groups in terms of personal accomplishment, emotional exhaustion or depersonalisation though the mean score on personal accomplishment increased significantly post-training. PSI's incorporated into care plans increased significantly, nearly four-fold.

The findings suggest there was a clear benefit for the training group. There also appeared to be a “ripple-effect” as knowledge and attitude scores increased within the control group. There was an overall increase in the number of PSI's incorporated into care plans as well as an increase in the care plans of the control groups. This suggests a change to a more positive ward environment, as education received by the training group appears to have influenced the work of their colleagues. Future research and implications for clinical practice will be discussed.

References

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1.6 Court Related Issues

Fluctuating Fitness to Stand Trial: Clinical and Legal Considerations

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Canada

Description: The authors discuss the need to consider a prospective element in the assessment of an accused's fitness to stand trial. Durability of fitness must be assessed in order to assure the court that the accused will be adequately protected throughout his trial.

The requirement that an accused must be 'fit to stand trial' in order to be subjected to the state's prosecution is a core tenet of virtually every criminal justice system. The fitness rules, however articulated, are in place to insure procedural fairness to an accused who may not be able to respond to the state adequately.

Oscillations in mental state (and the capacities that depend on cognitive, affective, and perceptual intactness) define many serious mental disorders. The mental state of a mentally ill individual, especially if psychotic, may fluctuate on an hour-to-hour (if not minute-to-minute) basis. It is consequently surprising that most tests for fitness to stand trial appear to address only the accused's present mental state, and not his prognosis or 'future fitness'. This deficiency in the fitness standard neither appears to have been addressed in the legal literature and case law, nor in psychiatric literature

Mindful of a statutory presumption of fitness, Canadian courts expect an expert assessor to seize the moment, and provide an opinion that the accused is fit to stand trial, if that is what the clinical evaluation revealed moments earlier. It

often occurs that the accused was not fit to stand trial a short while before the assessment, nor will he predictably be fit a short while thereafter.

The definition of “unfit to stand trial” in the Criminal Code of Canada, however, requires that the accused be capable of “conduct(ing) a defence”. To that end, it is reasonable to interpret that fitness to stand trial has a future connotation or element of prospectivity. If it cannot be predicted that the accused will maintain fitness to stand trial for the foreseeable future, and endure and participate in a trial of some complexity, then he cannot be said to be fit to stand trial, even if the examiner catches him during a ‘fit interval.’ Too often the issue of fitness is tried by a court only to have the accused decompensate prior to or in the middle of his trial to the point where the issue is once again alive before the court.

‘Robust fitness’ requires that the accused’s mental state be such that he will be able to engage fully throughout his legal proceedings. This, of course, suggests a sliding scale of fitness tied to the duration and complexity of the legal proceedings with which the accused is confronted. An accused, for example, who pleads guilty and will be sentenced in short order, probably requires a narrower window of predictable fitness to stand trial.

Where the court cannot have confidence in a minimum standard of durability of the accused’s mental state, then he may be deemed unfit to stand trial. Where the evidence establishes that fluctuating fitness is a chronic and permanent condition, it may be that, from a fairness perspective, the prosecution should be stayed. In this regard, recent changes to the Canadian Criminal Code dealing with the permanently unfit accused will also be discussed.

Evidenced-based Court Diversion Programs: Results of a Literature Review and Web-based Internet Survey of Five Countries

Hartford, K., Carey, R.

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Canada

Description: This paper reviews the existing literature on court diversion programs and reports the results of an international survey intended to identify evidence-based practices. While there is some indication that mentally ill

offenders benefit from participation in court diversion, the evaluative literature has not yet achieved the “critical mass” necessary to create generalizable, evidence-based knowledge.

Background: A request for proposals was issued by the Ontario Ministry of Health and long-Term Care in 2003 that asked: what standards, benchmarks, indicators and evidenced-based practices regarding mental health diversion exist? This paper presents the results of court diversion for mentally ill persons (concurrent disorders were excluded).

Methods: We conducted an extensive literature review and an international web-based survey of court diversion in five countries during six months of 2004. The survey was piloted and consisted of 41 questions. Additionally Word, WordPerfect and PDF documents were attached providing respondents with a range of response options. Four waves of surveys were sent.

Results: Pre-trial court diversion refers to the crown’s decision not to prosecute eligible offences if a charged offender with mental illness agrees to treatment. The Consensus Project (2001) identified four elements of court diversion: (a) appointment of counsel, (b) assessment of the offender, (c) consultation with the victim, and (d) prosecutorial review of charges. The literature focused on: recidivism, compliance, monitoring/case management and treatment/community services. We found few evaluative studies and regional variations in treatment, resources, and conceptualizations of ‘effectiveness’ precluded meaningful comparisons. Four themes emerged from the literature review: (a) difficulties in creating awareness of diversion among lawyers and court staff, (b) formal case finding is important for early identification of mentally ill offenders, (c) community resources must exist, and (d) extended treatment plus active case finding improves compliance and reduces recidivism.

Forty-three programs responded to the survey: 16 from US, 17 from Canada, 8 from UK and 2 from Australia. The survey identified 5 themes: (a) current and future training, (b) established outcomes and methods of monitoring, (c) development of memoranda of understanding, (d) treatment options available and required, and (e) costs and cost-effectiveness of programs. Current court diversion programs in Ontario were enumerated for the first time.

Recommendations: (1) clear roles for court support workers (CSW), (2) training of CSW and judiciary, (3) active case finding, (d) standardized, computerized

management information system, (e) Memoranda of Understanding with treatment agencies, (f) provincial network of CSWs, (g) workload measurement of CSW to determine their primary function.

Diverting the Mentally Ill out of the Criminal Justice System: Mental Health Courts and Diversion Programs

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United States

Description: Mental health courts and diversion programs created in the U.S.A are currently being used as a model for the implementation of similar programs in Europe and elsewhere. This paper will analyze the research available on these programs, their major limitations and ways in which the field of forensic psychology should use this knowledge to create parallel programs in other countries.

The number of persons with mental illness in U.S jails continues to grow. Nearly 700,000 people with severe mental illness are admitted to national jails each year. National surveys show that between six percent and 15 percent of all jail inmates and ten percent to 15 percent of prison inmates have a severe mental illness. On any given day, there are approximately 7, 680 people with mental illness in New York State's jails and prisons. Deinstitutionalization in the 1960s and 1970s has been identified as playing an important role in the overrepresentation of mentally ill individuals in the criminal justice system. Due to the lack of proper community supports, many of them became homeless or were arrested resulting in a "revolving door" of repeated incarcerations.

Mentally ill individuals face additional difficulties when incarcerated. Treatment services in jails and prisons are usually insufficient. These individuals are less able to protect themselves and may experience bizarre and disorganized symptoms that make them more susceptible to victimization and segregation as a result of disruptive behavior. As a result, when they are released from jail their problems may have been aggravated.

To break this continuing cycling of mentally ill offenders through the criminal justice system, criminal justice and mental health professionals and advocates have called for efforts to divert offenders with mental illness from jails and

prisons and to link them to community based mental health and social services. An attempt to address this problem has translated in the creation of diversion programs and mental health courts. Over the past 30 years significant progress has been made in the creation of these programs.

The results from the available studies on the effectiveness of these programs are difficult to compare given the different methodologies employed. Generally the results show that individuals monitored by a mental health court or a jail diversion program received better linkages to the community, more treatment services, and showed a reduction in re-incarceration rates. However, some studies have also shown that a large percentage of the diverted population fail to complete the programs and are either re-arrested for a new charge or remanded for violating the conditions of their release. In some cases, when a presumptive sentence remains in effect, failure of diversion can result in a sentence of greater length that would have been the case if they had not agreed to program participation.

Mental health diversion programs created in the U. S. A. are currently being used as a model for the implementation of similar programs in Europe and elsewhere. This paper will analyze the research available on diversion programs and mental health courts. It will specifically discuss the major limitations of these programs: the lack of standardized psychological assessment used to determine the individual's eligibility for diversion, and the failure to assess the malingering of psychiatric disorders. Finally, this paper will suggest ways in which the field of forensic psychology should use this knowledge to create diversion programs and mental health courts in other countries.

1.7 Juvenile offenders and juveniles with severe conduct disorders: psychopathology, risk assessment and risk management

Van Nieuwenhuizen, C., Breuk, R., Duits, N., Ter Horst, P.

The Dutch law pertaining to juveniles differentiates between juvenile criminal law and juvenile civil law. According to policy makers, there is a difference between the two groups in terms of criminal behavior. In 2005 this had led to an adjustment of the Law on Youth Care to make sure that the groups will not be placed together in the same institute in order to prevent contamination

of criminal behavior. In this symposium, four presentations will deal with youngsters convicted under the juvenile criminal law or juvenile civil law. In the first presentation, the focus is upon the development of specialized inpatient care for juvenile offenders and which specific requirements are necessary to offer safe and effective treatment. Then, the psychiatric, criminal and general background will be presented of 110 juveniles. More than half of the juveniles had a specific measure under the criminal law, about twenty percent were placed under civil law and the rest were either voluntary or with other judicial measures. In the third and fourth presentation, risk assessment and management of juvenile offenders will be thoroughly discussed. The specific risk assessment instruments for juveniles are presented and the data of approximately 110 youngsters will be discussed.

1.8 Further considerations in the SPJ model of violence risk assessment

Douglas, K., Douglas, K., Ogloff, J., Warren, L., Mullen, P., Hart, S., Andershed, H.

The Structured Professional Judgment (SPJ) model of violence risk assessment is a research-based approach that provides structure to assessors while still acknowledging clinical expertise. Instruments using this model, such as the HCR-20, are well established. This symposium focuses upon additional considerations for clinicians using the SPJ approach. The first two presentations examine the existing risk factors in the HCR-20. The first paper reports cluster and factor analyses of HCR-20 scores from a range of studies involving over 4000 cases. These analyses are the foundation of the current revision of the instrument. The second paper examines the partial-order of the HCR-20 as a cumulative scale, to determine dominant relationships between the risk factors and the moderating role of contextual items. The third paper looks at risk factors beyond those in existing instruments, specifically key considerations in the assessment of threateners. The final paper describes the development of a computer-assisted system to guide clinicians through SPJ assessments using various instruments. These presentations suggest important additional foci for risk assessments conducted using the SPJ model. Moreover, they indicate the evolving, dynamic nature of the SPJ model as empirically-grounded yet relevant to individual cases.

1.9 Risk Assessment in Juvenile Justice

Validity of the Structured Assessment of Violence Risk in Youth (SAVRY) in UK conduct disordered adolescents in custody

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United Kingdom

Description: This study examined the validity of the SAVRY in conduct disordered youth in custody. The findings suggest that the SAVRY has similar correlates across settings and countries pointing to its potential international viability as a risk assessment tool.

Background: In the adult literature there have been significant developments in the validation of a range of actuarial and structured professional judgement approaches (SPJ) to violence risk assessment. SPJ measures for violence risk assessment in children and adolescents have recently become available. This study examined the construct and predictive validity of the Structured Assessment of Violence Risk in Youth (SAVRY) in DSM-IV conduct disordered youth in custody in the U.K.

Method: We examined the relationship between scores on the SAVRY, Psychopathy Checklist: Youth Version (PCL: YV), Child Behaviour Checklist (CBCL) and a range of indices of antisocial/criminal behaviour in 123 males detained in secure institutions. We then prospectively examined institutional outcomes at 6 month follow up.

Results: The SAVRY had reasonable construct validity showing the expected level of covariation with the PCL: YV, CBCL and indices of antisocial behaviour. The SAVRY and PCL: YV were modest predictors of institutional violence and rule breaking behaviour. The SAVRY was a moderately good predictor of recidivism at 6 months.

Conclusion: These findings suggest that the SAVRY has similar correlates across settings and countries pointing to its potential international viability as a risk assessment tool.

The predictive validity of the risk assessment instruments SAVRY and PCL:YV in a German sample of adolescent offenders

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Description: This study examined the capacity of two risk assessment instruments (SAVRY; PCL:YV) to predict reoffending and violent recidivism in adolescent offenders. The predictive accuracy of the instruments was evaluated applying ROC and survival curve analyses. The results of the study will be reported and the implications for the risk assessment research in youth discussed.

This study examined the capacity of two risk assessment instruments (SAVRY; PCL:YV) to predict reoffending and violent recidivism in adolescent offenders. The Structured Assessment of Violence Risk in Youth (SAVRY) was applied in the forthcoming authorized German version, the Psychopathy Checklist-Youth Version in the original version. For the SAVRY German version, it was the first validation study. A retrospective follow up design was used. The participants (N=89) consisted of an unselected sample of adolescent offenders who underwent a justice-ordered forensic adolescent-psychiatric assessment. Outcome criteria was reconviction according to the German Federal Register. The predictive accuracy of the instruments was evaluated applying ROC and survival curve analyses. The results of the study will be reported and the implications for the risk assessment research in youth discussed. Preliminary results showed the following AUCs for general reoffending (PCL:YV .713 ; SAVRY .647) and for violent recidivism (PCL:YV .770 ; SAVRY .694). The results will be recalculated taking into account additional outcome data from a extended version of the federal register.

Reliability and validity of the Psychopathy Checklist: Youth Version in Dutch female adolescents

Das, J., De Ruiter, C., Doreleijers, T.

Jongerenhuis Harreveld

The Netherlands

Description: The psychometric properties of the Dutch Psychopathy Checklist: Youth Version (Psychopathie Checklist: Jeugd Versie; PCL:JV; de Ruiter, Kuin, de Vries & Das, 2002) were examined in a sample of female adolescents in a secure treatment institution (N = 67). Results on reliability, construct validity and factor structure will be presented and gender-specific issues in the assessment of psychopathy are discussed.

In adult male offenders, the concept of psychopathy has proven useful in identifying a subgroup with distinct characteristics. Research on the generalization of these findings to females is a growing area of interest and has revealed promising but equivocal findings. On the one hand, psychopathy can be reliably assessed in adult females and the underlying factor model appears to be similar to the one found in male offender samples. On the other hand, psychopathy is less prevalent in females than in males, and only mixed support could be provided for the construct validity and predictive validity of the Psychopathy Checklist-Revised (PCL-R) in females. Moreover, very little is known about the reliability, factor structure and validity of psychopathy as measured by the Psychopathy Checklist: Youth Version (PCL:YV) in female adolescents.

The study of psychopathic traits in girls has been stimulated by the fact that antisocial girls are at high risk of adverse long-term outcomes, such as academic difficulties (e.g. school drop out; Bates, Bayles, Bennett, Ridge, & Brown, 1991), emotional problems (Zoccolillo, 1992), marital difficulties and violent relations with men, (Lewis et al., 1991; Robins, 1986) and bad parenting skills (Lewis et al., 1991). In the PCL:YV manual it is suggested that the PCL:YV can be applied invariantly across gender (Forth et al., 2003). However, this suggestion may not be warranted considering recent research findings on psychopathy in adult women (e.g., Salekin, Rogers, & Sewell, 1997; Vitale & Newman, 2001b Vitale, Smith, Brinkley, & Newman, 2002).

In the present study, the reliability, construct validity and factor structure of the Dutch version of the Psychopathy Check List: Youth Version (in Dutch:

Psychopathie Checklist: Jeugd Versie; PCL:JV; de Ruiter, Kuin, de Vries & Das, 2002) were examined in a sample of female adolescents admitted to a secure treatment institution (N = 67). The results will be presented and the presentation will be concluded with a discussion on whether gender-specific issues should be taken into consideration when assessing psychopathy in (adolescent) females.

The development of a mental health screening tool for use within the youth justice system and a cross sectional study of the needs of young offenders within the United Kingdom

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England

Description: The mental health needs of young people in the youth justice system often go unmet. One of the reasons for this is inadequate screening. This presentation will describe the development of a screening tool used within the youth justice system in England and Wales along with the results of a longitudinal, cross-sectional survey of the needs of these young people.

Previous research has revealed that there are high levels of mental health needs in the youth justice population and many studies into this have been small with a focus on specific populations. Past research has established that young people with behavioural problems are at a higher risk of other forms of mental health difficulties including depression, substance abuse, psychosis and hyperkinetic syndrome and longitudinal research has revealed that this relationship often persists over time. Key to addressing the mental health needs in this population is the development of accurate and easy to use screening instruments. A good mental health screening programme should identify recognised and important problems with a test that is simple, safe, acceptable and low in cost to administer. Screening for mental health should be in the context of adequate treatment facilities with recognised benefits to the individual. Many of the better instruments used to assess mental disorders in young people have major limitations if applied to routine screening of the young people who come into contact with the juvenile justice system. Many instruments require specialist clinical skills, are lengthy to administer or require extensive information from

other informants such as parents or teachers. Other instruments are too broad ranging or fail to cover important relevant problems for this specific population (e.g. substance abuse, suicide risk). The first part of this paper will compare the psychometric properties of three brief screening tools used in the adolescent offending population with a gold-standard semi-structured interview assessment of mental health needs (the Salford Needs Assessment Schedule for Adolescents - SNASA).

Following on from this, the results of a cross sectional survey of 301 young offenders (151 in custody, 150 in the community) will be presented. Many studies conducted in juvenile justice settings have focused on young people in secure care and few studies have sampled female offenders or those from ethnic minorities – issues which this paper aims to address. Significant changes have taken place within the youth justice system over the last five years and as services have expanded, sentencing has shifted more of its emphasis onto prevention and treatment. However, this study found that much of the mental health need in this population was unmet by current services and few offenders had any intervention for their problems. This was not only true for mental health need, but also for education, social and aggressive needs. The need for assessment was the most commonly recommended intervention across many areas of the SNASA although screening for problems may not be the only reason for high levels of unmet need. Also identified in interviews with carers was the lack of access to appropriate services and difficulties in engaging young people. Demonstrating the different needs of young offenders in custody and in the community, the continued assessment of these young people and co-ordination of services between custody and community is integral to the delivery of youth justice services and the promotion of the mental well being of young people.

Concurrent Session 2

2.1 Assessment and Management of Risk

Mental Disorders in Stalkers: The importance of the nexus between mental health professionals and the law

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Description: The study describes forensic mental health care in quantitative terms from a patient perspective. Semi-structured interviews were conducted and 120 different activities were registered. Activities were divided into 5 main categories. The result showed that 2 hours a day was spent on treatment (1,5 h) and structured activities (0,5 h).

Background: The Forensic Psychiatric Centre in Säter (FPC), Sweden, is part of the sector of the mental health services that assesses and treats individuals with mental disorders that also is convicted for (mostly) violent crimes. The highest security level at FPC has 42 beds in seven wards. These beds are reserved for patients who need a more closed environment because they have special needs of care and/or where requirements of higher security is present due to the risk of violence the particular patient poses. The medium level of security has 44 beds divided between three wards. These beds are offered patients who no longer needs the maximum security level. There are also 4 beds in a half-way house where patients are preparing for a life outside the FPC. The average duration of the treatment time at FPC is about 4 years. Information on the care of the forensic mental health care provided has been described from various perspectives. One is the medical, psychiatric perspective with the pharmacological treatment in focus. Then there is the care provided on the wards. There is also the assessment

and interventions made by psychiatrists, psychologists, social therapists and occupational therapists. The present study describes forensic mental health care in quantitative terms and from a patient perspective.

Method: Semi-structured interviews were conducted with patients at the FPC. The inclusion of patients for interviews was randomised. The person who conducted the interview asked the patient to report activities during the last 24 hours counted backwards from the time when the interview started. Every activity was registered in a protocol that was divided into 15-minutes units.

Results: A total of 74 24-hour periods with 120 different activities was registered. From these 120 activities 5 main categories were defined: Sleep, Daily Routines, Structured activities, Unstructured activities and Treatment. At group level the activities were divided over a 24-hour period like this: Sleep 9 hours/day, Daily Routines 5 hours/day, Structured activities 0,5 hours/day. Unstructured activities 8 hours/day and Treatment 1,5 hours/day.

Conclusion: There is a large variation in the material because of that fact that these 24-hour periods are registered from all wards and from patients with psychiatric diagnoses ranging from personality disorders to psychotic disorders. Sleep averaged 9 hours/day. In addition to this the patients rested, on average another 2,5/ hours more every day. The routines make up 5 hours/day and we find this reasonable because that includes personal hygiene, meals etc. Structured activities accounts for 0,5 hour/day and this we believe that there is a need to introduce more structured programs and activities.

Criminal Prosecution of the Mentally Ill in British Columbia

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Description: British Columbia's criminal justice system is notable for the attention and resources it devotes to cases involving the mentally ill. The courts benefit from a prosecutorial mandate and an independent body of psychiatric experts which permit efficient implementation of risk assessment / management of those who have committed dangerous offences. Efforts are made to avoid criminalization of the mentally ill.

In Canada, the criminal law is legislated by the Canadian Parliament and codified in the Criminal Code of Canada. Prosecution of criminal offences, however, is the responsibility of each Province's Attorney General. In British Columbia, prosecution of mentally ill persons is notable for the following four particular features.

The first is the Attorney General's prosecutors. In B.C. Crown Counsel have extensive professional discretion including the authority to accept or decline to charge an accused person. Crown Counsel will only approve charges when provided with a police report which sets out sufficient presentable evidence meeting two criteria: 1) there is a substantial likelihood of conviction and 2) prosecution of the case is in the public interest.

A second notable feature is that the object of any prosecution in B.C. is to obtain the just result, not to merely score a conviction. Crown Counsel are not saddled with responsibility to achieve convictions at all costs. Rather, each individual prosecutor is expected to exercise his or her judgement and discretion as "mini ministers of justice" to pursue the just result in every case. This may, for example, result in decisions to discontinue prosecutions which could be won where there is no public interest justification for pursuing them.

The third notable feature of the BC criminal justice system is that the Courts are served by a pool of independent psychiatric experts. Notwithstanding the aforementioned professional mandate of the Crown prosecutors, prosecutions before the criminal courts do follow the adversarial model typical of all common law justice systems. Each side, Crown and Defence, is empowered to hire expert psychiatric witnesses. The BC Courts, however, do not often experience "battles of experts" in psychiatric cases, partly due to unique Provincial legislation which mandates an independent agency called the Forensic Psychiatric Services Commission (FPSC). FPSC provides, among other things, forensic psychiatric assessments, opinion evidence regarding accused before the courts, treatment of persons being remanded for trial, and in-patient or out-patient psychiatric care of person adjudicated Unfit to Stand Trial (Unfit) or Not Criminally Responsible on account of Mental Disorder (NCRMD).

Lastly, the BC criminal justice system benefits from the centralization of Crown representations before the BC Review Board. Once a person is determined, on psychiatric evidence, to be Unfit or NCRMD, the judicial oversight of the case is transferred from the criminal court to the BC Review Board. Having the power of

a Court, the Review Board monitors the condition of unfit accused and governs their liberty until the trial resumes, and determines the liberties of accused found NCRMD at proceedings held at least annually. The Attorney General is a party to Review Board proceedings and advocates, primarily on matters of public safety, through one Crown office. This centralization permits efficiency and consistency of legal influence on the Review Board's jurisprudence and is unlike any other Canadian jurisdiction.

Criminal Responsibility and Juvenile Delinquency: An International Comparison of the UK, Finland, Belgium and the Netherlands

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United Kingdom

Description: Issues of criminal responsibility and related policies and practices from the UK, Finland, Belgium and The Netherlands will be discussed and compared.

The European Convention on the Rights of the Child (defined as everyone under the age of 18) in regards to juvenile justice systems states that all the rights within the Convention must be respected and ensured for all children without discrimination on any grounds (article 2), that the best interest of children must be the primary consideration in all actions relating to them (article 3) and that their views must be heard and taken seriously on all matters, according to age and maturity (article 12). With this in mind, how do the juvenile justices systems in Europe balance this with the belief that children should be held responsible for their actions?

This presentation will examine a comparison between the juvenile justice systems in the UK (England and Wales), Finland, Belgium and The Netherlands in relation to legislation with regards to young offenders and the facilities available for forensic interventions.

These countries differ greatly in the provisions for young offenders and the approach they take to addressing the mental health needs in this population. For example, in Finland there are no treatment facilities specifically catering for young offenders (although it does have 2 forensic adolescent inpatient units for young

people unable to be convicted due to their mental state), while in England there are a number of units with specially commissioned beds for young offenders with severe mental health problems. The Youth Justice Board in the UK has stated that all young people coming into contact with the youth justice system should be assessed for their physical and mental health needs, regardless of their medical history. This systematic screening also takes place in The Netherlands with the police referring young people to the child protection board upon arrest for an initial screening. However, in Finland there is no systematic screening process and young people are referred to psychiatric services only if somebody suspects they are in need of treatment. This is no different to the general population.

Differing ages of criminal responsibility also result greater use of child welfare interventions in Finland, whose criminal age of responsibility is set four years above that of the UK at 14 years old. The impact of such interventions and the way in which the UK addresses child welfare issues with a criminal age of responsibility set at 10 years old will also be discussed.

2.2 Sex Offender Treatment

Sex Offender Treatment: Ameliorating Static Risk Factors through the Milieu

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Phoenix Program
Canada

Description: Several studies undertaken at the same group therapy treatment program will be reviewed. These demonstrate that treatment completion can ameliorate the predictive strength of several static risk factors for sexual offence recidivism. Actuarial prediction needs to reflect this. Importantly, efficacy of this program has been achieved while placing the emphasis of treatment on group process rather than CBT/RP issues.

The Phoenix Program at Alberta Hospital Edmonton is showing consistent long-term treatment effects for convicted adult male sex offenders. Over more than 17 years, there has been a significant decrease in sexual offense recidivism when comparing completers and non-completers. This paper reviews some significant

findings from this program and offers perspective on achieving treatment efficacy. In the first five year co-hort group, sexual offense recidivism was 8% for completers compared with 24% for non-completers after a mean follow-up time of 13.1 years post discharge. Significant positive results have been found using cumulative data over time as well as using cohort data across time.

Ongoing program evaluation has demonstrated that several of the established static risk factors used in actuarial risk assessment tools are no longer predictive of sexual recidivism after treatment in our program. Number of prior sex offenses and having male victims are widely accepted as an established static risk factor for this population. Serum testosterone has recently been considered as a risk factor for re-offense among sex offenders, and childhood sexual abuse has also been implicated as relevant to sexually offensive behaviour. None of these variables were associated with treatment completion or non-completion, yet these variables were predictive of sexual offence recidivism for patients who did not complete treatment.

Using lengthy follow-up periods, treatment completers and non-completers of the Phoenix Program at AHE were compared on these variables. With a minimum time at risk of 48 months, and mean follow-up time of 122.5 months, the number of prior sex offences among a sample of 430 patients was predictive of later recidivism ($r=.19$).

A significant point about the Phoenix Program, is that a premium has always been placed on group therapy process over the typical CBT/Relapse Prevention format. Recently, reports have suggested that this type of program focus may be useful, but our results demonstrate that this is more than conjecture. Despite outdated reports to the contrary, insight oriented, and dynamically informed psychotherapy clearly can be efficacious with a sex offender population.

The Australian and New Zealand Experience with the Preventative Detention of Sexual Offenders – Clinical Perspectives and the Role of Risk Assessment

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Australia

Description: For the past three years, jurisdictions in Australia and New Zealand have been introducing legislative schemes to either detain “dangerous”

sexual offenders in prisons or to provide long-term supervision of them in the community. This paper will explore the clinical implications of the developments, from a risk assessment perspective.

Legislation for sexual offenders. Following on these trends, recent legislation in New Zealand and some Australian states (e.g., Queensland, Victoria) has been enacted to keep high risk sex offenders detained beyond the expiration of their prison sentence or to intensively supervise them in the community for up to 15 years. One Australian state is also enacting Dangerous and Severe Personality Disorder Legislation similar to that found in the United Kingdom. Because an evaluation of a sex offender's likelihood of re-offending is fundamental to these schemes, this presentation provides an overview of issues the risk assessment area, including base rates of sexual recidivism, the identification of empirically-validated risk factors, the utility of structured risk assessment tools, and limitations of tools that have not been validated for a specific population or purpose. Although it is recommended that risk assessment measures be utilized to assist the courts in making sound decisions about commitment, the limits of current research knowledge and areas of future research need are discussed. Some data will be presented that shows some cross-validation of risk instruments developed overseas for use in Australia and New Zealand.

Sexual Homicide: A comparison of offenders detained in forensic mental hospitals and in prisons

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Description: Psychiatric court reports and official federal criminal records on 45 sexual homicide offenders detained in forensic mental hospitals were compared to 89 sexual murderers detained in prison. The mental hospital group showed higher psychiatric morbidity. In contrast to previous findings on sexual offenders, no differences in sexual and non-sexual violent recidivism were found between the two groups.

Introduction: Little empirical data are available on decisions upon detaining sexual murderers in a forensic mental hospital (according to §§ 63,64 German

Penal Code) or in prison. We investigated the characteristics that differentiate the criminal offenders incarcerated in forensic hospitals from those in prisons and compared the two groups in regard to duration of detention and recidivism (reconvictions) after release. *Method:* Psychiatric court reports and official federal criminal records on 134 men who had committed a sexual homicide between 1945 and 1991 were evaluated. 45 men detained in forensic mental hospital were compared with 89 men detained in prison concerning socio-demographic, diagnostic, criminological and prognostic characteristics as well as criminal recidivism (according to Kaplan-Meier survival analyses). *Results:* Following the sexual homicide about one third of the offenders were detained in a forensic mental hospital, since they were either insane or in diminished capacity and regarded as dangerous (32.8% according to § 63, 0,7% according to § 64 German penal code). Two third of the offender (66.5%) were sentenced to imprisonment. At time of the homicide the offenders detained in forensic hospital were younger (mean 21 yrs) than the inmates in prison (mean 28 yrs). Paraphilias (73% vs. 43%), especially sexual sadism (67% vs. 24%), criteria indicating severity of the paraphilia, as well as personality disorders (93% vs. 76%) were found more often among the forensic psychiatric group. In contrast, alcohol intoxication at time of the homicide was more frequent among prison inmates. There were only slight differences between the two groups concerning risk factors for sexual and non-sexual criminal recidivism (e.g. more previous sexual offences, higher scores in risk assessment instruments Static-99, SVR-20, HCR-20, PCL-R). Offenders in forensic mental hospitals had a reduced chance to be released (39% vs. 76%). Recidivism rates showed no significant differences between the two groups with a trend for more sexual and non-sexual violent reoffences among the offenders released from prison. *Discussion:* Despite the fact that sexual murderers detained in forensic mental hospitals showed higher psychiatric morbidity and slightly higher risk factors for criminal recidivism, our data did not confirm previous findings of higher sexual and non-sexual violent recidivism rates in forensic psychiatric groups. These results could be explained with differing decisions about release, since sexual murderers in forensic hospitals had reduced chances to be released. Likewise, the treatment in forensic hospitals (e.g. pharmacological or/and psychotherapeutic) could have reduced the initially increased “dangerousness” of these offenders.

2.3 Assessment and Management of Risk

Risk assessment instruments in Latin America: Do they actually work?

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Description: The study evaluates the predictive efficiency in terms of violence of some instruments, i.e. HCR-20; VRAG; PCL-R, and other variables with a cohort of male candidates to early release/forensic psychiatric discharged within the Judicial Department of La Plata, Province of Buenos Aires, Argentina, from September 2001 to September 2004. The rate of violent recidivism and identified risk factors are informed.

Introduction: In Latin America, risk assessment was traditionally carried out in a clinical and unstructured manner. During the nineties, the author of this study set himself the goal of promoting risk assessment systematization. These efforts resulted in the implementation of a multi-phase research in 2001 with the aim of obtaining empirical criteria for violent recidivism in convicts close to conditional release; adapting several assessment instruments to local settings and establishing a systematic form of testable assessment. The research is being conducted in the General Prosecutor Office of the Province of Buenos Aires and the School of Medicine of the National University of La Plata.

Purpose: To evaluate the predictive efficiency in terms of violence of the instruments HCR 20; VRAG; PCL-R and other variables within the Province of Buenos Aires.

Material and Methods: A concurrent cohort design was used to study male candidates to early release or forensic psychiatric discharged within the jurisdiction of the Judicial Department of La Plata, from September 2001 to September 2004. The research also included reliability, validation and standardization studies of several assessment instruments. Among other statistics, the area under the curve of the ROC graph and proportional relative hazard are estimated. The reliability and validity of main instruments of baseline assessment and in one case, normative statistics are evaluated.

Results: The rate of violent recidivism for the cohort of released subjects was 44% during the follow up period up to September 2004 (mean: 309 days, minimum 7 days and maximum 848 days). The area under curve of the ROC graph was the following: VRAG, 0.571; HCR-20, 0.592; PCL-R, 0.505. The multivariate models of logistic regression and proportional relative hazard made it possible to discover that the risk factors “age at the moment of crime”, “age at the moment of release” and “a compound score with criminal history” have statistically significant effects in terms of violent recidivism. Results corresponding to the follow-up period up to November 2005 are currently under evaluation.

Prevalence of Mental Illness in Connecticut’s Jails

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University of CT Health Center

USA

Description: This presentation will discuss the prevalence of mental illness in the Connecticut correctional system and the need for proper identification and treatment of mentally ill inmates. Relationships between offense and psychiatric illness are reviewed.

Background: Mentally ill individuals are increasingly coming within the purview of correctional programs as a result of the convergence of societal changes such as the deinstitutionalization of care for persons with severe mental illness (SMI), the shifting emphasis on return-to-work rather than welfare for disadvantaged adults, and the managed care approach to reducing public and private sector funding for healthcare services and facilities.

Objective: This presentation reports the prevalence of psychiatric illness in five of Connecticut’s adult jails (four male facilities and one female facility). Axis I and Axis II diagnoses are reported for men and women categorized by race.

Methods: Data was used from a previous study that collected information on participants from four male Connecticut jails and one female Connecticut jail with the objective of developing a brief screening tool. Measures used were the SCID I and SCID II, CAPS, GAF, TEI, SIDES, SF-12. Substance use was also explored using the ASIST.

Results: Percentages were high for both men and women having any mental health diagnosis. Overall, females had higher percentages of Axis I and Axis II disorders, with the exception of Antisocial Personality Disorder. White females had the highest incidence of Affective disorders (64.8%). The frequency of Posttraumatic Stress Disorder was highest in Hispanic females. It was also high for African-American males (23.8%). Co-morbidity of mental illnesses is also reported. Offense information is provided and co-morbidity of mental illness and offense type was explored. The highest frequencies of offenses were drug-related crimes and technical violations for both men and women. Antisocial Personality Disorder rates were highest in both groups for these offenses.

Conclusions: There is a growing need for adequate treatment of mentally ill inmates and continuing investigation of how the presence of a psychological disorder relates to criminal behavior.

This study was funded by a grant from the U.S. National Institute of Justice.

The validation of a new screening tool measuring vulnerability of suicide and DSH behaviour in offenders

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UK

Description: Despite the UK Government's aims to reduce suicide and deliberate self-harm, numbers of self-inflicted deaths and DSH behaviour in UK prisons has increased. A new screening tool, devised using over 1,000 male and female offenders in the UK shows encouraging signs for the identification of vulnerable offenders at risk of suicide and DSH behaviour.

Despite the UK Government's aims to reduce suicide and deliberate self-harm (DSH) behaviour by at least 20% by the year 2010, number of self-inflicted deaths and DSH behaviour in UK prisons has increased. Screening and assessment of individuals at risk is one potential area of prevention. A new screening instrument 'Suicide and Self-Harm Concerns about Offenders in Prison Establishments (SCOPE) devised using over 1,000 male and female offenders in the UK shows good internal consistency. Presenting moderate test re-test reliability and concurrent validation with the Beck Depression Inventory, Beck Hopelessness Scale, Inhibition and Rumination Scale and the Social

Desirability Scale the scale shows promising results. Using logistic regression analysis the results produced a 15-item version of SCOPE. The self-report tool has good utility and is easy to score. The results display encouraging signs for the identification of vulnerable offenders at risk of suicide and DSH behaviour. The presentation will focus on how the new instrument was developed and validated and the results from the first set of analysis.

2.4 Domestic Violence

Matricide: Lethal conflicts between mother and son

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Austria

Description: Matricide is a very rare crime. It is mostly committed by sons, suffering from an “Orest complex”. Although former investigations assumed that the offenders suffer from a schizophrenic disorder, personality disorders are the most frequent diagnosis of the offenders. The homicide is triggered by a simple quarrel (“catathymic crisis”) and often shows characteristics of an overkill crime.

Matricide is defined as the murder of the mother by her son or her daughter. It is a very rare homicide with a worldwide prevalence of less than 1 % of all homicides. Sons as offenders commit matricides four times more than daughters.

In first investigations (Clark 1993, Singhal & Dutter 1992) a severe mental illness seemed to be over represented as diagnosis of the offenders. But matricide is not a typical crime of mental ill sons. Mainly an unsolved (hostile) dependant relationship between sons and dominating and emotional unstable mothers is found. Fathers are mainly absent (passive, divorced or dead). Between mother and son there exists a pathological dyadic relationship (“Orest Complex”), in which double bind communication and an incest atmosphere are typical characteristics. Sons are mainly suffering from personality disorders. The offence is triggered by a simple quarrel and shows overkill characteristics (“Catathymic Crisis”) Two own cases of matricide are presented. One offender suffered from a schizoaffective disorder and was admitted to a correctional

psychiatric institution, the other man suffered from a combined personality disorder. Psychopathological signs in the time before the matricide and special characteristics of this rare crime are discussed.

Homicide followed by suicide

Flynn, S., Hunt, I., While, D., Swinson, N., Appleby, L., Shaw, J.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

UK

Description: This paper presents findings from a national clinical survey of perpetrators of homicide-suicide in England and Wales. Most perpetrators were men. The victims were most often either intimate partners or family members. Few had been in contact with mental health services and only a small proportion were suffering from a serious mental illness at the time of the offence.

Background: Homicide followed by suicide is a tragedy not only for the individuals involved but also for the survivors, with children often being the secondary victims in these cases. On average, there are between 20-30 incidents per year in England and Wales. As a proportion of the overall homicide rate, the numbers are small, yet these acts are very significant as little is known as to why they occur.

Objectives: To describe the social, criminological and clinical characteristics of perpetrators of homicide followed by suicide, including mental illness at the time of offence; to compare homicide followed by suicide characteristics with homicide-only and suicide-only cases.

Design & setting: A national clinical survey in England and Wales. Detailed clinical data were collected on those with a history of contact with mental health services.

Subjects: A six year sample of people committing homicide followed by suicide between 1st April 1996 and 31st March 2002.

Results: One hundred and thirty three cases of homicide followed by suicide were recorded during the six year period. The majority of perpetrators were male (n=110,

83%), with a median age of 41 (range 18-83). Male perpetrators most often killed a spouse, partner or ex partner (n=77, 70%, 95% CI 61-79). In contrast, women were significantly more likely to kill their children/stepchildren (n=16, 70%, 95% CI 51-88) than any other victim before taking their own life. Acts of homicide followed by suicide were typically intra-familial; only 12 (9%) perpetrators killed victims outside their extended family, and 3 perpetrators killed a stranger prior to suicide. Nearly a quarter of all perpetrators killed more than one victim in the incident (n=30, 22%). In the majority of cases, the suicide occurred soon after the homicide; 43% (n=57) on the same day and 75% (n=100) within 3 days of the homicide. The most common method of homicide was suffocation/strangulation (n=32, 24%), significantly higher than the proportion using this method in homicide-only cases during the same period (24% v 10%). Thirty four people (26%) used hanging as method of suicide after the homicide, which is consistent with the proportion in suicide-only cases. However, a much higher proportion of homicide followed by suicide perpetrators used a firearm in their own death (17% v 2%). Of the 133 perpetrators, 12 (9%) had previously contact with mental health services in their lifetime, 6 (5%) were seen within a year prior to the offence. The most common diagnoses were affective disorder (n=4, 33%, 95% CI 7-60) and personality disorder (n=3, 25%, 95% CI 1-50).

Conclusions: Most perpetrators do not have severe mental illness or a history of contact with mental health services prior to the offence. However, the extent that mental illness contributes to these incidents is often underestimated. Further qualitative research assessing contact with primary care services and interviewing those closest to the perpetrator and victim will provide a more detailed understanding of these incidents, and inform health and non-health related agencies in formulating prevention strategies. A psychological autopsy would be an appropriate research method.

Internet's Child Pornography and Sexual Deviance

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Description: This study analyzed consumer behavior of children pornography distributed via internet with a special questionnaire. The photos were selected

from personal computers confiscated by the police. Four types of pornography consumers can be identified: “The stranger”, “The tourist”, “The collector” and “The Freak”. The two last groups tend to act as hand on paedophiles .

The establishment of the internet as an integral element for picking up information becomes more and more important as a location of criminality. Currently the distribution of illegal pornography makes up to 80 percent of all internet criminality in Germany (Meseke 2000). Most of these pictures are children pornography. Cause of the enormous harm to the victims we have to get more reliable information about consuming children pornography and paedosexuality. These has to be done in cooperation with the public prosecution services.

This study is organized in separate sections: In a first step there was the need for a special rating instrument for the analysis of the pictures’ topics (degree of depersonification, partialisation, degradation and paraphilia background). Using criminological theories we developed a 52 item questionnaire (FEKP). In a second step three independant rater assessed 250 pictures using the FEKP. The questionnaire reached an interrater reliability with a kappa of 0.67. In a third step items with a kappa “The stranger” just steps into children pornography. He reacts negative and he leaves quickly. “The tourist” uses children pornography sporadically. His motivation is sensation seeking, but there is no connection between his real live sexuality and the medial paedosexuality. “The collector” ritualizes his consumption behaviour. Children pornography serves his actual sexual needs. He starts selecting the pornographic stimuli, serves his sexual fantasies and longitudinal tries to realize them; his connection to the genre is strong, even more he keeps social contacts to other paedosexuals. The most excessive user is the group of “the freaks”. They function as opinion leaders while organizing meetings, websites, newsgroups and chatrooms. The connection to the genre is fundamental.

2.5 Treatment Approaches

A modular group-program for offenders with schizophrenia

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Germany

Short Summary: A modular group-program treating specific dysfunctions of schizophrenic patients was brought in to four wards in a forensic hospital. Clinical impression and first exploratory statistical analyses show an improvement in cognitive functioning, problem-solving, social interaction, drive and compliance. Studies to evaluate the effects of single modules are in progress or planned.

Introduction: The Haina Forensic Psychiatric Hospital is responsible for treatment and detention of mentally ill offenders sentenced to hospital order treatment in the German State of Hessen. About 40% of the hospitals' inmates are suffering from schizophrenia.

People suffering from schizophrenia show a typical pattern of deficits in attention, working verbal memory and executive functions, occurring already months or years before onset of acute psychosis. Antipsychotic medication does not improve these functions effectively and the deficits often persist after recovery. This leads to patient's difficulties in problem-solving and social interaction. Furthermore the deficits are associated with poor functional outcome and compliance. Improving therapeutic outreach on offenders with schizophrenia will have favourable impact on the risk of reoffending.

Problem: There are a couple of well evaluated treatment-programs addressing specific dysfunctions of schizophrenia delivered to the patients in our hospital. For quite a long time it has been a problem to assign patients appropriately according to their level of cognitive functioning and their need of treatment. Reasons of capacity of wards or security led to delays in treatment. This is seen critically, because research shows, that the longer patients stay in hospital, the more their willingness to change decreases, while their satisfaction with the situation rises.

Project: In 2005 we have implemented a modular group-program targeting specific deficits of offenders with schizophrenia coordinating therapeutic activities of four forensic wards. It starts with low demands on the patient's abilities and complexity increases with every module. The basic component is a cognitive remediation training to improve attention, memory and executive functions, focusing especially on motivational aspects. In the second module a newly developed program tackling affect recognition is performed. The third module is a training of problem-solving. Finally we offer social skills-training and psycho-educational contents. The participants are assigned to the program by their therapists according to their specific needs. Then groups and trainers are matched, so that always four different modules are running at the same period of time. To transfer effects to everyday life ward-staff-nurses, trained on aims and methods of each module, act as co-trainers in the groups and on the wards.

Conclusions: Clinical impression and first exploratory statistical analyses show a positive effect of the program. Patients improved in cognitive functioning and social interaction. In addition their drive, motivation and compliance increased. A study to investigate the efficacy of a training tackling affect recognition used in the second module in cooperation with the Department of Psychiatry and Psychotherapy at the University of Düsseldorf is in progress. An evaluation of the first module is planned in 2006.

What predicts violent incidents, and treatment progress in a high secure sample of patients with intellectual disabilities?

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Description: This paper reports a prospective study examining the utility of various instruments in a sample of offenders with intellectual disabilities in predicting both violence and treatment progress outcomes.

Purpose: Rampton Hospital is the National Centre for High Secure Learning Disability in the UK, and patients located in this highest level of security are by definition high risk. This study aimed to evaluate which factors predict those patients with ID who are violent within the institution, and those whose risk is sufficiently reduced to make treatment progress to conditions of lower security.

Method: As part of a larger Home Office Study (Hogue, Lindsay, Taylor et al., 2004) measures of personality disorder, risk (both static and dynamic) and clinical functioning were gathered on all 73 patients with intellectual disabilities in the hospital. Measures included both those designed for general forensic populations (PCL-R (Hare, 1991, 2003), HCR-20 (Douglas et al. 1997), VRAG (Quinsey et al, 1998), and those specifically developed for individuals with intellectual disabilities (Short Dynamic Risk Scale (Quinsey, 2002) and the Emotional Problems Scale (Behaviour Rating Scale) (Prout & Strohmer, 1983). Aggressive incidents of various types were recorded for 12 months and progress within and from the institution were recorded at 24 months after assessment.

Results: Where violent incidents were concerned, results indicate greater predictive utility for dynamic clinical variables, particularly a measure of symptomatology designed and validated on people with ID (the EPS). IQ however was also independently negatively associated with violence. Unexpectedly, positive and negative progress were only predicted by aspects of psychopathy, even when previous offending, time in the institution, and aggression in the institution were controlled for. The implications of these findings are explored in terms of measures which best predict outcomes in high risk offenders with ID, and the factors which influence clinical decision making.

The Four-facet model of psychopathy and processing of facial emotional expressions

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Description:-Different dimensions of psychopathy correlates differently with the ability to process facial emotional expressions.

The aim of this study was to investigate the role of the Four-facet model of Hare's Psychopathy Checklist-Revised (PCL-R; Hare 1991; Bolt et al. 2004) and the ability to recognize facial emotional expressions. Forty -three male prisoners from the Bergen prison participated in this study. The ability to process facial expressions was investigated by using Ekman's (1976) set of facial expressions; sad, fear, disgust, angry, surprise, happy, and also neutral. The pictures were presented on a computer screen by using the E-prime system (Psychology

Software Tools INC., Pittsburgh, PA). The task consisted of four blocks, each with 14 pictures presented in a randomized order. There were pictures of both male and female. The subjects were instructed to identify the facial emotion and then press the corresponding response key on the computer keyboard. The stimuli were presented until a response was given. The relationship between the different facets and the accuracy data was investigated by partial correlations. Looking at men's facial expressions, the results showed that there was a significant negative relationship between Facet 1, the interpersonal facet, and correct responses related to neutral faces ($r = -.33$, $p = .04$). Further, there was a significant positive relationship between Facet 3, the lifestyle facet, and disgust ($r = .41$, $p = .00$). Additionally, there was a borderline relationship between Facet 3 and recognition of fear ($r = .30$, $p = .06$). Looking at angry faces, there was a negative relationship between Facet 3 and correct responses ($r = .32$, $p = .04$). With regard to positive emotions, there was a negative relationship between Facet 3 and happy faces ($r = -.30$, $p = .06$). Interestingly, it was also a significant positive relationship between Facet 4, the antisocial facet, and disgust, ($r = .43$, $p = .00$). The same pattern of results was evident for processing of female's facial expressions. The results from the female's faces showed that there was a significant positive relationship between Facet 4 and sad faces ($r = .32$, $p = .05$) as well. Overall, the present study showed that there was no relationship between Facet 1 or Facet 2, the affective facet, and processing of facial emotional expressions. On the other hand, the results from this study showed that there is an association between Facet 3 and also Facet 4, and the ability to process negative emotions such as disgust, fear, and sad. The results from the present study might have implications with regard to development of appropriate intervention programs and treatment of personality disorders such as antisocial and psychopathic disturbances. The results support the idea that the Four-facet model of psychopathy allows more detailed analysis of the individual, this need further investigation.

2.6 Assessment and Management of Risk

Outpatient treatment in forensic psychiatry - are there any implications for risk management in general psychiatry?

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Description: Could forensic knowledge possibly provide helpful implications for general psychiatry? Results of an accompanying investigation of the forensic outpatient treatment of 156 patients over one year will be presented. There are indications that forensic experience could be used in general psychiatry for risk consideration, for decision making and for putting emphasis on different therapeutic aims.

In psychiatry the treatment and management of potentially dangerous and violent patients is traditionally a focus both in research and in clinical relevance. In Germany the topic is mainly examined by forensic psychiatrists. Could forensic experiences possibly provide helpful implications for general psychiatry?

In an accompanying investigation of the forensic outpatient treatment of 156 patients over one year only one reoffence was noted and 7 times preventive hospitalisations were necessary. The outpatient patient population was compared to a cross section population of psychiatric inpatients. There were no patients with sexual crimes in the outpatient group whereas about 20% of the inpatients had committed a sexual crime. Patients of the outpatient group were more often schizophrenic (outpatients 50% versus inpatients 35%), less psychopathic (mean of PCL-R-Scores: 8.1 versus 12.7) and had lower scores in the HCR-20, most predominantly in the C-Scores (mean 1.8 versus 7.9).

Forensic psychiatry is based on the groundwork of general psychiatry, but general psychiatry could also profit by forensic sciences: forensic experience of risk assessment and management might provide helpful implications for risk consideration, for decision making and for putting emphasis on different therapeutic aims in general psychiatry. As mentioned in the manual of HCR-20, forensic taxonomies and scales of risk factors could also be used in general psychiatry in order to assess not only the patient's state of illness but also his potential dangerousness and in order to gather a patient's risk profile as complete

as possible. Extra hazardous constellations could be detected and prevented by specific treatment.

Patterns and Perspectives: The Geographic Effects of Release on Forensic Mental Health

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Description: This study examines the geographic patterns of patients released from a custodial forensic psychiatric facility in British Columbia, Canada. Geographic mapping techniques were used to compare the residential mobility patterns of released forensic patients with their subsequent returns to inpatient care. Results suggest that destabilizing environmental factors may have an impact on the collapse of a community placement.

This paper presents the key findings of a research project investigating the geographical release patterns of forensic patients leaving custodial care in British Columbia, Canada. Despite the excellent studies emerging from the fields of environmental criminology and forensic mental health, they have primarily developed independent research relating to crime and offenders. This research study, however, combines the area of environmental criminology with forensic mental health, and provides an exploratory view of how neighbourhood and community factors can influence the reintegration of forensic patients after they are released from hospital.

Using geographic information systems (GIS) techniques, the residential locations of a sample of forensic patients were tracked over time and mapped in relation to each other. The frequency of a patient returning to hospital was monitored and reasons for these returns were noted after each unsuccessful community placement. Analysis and results of this study suggest that patients who are released to certain neighbourhoods are returning to inpatient care at a higher frequency. These neighbourhoods exhibit many destabilizing features that may be influential on the prolonged success of a community discharge. Examples of such features include regions of low income, high unemployment, low education, concentrated rental accommodation, and others. Further research is needed to explore the implications of neighbourhood destabilizers on the

length of community placements for forensic patients, while also examining the background reasoning for locating patient services in those same areas.

The results of this research serve to highlight the ongoing difficulties associated with managing forensic patients released in the community. While treatment needs and individual risk factors will evidently form some portion of the assessment of an individual's release planning, this paper argues that the scope and value of risk assessments could improve from considering the spatial distribution of the mental health service centres and service users. To that end, the benefits of geographic considerations extend beyond the risk assessment process by supporting Review Tribunals with better-informed release decisions. As a result, this study underscores the potential benefits and unintended consequences of providing forensic outpatient services in disadvantaged neighbourhoods and speaks to the importance of an integrated approach to forensic mental health services.

Psychiatric symptoms and community violence among high risk psychiatric patients: Which dimensions of symptoms matter most?

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Description: This study evaluated the dynamic interplay between symptoms and violence among a group of psychiatric patients deemed to be at high risk for involvement in community violence. The intensive measurement design provided a means of assessing which dimensions of symptoms (level versus variability measures) predicted community violence.

Clinical practice is dominated by the assumption that increases in psychiatric symptoms elevate the risk of imminent violence. Our prior work has demonstrated that although symptoms and violence often co-occur, with the exception of anger or hostility, there no evidence that elevated symptom levels precede the occurrence of proximal violence among patients deemed to be at a high risk for community violence. While these findings are important in that they clarify the temporal linkages between specific symptom constellations and proximal violence, we have not yet examined the possibility that dimensions

of symptoms, other than level, may also play a role. That is, it is possible that the ‘ebb and flow’ of symptoms, including how much symptoms vary, or how quickly symptoms oscillate, within an individual across time may enhance our understanding of the interplay between symptoms and violence. The present study examines whether these more dynamic measures of symptoms contribute to our understanding of violence among high-risk psychiatric patients.

Participants: A two stage screening process was used to identify participants at a high risk for involvement in community violence following their entry into an emergency room in an urban, university-based psychiatric hospital (see Schubert, Mulvey, Lidz, Gardner and Skeem, 2005 for full details). The final sample was comprised of 132 young ($M=21$ years, $SD=6$) men and women (52%) who were equally likely to be White or African American (49%; “Other”=2%).

Procedure: Participants were followed into the community and interviewed at weekly intervals for six months. Data was also gathered from collateral informants.

Measures: The Brief Symptom Inventory (BSI; Derogatis & Melisaratos (BSI: 1983), a 53-item self-report inventory, was used to assess symptoms levels each week. Four subscales from the BSI were used for the analyses, including: global symptom, depression, anxiety and hostility. Violence each week was measured based on Lidz et.al.’s (1993) adaptation of the Conflict Tactic Scale (CTS; Straus & Gelles, 1990) which included nine categories of aggressive acts (e.g. pushing, hitting, using a weapon).

Analysis: The relationship between parameters that characterized the dispersion of symptoms scores within an individual and violence were assessed in a structural equation modeling (SEM) framework. Measures of dispersion included: intra-individual standard deviations (ISD) and parameters generated from a dynamical systems model (see Boker & Ghisletta, 2001; Boker & Graham, 1998) which characterized the frequency of symptom oscillation (ϵ) and whether an individual’s symptoms were moving towards an equilibrium or amplifying across time (ζ).

Preliminary Results: Initial findings indicate that the frequency of symptom oscillation for depression and hostility was related to the number of violence incidents across the series. Initial assessments also indicate the amount of symptom variability (fluctuation in symptom state) within an individual are independently

related to violence, even after controlling for the average level of symptoms (trait measure). Future analyses will use nested SEM models in order to evaluate which dimensions of symptoms, e.g., level or variability measures, matter the most for violence prediction. Implications for research and practice will be discussed.

2.7 Forensic Assessment

Modelling Antisocial Symptoms: The Rasch Model and Forensic Assessment

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Description: A Rasch modelling of antisocial symptoms is presented and an argument is made for its general utility in forensic assessment.

Forensic assessment generally requires a higher level of accuracy and proof than other forms of psychological assessment. The psychometric methods that are typically applied utilise a classical test theory that can be remarkably sub-optimal in this context. This paper presents an argument that forensic psychologists need to utilise more sophisticated measurement models and methods than heretofore and one such is the Rasch Model. We attempt to show how its properties such as, cumulative scaling and specific objectivity as well as the potential for person and item fitting, make it particularly useful in a forensic context.

The utility of the Rasch approach is demonstrated by a modelling of the ASPD and Disocial criteria of the DSMIV and ICD10 on a sample of mentally disordered offenders. It is demonstrated how the model can be used for evaluating measurement tools and for individual diagnosis. We also show how the model can be used in a Risk Assessment and Management context and how it opens the door to a great many alternative assessment strategies beyond the standard interview and self-report.

Psychopathy and other personality disorders and gender: A comparison between matched samples of male and female violent offenders

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Description: This study shows that psychopathy is more common among male than among female offenders. However, the difference was mainly due to the males' more pronounced antisocial, criminal behavior rather than more pronounced basic psychopathic personality traits. There were clear gender differences in type of comorbid personality disorder among the males and females with psychopathy.

The present day knowledge about similarities and differences across gender in manifestation and prevalence of psychopathy and other personality disorders is limited. More research focused on this issue is clearly needed. The aim of the present study is to compare matched samples of male and female violent offenders on the prevalence of psychopathy and other personality disorders. Psychopathy will be studied in some more detail than the other disorders.

The female sample consisted of 31 women who all had been sentenced for a violent crime and assessed by psychologist at a maximum security prison for females in Sweden. The women were matched with a group of 31 males taken from a larger sample of male violent offenders. All males had also been sentenced for a violent crime and had been assessed by a psychologist at a maximum security prison for males in Sweden. The males and females were matched on age, ethnicity, length of sentence, and type of index crime. Mean age was 38 years and mean length of sentence was 7 years. The Hare Psychopathy Checklist-Revised (PCL-R) and diagnoses based on the DSM-IV were used to assess personality disorders.

Results show that psychopathy was more common in male offenders (22,6 %) than in female offenders (16,1 %). In terms of other personality disorders, Antisocial Personality Disorder was clearly more common among the male offenders whereas Borderline Personality Disorder was clearly more common in females. More detailed analyses of the gender difference in psychopathy revealed that this difference was mainly due to the male offenders' significantly higher score in the Antisocial Behavior facet of the PCL-R. No significant gender differences were

found on the more basic psychopathic personality traits (i.e., the interpersonal, affective, and behavioral traits). Among the offenders with psychopathy, it was more common with comorbid Antisocial Personality Disorder among males and more common with comorbid Borderline Personality Disorder among females.

This study shows that psychopathy is more common among male than among female offenders. However, the difference was mainly due to the males' more pronounced antisocial, criminal behavior rather than more pronounced basic psychopathic personality traits. There were clear gender differences in type of comorbid personality disorder among the males and females with psychopathy. Potential implications of the results will be discussed.

The distribution of Psychopathy among a Household Population: Categorical or Dimensional?

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Description: Psychopathy was measured using the PCL:SV in a representative sample of the household population of Great Britain. A mixture Poisson distribution with three subgroups was demonstrated with certain discriminating factors according to correlates of demography and comorbidity. Examining the distribution identified a 'transition' point at which there is a sharp rise in associated social and behavioral problems.

Background and Aims: Psychopathy is a personality disorder characterized by interpersonal, affective and behavioural symptoms and believed to be continuously distributed in the general population. We tested whether the distribution of psychopathy represents a true continuous distribution or whether, at a cut-off, it demonstrates syndromal features of a categorical entity.

Methods: A two-phase survey of adult 16-74 years in households in Great Britain in 2000 interviewed 638 (respondents response rate 61.6%) in the second phase. Self-reported measures of affective and anxiety disorders, substance misuse, and social / behavioural problems were included. Psychopathy was measured using the PCL:SV.

Results: Fitting mixture Poisson distributions to PCL:SV total score demonstrated that a three Poisson distribution gave the best fit. 70.8% of the population had a mean score of 0.05, 25.6% a mean of 2.16, and 3.6% a mean of 10.21. Demographic and comorbid Axis I and II disorders discriminated between the three distributions. A 9-item scale of social and behavioural problems demonstrated a transition point across the distribution at cut-off of 11.

Conclusion: Psychopathy demonstrates a quasicontinuous distribution in the general population, best represented by three distinct groups of individuals. But most persons have zero scores for psychopathic traits. The cut-off of 13 for screening positive using the PCL:SV receives support from this study. There is some evidence that near this point there is a dramatic rise in associated social and behavioral problems.

2.8 Assessment and Management of Risk

Outline and preliminary findings from a Belgian Ministerial pilot project on the assessment and treatment of medium risk mentally ill offenders

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Description: The study aims a scientific evaluation and coaching of six forensic psychiatric units that were created in 2001/2002 in Flanders, Brussels, and the French part of Belgium. These units offer an intensive clinical and multidisciplinary treatment to “medium risk” conditionally released offenders with a mental disorder. A selection question and an evaluation question are addressed in the study.

The present study is part of a pilot project that was launched in 2001 under the impulse of the Belgian Ministry of Public Health and Social Affairs. At the moment the study is still going on.

The objective of the current study is a scientific evaluation and coaching of six forensic psychiatric units that were created in 2001/2002 in Flanders, Brussels,

and the French part of Belgium. These units aim to offer an intensive clinical and multidisciplinary treatment to “medium risk” conditionally released offenders with a mental disorder.

Two main questions are focused on in the present research: (1) a selection question, and (2) an evaluation question.

As to the selection question, theoretical and empirical guidelines were distilled and integrated in a preliminary decision tree that consisted of selection criteria that might enable the differentiation between “low”, “medium”, and “high” risk patients.

With respect to the evaluation question, a battery with several assessment instruments was implemented at the beginning of 2004 in order to evaluate the treatment within the six units under study. A multi method and multi dimensional approach was followed, including self-reports, clinical judgments, and behavioural observations, and covering a broad area of static and dynamic risk factors of potential aggression/recidivism.

Each patient that entered into one of the units was submitted to a baseline assessment (that focused on a set of static factors which were considered to be unaffected by the treatment; also a set of dynamic factors were included which were considered to be affected by the treatment), and a three-month follow-up assessment (that focused on a set of dynamic factors which were considered to be affected by the treatment).

The static factors refer to socio-demographic characteristics; criminal antecedents; clinical and justitial history; intellectual level; DSM-IV Axis-I and Axis-II psychopathology; risk taxation. The dynamic factors relate to psychopathological complaints; personality features, such as, impulse control, aggression, hostility, as well as to social, communication and other individual skills; perceived quality of life.

Preliminary findings will be presented with regard to the static and dynamic variables. The data were collected between January 2004 and January 2006 with respect to all newly admitted patients in the foregoing period. Static data are available from the baseline measurements concerning about 90 patients. Dynamic data are available from the first three measurements (with a six-month interval assessment starting from the baseline assessment) concerning about 30 patients.

In the Spring of 2006, a control design study will be outlined and scheduled, in order to compare the patient group within the pilot project with a comparable

patient group that did not receive the intensive clinical treatment that is under study within the current project.

Routine evaluation of risk, functioning, and care in outpatient forensic psychiatry

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Description: The bulk of psychiatric patients judged to present a violence risk, are cared for in the community. This calls for methods that enable the case manager to monitor the dynamic risk, patient functioning, and need for and effectiveness of care interventions. The present study tested the feasibility, reliability, and predictive validity of some of these measures in outpatient forensic care.

The bulk of psychiatric patients judged to present a violence risk, are cared for in the community. This calls for methods that enable the case manager to monitor the dynamic risk, patient functioning, and need for and effectiveness of care interventions in an outpatient setting. Examples for such methods are to be found in innovations in general community psychiatry and risk assessment research.

Routine Outcome Assessment (ROA) has been advocated in general psychiatry as a means to monitor patient progress. The information gained is either fed back only to the case manager and service, or serves as input for routine care evaluation between the case manager and patient, as part of – what has been called – a partnership model of care. ROA produced methods for clinician assessed patient functioning (e.g. the Health of the Nation Outcome Scales; HoNOS) and clinician and patient assessed needs for care (e.g. the Camberwell Assessment of Needs; CAN). Official forensic versions of these methods - the HoNOS-MDO and CANFOR - were tested in the present study.

Parallel to - but independent of - the above developments in general psychiatry, in forensic psychiatry the emphasis in risk assessment research shifted from assessment of the static risk 'status' to that of the dynamic risk 'state', and from single-point prediction to ongoing monitoring of violence risk (Douglas & Skeem, 2005). Examples of methods for risk monitoring in the community are the SORM (Grann et al, 2005), and a Dutch adaptation and extension of

the Clinical and Risk management items of the HCR-20 – the Dynamic Risk Assessment Schedule (DRAS). The latter was used in the present study.

We tested methods of ROA - incorporating risk monitoring - and routine care evaluation for their feasibility and predictive validity in an outpatient forensic setting. For 99 patients receiving forensic care in their home situation, we asked the case managers to discuss the patient's needs for and satisfaction with care (with the CANFOR), every three months, and to subsequently assess the patient's functioning (on the HoNOS-MDO), violence risk (on the DRAS), and needs for care (on the CANFOR). The predictive validity of the assessments for violent or risk enhancing behavior (e.g. non compliance, drug abuse) in the following three months was studied.

In univariate analysis, violent or risk enhancing behavior was predicted by the HoNOS-score for patient functioning (Odds Ratio=2.93; 95%CI: 1.40-6.15) and the Clinical risk assessment score on the DRAS (OR=2.38; 1.17-4.84). In multivariate analysis, the HoNOS-score proved the best predictor, and risk assessment did not add to that. However, once the HoNOS-score was taken into account, the number of unmet needs as perceived by the case manager (on the CANFOR), gained predictive power. In such a way, that more unmet need were associated with a reduced risk (OR=0.79; 0.65-0.95). It may be speculated, that in these cases the case manager saw opportunities to do something about the observed risk. Which would take the use of risk assessment instruments beyond mere prediction, and would make it into tools for risk intervention.

International collaboration on risk assessment and management of violence - Project RUS-NOR

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Description: The paper reveals some of the challenges when professionals from different countries will try to collaborate on the topic risk assessment and management of violence. What to be gained by doing international cooperation? Why just not stimulate the Russians to develop their own instruments/checklists?

The main objective of the Project RUS-NOR is to develop a collaborate milieu between clinicians and researchers from Russia and Norway;

- To contribute to put on the agenda common topics related to aggression and risk assessment and management of violence.
- To contribute to enhance the awareness and competence of the Russian participants in this field of work based on updated international research and clinical experience.
- To contribute in the process to make an official Russian translation of HCR-20 (Webster, Douglas, Eaves & Hart, 1997).
- To contribute in the process to make Russian translation of other instruments, like the structured screening checklist BPS-10 (Alfarnes, Hartvig & Østberg, 2005).
- To support Russian initiative to validate instruments on Russian populations.
- To collaborate in writing common articles in peer-reviewed journals.
- To make common paper presentations at national/international conferences.

The paper will present the process in establishing contact with the health governmental system in Russia. How to develop a strong and trustful relationship to Russian professionals? Do the Russians work like we do? What was the pitfalls and positive experiences during the collaboration? Why should Norwegian professionals, supported by researchers from Canada, Sweden and England, collaborate with Russians in this field of work? What to be gained? Would it have been better if the Russians developed their own instruments? What do the Russians say themselves (interview of some of the participants in the rus-nor network).

2.9 Service Development

Mentally abnormal homicide and the media

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Description: This paper looks at time trends in media depictions of mentally abnormal homicide, in both the quality and quantity of coverage and the attributions of responsibility to the person or mental health services that are made.

Public fears for safety follow homicides perpetrated by a mentally ill person. Such events are highly publicised, in the wake of which mental health services are often [rightly or wrongly] criticised. This has led to the public disquiet and demands for more restrictive practices and service responses to control the perceived risk. This is despite the majority of studies of mentally abnormal homicide finding that such events to be increasing in frequency (Schanda, 2005).

To explore this issue, we were interested in seeing if media coverage of mentally abnormal homicide had changed over time. To investigate this issue, we examined the newspaper coverage of mentally abnormal homicide cases in New Zealand over a 20 year time period.

The cases were derived from a retrospective study of all people committing homicide in New Zealand from 1980 to 2000 (Simpson et al, 2004).

Using a matched sampling method, all newspaper reporting of each case of mentally abnormal homicide from the newspaper of record of the area the homicide occurred in were recovered and analysed. Analysis was of both quantity [column inches, page of publication, size of headline] and of content [type of language used, attributions of cause, risk and responsibility]. Results of content, quantity and time trend analyses will be presented.

Comparison of British national newspaper coverage of homicide committed by those with and without mental illness.

Rodway, C., Kalucy, M., Da Cruz, D., Swinson, N., Appleby, L., Shaw, J.

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

United Kingdom

This study examines the factors that influence the 'newsworthiness' of homicides in twelve British national newspapers, including an analysis of mental health issues and victim and offender characteristics. The findings do not support the hypothesis that a history of mental illness will increase the likelihood of a homicide being reported.

Background: Not all homicides are reported in the media. Whilst gender, ethnicity and crime circumstances are known to influence the likelihood of reporting, the effect of the perpetrator's mental health status is unknown. Several studies have shown that newspaper coverage of mental illness is predominantly negative, particularly in tabloid newspapers. Despite the small proportion of homicides carried out by the mentally ill, articles relating to this group are disproportionately focused on criminal activity, particularly homicide. Given the influence of the media on public opinion, such selective reporting may reinforce the image of mentally ill people as violent, dangerous and unpredictable. Such stigmatising stereotypes contribute to social exclusions and other forms of discrimination. It is hypothesised that a perpetrator with a history of mental illness will increase the likelihood of a homicide being reported, as well as the prominence of such reporting.

Aims: To compare the reporting of homicide cases committed by those with and without mental illness.

Methods: All convicted homicides between April 2000 and March 2001 were identified from the United Kingdom Homicide Index. Using the Lexis-Nexis online database, newspaper articles relating to homicides or suspected homicides occurring within this period were identified for a period of two years after the date of the index offence. The newspapers included two 'quality', two 'middle-market' and two popular publications and their Sunday equivalents. For each article, sociodemographic and background details were extracted for perpetrators and victims, as well as the offence details. For each homicide, further sociodemographic, criminological and clinical data were collated from the Homicide Index and the National Confidential Inquiry's unique database of all homicides committed by people with mental illness.

Results: Between April 2000 and March 2001, 577 convicted homicide perpetrators were recorded by the Homicide Index, of which 94 (16%) had a documented life time history of contact with mental health services as identified by the Inquiry. A total of 2075 articles relating to these homicides were identified from the online database, describing a total of 205 unique crimes by 288 homicide perpetrators. Two hundred and twenty-eight (39.5%) of convicted homicides were reported in at least one of the 12 newspapers. Perpetrator lifetime history of contact with mental health services did not significantly increase the probability of reporting ($p=0.84$). Neither a diagnosis of schizophrenia, affective disorder

or personality disorder nor a psychiatric opinion that mental illness contributed to the offence were associated with an increased rate of reporting.

Conclusions: A lifetime history of contact with mental health services or mental illness at the time of the offence was not associated with an increased rate of homicide reporting in 12 British national newspapers. These results suggest mental illness is not a significant factor in the selection of news items for reporting. Further analysis will determine whether the style of reporting is different for mentally ill perpetrators and whether coverage differs by newspaper type.

Managing risk in forensic mental health services: some perspectives on strengthening the organisational response

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Description: The paper examines a recent high profile Australian case which demonstrates the complexity of risk management in pressured mental health service settings. It also explores recent United Kingdom policy in this area, and questions whether or not this policy reform offers opportunities to strengthen organisational approaches to risk management.

Recent high profile Australian and New Zealand cases have demonstrated the ongoing struggle to manage clinical risk and provide robust structures which support clinicians in undertaking this core clinical functions.

An analysis of these cases is set in the context of a pressured health system with ongoing workforce recruitment and retention problems, skills shortages, funding constraints and increased demand. In this environment, the paper questions whether or not it is possible to strengthen structures for risk management by approaching it as a genuinely shared organisational and clinical function. In doing so, the paper examines recent developments in the United Kingdom which aim to strengthen organisational responses to risk and which emphasise that building defences against risk involves ongoing learning which occurs at all levels throughout an organisation.

The paper argues that such an approach may provide more support to clinicians in undertaking complex risk assessment and management, and may also provide effective mechanisms for review of problematic clinical practice. However, it is argued that such approaches are unlikely to be effectively implemented within health services without high level government support and resourcing, integrated and consistent policy, and promotion to and education of health service providers and administrators.

Concurrent Session 3

3.1 The Mental Health Court Movement in the U.S.: Promise versus Data

Steadman, H., Petrila, J., Monahan, J.

In 1997, there was one Mental Health Court in the United States. Today there are 105. The number is increasing nearly every week. The proliferation of MHC's is consistent with expanding interest in all types of specialty courts in the U.S. such as drug courts, domestic violence courts, driving under the influence of alcohol courts, and community courts. While some of the other types of specialty courts have an emerging database supporting them, MHC's continue to expand with only a few empirical outcome studies and those studies show highly variable outcomes, especially in the area of reduced recidivism which is usually the highest priority public policy outcome expected. This panel will examine the history and context of the MHC movement in the U.S. It will review the type, quality and conclusions of the available data. Finally, it will highlight some new research underway and some of the emerging key issues at the social policy level.

3.2 Recidivism

Predicting criminal recidivism in personality disordered patients versus schizophrenic patients

Hildebrand, M.

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Description: Findings will be presented on the predictive validity of the HCR-20/HKT-30 in a sample of ± 60 male schizophrenic patients. The findings are compared to a sample of ± 80 male personality disorderd patients. The aim of the study is to examine if there are differences between Axis I and Axis II patients regarding the predictive validity of risk assessment instruments.

The question which risk assessment instrument is best suited for the prediction of violent behavior and should therefore be used in Dutch forensic psychiatric hospitals as a general procedure, has yet to be answered. Some institutions prefer the use of Dutch adaptations of North-American risk assessment instruments, such as the Historical Clinical Risk Management-20 (HCR-20; Webster et al., 1997). As numerous international studies show, the psychometric properties of the HCR-20 are excellent. Others prefer the use of the so-called HKT-30 (Historical Clinical Future-30), a risk assessment tool that was developed a couple of years ago in the Netherlands, based on several national and international instruments. Compared to the HCR-20, the HKT-30 contains more dynamic factors $\frac{3}{4}$ variables that are susceptible to change during treatment.

Recently, Hildebrand et al. (2005) investigated in a heterogenous (i.e., including both personality disordered and schizophrenic patients), sample of 156 male forensic psychiatric patients who were involuntarily admitted to one of eight Dutch forensic psychiatric hospitals whether the HCR-20 and HKT-30 (and the PCL-R) lead to accurate predictions of future violence after discharge of male mentally disordered offenders in the Netherlands. In general, the results provide empirical support for the method of structured risk assessment of risk of violence in forensic clinical practice in the Netherlands. Statistical comparison of AUC values of (scales of) the HCR-20 and the HKT-30 revealed no significant differences between the instruments.

The question arises if the risk factors for violence found in personality disordered male patients are also valid for patients with a major mental disorder (i.e., schizophrenia) and consequently, if the existing structured risk assessment instruments are equally suitable for use with personality disordered and schizophrenic patients. In clinical practice, it is argued that existing risk assessment instruments may not be likely valid for use with both categories of patients.

In this study, we will present findings on the interrater reliability and predictive validity of the HCR-20 and the HKT-30 in a sample of ± 60 male schizophrenic patients. The findings are compared to a sample of ± 80 male personality disordered patients. The aim of the present study is to examine if there are differences between Axis I and Axis II male forensic psychiatric patients regarding mean HCR-20/HKT-30 scores, interrater reliability and predictive validity of these instruments for violent outcome. In addition, we coded the PCL-R (Hare, 1991, 2003) and compared the mean scores and predictive validity for violent outcome DSM-IV Axis I and Axis II male patients.

Two steps forward, one step back...withdrawal and recidivism during leave: Facts and figures

Hildebrand, M.

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Description: In the present study, we will present findings on the assessment of withdrawal and recidivism during (different kinds of) leave in the period 2000-2005.

For clinicians/therapists treating forensic patients, one of the main goals of the leave policy is testing treatment progress. It is argued that a gradual return to society is the best way to prepare a patient for his/her life after the intramural treatment period. But, at what time is a forensic psychiatric patient ready to leave the forensic psychiatric hospital without posing a (serious) risk to society? As in other countries, in the Netherlands, from time to time, society is confronted with serious violent recidivism committed by forensic psychiatric patients during (probationary) leave, causing strong feelings of fear, anger, and concern in society.

As a result of a couple of patients recidivating with a serious crime during leave in 2004-2005, the Dutch Ministry of Justice asked the Expertise centre for Forensic Psychiatry (EFP) (1) to map all withdrawals (N = 600) and recidivism during leave (supervised, unsupervised, transmural and probationary leave) in the period 2000-2005, (2) to investigate what (clinically relevant, dynamic) patient characteristics are good predictors of withdrawal and/or recidivism, and (3) to examine the possibility of leave risk assessment by means of quantitative analysis of forensic patients.

In the present study, we will present findings on the assessment of withdrawal and recidivism during leave in the period 2000-2005.

Predicting Reconviction for Violent Offences using the Offender Assessment System (OASys)

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United Kingdom

Description: A predictor of violent reconviction is developed from a sample of 9000 OASys assessments. OASys is the standard risk/needs assessment tool for the adult correctional services of England and Wales, combining criminal history and criminogenic need data.

The Offender Assessment System (OASys) is a structured clinical assessment tool. It is used to determine the criminogenic needs and risk of harm issues of offenders managed by the adult correctional services of England and Wales, and to build Sentence Plans to address their needs and manage risk. OASys was piloted between 1999 and 2001, and rolled out nationally between 2001 and 2004. By November 2005, around 870,000 assessments had been completed on 370,000 different offenders.

Currently, predictors of violent reconviction are not used routinely for most offenders supervised by the England and Wales correctional services. This paper creates a predictor which could be used for a wide range of offenders, as OASys is used with most prisoners and probationers.

The study follows c.9000 OASys-assessed offenders for 24 months, using conviction data from the Police National Computer (PNC). Predictors are drawn

from two components of OASys - the offending-related factors form and the risk of harm screening - and criminal history data from the PNC. The offending-relating factors form provides data on the current offence, accommodation, education/employment, finance, relationships, lifestyle and associates, drug and alcohol misuse, emotional well-being, thinking and behaviour, and attitudes. The risk of harm screening includes data on previous and current convictions and other harm-related events and behaviours.

The presentation of results includes comparison with OGRS, the standard actuarial reoffending predictor for England and Wales, and with existing scores and clinical ratings produced in OASys. The degree of improvement in the accuracy of prediction over these standard tools which would be provided by a violent offending predictor is considered, with recommendations on whether such a predictor should be introduced.

A prospective study of seven instruments predicting sexual and violent re-offending

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Description: Male prisoners serving sentences of two years or more were assessed in prison by trained raters with seven instruments to measure risk of violent and sexual offending. The paper presents preliminary findings from the Home Office funded Prisoner Cohort Study on outcome after release at the mean follow-up of 18 months.

Background and Aims: The UK, Home Office founded ‘Prisoner Cohort Study’ is the largest prospective study conducted to compare standardised, predictive instruments of risk of future violent or sexual offending. The findings will inform the development of assessment procedures in the Dangerous Severe Personality Disorder program (DSPD) in England and Wales.

Methods: A stratified sample of 1396 male prisoners serving sentences of two years or more for violent or sexual offences were interviewed by trained raters in the last 6 months of their sentence. Measures included the PCL-R, HCR-20, VRAG, Risk Matrix 2000 (sexual and violent scales), Static 99, SVR-20,

and OGRS. Reconviction and arrest data at mean 18 months post release were obtained from the Police National Computer (PNC).

Results and *Conclusions*: Preliminary findings are reported on the sample and comparisons made between the predictive accuracy of the seven instruments.

3.3 Integrating research and practice: Perspectives from Schema Focused Therapy (SFT) on the assessment and treatment of forensic psychiatric patients with personality disorders

Bernstein, D., Giesen-Bloo, J., Chakhssi, F.

Forensic patients with personality disorders represent a tremendous challenge for correctional systems worldwide. These challenges suggest that finding effective treatments for forensic patients with personality disorders should be a major priority. Recently, considerable progress has been made in developing effective treatments for patients with personality disorders. Schema-Focused Cognitive Therapy (SFT) appears to be a particularly promising approach.

In this symposium, we present recent theory and research findings on the application of SFT principles and practices to the forensic field. Our presentations cover a) the adaptation of the SFT to forensic patients with severe personality disorders b) the findings of a multi-centre randomized clinical trial of SFT for Borderline Personality Disorder, and their implications for treatment of forensic patients; c) findings on the assessment of changeable aspects of possible treatment targets in a prospective study of forensic psychiatric patients with personality disorders; and d) initial findings of an experimental study assessing “Schema Modes,” the hypothesized cognitive mechanisms underlying severe personality disorders in the SFT model, in patients with Antisocial and Borderline Personality Disorder. This work is being carried out as part of our multi-center collaborative research effort on the implementation of SFT involving several forensic institutes throughout the Netherlands.

3.4 Service Development

Forensic psychiatric care for psychotic patients in prison

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Description: In the Netherlands, forensic psychiatric care and psychiatric care in prison are separated services. A pilot project introduced outpatient forensic care for psychotic prisoners in the last stage of imprisonment, and a study into the extent and nature of the psychiatric and social problems of these clients, and the success of the care in meeting their needs and arranging aftercare.

In the Netherlands, forensic psychiatric care and psychiatric care in prison are to a large extent separated services. Referral of prisoners to the forensic mental health services, during or after imprisonment, is an exception. Often prison personnel has great worries about releasing severely disturbed clients, with no more than a plastic bag with their belongings and a bus ticket to town. Many of these clients are certain to return in the foreseeable future, because they have no place to go, no other means to provide for food and drugs than stealing, and no help for their psychiatric problems.

In 2004 the Outpatient Forensic Mental Health Services and two prisons in the province of Drenthe started a pilot project to provide forensic psychiatric care to prisoners in the last stage before their release. As a start, clients with psychotic problems were targeted, because they were believed to be the most vulnerable group upon return into society. Two prisons participated; one remand prison and one jail. The pilot project was backed up by a study into the extent and nature of the psychiatric and social problems of the clients, and the success of the care offered in meeting their needs and arranging aftercare. Results of this study will be presented.

First of all, the study consisted of systematic screening during one year of all new prisoners (n= 1500) for psychotic problems. This was done by incorporating the Psychosis Screening Questionnaire into the routine medical intake of the prisons, and having all screen positives diagnosed by the prison's Psycho-Medical Team. For the clients with psychotic problems (n=150 approximately),

background information on history of mental health care, social functioning and imprisonment was gathered, and the regular care for the psychotic problems in prison was registered.

Second, as part of the pilot project, psychotic clients in the last stage of their imprisonment were referred by the Psycho-Medical Team to in prison care by the Outpatient Forensic Mental Health Services (n=50 approximately). This group of clients partly overlapped with the above group identified by screening at entrance. All clients of the Outpatient Forensic Mental Health Services were assessed by their case manager on social and psychiatric functioning (with the Health of the Nation Outcome Scales for Mentally Disordered Offenders; HoNOS-MDO), on needs for care (with the Camberwell Assessment of Needs, forensic version; CANFOR), and on motivation for treatment (with parts of the Treatment Motivation Scales for forensic outpatients - TMS-F, and the Treatment Engagement Rating scale – TER). Furthermore, these clients were invited for a research interview on their view on needs for care (with the CANFOR). Finally, attempts were undertaken to assess the mental health care these clients received after their release from prison.

The paper will present the results of this exploratory study into the social and mental health care situation of prisoners with psychotic problems, and will address opportunities and limitations for doing research in the day-to-day prison situation.

Health & Offender Partnerships: Improving public health & reducing re-offending

Towl, G.

National Offender Management Service (NOMS)/Health & Offender Partnerships
United Kingdom

Description: This paper outlines the development of new U.K. cross-government departmental (Department of Health and Home Office) directorate called ‘Health and Offender Partnerships’. This provides us with an opportunity to improve the integration of the delivery of patient/offender services. Offenders as a group experience high levels of both physical and mental health needs, and have comparatively high levels of reoffending.

This paper outlines the development of new U.K. cross-government departmental (Department of Health and Home Office) directorate called ‘Health and Offender Partnerships’. The directorate responsibilities include policy management for health services, drugs services and the provision of safer custody for the 77,000 people in the 140 prisons in England and Wales, health support to the 150,000 offenders at any one time being managed in the community, services to the 1,000 patients in the country’s 3 high security hospitals, and psychology service policy for all offenders.

This provides us with an opportunity to improve the integration of the delivery of patient/offender services.

Offenders as a group experience high levels of both physical and mental health needs. In short then, such health inequalities bring into sharp focus the need to work with this group of prospective patients who tend not to engage, or be engaged with, effectively by mainstream health services.

Also as a group they have comparatively high levels of reoffending. Often it can be difficult to work effectively on reducing the risk of reoffending if essential health needs are unmet.

Early and late starter: Differences regarding care services utilization for offenders suffering from major mental disorder

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Philippe-Pinel Institute’s Research Center
Canada

Description: This study was designed to achieve a better understanding of the differences in clinical treatment between persons suffering from major mental disorder who are early and late starters. It is composed of 137 French-Canadian men who have received a diagnosis of major mental disorder. Results indicate that there are interesting and important differences in treatment between early and late starters.

Objective. It is well known and well documented that individuals suffering from major mental disorders (MMD) tend to perpetrate more violent acts than the general population. Research has looked into the elements that differentiate violent from non-violent individuals suffering from MMD. Recent research has shown that there are two groups of mentally disordered offenders: early starter (early onset

of behavioural problems) and late starters (behaviour problems that started during adulthood). One important difference when comparing early and late starters is the presence of both antisocial personality disorder and substance abuse in early starters. The fact that early and late starters present differences leads us to investigate whether there are differences in treatment. The present study was designed to achieve a better understanding of the differences in clinical treatment between persons suffering from major mental disorder who are early and late starters.

Method. The sample was recruited within the province of Quebec, Canada. It is composed of 137 men who have received a diagnosis of major mental disorder (bipolar disorder, major depression, schizo-affective disorder, schizophrenia, schizophreniform disorder, delirious disorder, non-specified psychotic disorder). Participants were recruited and separated in three distinct status following legal criteria. Participants in the first group were convicted and incarcerated. In the second group, participants have been found non criminally responsible on account of mental disorder. Individuals in the third group were involuntary inpatients found dangerous for themselves or other.

Results. Results indicate that there are interesting and important differences in treatment between early and late starters. Early starters were more likely to have had treatment for substance abuse and for conduct disorder and to have been hospitalized following a suicide attempt. Early starters were also more likely to have been under a probational program for previous crimes. As for the number of previous treatments (drug abuse treatments, social services treatment or treatment in psychiatry which did not include hospitalization), early starters had a greater number of previous treatment than late starters. It thus seems that the differences between the two groups imply the importance of a more adapted treatment program. These findings have implications concerning the social costs of treating these individuals.

Systematic review of reviews of forensic mental health

Amos, T., Frost, J.

University of Bristol

UK

Description: A systematic review of reviews in forensic mental health was conducted, to provide a framework of the evidence, as summarised by reviews,

of best practice in forensic mental health. A number of reviews were found which supported, and could enhance, current clinical practice with mentally disordered offenders. However, there were a range of topics where no reviews or primary research

Aims: This study, funded by the UK's National Health Service National Programme of Forensic Mental Health R&D, is a review of reviews in forensic mental health. The objectives are to systematically identify all relevant reviews; critically appraise them; and provide a useful classification system for clinicians, policy makers, researchers, and commissioners. *Methodology* A systematic review of bibliographic databases has been conducted, using a comprehensive list of search terms, and a hand-search of key journals. The authors contacted clinical experts, in order to identify all relevant reviews. *Results* Over 5000 abstracts of potential 'reviews' of forensic mental health were identified, although almost 4500 were excluded at a preliminary stage. Of 493 papers collected for closer inspection, nearly 400 were further excluded, as they did not meet the criteria of being a review. 101 reviews were subsequently sent to reviewers for data extraction, although half were rejected from the final analyses. The reviews were then summarised and placed within a classification system for 'easy reference'. *Findings* This research found a limited number (51) of systematic reviews and/or meta-analyses to support current clinical practice. These reviews are concentrated in a few areas, rather than spread across forensic mental health. *Forensic services* There are several reviews of the epidemiology of mentally disordered offenders, while most concern assessment. Although several risk assessment tools have been evaluated, many have not been subject to testing with different sample populations. Less research has been conducted into service models (e.g. interventions and treatments) and pathways in (and out) of forensic services, and one review concerns the ward environment. *Community mental health services* No current systematic reviews were specifically concerning the community. However, a comprehensive narrative review (an 'expert paper') and two systematic reviews in progress were identified. No reviews were identified regarding diversion schemes. *Prisons* Two reviews concerned the number of mentally ill prisoners. Several reviews concerning prisoners reported on psychological interventions. There were less reviews relating to the prevention of suicide, and while one concerned hanging, another (in progress) is specific to young people. *Special Groups* Many of the reviews about demographic groups are concerned with the needs of, and interventions with, young people. Only two concern the needs of adult women. While two reviews concern ethnic minorities, none were concerned with older people. With offending groups,

several reported interventions with violent offenders, but most concerned sexual offenders. A small number of reviews related to particular diagnostic categories: Personality disorder, co-morbid drug use, and the epidemiology of learning disabled offenders.

Conclusions: The value of this research is that it synthesises all of the forensic reviews relevant to both clinicians and academics, while highlighting the gaps where future research is needed. A number of reviews can be used to support and enhance current clinical practice with mentally disordered offenders. However, the reviews concentrate on certain topics to the exclusion of others. Few of the systematic reviews were able to conclude whether an intervention was effective or not. This suggests that much of what is done in forensic mental health is not based on evidence which has been systematically conducted and evaluated.

3.5 Starting START; Overcoming implementation barriers and establishing clinical and research networks

Webster, C., Desmarais, S.L., Nonstad, K., Lough, R., Jenkins, T., Haque, Q.

The 2004 Comprehensive Manual includes a section on «implementation Issues» (pp.77-80). This section is based on experience getting related structured professional guides (e.g., HCR-20) into everyday evidence-based practice. This symposium examines how colleagues in various settings have been dealing with implementation issues specific to START. The purpose is to ensure that item definitions and operating procedures make sense internationally and that there is now established a broad-base for new high-fidelity research with this still-evolving scheme.

3.6 Motivation and Responsivity

Sellen, J., McCulloch, A., Theodosi, E., McMurrin, M.

This session focuses upon issues of offender motivation for treatment, and improving responsivity to treatment programmes. Exploring offenders' motivation to change is extremely important, yet few measures assessing this exist. The first paper discusses the reliability and validity of a new measure, the PCI-OA, which assesses motivational profiles. The second paper looks

at the impact of a failure to complete treatment programmes on rates of re-offending. Evidence suggests that non-completion increases the risk of re-offending, although there are methodological shortcomings in much of the research. Nonetheless, there are important implications in terms of selection and treatment which will be discussed. The final paper presents data from a Delphi survey of users' views of a treatment programme for alcohol-related violence. Factors affecting responsivity are identified, and methods aimed at improving responsivity are discussed.

3.7 Juvenile Justice

Substance Use and Young Offenders

Hackett, L.

University of South Australia
Australia

Description: Substance abuse is a significant issue among young offenders. This research used a grounded theory methodology to explore the beliefs of young offenders about their substance use and offending, in order to inform the development of more engaging and effective intervention approaches. Participants beliefs were understood in terms of basic human needs for relatedness, autonomy and competence.

The extremely high prevalence of substance abuse among young offenders and the significant personal harms associated with such use highlights the need for the development and delivery of effective intervention programs. The research study presented in this paper explored the beliefs of young offenders about their substance use and offending behaviour in order to inform the development of more engaging and potentially more effective intervention approaches. The aim of this research was to elicit richer, more descriptive information in the area of substance use and offending by young people, and as such a qualitative grounded theory design was employed, involving interviews with fourteen young offenders in secure detention. Another aim of the methodology was to provide opportunities for beliefs about substance use and offending to be explored within a group setting, privileging the social context within which personal beliefs are developed and understood, therefore initial individual

interviews were followed by a group interview. The beliefs of participants about themselves and their behaviour were understood in terms of basic human needs for relatedness, autonomy and competence. It is suggested that any intervention seeking to promote the welfare of young offenders and reduce the potential for harm should recognise the importance of self-determination and personal identity, and acknowledge their contextualisation in activities of everyday life. Intervention should focus on identifying the various internal (i.e. psychological) and external (i.e. family, peer and community environments) obstacles that prevent a young person from meeting their basic human needs, and then equip them with the beliefs, values, supports and skills needed to achieve this.

Direct Care and Academia in Juvenile Justice: Potential Solutions to Persistent Problems

Chapman, J.

State of Connecticut Judicial Branch
USA

Description: There are common problems encountered by individuals practicing with juvenile justice populations. One potential solution to these problems lies in partnerships between justice systems and academic or treatment centers. Positive and negative aspects of this collaboration are explored for those considering such endeavors, along with presentation of results such a partnership in one US state.

The presentation proposed is examines important issues in mental health service delivery with young people involved in the juvenile justice system, and provides discussion of potential context for remedy. The primary source of data presented will be the United States, but parallels to other countries and cultures will be made as appropriate. In America several factors are prominent in the juvenile justice system, including disproportionate minority contact (DMC), the role of the juvenile justice system as gateway for mental health care for underserved populations, violence risk, and the complicated nature of the population which is prone to high rates of suicide, mood disorders, and PTSD.

The purpose of the presentation is to describe the need for psychology in treatment provision, and in consultation at the multiple decision points of the juvenile justice system. Each decision point is an opportunity for enhanced

treatment planning or risk assessment. These opportunities relate critically to violence reduction strategies, community safety and DMC.

Due to the complexity of the issues an increasing number of government agencies have looked to partnerships with hospitals, universities, and academic medical centers to meet medical and mental health care needs. This is often done to settle civil litigation on conditions of confinement lawsuits. In doing this government takes an important step in meeting the needs of individuals in juvenile justice. At the same time institutions benefit from direct funding for services, grant opportunities, training resources for students, interns, and residents. The relationship between government and academic or medical settings can be fruitful and an examination of factors impacting both entities is necessary for any entity considering such collaboration. Such factors include consideration of due process, acceptance of academia or hospital services into correctional systems, and the need to adopt strong boundaries and establish firm guidelines for practitioners working within the system, and the importance of continuity of care and case management that can be supported by the courts. In America, the State of Connecticut has developed relationships with its two academic medical centers. These relationships have yielded a number of innovations around treatment and decision making. This includes new data on the traumatic stress among young people involved in the juvenile justice system. The relationship of traumatic events to problematic behavior is discussed as is interventions currently being tested to decrease emotional dyscontrol. Also, the development of violence reduction programs provide a useful service to the justice system and have created opportunity for randomized clinical trials of violence reduction techniques. Assessment of violence risk has yielded interesting findings with potential implications for DMC.

While discussion of these projects will occur, the main focus will be on the unique ability of government and academia to enter into mutually beneficial problem solving. The model of mental health care delivery through integration of government and academic or hospital partnerships truly represents the crossroads of science, practice, and policy.

The Integrated Treatment Model: An Evidence-based Treatment Approach for Adolescent Offenders

Schmidt III, H., Finnegan, D., Ivanof, A.

Clinical Director, Washington State Juvenile Rehabilitation Administration
USA

Description:-This paper presents an overview of the specific elements, describes implementation issues and principles, and clarifies next steps in the development of JRA's practices.

In 2001, Washington State's (USA) Juvenile Rehabilitation Administration (JRA) made the commitment to implement an evidence-based treatment for all juvenile offenders under its supervision. JRA works with youth in residential settings (institutions, small community facilities) and in the community (parole), where youth typically reside with family or in foster care residences. Two treatment models were selected: Dialectical Behavior Therapy (DBT; Linehan, 1993) for use in residential settings, and Functional Family Parole (FFP) for youth on parole.

DBT is a cognitive-behavioral approach developed to work with complex, difficult-to-treat clients who exhibit a variety of high-risk behaviors. It emphasizes engagement and motivation of clients, skill development across domains of functioning, and a hierarchical focus on specific behaviors of clients. Behavior change strategies are balanced against strategies that indicate acceptance of the client in the moment. DBT's focus on 'treating the provider' also works well at addressing treatment-interfering elements of a 'corrections culture.' Skills-focused cognitive-behavioral interventions are cited as those most effective at addressing recidivism and addressing criminogenic needs. We believe that DBT is an ideal treatment for this population.

FFP is an adaptation of Functional Family Therapy (FFT; Alexander & Sexton, 1999). Data support the FFT's effectiveness at reducing violence among at-risk and adjudicated youth. The principles of FFT have been adapted for use by all parole counselors in working with their clients. Sessions include all family members, and focus on moving clients through the three phases of FFT. The first phase focuses on the engagement and motivation of the family. Behavior change and generalization are addressed in the second and third phases of treatment. By selecting two evidence-based models of treatment – each of which capitalizes on addressing the youth in different contexts (away from family, in community with family) – JRA offers a comprehensive model that will engage clients, increase youth skills, and create a family context for success.

Adolescent sexual homicide: single events or persistent risk?

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Germany

Psychiatric court reports and criminal records on 46 adolescent (15-21 yrs) and 120 adult sexual homicide offenders were compared for criminal recidivism rates. The adolescent offenders spent less time in detention, were younger at time of release, showed a higher risk to reoffend with sexual as well as non-sexual violent offences and recidivated sooner after release.

Introduction: Empirical data on criminal recidivism of adolescent sexual homicide offenders are missing. The aim of our investigation was to illicit violent sexual and non-sexual recidivism rates in this offender group. To answer the question, whether the risk of reoffending correlates with age at the time of the homicide, we compared recidivism rates of adolescent and adult sexual murderers. *Method:* Psychiatric court reports on 166 male sexual homicide offenders were evaluated for socio-demographic, diagnostic, criminological and prognostic characteristics. 46 offenders (28%) between the age 15 and 21 years were compared with 120 adult offenders. In a second step we collected information about time at risk and reoffences after release from prison or forensic psychiatric hospital from the official federal criminal records (obtainable for 39 adolescent and 100 adult offenders). Recidivism rates of offenders until 21 years of age were compared with those of adult sexual murderers applying Kaplan-Meier survival analysis. *Results* The courts sentenced young sexual murderers more often to detention in forensic psychiatric hospitals than adult offenders (57% vs. 25%).

3.8 Prevention of Violence and Antisocial Behaviour

Life-circumstances and the risk of re-offending prevention of behaviour

Bouman, Y.

Pompestichting
the Netherlands

Description: The aim of forensic psychiatric out-patient treatment is to prevent (re-)offending. The way patients shape their lives, and their subjective rating of the life-circumstances, can influence the risk for re-offending. This prospective study, using the LQOLP, LSI-r, and ZRDL explores the relationship between objective and subjective life-circumstances and self report delinquent behavior.

Exploration of the relationship between objective and subjective life-circumstances and self-report delinquent behavior.

In a prospective multi-site research the general question: “How can patients shape their lives in such a way as to diminish their chance of re-offending?”, was explored. 135 forensic out-patients were interviewed using the LQoLP (Oliver et al, 1996) and the LSI-r (Andrews and Bonta, 1995). After three months they were asked to fill in a self-report measure on delinquent behavior (van Dam, 1999). Using nine life domains: Work, Leisure, Finances, Housing, Religion, Family relationships, Social relationships, Health and Security the objective circumstances, and the patients’ subjective rating of their situation will be linked to the self-report data. Using Merton’s Anomietheory the results are ordered and an explanation for the, sometimes contra-intuitive, results will be sought. Treatment implications of the results will be discussed.

Parent or Guardian Perceptions of School Adherence to Guidelines for Children and Adolescents with Mood Disorders and/or Attention Deficit Hyperactivity Disorder (ADHD)

Jorgensen, W., Weaver, D.H.

Consumer & Family Advisory Council for the Alcohol,
USA

Description: This study focused on the relationships between families with children or adolescents diagnosed with mood disorders and/or ADHD, and the public schools in which those students are enrolled. The purpose of the investigation was to explore the extent to which schools are adhering to state guidelines designed to protect students with those mental health disabilities.

Outcomes of therapeutic endeavors for children and adolescents diagnosed with mental illnesses are influenced by several factors, including the involvement and cooperation of family members, friends, mental health professionals - and schools. A significant portion (approximately 10%) of children and adolescents are diagnosed with mood disorders (e.g., depression, bipolar disorders), Attention Deficit Hyperactivity Disorder (ADHD), and/or combinations of those or other mental health conditions. State and federal guidelines delineate those mental health conditions as disabilities, therefore children and adolescents diagnosed with mood disorders and/or ADHD are guaranteed ongoing access to public education, with special consideration of their individual ongoing needs.

This study was conducted to gain an understanding of how parents and guardians of children and adolescents diagnosed with mood disorders and/or ADHD perceive their family's experiences with the public school in which their child or adolescent is enrolled. Parents and guardians provided information regarding their child or adolescent's diagnosis, medical regimen (e.g., medications and counseling), and adherence to the regimen; their perceptions of the school's response to the student's needs; the student's academic performance; the frequency and nature of disciplinary strategies experienced by the student; the student's experiences with physical violence, verbal abuse, and substance abuse; the student's participation in arts, physical education, and civic programs (at school and extracurricular); and the parent or guardian's satisfaction with the quality of food served at school. Demographic data were gathered regarding the student's age, gender and ethnicity, as well as the parent or guardian's marital status, education, income, and insurance coverage. Parents and guardians

suggested ways in their families could be provided with more support by the school. Data analysis included a comparison of parental perceptions, as well as inferential analyses of outcomes based on the extent to which families could control conditional factors. Those outcomes included the parent's overall level of satisfaction with the school and the number of times the student had been removed or suspended from school. The controllability of factors was analyzed according to the parent or guardian's level of education; the number of school-based or extracurricular art, physical education and civic programs; ethnicity; level of income; and type of insurance coverage.

The results of this investigation helped provide the basis for recommendations on improvements in public school adherence to state guidelines. Those recommendations are intended to facilitate better educational outcomes among mentally disabled children and adolescents in the community.

Effective Anger Intervention for Indigenous Prisoners: Research and Development in a South Australian study

Day, A., Howells, K., Davey, L.

University of South Australia
Australia

Description: This paper explores the importance of contextual issues in understanding and responding to the treatment needs of violent offenders. Reporting data from two studies conducted with Indigenous Australian prisoners, the paper presents a case for the development of responsive programs for offenders from non-dominant culture backgrounds.

Although the need for the development and provision of culturally appropriate rehabilitation programs for offenders is widely acknowledged, there is a lack of empirical data that can be used as the basis for the development of new programs. This paper reports the findings of two studies - first a qualitative study exploring the meaning of anger for Indigenous men in prison; and second a comparison of Indigenous and non-Indigenous male prisoners on a range of measures relevant to the experience of anger by indigenous prisoners in Australia. The results suggest that Indigenous participants are more likely to experience symptoms of early trauma, have greater difficulties identifying and describing feelings and perceive higher levels of discrimination than non-Indigenous prisoners.

The implications of this work for the development of culturally appropriate and effective anger management programs for indigenous male prisoners and those from other innoirty cultural groups are discussed.

Prevention of homelessness and drug abuse in a youth protection facility in Canada: Research results

Poirier, M.

University of Quebec (Teluq)
Canada

Description: Personal problems coupled with unemployment and housing costs bring young adults to the street, where they may be helped by community services but may remain at risk for drug addiction and develop new difficulties. Our study involved qualitative analysis of the in-depth interviews of 20 young clients and 20 professionals of a youth protection program, in order to improve services.

Montreal's streets are filled with adolescents and young adults with drug addiction and mental health problems. Youth protection services intend to prevent situations of abuse, abandon or neglect. In Quebec (Canada), however, the age limit for the use of the services has been set at the legal age of majority, 18. Afterwards, many young people are left without help. Personal problems coupled with unemployment and housing costs bring them to the street, where they may be helped by community services but may remain at risk (drug addiction, etc.) and develop new difficulties. Our study involved qualitative analysis of the in-depth interviews of 20 young clients and 20 professionals of a youth protection program, in order to better understand the delivery of services, and ways to improve them. We will present and discuss our final results.

3.9 Psychopathy: Stability, Change, and Predictive Utility

Andershed, H., Tengström, A., Skeem, J.

Existing knowledge about stability and change of psychopathic traits over time and the predictive utility of these traits among non-criminally identified youths is very limited. This symposium involves three papers focused on these issues. The first paper presented by Dr. Jennifer Skeem examines the stability of

psychopathy over time in adolescent and adult offenders using the Psychopathy Checklist. This paper also examine whether PCL-scores are influenced by normative developmental maturity. The second paper presented by Dr. Henrik Andershed examine the stability and change of psychopathic personality from mid-adolescence to young adulthood in a large prospective longitudinal study of male and female twins from the general population. The self-report measure Youth Psychopathic Traits Inventory (YPI) was used in mid-adolescence and again in young adulthood. The third and final paper of the symposium presented by Dr. Anders Tengström aims to compare the predictive accuracy of the PCL-YV and the self-report Youth Psychopathic Traits Inventory (YPI) in a sample of non-criminally identified adolescents, with special reference to possible sex differences.

Concurrent Session 4

4.1 Service provision for suicidal and mentally ill prisoners: room for improvement?

Shaw, J., Pratt, D., Foster, K., Clayton, R., Carlisle, J.

This symposium will present research examining several aspects of service provision to mentally ill and suicidal prisoners in the UK. Research focusing on the assessment of mental health and the identification of suicide risk upon reception into custody is presented, highlighting how custodial services then respond to identified needs. An evaluation of a new intervention for the care management of suicidal prisoners found that additional attention applied to initial assessment improved the quality of care planning for this group of vulnerable individuals. Data from a national study looking at suicide in recently released prisoners will be presented, highlighting individual and service level risk factors. Additionally, research undertaken to identify the specific mental health and psychosocial needs of women prisoners is presented, aiding the development of gender specific services responsive to actual need.

4.2 Filicide - international perspectives

Koenraadt, F., Weizmann-Henelius, G., Liem, M., Castano Henao., B.L., Almiron, M., Folino, J.

Filicide (the homicide of a child by a parent) is a major contributor to child mortality. The rarity of prosecuted filicide crimes makes multi-nationally owned knowledge the most realistic prospect of ensuring a sustainable supply of quality assured expertise.

4.3 Reducing re-offending: Development and implementation of new strategies in the Netherlands

Plaisier, J., Bijl, L., Bosker, J., Poort, R.

How can we reduce reoffending? Inspired by Canadian and English examples, Dutch prison and probation services started developing new strategies to reduce reoffending in 2002. Since then, several instruments have been developed. First, an assessment instrument was developed (which closely resembles the English OaSys and Canadian LSI-R). Behavioural programmes have been improved and an accreditation panel was installed. Methods were developed for better cooperation between prison and probation services; arrangements for after-care were made. A new model for supervision is been developed. Developing new instruments is one thing, implementation is another. What needs to be done to explain new strategies to staff, society and politicians? How can new goals be reached when organisations are confronted with budget cuts at the same time? In this workshop experiences of Dutch probation service with development and implementation of new instruments and strategies will be shared with the audience. Do's and don't's for implementation in the field of justice will be discusses.

4.4 Intimate Partner Femicide: Risk Assessment and Prevention

Watt, K., Reeves, K., Hart, S., Gibas, A., Baldry, A., Allen, N.

Intimate partner femicide (IPF), is the killing of women by their current or former intimate partners. IPF is a serious international problem, accounting for between 30% and 60% of all murders of females in a given year. In many cases IPF may be preventable. This symposium reviews various approaches to risk assessment of IPF and their implications for guiding prevention efforts. In the first paper, Kim Reeves provides an overview of measures that have been developed to assess risk of IPF and discusses their strengths and limitations. In the second paper, Andrea L. Gibas presents research from Canada comparing the utility of different approaches for assessing risk of IPF, including actuarial measures and structured professional judgment guidelines. In the third paper, Anna C. Baldry will discuss research conducted in Italy that examines the application of the Spousal Assault Risk Assessment Guide-Screening Version

(SARA-S) for assessing the risk of IPF. In the fourth paper, Kelly A. Watt discusses the importance of examining process and context when conducting risk assessments for IPF and the potential role of domestic violence fatality review teams in the United States as a means of prevention.

4.5 Developing Research Capacity in Forensic Mental Health

Chilvers, C., Taylor, P., Harney, K., Nedopil, N., Gumpert, C., Doyle, M.

This symposium considers challenges facing the building and sustaining of research capacity in forensic mental health in the UK, Germany and Sweden. Some of these challenges are shared with clinical and wider mental health research but are exacerbated for forensic services operating at the interfaces of health and criminal justice systems. It is important that these challenges are examined and addressed to ensure the development of appropriate research capacity to support the provision of services.

Planned initiatives to improve generic clinical research capacity and specific work to improve forensic mental health research capacity and the potential effect of these are discussed.

4.6 Correctional Services

Organisation of the French forensic mental health system: Principles, practices and problems

Dailliet, A.
SMPR Lille (France)
Belgium

Description: This paper presents the French forensic mental system. As the rate of NGRI decision is low, psychiatric services are well developed in prisons. We also discuss the reasons of this specific organisation.

Since 1810, the penal Code (Criminal Law) considers that offenders recognised as “dement” are not guilty. A few years later, France, under the influence of

Pinel and Esquirol, adopted a rather modernist legislation for the mentally ill. Paradoxically, it was always difficult to admit that those who were not completely impaired should benefit from an attenuation of the penalty. Even today, as the law explicitly considers that mental disorders are an cause of attenuation, most judicial decisions adopt a point of view of social defence in tending to enhance penalties for those having mental problems.

For those mentally ill offender considered as not guilty for reason of insanity according to the new penal code (art. 122-1) commitment can be decided by the administrative authority. But the number of NGRI decisions is very low.

For these reasons, forensic mental services (SMPR) were implemented in prisons. The characteristics of these services are that they are totally independent from the penitentiary and judicial services. They are health services inside the prison; psychologists, psychiatrists and nursing staff depend on the hospital psychiatric services. Patients are also totally free to come to the psychiatric consultation and to receive a treatment or not. If a treatment is needed for prisoners who refuse it (danger for himself or others, inability to decide), they have to be committed in a psychiatric hospital designed for the job by the prefect, the highest administrative authority of the department (equivalent to a county or a province). But normal psychiatric hospitals are not fitted to receive dangerous criminals and some evasions happened that created public disapproval. The project is to create secure wards for the prisoners who need to be committed in order to receive a treatment.

Twenty-six “Services Médico-psychologiques Régionaux” (SMPR) exist in France. Our paper will address the historical reasons why France developed a different tradition of forensic mental health system than in the countries of the North of Europa. The recent debates on these questions that happened in the French Parliament will also be presented the. Recent problems induced rapid modifications of the laws and wont of mental practices in France.

Barring Orders: A modern-day route to Mental Health Care? A retrospective descriptive case series of patients admitted to the Central Mental Hospital following Breach of Domestic Violence Order

McInerney, C., Kennedy, H., Rogers, C., O'Neill, H.

Central Mental Hospital

Ireland

Description: Retrospective study of socio-demographic and clinical characteristics of prisoners charged with Breach of Barring Order, who subsequently required admission to the Central Mental Hospital. Aim to highlight the use of the Domestic Violence Act as an aberrant pathway for mentally ill people to access psychiatric treatment.

Background: Those at risk of violence from mentally disordered persons are often unclear how best to protect themselves and help the individual. In Ireland, when an individual requires involuntary psychiatric treatment, an application is made by a relative or appropriate assistance officer (or any other person if necessary). This application is accompanied by a doctor's certificate. Problems arise due to the propensity for violence during transfer to hospital. While hospital staff often assist, the Police are not legally bound to provide assistance with transfer. The process often fails, and individuals are left with no choice but to protect themselves using Barring Orders.

Objectives: The purpose of this study is to describe the socio-demographic and clinical characteristics of prisoners charged with Breach of Barring / Protection Order who subsequently required admission to the Central Mental Hospital, over an 8 year period. The outcome, including length of stay and disposal was reviewed, and compared to that of other prisoners admitted during the same period. This study aims to highlight the use of the Irish Domestic Violence Act (1996) as an aberrant pathway for mentally disordered individuals to access psychiatric care, and consider if Ireland's new Mental Treatment Act 2001 will have an impact.

Method: This is a retrospective study of socio-demographic and clinical data on a sample of 1145 patients admitted to the Central Mental Hospital during the period between 01.01.97 and 31.12.04. Data drawn from hospital records was

available for analysis. Further details were obtained from hospital records of 54 patients detained for Breach of Barring / Protection Order.

Results: Of 1145 admissions, 54 (5%) had been committed to prison following Breach of a Barring / Protection Order; the majority being unemployed, single males with a mean age of 36 years. 31 (57%) were barred by parents, versus 19 (35%) barred by partners. The most common diagnosis (30/54, 56%) was Paranoid Schizophrenia, with 39 (72%) suffering from a psychotic illness. Co-morbidity with alcohol or poly-substance misuse was present in the majority of patients with psychotic disorders (25/39, 64%). The majority had an admission of less than 3 months duration, returning either to prison or their local hospital. Past contact with community psychiatric services had occurred for 48 (89%), but most had defaulted from treatment.

Discussion: In our sample, the majority of patients committed to prison with Breach of Barring / Protection Order, who subsequently required transfer to the Central Mental Hospital were young males with Schizophrenia, with co-morbid alcohol or substance misuse. Their parents or partners either did not attempt to access local psychiatric care, or the process of certification was unsuccessful under the 1945 Mental Treatment Act. It is hoped that the Mental Treatment Act 2001 will facilitate easier and safer access to psychiatric care, leading to a reduction of mentally disordered individuals entering the Irish Prison System.

Consent and Capacity in Patients with Psychiatric Illness in a National Forensic Service

Dornan, J., Kennedy, M., Kennedy, H.

National Forensic Service

Ireland

This study looked at the relationship between additional information load given to a patient when obtaining consent for treatment and the degree of capacity to mentally process that information.

Background: The measurement of functional capacity is a complex process, which is only partially addressed by current legal and medical models. Legal theory regards mental capacities as independent of each other and specific to the task in hand.

Objectives: To examine the relationship between additional information load given to a patient when obtaining consent for treatment of a psychotic illness and the degree of capacity to mentally process that information. We hypothesised that those who change their minds when given extra information should have higher scores on measures of functional capacity.

Methods: We approached 80 patients admitted to a National Forensic Mental Health Service who met the ICD-10 criteria for a psychotic disorder (F1x.5,F20, F22-29,F30-31, F32.3,F33.3). 78 gave consent to be interviewed. Patients were screened using the McArthur Competence Assessment tools for Fitness to Plead and for Consent to Treatment, the PANSS and the GAF. Each patient was asked to choose between 1 of 3 treatment options which included 1 of 2 antipsychotics or no treatment.

Each patient was first given 2 positive and 2 negative facts about each of the 3 treatment options and then asked to choose their preference. This was followed by a further 2 positive and 2 negative facts about each treatment option. The effect of additional information on the treatment option was measured.

Results: At first choice 38(49%) patients chose one or other antipsychotic medication and 21(27%) patients refused any treatment, while 19(24%) made no choice. With extra information 40(51%) chose the same treatment, 20(26%) changed their choice or became unable to choose, while 18(23%) were still unable to express a choice. Additional information reduced the number of patients who would accept medication, from 38(49%) to 29(37%). Those who could not choose had by far the worst scores. 8 (10%) became incapable with extra information while only 1 made a choice who had previously been unable to make a choice.

Conclusions: We have disproved our hypothesis – those patients who changed their treatment option in response to extra information had significantly worse mental capacity scores, but this was accounted for by those who became incapable of making a choice, while those who changed from one treatment option to another had scores similar to those who did not alter their choice. Measurements of mental state and functional capacity followed the same pattern. The MacCAT-Fitness to Plead tool performed somewhat better than other measures. With increasing information load there is a decrease in the number of patients capable of completing the assessment or in making a decision which needs to be taken into account clinically and legally. Context and situational

factors may all have an influence on actual outcome. These results suggest a low threshold for 'doctors's privilege'.

The Mental Health Profile of Adults in New South Wales Correctional Services

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Justice Health, New South Wales

Australia

Description: The paper present the findings of first mental health survey of adults in an Australian correctional settings. It was conducted with 1507 offenders. This comprised 923 offenders at reception and 584 sentenced offenders. The survey used the same tool used with the Australian community thus allowing a comparison of individuals in the community and in correctional settings.

Background: Over recent years there has been a rapid expansion of the New South Wales (NSW) prison population and also growing evidence that a substantial number of these individuals have a mental health disorder. However, this population has never been comprehensively surveyed. The aim of this survey was to identify the levels of psychiatric morbidity in NSW correctional facilities. This is the first comprehensive mental health study of this population in Australia.

Method: This study was conducted between March and December 2001 and involved a survey of both males and females from two different prison populations. Group one, involved prisoners at reception to a correctional facility and group two, was a randomised sample of sentenced prisoners.

Three tools were utilised to the collect the data for this study. These included a demographic and history questionnaire, the National Mental Health and Wellbeing Survey and the 144-item Temperament Character Inventory (TCI).

Results: In total 1507 prisoners completed this survey. This comprised of 923 (754 males and 169 females) at reception and 584 sentenced prisoners (481 males and 103 females).

The results indicate that psychiatric morbidity in the prison population is much greater than that found in the general community. The levels of morbidity in prisoners at reception were found to be substantially higher than those found in the sentenced population. In addition, the levels of morbidity in the females were greater than the males both at reception and in the sentenced group.

Conclusion: The results of this study are comparable with similar research conducted in New Zealand, United States of America and the United Kingdom. These findings indicate that there is an acute need to re-evaluate mental health services both within correctional environments and in the community. Individuals with a mental health disorder are currently more likely to be arrested, more likely to be refused bail or unable to obtain bail, more likely to be sentenced and serve out the whole of their sentence. In addition, we know that this group are more likely to be physically and sexually assaulted and abused when incarcerated. This raises the question as to whether prison is the appropriate environment for these individuals?

Current literature suggests that increasing numbers of individuals with mental health disorders are being incarcerated due to a complex interplay of factors. These include deinstitutionalisation, transinstitutionalisation, increased comorbidity with alcohol and drug problems, criminalisation of the mentally ill, reduced mental health services, truth in sentencing, reduction in community tolerance and social services, medicalisation of offending behaviour etc. To reduce this trend a more comprehensive approach needs to be adopted to address this population.

4.7 Treatment approaches

Reducing Violent Recidivism: An analysis of 2 treatment cohorts

Jones, D.W., Braham, L.

Nottinghamshire Healthcare Trust
UK

Description: The Violent Offender Treatment Programme (VOTP) is a manualised modular-based cognitive behavioural treatment programme intended for high-risk mentally disordered offenders. Based in a high security psychiatric hospital, the VOTP has been delivered with two treatment groups to date and preliminary

findings indicate decreased levels of risk and a lower incidence of institutional violence with participants who have completed the treatment programme.

The Violent Offender Treatment Programme (VOTP) is a modular-based cognitive behavioural treatment programme intended for high-risk mentally disordered offenders. Delivered over a year (250 hours) within a group format, the VOTP utilises a variety of strategies focussing on criminogenic factors associated with violent offending.

Initial treatment phases centre on developing insight and enhancing motivation, an emphasis on personalised patterns of violence and problem ownership and goal setting. Subsequent modules focus on development of intra and interpersonal skills as well as reframing thinking patterns and attitudes supportive of violence. The influence of mental illness, substance misuse and personality difficulties on behaviour are highlighted. To increase responsivity, participants are provided with a workbook containing programme materials, highlighting personalised violent offending profiles. Assessment measures are employed pre- and post-group. The VOTP is manualised and based on contemporary evidence-based treatment approaches within the psychological field. The programme is delivered by staff from psychology and nursing professions.

A preliminary examination of the efficacy of the Violent Offender Treatment Programme has been carried out with two c. Preliminary findings suggest: 1) Reduced levels of risk and decreased levels of institutional violence. 2) increased engagement and self-efficacy. 3) High levels of attendance and low drop-out rate. 4) Increased pro-social behaviours, especially in relation to problem-solving, coping skills and general interpersonal functioning. 5) Change in attitude towards offending and increases in acceptance of responsibility for own behaviour.

The programme is currently being delivered and evaluated in 2 medium secure units and 1 maximum secure unit within the UK. Outcomes from the next phase of development will be compared to waiting list controls and disseminated early in 2006.

Promoting the person not the disorder- engaging with education

McKeown, M., Wright, K., Haigh, K.

University of Central Lancashire

UK

Description: This presentation considers the nursing care of individuals diagnosed with personality disorder, the responses made by workers and associated education courses designed to address the need for therapeutic approaches towards this client group. The discussion focuses upon trends in the UK and attributed characteristics of the client and the disorder.

This presentation considers the nursing care of individuals diagnosed with personality disorder and associated education courses. The discussion focuses upon recent policy trends in the UK as a point of departure. This policy discourse is critical of mainstream mental health services in previously operating to exclude such individuals. One of the consequences has been a recent growth in interest in relevant training courses, many of which devote significant attention to staff attitudes regarding this client group. Various previous researchers and commentators have remarked upon the implications for practice of a perceived negative attitude amongst care staff.

We reflect upon our own anecdotal experience of developing and delivering new university based courses for practitioners working in the field of personality disorder to offer a particular critique of the UK context in which this policy, training and practice is framed. Social constructionist theories are drawn on to offer insights into public and practitioner discourse and the possible effects on therapeutic relationships. The available discourse constructs individuals with a diagnosis of personality disorder as essentially different from other people. We argue that staff training and practice development initiatives are likely to be more successful if such discourse is challenged, and attempts are made in therapeutic encounters to recognise shared characteristics and positive attributes as much as perceived difference and negative attributes. Despite the singular national context the discursive themes explored are not necessarily restricted to the UK.

Measuring patient activities in forensic mental health care (VISA)

Turtell, I., Sturidsson, K.

Forensic Psychiatric Centre

Sweden

Description: The study describes forensic mental health care in quantitative terms from a patient perspective. Semi-structured interviews were conducted and 120 different activities were registered. Activities were divided into 5 main categories. The result showed that 2 hours a day was spent on treatment (1,5 h) and structured activities (0,5 h).

Background: The Forensic Psychiatric Centre in Säter (FPC), Sweden, is part of the sector of the mental health services that assesses and treats individuals with mental disorders that also is convicted for (mostly) violent crimes. The highest security level at FPC has 42 beds in seven wards. These beds are reserved for patients who need a more closed environment because they have special needs of care and/or where requirements of higher security is present due to the risk of violence the particular patient poses. The medium level of security has 44 beds divided between three wards. These beds are offered patients who no longer needs the maximum security level. There are also 4 beds in a half-way house where patients are preparing for a life outside the FPC. The average duration of the treatment time at FPC is about 4 years. Information on the care of the forensic mental health care provided has been described from various perspectives. One is the medical, psychiatric perspective with the pharmacological treatment in focus. Then there is the care provided on the wards. There is also the assessment and interventions made by psychiatrists, psychologists, social therapists and occupational therapists. The present study describes forensic mental health care in quantitative terms and from a patient perspective.

Method: Semi-structured interviews were conducted with patients at the FPC. The inclusion of patients for interviews was randomised. The person who conducted the interview asked the patient to report activities during the last 24 hours counted backwards from the time when the interview started. Every activity was registered in a protocol that was divided into 15-minutes units.

Results: A total of 74 24-hour periods with 120 different activities was registered. From these 120 activities 5 main categories were defined: Sleep, Daily Routines,

Structured activities, Unstructured activities and Treatment. At group level the activities were divided over a 24-hour period like this: Sleep 9 hours/day, Daily Routines 5 hours/day, Structured activities 0,5 hours/day. Unstructured activities 8 hours/day and Treatment 1,5 hours/day.

Conclusion: There is a large variation in the material because of that fact that these 24-hour periods are registered from all wards and from patients with psychiatric diagnoses ranging from personality disorders to psychotic disorders. Sleep averaged 9 hours/day. In addition to this the patients rested, on average another 2,5/ hours more every day. The routines make up 5 hours/day and we find this reasonable because that includes personal hygiene, meals etc. Structured activities accounts for 0,5 hour/day and this we believe that there is a need to introduce more structured programs and activities.

“Life Charts” - Use in case review and treatment in rehabilitation of (long-stay) forensic psychiatric patients

Sturup, A.

Victorian Institute of Forensic Mental Health
Australia

This paper will outline the use of Life Charts in the management of longer stay rehabilitation units at Thomas Embling Hospital, including lessons learned in their effective development.

This paper will outline the use of Life Charts in the management of longer stay rehabilitation units at Thomas Embling Hospital, including lessons learned in their effective development.

A Life Chart is a detailed summary of life events and changes in the life of the patient arranged on a timeline. Initially introduced in our hospital as a learning tool for trainee psychiatrists, Life Charts have become an integral part of the regular Intensive Case Review process in the longer stay rehabilitation units of the hospital. Life Charts are a powerful tool in forensic psychiatry. They can be used in training, to assist medical reviews, in therapy, and for ‘myth’ management. It is proposed that Life Charts be introduced for all patients at the hospital.

Life Charts can also provide important information for medication reviews, providing information about changes over time and responses recorded. At Thomas Embling Hospital, it has been possible to identify seasonal fluctuations and anniversary events quite readily using the Charts.

Life Charts can provide examples from the past, similar to the present event, which can then be used in ‘therapeutic use of explosive or emotionally-laden moments’ (Dr G.K. Sturup, Herstedvester Detention Center, 1960). This therapeutic technique use information about a past event similar to the current event, as it is easier to talk about a past event rather than the acute emotionally laden event currently taking place. I have used this technique, which I learned from Dr Sturup (my father) to good effect with long term patients, enabling me to work safely with patients over highly charged events.

Life Charts are time consuming to generate. For longer stay patients Life Charts will be based on very extensive file material. A clear understanding of the purposes of the Life Chart is necessary to ensure appropriate information is recorded in the chart. Incident reports and records of the response to incidents in the past are invaluable sources of information. The Life Chart can serve to correct some of the ‘myths’ about patients that tend to become established in a hospital when the patient is there for a long time.

4.8 Treatment approaches in two Forensic Psychiatric Hospitals for juvenile offenders in the Netherlands

*Breuk, R., Ter Metz, E., Jambroes, T., Van den Bogerd, I.,
Van Nieuwenhuizen, C.*

In this symposium, the inpatient treatment of juveniles with major psychiatric disorders - of which the majority have been convicted for a criminal offense - will be discussed. Forensic psychiatric treatment of hospitalized juveniles has only been developed in the Netherlands in the last decade. In the Netherlands, a treatment method based upon the principles of the learning theory (the so-called ‘Competence Model’) has been used in a many residential facilities for juveniles with behavioral problems. This treatment model can also be used in youth forensic psychiatry, but it does need some adjustments, which primarily concern the model for the psychiatric residential facility as a whole. In the first presentation, the adjustments of the model for the psychiatric residential facility

will be elaborated on. In the second presentation, the necessary adjustments to treat adolescents with severe disorders such as psychosis and pervasive development disorders are discussed. After this, a presentation is given pertaining to the ‘responsivity’ principle of the *What Works-Method*: what does this principle basically mean for clinical practice? Finally, the treatment results of the first youth forensic psychiatric hospital in the Netherlands will be presented, focusing on the question whether inpatient treatment affects behavior of the hospitalized adolescents.

4.9 Administrative issues in forensic mental health services

Müller-Isberner, R., Hadjipavlou, S., Snow, P., Moody, E., Nöcker, S.

Unfortunately there was no text available at the copy deadline for this book of abstracts.

Concurrent Session 5

5.1 Psychiatric inpatient aggression – clinical, legal and contextual issues

Brink, J., Verdun-Jones, S., Nicholls, T., Lussier, P.

Aggression and violent assaults in psychiatric inpatient settings is a concern shared by staff, patients, and administrators. Legal and policy considerations typically require that hospital administrators implement appropriate aggression management strategies and that staff are trained in effective intervention models. Clinical staff, in turn, have a professional and ethical duty to avail themselves of training opportunities and to optimize the safety of their clients.

The goals of this symposium are to present the legal, clinical and administrative aspects of psychiatric inpatient aggression.

- 1) An analysis of the legal issues that arise when force is used in response to violence in mental health facilities is presented.
- 2) The results of a study in a forensic psychiatric hospital in British Columbia, Canada, (N=548) will be described, with specific emphasis on the prevalence, range and personal characteristics of those patients who engage in violent assaults.
- 3) The third paper presents a literature review, and data from staff (N=100) and patient (N=40) interviews about their experiences with hospital violence, workplace safety and the effectiveness of aggression management training programs. This paper concludes with data from a sample of Canadian and international forensic hospitals regarding the selection, implementation, and effectiveness of aggression management training programs.

5.2 Multidimensional Family Therapy: An evidence based, outpatient family based treatment program for substance-abusing adolescents with conduct disorder and other problems

Mos, K., Rigter, H., Mos, K., Brusse, N.

Multidimensional Family Therapy (MDFT) is a comprehensive and flexible family-based program for treating substance-abusing adolescents often facing other problems, including conduct and developmental disorder, internalizing behavioral tendencies, and psychosocial adversities. MDFT targets established risk factors that may contribute to the emergence or persistence of adolescent behavioral problems. It helps adolescents and families to rely on empirically substantiated protective factors that may help to offset or diminish substance use and other behavioral problems.

MDFT is based on theories of adolescent development, parenting practices and family functioning, stressing an ecological perspective (Bronfenbrenner) and family focus (Salvador Minuchin & Jay Haley).

In six U.S.-based randomized clinical trials, MDFT has been found effective, in various settings and in different populations, to reduce adolescent (youth aged 11 to 18 years) substance abuse and other behavior problems and to improve school, peer, and family functioning.

5.3 Offenders with Mental Disorder on Five Continents

Taylor, P.F., Dunn, E., Yoshikawa, K., Skipworth, J., Kaliski, S., Thomson, L., Lindqvist, P.

Public attitudes to crime and to mental disorder and their management vary over time and between countries. This creates difficulties in interpreting results of studies of mentally disordered offenders (MDOs) conducted in one country for MDOs in another. There appears to be international consensus on a small but significant association between a range of mental disorders and violence, but less on its nature and on optimal treatment approaches. Both may be profoundly affected by external variables.

Pooled data from published national statistics of nine countries on five continents have been analysed and interpreted by senior practising clinicians from each.

Individual presentations will draw out similarities and differences between the participating countries or regions of SWANZDSAJCS – Sweden (Per Lindqvist), Wales (Pamela Taylor and Emma Dunn), Australia (Paul Mullen), New Zealand (Jeremy Skipworth), Denmark (Peter Kramp), South Africa (Sean Kaliski), Japan (Kazuo Yoshikawa), Canada (Pierre Gagne) and Scotland (Lindsay Thomson).

It is difficult to envisage the ‘gold standard’ of randomised controlled trials being applicable to longitudinal studies of serious offender patients; an equivalent approach might be possible through comparative study of regional populations expressly chosen for differences in culture, national philosophies, laws and availability of service provision. Some statistical modelling will be introduced.

5.4 HCR -20

The validity of the HCR-20 and PCL:SV Spanish version in predicting inpatient violence in a civil psychiatric sample

Arbach, K., Andrés P. A.

University of Barcelona
Spain

Description: This longitudinal study explore the predictive potential of the HCR-20 and PCL:SV Spanish version in a group of 114 psychiatric civil subacutes and chronic inpatients of a mental health hospital. The instruments appear to be valid predictors of in-patient violence within 6 months follow-up and the predictive validity is similar to that reported in studies using the English version.

Background: The problem of clinical and actuarial violent behavior prediction has revived the controversy on the relation between violence and mental illness. For a long time it was believed a mistake to consider mental patients to be violent subjects, but recently there has been verified that this population presents an increased probability to behave violently under certain circumstances. In this line of the research, in countries like USA, Canada or England the predictive

validity of some actuarial methods and structured clinical judgment instruments as the HCR-20 (Historical, Clinical, and Risk Management) and the PCL:SV (Psychopathy Checklist: Screening Version) has been assessed, and today they allow to achieve very accurate evaluations of violence risk in psychiatric and forensic populations.

Aim: The first aim of the study is to explore the predictive potential of the HCR-20 and PCL:SV Spanish version in a group of 114 psychiatric civil subacute and chronic inpatients of a mental health hospital.

Method: This longitudinal study was designed to carry out a 12 month follow-up; here results at 6-months follow-up will be presented. The subjects were assessed using the HCR-20, PCL:SV and an instrument designed ad hoc to collect some other demographic and clinical variables. The information was collected by means of the clinical files and interviews with the staff members. Throughout follow up violent behaviours of the subjects were coded with the Spanish version of the Modified Overt Aggression Scale (MOAS) that consider four categories of behaviour: verbal aggression, self harm, and physical aggression, against objects and other people.

Results: The 6 months follow-up was completed in 100 subjects, in this period 75 % of them had committed one or more aggressive behaviour of any type (verbal, to objects, to other people or self-harm).

HCR-20 total score and subscales scores were significantly associated to any type of violence ($r_s=0.32-0.47$).

Limiting the criterion to physical violence towards persons or objects we found that 36 % had committed one or more violent behaviour. With this criterion we determined odds ratio for violence, using as predictor variable the HCR-20 global risk valuation. Those showing one or more violent behaviour towards persons or objects were 9.72 more likely of having obtained a level of moderated or high risk.

Receiver operating characteristic analyses with the HCR-20 yielded strong association with violence (area under curve [AUCs] =.78).

Limitations: The total sample was composed by psychiatric chronic and subacute patients, and the records of violent behavior were limited to the intrahospital context.

Conclusions: This study suggests that HCR-20 and PCL:SV appear to be valid predictors of in-patient violence within 6 months follow-up to a Spanish psychiatric hospital and predictive validity is similar to that reported in studies using the English version.

Key words: prediction, violence, HCR-20, PCL:SV, civil psychiatric patients.

Evaluation of HCR-20 risk assessments in an ecological context

Dernevik, M., Hilding, G.

Centre for Violence Prevention
Sweden

Description: The present study focused on the predictive power of ecological appraisals of risk of future violence in 110 forensic psychiatric patients. The follow-up time was between 12 & 96 months.

Results indicate moderate predictive power for the HCR-20 scores. It was also found that risk assessment influences the quality and quantity of risk management received.

There has been substantial progress in the field of assessing risk for violent and sexual recidivism in offenders in recent years. The last decade has seen the number of scientific studies on risk factors and the combination of factors that seem to be associated with recidivism. This has sometimes been referred to as the third generation of risk assessments. Studies with large sample have been instrumental in identifying valid risk factors while other studies have aimed at validating different assessment tools and techniques in a variety of samples. Both types of studies focus on the predictive power of risk factors and on the techniques and checklists used to identify the factors.

So far few investigators have directly studied the implementation of the modern risk assessment approaches in the clinical context. In this context the focus has to be, not only on the instrument or checklist, but also on the professional performing and the context of the assessment. With this focus, I will argue that there is a need to study issues about golden standards for the process of risk assessment.

To further underscore the need for studies on context and assessor variables, some studies have recently suggested that the same heuristics and biases in decision-making that influence clinical judgement also may influence actuarially based risk assessments.

The talk will highlight issues related to the clinical or “ecological” use of individual assessments of the risk of violence.

Among these issues is the need to link dynamic risk factors to treatment strategies and goals.

Other issues concern communicating risk and acceptance and decisions about risk, other than the mere probability of recidivism.

HCR-20 Violence Risk Assessment Scheme: Evaluating Item Bias with Item Response Theory

Guy, L., Douglas, K.

Simon Fraser University
Canada

Description: Item response theory will be used to examine differential item functioning on the HCR-20 within derived factors across several domains, including: participant characteristics (gender, race/ethnicity), country of research, test language characteristics, sample/setting type, and coding methodology. Analyses will be completed using a large database (N = 4000-5000) comprising at least 25 raw datasets contributed by researchers from numerous countries.

The HCR-20 is a broadband violence risk assessment instrument that comprises a checklist of risk factors. The conceptual scheme of the HCR-20 aligns risk markers into past (Historical), present (Clinical), and future (Risk Management). The HCR-20 has been used clinically and studied empirically across various settings and types of samples. Research has tended to support the predictive validity of the measure among samples of men and women drawn from civil-psychiatric, forensic-psychiatric and correctional settings. Predictive validity also has been established for assessing violence in institutional settings and in the community, irrespective of the country in which the data were collected (see Douglas, Guy, & Weir, 2005).

Although properties of tests traditionally have been evaluated in terms of classical test theory (CTT), there are several advantages to using the complementary analytical method of item response theory (IRT). Major incentives for using IRT are that nonrepresentative samples may be used, and that item characteristic curves (ICCs), which allow for detailed examination of the properties of individual items, are independent of the samples from which they are derived. Another key advantage of IRT over CTT is that the former allows for direct comparisons to be made across groups to distinguish between item differences in extremity and in relevance. Finally, IRT methods can ensure that a common metric is used for comparisons between groups.

To date, the HCR-20 has not been evaluated using IRT. The goal of the present study is to use this set of modeling techniques to examine differential item functioning on the HCR-20 across a number of domains, including: participant characteristics (gender, race/ethnicity), country of research, language characteristics (English or translated version), setting from which the sample was drawn (forensic psychiatric, civil psychiatric, or correctional), and coding methodology (file information only or file information plus an interview). Using Samejima's graded model and MULTILOG VI, IRT analyses will be completed within derived factors (via exploratory and confirmatory factor analyses) rather than within the measure's three scales. We will test for unidimensionality and local independence among the derived factors to ensure that IRT assumptions are met. Investigating sources of potential bias in this manner will inform the question of whether the HCR-20 is equally useful across different types of groups.

Analyses will be completed using a large database that comprises raw data contributed by investigators engaged in research in numerous countries. The data were obtained by contacting approximately 50 individuals known to have conducted research on the HCR-20 to request copies of raw data, irrespective of when the data were collected. Currently, our database contains 3893 subjects that represent 23 individual datasets, almost three-quarters of which were collected in Europe (versus in North America). We expect to complete our analyses using a database that will comprise approximately 4000-5000 subjects.

Perceived relevance of the HCR-20 factors by clinicians while implementing risk assessment procedure in a French-speaking psychiatric setting

Liaudat, V., Gravier, B., Gasser, J.

Service de Médecine et de Psychiatrie Pénitentiaires du Canton de Vaud (Suisse)
Switzerland

Description: Our study, based on a general survey and a few qualitatively structures interviews, will aim at defining the perceived relevance of the HCR-20 factors by clinicians while implementing risk assessment procedure as it pertains the HCR-20 in French-speaking psychiatric settings (crisis, acute, chronic, forensic). We expect the survey will help us in developing strategies of implementation.

A small number of incidents have received considerable media attention and left a strong impression of the potential dangerousness to the public of individuals with various forms of mental disorder (i.e. Zug in Switzerland, Pau in France). There is increasing suspicion that the professionals and various institutions that are expected to manage risk in day-to-day life have not performed adequately. Thus in 2004, a public mental health program was conducted in a French-speaking part of Switzerland in order to improve the management of violent behaviours by first-line (psychiatric and non-psychiatric) professionals. Analysis of the results highlights the need for an integrated project capable of providing the various professionals with support on the topics of violence management skills, availability of specialized supervision, better coordination efforts and implementation of validated violence risk assessment procedures. In particular, in the setting with severe psychiatric disorders or with violent behaviours, a central role was assigned to the training of mental health professionals in violence risk assessment. In 2005, the forensic psychiatric unit of the University Hospital of Lausanne has developed a specialized training and a team responsible for the implementation of the HCR-20.

This study addresses two main questions: Do practitioners consider factors included in the HCR-20 when assessing violence risk intuitively? How can the context lead to the use of this procedure in a consistent manner? Subsequently: is the procedure acceptable to decision-makers?

Our study, based on a general survey (self-answered questionnaire) and a few qualitatively structured interviews, will aim at defining the way violence risk assessment occurs in current clinical practice in our psychiatric department (considering various contexts: crisis, acute, chronic and forensic settings) i.e. whether the HCR-factors (and some current clinical cues) are used in practice and how. The perception of mental health practitioners on the usefulness of this risk factor assessing instrument will be helpful in determining its relevance as well as the difficulties generating resistance in its application. Furthermore, additional factors deemed as critical may be included by clinicians in the violence risk assessment (related to specificity and goal differences in the units). In order to measure the impact of the HCR-20 incorporation into an already-existing clinical practice routine, the survey will be repeated after implementing this tool. We expect the survey will be of help in further development of implementation strategies.

Thus the process includes: a) Administering a self-answered questionnaire in order to evaluate the perceived relevance of violence risk factor assessment. b) Carrying out structured interviews among practitioners. c) Ensuring a systematic analysis of H-C-R factors, the creation of an explanatory model and the development of a risk management plan by health professionals closely involved in providing clinical services under the guidance of trained leaders comfortable with the application of the HCR-20. d) Re-administering of a self-answered questionnaire after HCR-20 implementation.

Our paper we will present the preliminary results of this study.

5.5 The Arnold Lodge Admission Cohort: Reconvictions & Intervening Treatment (ALACRITy) Follow-up Study

Hollin, C., Davies, S., Clarke, M., Palmer, E.,

This symposium is concerned with the Arnold Lodge Admission Cohort: Reconvictions and Intervening Treatment (ALACRITy) Follow-Up Study. This study is a long-term follow-up study of first admissions to Arnold Lodge Medium Secure Unit (MSU) in England between July 1983 and June 2003. Such a large study is a major undertaking and presents a number of methodological, ethical, and practical hurdles. Consideration of these issues is important in order to ensure high quality research, and therefore the first paper addresses these concerns.

Although the ALACRITY study collected information on a number of outcomes, this symposium presents data on two areas. These are the mortality data for patients and reconviction outcomes, which comprise the second and third papers of the symposium. At the end of this symposium, there will be a discussion led by Professor Hollin relating to the ALACRITY study and its findings, and the wider issues of conducting long-term follow-up studies of this type.

5.6 Violence and criminality among patients experiencing their first episode of schizophrenia

Hodgins, S., Williams, A., Dean, K., Naudts, K.

This symposium will examine violence and criminal offending that occurs prior to a first episode of schizophrenia. Furthering understanding of the sub-group of offenders with schizophrenia whose antisocial behaviour emerges in childhood and escalates into delinquency prior to illness onset would contribute to establishing interventions at first contact with mental health services designed to prevent further violence and criminal activity. The first paper, presented by Sheilagh Hodgins, will review recent findings demonstrating the importance of studying patients with schizophrenia who display antisocial and criminal behaviours prior to illness onset. The next two papers will present the results of a study of a representative sample of patients experiencing their first episode of psychosis in a large urban centre. The second paper, presented by Andrew Williams, will focus on describing the criminal activities of the patients prior to their first contact with mental health services. The third paper, presented by Kimberley Dean, will focus on identifying the characteristics that distinguish the violent patients. The fourth paper, presented by Kris Naudts, will review data suggesting that this sub-group of males with schizophrenia present less neuro-cognitive impairment than other persons with schizophrenia.

5.7 Integrating multiple instruments for the assessment of malingering in psychiatric patients

Rosenfeld, B., Zapf, P., Green, D., Pivovarova, E.

There is a large literature on the assessment of malingering, most of which uses analogue studies of college students instructed to feign symptoms. Forensic

clinicians often assert, based on anecdotal evidence, that psychiatric patients may be better able to feign symptoms given their real life experiences. Furthermore, although multiple measures of malingering are routinely used, there are no guidelines for how to integrate multiple measures for clinical determinations or for which measures provide additive utility. This symposium describes a study of malingering in psychiatric patients that had several goals: (1) To assess the accuracy of malingering measures in differentiating psychiatric patients instructed to mangle from those responding honestly, (2) to assess the accuracy of newer cognitive measures of malingering (TOMM, VIP) in psychiatric patients, and (3) to assess the incremental utility of incorporating multiple measures of malingering. 120 psychiatric patients were recruited from a state hospital; 40 were instructed to exaggerate the severity of their impairment. In addition, 80 participants were assessed twice; once in an honest condition and once when instructed to mangle. Measures included the MMPI, an abbreviated version of the SIRS, the TOMM, and the VIP. The implications of these findings for clinical practice will be discussed.

5.8 Towards a Comprehensive and Clinically Informed Measure of Psychopathy

Cooke, D., Hart, S., Logan, C.

Psychopathic personality disorder is a central construct in forensic practice. The Dangerous and Severe Personality Disorder (DSPD) project within England and Wales requires a measure that can be used to assess stability and change in psychopathic personality disorder. The symposium will contain three papers describing the development of a clinical model of psychopathy, the Comprehensive Assessment of Psychopathic Personality Pathology (CAPP), and a rating scale based on the CAPP model intended for use in institutional settings that is potentially sensitive to change over time (the CAPP-IRS).

The first paper outlines the limitations of existing models and measures of psychopathy.

The second paper described on the development of a new, comprehensive clinical model of psychopathy, the CAPP.

The third paper discusses the development of adjectival and behavioral rating scales based on the CAPP.

5.9 Juvenile Justice

ADHD, Conduct Problems and Psychopathic Traits: Interaction Effects in a Juvenile Population

White, S., Falkenbach, D.

John Jay College of Criminal Justice
United States

Research has documented a relationship between ADHD, conduct problems and psychopathic traits in juveniles. This study sought to clarify that relationship in order to better identify at-risk youths and to allow for the development of more effective treatments. The Teacher's Report Form and the Childhood Psychopathy Scale were used with juveniles 13 to 18 and regression analyses were performed.

Psychopathy has become a recognized personality construct that has been associated with negative developments such as violence, recidivism, and other antisocial behaviors. Additionally, there is some evidence that psychopathic traits are related to treatment resistance. In order to better understand adult psychopathy, develop more effective treatments and enact prevention strategies, efforts have been made to extend the construct of psychopathy downward to adolescents and children.

Although research has suggested a relationship between antisocial behavior in adults and ADHD and conduct problems in childhood (Lilienfeld & Waldman, 1990), the nature of this relationship has yet to be clarified. There are three theoretical positions. The mediation position maintains that ADHD's relationship to psychopathic traits is not direct, but mediated by conduct problems (Lilienfeld & Waldman, 1990). In other words, ADHD is related to conduct problems, but only conduct problems are related directly to juvenile psychopathic traits. The comorbidity position states that ADHD and conduct problems together signal the presence of psychopathic traits (Lynam, 1996). Lynam (1998) supported this position experimentally, but these results have not been replicated. Finally the independent effects position maintains that ADHD and conduct problems have independent effects on psychopathic traits (Farrington, Loeber & Van Kammen, 1990). A sample of English school children revealed that children with ADHD were 11% more likely to offend than other children, even when conduct problems were controlled for (Farrington et al., 1990).

Abramowitz, Kosson and Seidenberg (2004) examined these theories in adults using retrospective measures and found evidence for the mediation position. This study, however, had several methodological weaknesses. For example, the researchers used retrospective measures for both ADHD and childhood conduct problems, which have inherent validity problems, and used adult, not juvenile, measures of psychopathy. This study also considered only incarcerated men and so there may be some confounding related to the conditions of incarceration. The current study seeks to examine the same theories explored by Abramowitz et al. using juvenile measures in a juvenile sample, therefore eliminating retrospective measures. A better understanding of this relationship will help clinicians to identify those juveniles at risk for developing adult psychopathic traits, which is the first step towards more effective intervention.

Data was collected from juveniles involved with the New Jersey Department of Family Guidance. Youth, aged 13-18, completed a battery of measures including the Childhood Psychopathy Scale (CPS) and their teachers completed the Achenbach Child Behavior Checklist-Teacher Report Form (TRF). The TRF subscale of Delinquent Behaviors was used as a measure conduct problems and the TRF subscale of Attention Problems was used to diagnose ADHD. Regression analysis was used examine the interaction between ADHD, conduct problems and psychopathy.

It is expected that this study's results will support two hypotheses. First, that the moderating effect of conduct problems on the relationship between ADHD and juvenile psychopathic traits will be found. Second, it is expected that there will be no significant differences between genders in the nature of this relationship.

Predictive validity of the Dutch PCL:YV for institutional disruptive behavior: Findings from two samples of male adolescents in juvenile justice treatment institutions in The Netherlands

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Description: The predictive validity of the Dutch version of the Psychopathy Check List: Youth Version (in Dutch: Psychopathie Checklist: Jeugd Versie;

PCL:JV; de Ruiter, Kuin, de Vries & Das, 2002) for disruptive behavior during treatment was examined in two samples of male adolescents in juvenile justice treatment institutions. The results from this study will be presented.

The presence of psychopathy in adult male prisoners and forensic psychiatric patients predicts disruptive behavior during hospitalization or imprisonment (see for a review: Walters, 2003a). Using the Psychopathy Checklist-Revised (PCL-R; Hare, 1991, 2003) or its derivatives, researchers have demonstrated that a high psychopathy score is significantly, albeit sometimes modestly, related to institutional infractions (i.e., Belfrage, Fransson, & Strand, 2000; Edens, Buffington-Vollum, Colwell, Johnson, & Johnson, 2002; Hildebrand, de Ruiter, & Nijman, 2004).

The Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003) is a downward extension of the PCL-R to the adolescent population. The predictive validity of the PCL:YV for institutional disruptive behavior is receiving increasing interest, in an attempt to generalize findings from studies with adult samples to the adolescent population. Modest associations of around .30 have been consistently identified between psychopathic traits and various forms of institutional disruptive behavior in male adolescent offenders (Brandt, Kennedy, Patrick, & Curtin, 1997; Edens, Poythress, & Lilienfeld, 1999; Hicks, Rogers, & Cashel, 2000; Rogers, Johansen, Chang, & Salekin, 1997). With regard to the clinical implications of these results, it has been suggested that the construct of psychopathy may be relevant for purposes of short term risk appraisal and management among juveniles (Edens, Skeem, Cruise, & Cauffman, 2001). The traditional Hare factors have been demonstrated to be differentially related to disruptive behavior while incarcerated or institutionalized. The recently developed three- and four-factor models (Hare, 2003; Cooke & Michie, 2001) may allow a more thorough understanding of these associations.

The results from a prospective study of the predictive validity of the Dutch version of the Psychopathy Checklist: Youth Version (in Dutch: Psychopathie Checklist: Jeugd Versie; PCL:JV; de Ruiter, Kuin, de Vries & Das, 2002) for disruptive behavior during treatment in a juvenile justice institution will be presented. The study comprised two samples of male adolescents admitted to two secure treatment institutions in The Netherlands, Jongerenhuis Harreveld ($n = 81$) and Rentray ($n = 66$). The

samples differed in terms of age, the proportion of boys placed under a criminal justice measure as opposed to a civil supervision order, and psychopathy scores. This provided an opportunity to examine possible differences in predictive power of the PCL: Youth Version for institutional disruptive behavior.

Evaluating Competency: Are Florida Courts & Psychologist Using the Same Standards? A Survey of Circuit Court Judges, Prosecutors, Public Defenders & Psychologist in Florida Regarding Competency to Stand Trial Issues for Juveniles

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Competency to stand trial evaluations are the most commonly sought after evaluations done today (Rogers, Grandjean, Tillbrook, Vitacco, and Sewell, 2001). In fact, there are an estimated 60,000 of these psycholegal referrals made every year (Ryba, Cooper, and Zapf, 2003). There are an increasingly large number of juveniles who are being charged with serious crimes like murder. In 1994 there were 3,102 juveniles under the age of 18 arrested for murder (Violence Beyond Their Years, 1996). Of those, 379 were under the age of 15, and three were under the age of ten (Violence Beyond Their Years, 1996). With this increasingly large number of young defendants comes an increasingly large amount of conflict about how these youths should be assessed and evaluated. The guidelines for all competency to stand trial evaluations, including that of juveniles, was established during the landmark U.S. Supreme Court case of *Dusky v. United States* (Rogers, Grandjean, Tillbrook, Vitacco, and Sewell, 2001). The only problem is, there are several different interpretations of, what is now known as, the *Dusky Standard*.

Although mental health professionals may interpret the law differently than the courts, there is over a 90% agreement rate between judges' competency determination and the mental health professional's expert opinion regarding competency status (Zapf, Hubbard, Cooper, Wheelles, & Ronan, 2004). In this study, Florida circuit court judges, prosecutors, public defenders, and psychologists specializing in forensic evaluations were surveyed to determine how the courts decide JCST, the methods currently used by mental health

professionals to evaluate JCST, and whether the courts and mental health professionals are using the same standards when determining a defendant's competency status.

The Phenomenology of Psychopathy in Adolescent Girls

Van Maren, E.J., Backer, H.

RIJ de Doggershoek

Nederland

Description:-Little is known about psychopathy in female adolescents. Much of the knowlegde is based on the male adult prototype. In clinical pratice girls do differ: they show less overt violence and a late onset of behavioral problems is not uncommon.

Although the notion of psychopathy is very well studied, relatively little is known about psychopathy in female adolescents. In clinical practice the phenomenology of psychopathy in adolescent girls seems to differ from boys and males. A Medline and Google (Internet) literature search was conducted on 'psychopathy' and 'girl'. Object was to determine if there is evidence for the existence of psychopathy in adolescent girls, and if the phenomenology resembles that of psychopathy in men and boys.

This resulted in several findings. First of all, most research on adolescent girls with disruptive problems concerns conduct disorder, there is very little research on psychopathy in girls. In the past decades the concept of psychopathy and conduct disorder has shifted towards a greater emphasis on typical male disruptive problems. The typical phenomenology of psychopathy in females, and especially in female adolescents, has been neglected in the literature and in the measurement instruments.

The literature on the PCL-R, the PCL-YV, on risk factors for antisocial behavior and on developmental pathways of antisocial behavior suggests that the prevalence of early behavioral problems and juvenile delinquency differ in girls from boys. Girls show less overt violence and more often have a delayed onset of the conduct problems. Girls and boys however share most of the risk factors for antisocial behavior, and the presence of typical psychopathic traits such as callousness and unemotionality are predictive of later antisocial behavior

in both sexes. The authors hypothesize that the finding that the expression of psychopathy in early behavioral problems and juvenile delinquency is often delayed in girls, is probably due to protective factors such as social control in middle childhood.

Concurrent Session 6

6.1 The development of mental health services in the criminal justice system (CJS) in England and Wales

Bradshaw, R., Pearce, M., Mitchell, D., Brooker, C., Rogers, P.

This symposium, to be chaired by Richard Bradshaw (Director of Prison Health, Department of Health) will examine the recent policy context for the development of mental health services in the CJS in England and Wales (MP). Then the machinery for the monitoring and implementation across England will be discussed (DM). Finally, the ways in which systemic change within services is supported will be presented. CB will discuss national research and development initiatives whilst PR will present an overview of education and training. The overarching conclusion will be that although a major policy framework have been devised for the development of CJS mental health services in England, the implementation of these initiatives faces considerable challenges including: the ‘newness’ of the criminal justice system to health commissioners’ the competition for resources (education and R&D) and the institutional context of prison themselves.

6.2 The Peaks: Developing Treatments for High Risk Personality Disordered Offenders

Hogue, T., Withers, J., Tunbridge, V., Hamilton, L.

This symposium presents a series of three papers describing the development of treatment approaches for working with high risk, personality disordered individuals. The Peaks, Rampton Hospital, is a specialist unit for the assessment and treatment of individuals considered to meet the dangerous and severely personality disordered criteria (DSPD). The Peaks has now been open for two

years dealing with a wide range of very complex cases. This symposium presents two papers relating to two of the treatment approaches being used within the Peaks: Cognitive Analytic Therapy (CAT) and Community Meetings. It also presents a paper highlighting the importance of maintaining boundaries with this population and uses CAT as a model to assist in boundary management.

6.3 Psychopathy

Psychopathy through the Lens of the MMPI-2 in a Forensic Sample

Krishnan, S., Falkenbach, D., Kucharski, T., Duncan, S.

John Jay College of Criminal Justice

USA

Description: The present study seeks to examine the utility of using the MMPI-2 to examine psychopathic traits in a forensic sample. The MMPI-2 clinical scales, restructured clinical scales, and the PSY-5 subscales are examined in conjunction with the PCL-R in order to reveal whether elevations on these scales are useful in identifying psychopathy using both a two and four factor solution.

The revised Minnesota Multiphasic Personality Inventory (MMPI-2) is one of the most widely used instruments in the assessment of personality and psychopathology. Elevations in the MMPI-2 clinical scales, the PSY-5 factor subscales and more recently the restructured clinical (RC) scales have proved useful in evaluating certain types of psychopathology. It has been thought that the MMPI-2 clinical scales, RC scales and the PSY-5 subscales would prove useful in the assessment of psychopathy (Sellbom et al., 2005). Psychopathy is a social disorder marked by certain attitudinal and behavioral traits such as manipulateness, lack of empathy, need for stimulation (Cleckley, 1976). The most widely used tool in assessing psychopathy is the Hare Psychopathy Checklist Revised (PCL-R; Hare, et al., 1991). The PCL-R is designed to quantify the existence of psychopathic traits on an attitudinal (Factor 1) level, and a behavioral (Factor 2) level. Sellbom and colleagues (2005) sought to evaluate the utility of using the MMPI-2 to assess psychopathic traits. These researchers used the MMPI-2 in conjunction with the Psychopathic

Personality Inventory (PPI; Lilienfeld & Andrews, 1996) which is a self-report inventory of psychopathic traits, on a sample of college students. The results of Sellbom et al. (2005) study suggest that the MMPI-2 has some utility in predicting psychopathic traits in non-clinical samples. The present study sought to replicate the Sellbom et al. study using the PCL-R in lieu of the PPI, and using a forensic sample rather than a college sample. PCL-R factor 1 and PCL-R factor 2 traits as well as total scores were examined in relation to the MMPI-2 clinical scales, restructured clinical scales, and the PSY-5 subscales. Additionally, a four factor operationalization of psychopathy was examined in light of a recent study (Neumann & Hare, 2005) which identifies these factors as more homogeneous subscales of psychopathy.

Method and Results A sample of 88 male inmates who had valid MMPI-2 protocols, and had been administered the PCL-R were utilized. Preliminary regression analyses revealed significant relationships between Pd and PCL-R Factor 2, and PCL-R total, but the latter finding dropped out when a stepwise analysis was conducted. Similar results were found in using the RC scales to predict psychopathy. In terms of the PSY 5 subscales, Introversion and Disconstraint were found to relate to Factor 2 psychopathy. The four factor model of psychopathy yielded similar results, with the two secondary subscales relating to Pd, disconstraint, introversion and RC8 (hypomania).

Discussion The results of the present study suggest that the MMPI-2 has little utility in identifying psychopaths who possess primarily affective deficits. Secondary psychopaths can be identified using the MMPI-2, as these individuals tend to have elevations in psychopathic deviance, and the RC scale of hypomania. These results suggest that clinicians should utilize more sensitive measures of psychopathy when dealing with forensic clients suspected of possessing psychopathic traits. Additionally, as there exists an overlap between psychopathy and Antisocial Personality Disorder (ASPD; Shipley and Arrigo, 2001), it may be more accurate to examine the MMPI-2 as a predictor of traits associated with ASPD rather than psychopathy.

Sexual Promiscuity as a Mediating Trait of Psychopathy

Krishnan, S., Falkenbach, D.

USA

Description: Sexual promiscuity is a trait typically associated with psychopathy, but it has not remained consistent throughout various conceptualizations of psychopathy, or in psychopathy measures. The present study examined whether

sexual promiscuity is directly related to self-reported psychopathic traits in a non-forensic sample, or whether promiscuous behavior is simply a specific form of the psychopath's general tendency to take risks.

Psychopathy is a social disorder characterized by a constellation of interpersonal and behavioral traits that tend to produce undesirable outcomes such as antisociality, criminality and violence (Millon, et al., 1998). Cleckley's conceptualization of the psychopath marked the beginning of the modern clinical concept of psychopathy (Shipley & Arrigo, 2001). Hare is credited with the first formal operationalization of Cleckley's concept of Psychopathy, by constructing the Hare Psychopathy Checklist Revised (PCL-R; Hare, Hart & Harpur, 1991), which has led to recent attempts to utilize self-report measures of psychopathic traits, so that these traits may be studied in non-forensic contexts. Several antisocial traits, emotional processing deficits, and externalizing behaviors remain constant throughout the Cleckley conceptualization, Hare operationalization, and in self-report psychopathy measures. One consistent trait is risk taking/sensation-seeking. However, there have been some inconsistencies in the traits hypothesized to characterize a psychopath; one such trait is sexual promiscuity. While sexual promiscuity has been suggested throughout the operationalizations of psychopathy, (is this true – you just said it was not consistent.) there is little research to support the association between psychopathy and sexual promiscuity.. Seto and colleagues (1997) studied the psychopath's tendency to use deception as a sexual strategy. In another study, O'Connor (2003) found that promiscuity and short-term marital relationships were an expression of psychopathic women's general antisociality in an incarcerated sample. Alternatively, it could be argued that sexual promiscuity is simply one specific example of the psychopath's tendency to take risks. The current study examined psychopathic traits in a non-forensic sample using a self-report psychopathy scale, the Psychopathic Personality Inventory (PPI), in conjunction with a sexual behavior scale (SOI; Sociosexual Orientation Inventory; Simpson and Gangestad, 1991) and risk-taking scale (SSS-V; Sensation-Seeking Scale; Zuckermann, 1979). Individuals who scored highly on the PPI, and who rated themselves as "permissive" sexual behavior types, as indicated by the SOI, were examined in relation to their tendencies to generally engage in risk/sensation-seeking behaviors, as measured by the SSS-V. In this way, the current study aimed to determine whether individuals who are high in psychopathy tend to be sexually promiscuous, and whether said trait is an expression of general risk-taking. It was predicted that individuals who scored highly on the PPI, would also score highly on risk-taking, and have a permissive sexual behavior type, and

that the latter effect would remain even after controlling for general risk-taking behavior. . Discussion The results of this study have the potential to clarify whether sexual promiscuity is a trait that should be considered relevant when diagnosing psychopathy. Ultimately the direct or indirect association between promiscuity and psychopathy will have implications in terms of risk assessment, and possible health related risks (such as sexually transmitted diseases) when dealing with psychopathic offenders. Future directions include using a more comprehensive sexual promiscuity scale, and using a forensic sample to see if similar effects exist.

The Epidemiology of Psychopathy

Coid, J., Yang, M.

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United Kingdom

Description: Description: Psychopathy was measured in representative samples in the UK and prisoners in England and Wales. Psychopathy is rare in the general population affecting 0.6% but affecting 7.7% male and 1.9% female prisoners. Correlates with demographic features and intelligence were similar in both samples. Certain differences in comorbidity were explained by associations with lower level of traits at the population level.

Background and Aims: There are no previous studies of psychopathy in the general population using instruments designed to measure this construct and only one previous survey of prisoners covered a representative population of an entire correctional jurisdiction.

Methods: A representative two phase survey of adults 16 to 74 years in households in Great Britain in 2000 interviewed. 638 respondents in the second phase using the PCL:SV. A two stage survey of prisoners in all penal establishments in England Wales interviewed a 1 in 5 subsample (n = 496) in the second stage with the PCL-R. ICD-10 clinical syndromes were measured using the SCAN, Axis II disorders with the SCID- II, and social and behavioural problems using self-report.

Results: The prevalence of probable psychopathy was 0.6% in the general population (PCL:SV cut-off 13), and 7.7% in male and 1.9% female prisoners

at the PCL-R cut-off 30. Male – female ratio was 4:1 in both populations. Psychopathic traits demonstrated quasicontinuous distributions in the general population and female prisoners and a continuous distribution in male prisoners. Overall similarities with comorbid disorders were found in the two populations except borderline PD, conduct disorder, obsessive – compulsive disorder, and alcohol misuse.

Conclusions: Psychopathy is a rare disorder in the general population. Most experimental studies are carried out on highly selected samples with high prevalences from medium and high secure institutions. Certain correlates differ between prison and general populations due to specific associations at a lower level of the trait, but are otherwise generally similar.

The subtypes of psychopathy and their relation to personality disorders

Falkenbach, D., Yaar, D., Del Gaizo, A.
USA

Description: Over the past century, many theories have suggested there may be underlying subtypes of psychopathy. However idiosyncratic terminologies and lack of empirical testing, have limited research advances. Therefore, the current study examined some underlying similarities of the subtype theories and compared subtypes to personality disorders, in the hopes of furthering research and specifying treatment options for different subtypes of psychopaths.

Introduction: Since Cleckley's (1941) original conceptualization, psychopathy has become a well-established personality construct. Like most personality disorders, psychopathy is believed to consist of a stable set of maladaptive personality traits, attitudes, and behaviors. Those specific to psychopathy include impulsivity, lack of guilt, an incapacity to form meaningful interpersonal relationships, a failure to learn from experience, profound egocentricity and superficial charm (Buss, 1966; Hare, 1970; Millon, 1981).

Traditionally, psychopathy has been considered a distinct diagnostic entity. However over the years researchers have hypothesized that the construct of psychopathy is more complex; it is a heterogeneous construct that encompasses

underlying subtypes (Blackburn 1971, Holland & Levi, 1980, Karpman, 1941, Kraepelin 1904/1968).

While there is a growing body of evidence illustrating the heterogeneity of psychopathy, each study addressing the underlying subtypes uses different terminology. For example, Blackburn (1971) suggested four subtypes; ‘over-controlled repressors’, ‘paranoid-aggressive type’, ‘depressed-inhibited’, and ‘psychopathic type’. In contrast, Holland and Levi (1980) illustrated five underlying subtypes; the primary or ‘simple psychopath’, the hostile, resentful, irritable, demanding and low tolerance for frustration psychopath, the ‘paranoid-schizoid psychopath’, the ‘neurotic psychopath’, and the ‘social nonconformer’. There is a need to determine some underlying similarities across these subtypes in order to empirically test their existence.

Past research suggests that the underlying subtypes of psychopathy may be similar in nature to personality disorders currently acknowledged by the DSM IV-TR (Blackburn & Coid, 1998; Karpman, 1941; Murphy & Vess, 2003). Along those lines, research using the Five Factor Model of personality (FFM), a hierarchical description of personality traits in terms of five basic dimensions (Digman, 1990; McCrae & John, 1992) indicates consistent personality profiles in individuals exhibiting psychopathic-like traits and tendencies (Harpur, Hart, & Hare, 2003; Lynam, 2002; Miller & Lynam, 2003; Miller, Lynam, & Widiger, 2001).

The current study: The current study used 180 undergraduate students from an urban college. It was hypothesized that the underlying subtypes of psychopathy may be similar in nature to personality disorders and the use of personality measures to identify these subtypes could resolve the inconsistencies in subtype labeling. The study used a dimensional measurement of personality traits; the Neuroticism Extraversion Openness Personality Inventory Revised (NEO PI-R) in addition to a self report psychopathy measurement; the Psychopathic Personality Inventory (PPI) to assess the resemblance between the subtypes of psychopathy and personality disorders based on the profiles generated by the NEO PI-R.

Results/Discussion: The implications of the findings are important on many levels. By utilizing terms accepted by the psychological community, this study provided an opportunity to synchronize future research related to the subtypes of psychopathy. Additionally, these findings could have implications relating

to treatment of psychopaths. Psychopaths are typically believed to be difficult to treat; perhaps the resistance to treatment is related to psychopathy being considered a homogeneous construct. Addressing the differentiating underlying personality traits could contribute to assessing the different treatment possibilities of each subtype.

6.4 Treatment Approaches

Insight on the inside? Psychiatric consultations in a forensic setting

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Centre for Research and Education in Forensic Psychiatry
Norway

Description: This study describes all non-pharmacological interventions provided by the psychiatric health services in a large population of Norwegian prison inmates and estimates the number of sessions per week per 100 inmates needed in order to serve a prison population adequately.

Aim: To describe all non-pharmacological interventions provided by the psychiatric health services in a large population of inmates. In addition, we wanted to estimate the number of sessions per week per 100 inmates needed in order to serve a prison population adequately

Material and Methods: Six medium/large prisons (n=928) representing 1/3 of Norway's total prison population were investigated in a cross-sectional study. All non-pharmacological psychiatric interventions, excluding correctional programs, were recorded. Those receiving interventions were investigated and compared to the remaining prison population.

Results: A total of 230 of the 928 inmates (25 %) had some form of psychiatric intervention: 184 (20 %) were in individual psychotherapy, in addition 40 (4 %) received ad hoc interventions during the registration week. Group therapy was infrequent (1 %). The psychotherapies were most often of a supportive (62 %) or behavioural-cognitive (26 %) nature. Dynamic, insight-oriented psychotherapies were infrequent (8 %). Concurrent psychopharmacological

treatment was prevalent (52%). Gender and age did not correlate with psychiatric interventions, whereas prisoner category (remanded, sentenced, or preventive detention) did ($p < 0.001$). Psychiatric specialist service needs estimates (the number of sessions per week per 100 inmates) will be presented together with further preliminary results.

Conclusion: The results pertain to medium/large prisons only. In addition, the estimates can only be generalized to similar prison populations with adequate prison primary health services and effective diversion from the correctional system of individuals with serious mental disorders.

Long term outcome of discharges from a forensic service for people with Intellectual Disability

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UK

Description: This is a cohort study looking at discharges over 12 years from a forensic unit for people with intellectual disability. 11% were reconvicted and 58% showed offending-like behaviours. The presence of a personality disorder, a history of theft or burglary and young age increased the risk of re-conviction. Contact with the police was less likely in those with schizophrenia.

Background: This paper describes long-term outcomes for patients discharged over a twelve-year period from a medium secure service for people with intellectual disability (ID). *Method:* A cohort study using case notes analysis and a structured interview of current key informants. *Results:* 11% of the sample was reconvicted. 58% of the sample showed offending like behaviour that did not lead to police contact. 28% of sample was currently detained in hospital under the mental health act. The presence of a personality disorder, a history of theft or burglary and young age increased the risk of re-conviction. Contact with the police was less likely in those with schizophrenia. Readmission to hospital was associated with the presence of offending like behaviours, rather than any specific diagnosis. *Conclusion:* In terms of reconviction these results are good compared to general forensic services. However, behavioural problems continue for many years and are managed without recourse to the criminal justice system. There is a borderline group whose needs are poorly defined and serviced.

A Pilot Violence Reduction Programme for Persistently Violent Offenders – Outcomes and Future Directions

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HM Prison Service

UK

The Violence Reduction Programme is designed for the treatment of offenders with a history of violence. The programme was implemented for a 12 month pilot period in a maximum security unit at HMP Woodhill. The presenters will provide an overview of the programme and outcome measures, before discussing future initiatives based on results and learning gained from the pilot.

The Violence Reduction Programme (VRP) (Gordon & Wong, 2000) is a treatment programme designed to help participants reduce their risk of behaving in violent ways. Violence is defined as behaviour that is intended to cause significant physical or psychological harm to others or to oneself and can include physical behaviours (hitting, punching, kicking, etc), verbal behaviours (shouting at someone or using threatening or intimidating words), and breaking or throwing things. The VRP was deemed as suitable for the type of prisoners located within the Close Supervision Centre (CSC) as it has been shown to be effective in Canada with similar populations.

The CSC is a structure developed to manage some of the most challenging prisoners in the system. Highly disruptive individuals are managed safely in small highly supervised units. The CSC allows individuals the opportunity to start afresh, but with increased opportunity to develop relationships with others and to engage in work that addresses their problematic and/or offending behaviour. At present approximately 30 prisoners are located within the CSC system.

In October 2004 four prisoners in the CSC at HMP Woodhill were located on a designated wing in order to take part in a 12 months pilot of the VRP. Staff working on the unit were specifically selected on their abilities to reinforce and support the programme ethos and principles throughout all aspects of the wing regime. The wing regime was designed to encourage participants to practice their skills in everyday living to replace the violent behaviours they may have used in the past. In addition to this prisoners took part in group work sessions scheduled four days a week and individual sessions targeting risk factors linked

to their use of violence, as measured by the Violence Risk Scale (Wong and Gordon, 2000).

This presentation will provide a brief overview of the programme and present outcomes in terms of (a) assessed reduction in risk and other measurable data (e.g. violent incidents, verbal outbursts, etc) in relation to the individual prisoners who took part in the pilot; (b) views of the multi-disciplinary team members who contributed to the pilot; and (c) views of the prisoners themselves. Future directions and initiatives will be discussed based on the results and learning gained from the pilot. These include plans to deliver the programme on a one-to-one basis to a prisoner located in the 'exceptional risk' CSC unit, the possibility of doubling the size of the next treatment group at HMP Woodhill, and considering other populations with whom this model could be applied.

Physically violent fathers: Characteristics and implications for intervention

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Description: There is a significant overlap between domestic violence and child abuse. Despite this, little research exists to guide the development of programs for fathers who are physically violent to their children. This talk reviews results from a study of the cognitive and emotional characteristics of physically abusive fathers as compared to non-maltreating fathers. Implications for intervention are discussed.

The witnessing and direct experience of family violence may increase children's vulnerability to later violence themselves. There is a significant overlap between domestic violence and child abuse, with estimates of co-occurrence of both forms of violence ranging from 30 to more than 60 percent (e.g. Edleson, 1999). Despite this, attention to men who are violent in their families has focused primarily on their domestic violence. Until very recently, the violence perpetrated by fathers and father figures toward their children has received little interest. The lack of research on abusive fathers has significant implications for intervention approaches and ultimately child safety: very little research exists to

guide the practitioner in evaluating the needs and services appropriate for this population (Coohey, 2000; Peled, 2000).

Not surprisingly, then, few clinical interventions have been designed specifically to meet the needs of physically abusive fathers (Phares, 1996). Rather, most programs for physically violent fathers are based on models of general parenting programs or programs for abusive mothers. However, abusive fathers may have certain characteristics and needs that are not well-served by typical parenting programs or preclude the programs from being efficacious. More concerning, standard parenting programs may have a detrimental impact on the fathers' use of abusive behaviours (Scott & Crooks, 2004), and thus result in increased danger to the child and the child's mother.

This paper reviews results from a study designed specifically to identify the characteristics and associated intervention needs of fathers who are physically violent with their children. Participants were referred by Probation and Parole, a regional batterer intervention program, and child protective services. The study focused on the cognitive and affective characteristics of physically abusive fathers as compared to nonabusive fathers; it also explored physiological and behavioural characteristics.

A number of cognitive characteristics that differentiate physically violent fathers from nonabusive fathers are discussed. These include beliefs in support of aggression and physical punishment, distortions and biases in the perception of others' emotions and behaviours, and the emphasis on power and control in family relationships. Abusive fathers' impaired empathic abilities are reflected upon through a discussion of the fathers' appreciation of the impact of their behaviour on their family members and their perceptions of children's emotional displays. As well, men's mental health symptomatology and their experience and expression of anger are considered. Finally, observed differences in abusive fathers' physiological arousal (as measured by heart rate and blood pressure) and behavioural responses to a challenging task they completed with their child are briefly presented. The implications of these findings for intervention are considered and specific suggestions are provided.

6.5 The Development of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER)

Kropp, R., Hart, S., Belfrage, H., Baldry, A.

We developed a tool that criminal justice professionals can use to assess risk for spousal violence, called the Brief Spousal Assault Form for the Evaluation of Risk, or B-SAFER. The B-SAFER is based on our experience with the Spousal Assessment Risk Assessment Guide (SARA), and shares two important strengths. First, the B-SAFER uses a structured professional judgment or structured discretion approach that is appropriate for criminal justice contexts. Second, the content of the B-SAFER is firmly grounded in the professional and scientific literatures on spousal violence. But the B-SAFER also has two important advantages over the SARA when used in some criminal justice contexts. First, the B-SAFER is shorter in length than is the SARA, and so is less resource intensive to administer. Second, the content of the B-SAFER includes fewer items and less technical jargon related to mental disorder, and so requires less expertise to use. This symposium will describe research and development of the B-SAFER in Canada, and in Sweden and Italy where it is known as the Spousal Assessment Risk Assessment: Screening Version (SARA: SV).

6.6 Assessment and Management of Risk

Developmental factors of psychopathy among women

Forouzan, E., Cooke, D.J.

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Canada

Description: The present study was an attempt to compare familial and social background of females (N = 82) presenting high/low PCL-R scores and to assess whether these variables interact in the etiology of this disorder. Analyses of the developmental variables relative made it possible to determine whether a significant difference exists between the familial and social backgrounds of the two groups.

Despite the large number of studies concerning the definition, evaluation, prevalence and characteristics of psychopathy over the past years, the developmental factors of this personality disorder among men and women are still poorly understood by clinicians and researchers.

Given the limited research to date in the topic, the present study was an attempt to assess familial and social background of females presenting high PCL-R scores compared to those presenting low PCL-R scores, and to assess whether these variables interact in the etiology of this disorder. To this end, a sample of 82 women was studied. Data regarding their childhood familial and social background was already available as these participants took part in a research project during their childhood or adolescence (prospective study). Administration of the PCL-R served to classify the participants into two distinct groups, namely, the high PCL-R scores group and the low PCL-R scores group. Analyses of the developmental variables relative to each group made it possible to determine whether a significant difference exists between the familial and social backgrounds of the participants in these two groups.

Treatment implications of dynamic risk assessment for psychopaths: A case study

Weenink, A., Van der Wolf, P.

Dr. Henri van der Hoeven Kliniek
The Netherlands

Description:-In this paper we will present a case study on dynamic risk assessment and psychopathy. The subject is a man who has been involuntarily admitted to a Dutch forensic psychiatric hospital with a high level of psychopathy as measured by the PCL-R (Hare, 1991). Treatment implications are generated by focusing on the dynamic risk factors as specified by the VRS.

In this paper we will present a case study on dynamic risk assessment and psychopathy. The subject is a man who has been involuntarily admitted to the Dr. Henri van der Hoeven Kliniek, a Dutch forensic psychiatric hospital with a high level of psychopathy as measured by the PCL-R (Hare, 1991). The Violence Risk Scale (VRS: Wong & Gordon), HCR-20 and PCL-R were administered. This patient is also a participant of the reliability and validity study of the VRS of De Vries Robbe, Weenink and De Vogel.

Treatment implications are generated by focusing on the dynamic risk factors as specified by the VRS. We will compare such a treatment design with treatment implications based on the Clinical and Risk management items of the HCR-20.

Axis 1 and Axis 2 Disorders and Criminal Recidivism

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487 perpetrators, 99 of them with a major mental disorder, 112 with a substance disorder, 77 with a personality disorder were followed for 5 years time at risk. Individuals with schizophrenic and affective disorders had significantly lower, those with organic psychosis higher rates of recidivism for violent crimes. Personality disorders had higher rates of recidivism for all and violent crimes.

In a follow up study of 487 perpetrators assessed for criminal responsibility in the years 1975 to 1994 outcome concerning criminal recidivism was evaluated using the files of German reconviction registry in the years 2002 to 2004. From the extensive files disorders could be rediagnosed according to ICD-10 and DSM-IV and current instruments for risk assessment could be filled out. 77 individuals received the diagnosis of a personality disorder as primary diagnosis, one third of them comorbid with a substance related disorder. 112 had substance related disorders. Compared to the total sample personality disorders showed a considerably higher rate of recidivism as well for all crimes as for violent crimes (personality disorders: 51% vs. total sample: 39% for all crimes; 22% vs. 12% for violent crimes, Odds-ratio: 1.8). Although cluster B personality disorders were significantly more often diagnosed in the sample and more often found among the recidivists, with antisocial personality disorder being the most frequent diagnosis in both groups, all personality disorders were found in the sample of criminal offenders, i.e. no personality disorder appeared to be a good protective factor against criminal offences. 48 individuals were schizophrenic, 31 had an affective disorder and 20 an organic disorder. The odds ratio for violent crimes was .33 in schizophrenics, .4 in affective disorders, but 2.2 in organic disorders. The impact of personality traits on recidivism will be discussed with special reference to the different factors (and factor structures) of the PCL-R, which showed quite ambiguous results.

Antisocial personality disorder and criminality among persons with dual disorders

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Canada

To examine the relation between antisocial personality, severe mental illness, substance use disorder and criminality, 178 individuals in a community treatment study were evaluated. A late-onset ASPD subtype may develop in clients with SMI secondary to substance abuse, but criminal behaviour may be due to the frequent presence of full ASPD in this population rather than effects of substance use disorders

Background: Research has shown that individuals with severe mental illness (SMI) are at increased risk of co-occurring substance use, criminality and aggressive behavior. The risk of violent behavior has also been found to increase among individuals with dual disorders. Antisocial personality disorder (ASPD) is also associated with substance use, criminality and violence. However, there has been relatively little research on the relationship between ASPD, SMI and substance abuse. In an previous study of persons with dual disorders in a primarily rural community mental health center settings in New Hampshire, we reported that conduct disorder and ASPD were associated with greater substance abuse severity, including an earlier age of onset of substance abuse, more severe substance abuse symptoms, and a stronger family history of substance abuse, as well as more severe psychiatric symptoms, aggression, and involvement in the criminal justice system. *Objective:* The goal of this study is to examine the rate and correlates of antisocial personality disorder among individuals with severe mental illness and a co-occurring substance use disorder in urban centers. *Methods:* A total of 178 individuals (125 men, 53 women) with a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder and a co-occurring substance use disorder participating in a community treatment study in Connecticut were assessed by a research clinician. Data collection included: sociodemographic information, psychiatric symptoms, overall functioning, chronological assessment of housing history and institutional stays, substance abuse severity (variety of measures), quality of life, legal problems (arrests, jail time) and risk taking behaviour. Four groups of clients based on the conduct disorder (CD) and ASPD assessments from the SCID-II (no CD or ASPD, CD Only, Adult ASPD Only, and Full ASPD) were compared on the different

demographic, diagnostic, clinical, substance abuse, and legal measures. Results: 38 (21.3%) participants had Full ASPD, 33 (18.5%) had Adult ASPD only, 15 (8.4%) had CD only and 92 (51.7%) had no CD or ASPD. A higher proportion of men than women had a full ASPD whereas as more women than men (16%) displayed adult ASPD only. Clients in both of the ASPD groups were more likely to have been recently homeless than clients with No CD/ASPD or CD Only. There was a complex interaction between psychiatric diagnosis and CD/ASPD. The Full ASPD group had the highest rate of recent (52.6%) and lifetime (73.7%) cannabis use disorder, while the Adult ASPD group had the highest rate of any recent drug use disorder (93.9%), recent cocaine use disorder (78.8%), and lifetime polysubstance use disorder (63.6%). ASPD was strongly related to criminality with significant differences between the groups on assault, robbery, weapons offence, driving while intoxicated, and major driving violation. Results will be discussed in terms of subtypes of ASPD among individuals with SMI and the importance of assessing antisocial traits for managing risk in civil psychiatric settings, including community treatment programs.

6.7 Resolving service dilemmas in Scottish Forensic Mental Health Settings

Carpenter, A., Slessor M., Hamill C., Curley, A., William, L.

The Scottish Forensic Clinical Psychology Group was established to provide a forum for sharing clinical practice across inpatient and community settings, offering CPD activities and liaising with the Scottish Executive and policy makers. This symposium represents some of the areas of work of our membership in assessment and treatment of mentally disordered offenders. The papers at ways in which psychology has taken the lead in developing systems of risk assessment in separate inpatient settings and at the treatment of sex offending using the Good Lives and Self-Regulation models.

6.8 Functional Family Therapy: an evidence-based treatment program for violent and offending adolescents with mental health problems.

Sexton, T., Van Dam, A., Breuk, R.

Functional Family Therapy (FFT) is one of the best examples of the current evidence based family intervention models for violent and behavior disordered adolescents. FFT is designed to address complex clinical problems often seen as the most difficult to address: externalizing behavior disorders of youth who also often present with a myriad of comorbid conditions. Externalizing behavior disorders (school problems, drug use and abuse, violence, delinquency, behavior disorders) are the most common clinical referrals and the most frequent reason that adolescent enters the justice system. FFT is one of the few systematic family based models, or any treatment philosophy for that matter, with significant evidence of success with this difficult clinical population; this evidence spans 3 decades and includes a rich history of clinically based change mechanisms research (e.g. Parsons and Alexander, 1973).

This symposium will present the FFT model, the supporting research, the extent of its use cross the cultures, communities and the systematic method in which it must be disseminated in order to be effective. In addition a paper will be presented in which the tension of individual assessment and treatment of mental health problems and treating the family within the FFT treatment model will be discussed.

6.9 HCR-20 & Other Assessment Tools

Criminal recidivism in sexual homicide – how useful are risk assessment instruments (PCL-R, HCR-20, SVR-20, Static-99)?

Hill, A., Habermann, N., Berner, W., Briken, P.

Institute for Sex Research and Forensic Psychiatry, University Medical Center
Hamburg-Eppendorf
Germany

Description: Evaluating forensic court reports and federal criminal records on 166 sexual murderers, recidivism rates were 23.1% for sexual and 18.3%

for non-sexual violent offences during 20 yrs time at risk. Only young age at the time of the sexual homicide correlated with sexual recidivism. Non-sexual violent reoffences were associated with psychopathic signs and higher scores in HCR-20 and SVR-20.

Introduction: Despite the lack of empirical data on criminal recidivism of sexual homicide perpetrators, the risk of reoffences is often regarded as high in this offender group. The usefulness of risk assessment instruments in sexual murderers has not yet been validated.

Method: In a first step forensic psychiatric court reports on 166 sexual homicide perpetrators were evaluated including risk assessment instruments (PCL-R, HCR-20, SVR-20, Static-99). In a second step data on reconviction rates were obtained from federal criminal records.

Results: Sexual murderers with sexual sadism or other paraphilias, antisocial personality disorder, psychopathy (PCL-R total score ≥ 25) and higher scores in risk assessment instruments (HCR-20, SVR-20, Static-99) were released less often or after longer periods of detention after the sexual homicide. For released offenders estimated reconviction rates (according to Kaplan-Meier survival analyses) were 23.1% for sexual and 18.3% for non-sexual violent offences during 20 yrs time at risk. Sexual recidivism did correlate neither with previous sexual or non-sexual violent delinquency, nor with scores in the risk assessment instruments. Only young age at the time of the sexual homicide (≤ 20) and higher scores in the HCR-20 and SVR-20. *Discussion:* The fact that beside young age none of the investigated risk factors correlated with sexual recidivism, could be explained in different ways: (1) The predictive information of the risk factors was used up in the decisions about release or no-release and can not explain the remaining variance in released offenders. (2) The sample size was too small to achieve significant results. (3) Offenders with signs of high risk for reoffending were released only, if other risk diminishing or protective factors were present (e.g. antihormonal treatment, intensive psychotherapy, protective social environment after release) who compensated the high risk factors. (4) The investigated risk factors are not relevant for sexual recidivism in sexual homicide perpetrators.

Dynamic risk assessment: A pilot study comparing the VRS to the HCR-20

De Vries, R.M, Weenink, A., De Vogel, V.

Dr. Henri van der Hoeven Kliniek
The Netherlands

Description: In this paper we will present the results of a study into the interrater reliability and predictive validity of the Violent Risk Scale (Wong & Gordon) in 60 former patients of a Dutch forensic psychiatric hospital. Moreover, the predictive validity of the VRS for violent recidivism was analyzed in comparison to that of the HCR-20.

In this paper we will present the results of a study into the interrater reliability and predictive validity of the Violent Risk Scale (Wong & Gordon, 2000) in a group of 60 patients who have previously been admitted to the Dr. Henri van der Hoeven Kliniek, a Dutch forensic psychiatric hospital. The VRS is a risk assessment tool consisting of 6 static and 20 dynamic factors, explicitly constructed as a treatment evaluation measure. As the VRS focuses predominantly on dynamic risk factors, this study investigates the value of using the VRS in addition to the currently used risk assessment with the HCR-20. In their paper on dynamic risk assessment and treatment of psychopaths, Van der Wolf and Weenink will focus more on the practical implications of the VRS.

In the present study, the VRS and HCR-20 were coded for 60 patients. For 20 of the 60 cases the rating of the VRS was done by three independent researchers. The interrater reliability of the VRS as well as the predictive validity for violent recidivism after discharge were analyzed. Finally, the predictive validity of the VRS for violent recidivism was analyzed in comparison to that of the HCR-20.

Do dynamic risk factors actually change during treatment? Repeated measures with the HCR-20 in forensic clinical practice

De Vogel, V., Smid, W., De Vries Robbé, M.

Dr. Henri van der Hoeven Kliniek
the Netherlands

Description: Five years after the implementation of the HCR-20 in a Dutch forensic psychiatric hospital, the question arises if the dynamic risk factors (Clinical and Risk management items) actually do change during treatment. In this paper, the repeated codings on the Clinical and Risk management items of the HCR-20 are analyzed of patients who passed different treatment phases.

In this paper we will present the results of a study into the changeability of the Clinical and Risk management items of the HCR-20. In 2001, the Dutch HCR-20 was implemented in the dr. Henri van der Hoeven Kliniek, a forensic psychiatric hospital in the Netherlands. As a standard routine, the HCR-20 is coded by both researchers and clinicians for all newly admitted patients and for all patients who enter a new phase of treatment in which the liberties increase and thus the risk of violence needs to be (re-)evaluated. These treatment phases are, for instance, when a patient has his first unsupervised leave from the hospital and when a patient is about to enter the transmural treatment phase. As of 2005, the risk assessment is repeated yearly for all patients who are allowed to leave the hospital. Both prospective and retrospective research (de Vogel, 2005) conducted in the dr. Henri van der Hoeven Kliniek demonstrated good interrater reliability and predictive validity for the Dutch HCR-20.

Five years after the implementation of the HCR-20, the question arises if the dynamic risk factors (Clinical and Risk management items) actually do change during treatment. In this paper, the repeated codings on the Clinical and Risk management items of the HCR-20 are analyzed of patients who passed different treatment phases. Furthermore, the repeated codings are analyzed of patients who did not enter a new treatment phase but for whom the HCR-20 was coded at least two times while in the same treatment phase.

Vogel, V. de (2005). Structured risk assessment of (sexual) violence in forensic clinical practice: The HCR-20 and SVR-20 in Dutch forensic psychiatric patients. Amsterdam: Dutch University Press.

Concurrent Session 7

7.1 The Emotional Perception and Capabilities of Psychopathic Sub-Groups

Falkenbach D., Del Gaizo, A., Yaar, D., Falki, M.R.

Psychopaths are a particularly onerous group of offenders to treat. The core characteristics of psychopaths include diminished emotional capabilities and empathy. Treatment difficulty may, in part, be due to the homogeneous view of psychopaths. Theorists and researchers have identified two principal groups as primary and secondary psychopaths, each with particular emotional and behavioral traits. Psychopaths may also suffer emotional problems such as anxiety and depression, which adds to sub-group classification. The current symposium focuses on how different types of psychopaths perceive emotional stimuli (facial and vocal) and experience emotions. The three papers utilized a non-forensic population in-order to further analyze the gradations of psychopathy. Research with non-institutionalized populations helps to investigate the dimensionality of the psychopathy construct (Guay, et al., 2004; Marcus & Edens, 2004) and potentially lead to a better understanding of how psychopathy may manifest itself differently across various populations. This research indicates that there are many sub-classes of psychopaths that perceive emotional cues differently. Therapists should take these emotional experiences and perceptions into consideration when designing effective treatment strategies such as focusing on enhancing the offender's ability to recognize appropriate emotions. Therapists should also stay apprised as to how their own emotional projections make effect treatment outcome.

7.2 Risk assessment in offenders with intellectual disabilities

Lindsay, W., Hogue, T., Mooney, P., Morrissey, C., Allen, C.

Although risk assessment procedures have developed apace in mainstream forensic populations, this work is in its infancy in relation to offenders who have intellectual disabilities (ID), who nevertheless comprise a significant sub-group in forensic mental health settings. This symposium will report on current developments in this field, including findings from a UK three centre study (Hogue, Lindsay, Taylor et al .,2004) which examined the characteristics of offenders with ID in high, medium secure and community settings and the utility of various risk assessment protocols with this group . Recommendations for practice will be made.

7.3 Service Development

Traveling Down the Risk Escalator: A Qualitative Study of Forensic Mental Health Services in South Africa

Reynolds, L., Heyman, B.

City University
UK

Description: An analysis of data captured from interviews undertaken with health care professionals working within a forensic mental health service in South Africa will be presented. Factors which impact upon the service user's journey through the process of rehabilitation will be explored and comparisons made with the UK. The significance of the findings for organisational and clinical practice will be explored.

This presentation will focus upon the social, organisational, and cultural processes that mediate the patient's progress through a South African forensic mental health service. Initial analysis of data captured from interviews with health care professionals working within a South African Forensic service will be presented. The study draws upon a methodology utilised in previous UK-based research into forensic learning disability and forensic mental health services (Heyman et al., 2004). Data analysis explores emergent issues associated

with patients' staged progression from higher safety/lower autonomy to lower safety/higher autonomy in terms of physical boundaries, ward regime, staffing levels and permitted contacts with the external world. These trajectories will be conceptualised in terms of the concept of 'risk escalator'. The emergent issues associated with such trajectories which will be discussed include: chains of blocked movement; problems with risk assessment; tension between individual risk assessment and managing groups of patients; and backward and circular movements through the system. The clinical significance of these issues will be considered. Finally, the paper will speculate about the impact of wider cultural differences between South Africa and more westernised societies such as the UK. Rose (1998), postulates that the latter have become 'risk societies' (Beck, 1992) in which issues such as mental health have become transformed into concerns about risk. However, it has been argued that western forensic mental health services have now moved beyond viewing risk as the main focus of care to situate it as a part of an overall care management strategy (Kettles 2004). Such subtle differences in the wider culture may transform the ethos of health care delivery in services such as forensic mental health care which appear to share structural similarities.

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Administrative Issues in New York City Forensic Mental Health Services

Harmon, R., Weissman, E., Collins, G.

Bellevue Hospital Forensic Psychiatry Clinic

USA

This presentation addresses the administration of services for assessment of mental status, treatment of psychiatric disorders, and prevention of future criminal behavior in a forensic psychiatric population. We will address communication difficulties between mental health services and the criminal justice system, structural and continuity of care issues, and problems of staff recruitment and training, in three related settings.

This presentation addresses the administration of services for assessment of mental status, treatment of psychiatric disorders, and prevention of future criminal behavior in a forensic psychiatric population in New York City. It addresses communication difficulties presented by liaison between mental health service providers and the criminal justice system, structural, continuity of care issues, problems of staff recruitment and training, in three related settings. The Forensic Psychiatry Clinic evaluates defendants for the Courts and the Department of Probation. Reports on the mental status of the individuals examined are prepared to assist either in the determination of competency to stand trial, or the defendant's need for treatment services. The Clinic's reports are legal documents not subject to medical record confidentiality statutes, and cannot be shared with treatment service providers without the authorization of the Court, posing liaison and communication difficulties. The Clinic is located in the Courthouse, and allows expeditious access to the Courts, Probation, and defense and prosecuting attorneys. The Dept. of Corrections delivers incarcerated inmates for evaluation, and provides security during the interview process. Defendants at liberty are given walk-in appointments. Administrative problems include individuals who miss prescheduled appointments, and recruitment and training of staff. In the NYC Forensic Psychiatric System, treatment services are provided on multiple levels. All individuals processed for incarceration are evaluated for the need for psychiatric services. Basic services are provided in the jails. Individuals requiring minimal care remain in their standard housing units, and are seen by clinical staff on a routine basis. Individuals requiring additional care can be housed in special Mental Observation units, or in a separate jail facility providing additional psychiatric services. Those requiring

acute psychiatric hospitalization can be admitted to a designated hospital facility. The Bellevue Hospital Forensic Psychiatry Inpatient Service provides acute psychiatric care for male adults incarcerated in the NYC Correctional System. The Service has a capacity of 68 beds on two secure housing units under the jurisdiction of the Dept. of Correction. Structural issues include a recent expansion, and the inherent construction and staffing difficulties. Liaison issues include communications with treatment service providers in the jails and NY State Forensic Psychiatric hospitals, contact with the Department of Correction and the Courts, and information sharing with the Forensic Psychiatry Clinic. In New York State, the legislatively stipulated Assisted Outpatient Treatment Program provides liaison with the local mental health system for mentally ill, formerly hospitalized individuals who might be capable of living in the community with assistance, but who, without routine treatment, may relapse and become violent. A special division of the Bellevue Hospital AOTP provides these services to individuals being released from the local Correctional setting. Among the administrative challenges AOTP manages are the coordination of mental health services among different types of treatment modalities, integrating services with other discharge planning programs in the Correctional System, and confidentiality concerns. Program evaluation, staffing patterns, recruitment and retention efforts and challenges will be discussed.

Understanding the UK forensic mental health care system from a service user perspective: Findings from service user led research

Davies, J.

City University, St Bartholomew School of Nursing
UK

Description: A participatory research project was sponsored by UK's National Programme on Forensic Mental Health R&D. Findings were produced about the processes of undertaking user-led research; as well as qualitative data generated by the users that produced a detailed picture of their experiences. Their reflexive voices offer insights and understandings to be employed by policy makers and practitioners to improve services.

The UK Department of Health requires service user involvement in research and development across health and social care through a research governance

framework (DoH 2001) and R&D strategy (DoH 2002). When the National Programme on Forensic Mental Health Research and Development started in 1999 they observed that forensic mental health service users 'can be difficult to engage in assessment, treatment and research'. This Programme commissioned an expert paper on user involvement in forensic mental health care by Faulkner & Morris (2003). The expert paper recommended the development of service user led research to identify appropriate and ethical research methods, provide a valid perspective shaped by people's experiences and maximize the relevance of research. The Programme sponsored four pilot research studies to promote service user research involvement. This paper will report on one of these studies.

A participatory research project was undertaken at City University (London) by seven forensic mental health service users with the support of an advisory group made up of academics and advocates of service user involvement. The advisory group acted as a resource to the service users. The latter were employed for up to three hours a week from October 2004 to December 2005 to develop a research project. Weekly meetings were used to build research capacity within the team, develop research questions and methodology for addressing these research questions. Focus groups (Krueger & Casey, 2000) were carried out by the whole team to examine experiences of using services. These focus groups began with a service user researcher reading something he had written, or selected to stimulate discussion. Interviews with a policy maker and service providers and users added to this data. Transcript analysis involved all team members. Key quotes from transcripts were recorded on video for dissemination purposes. In making and editing the video recordings further analysis and reflection was undertaken by service user researchers.

A peer reviewed report of the study has been published on the Programme's website (<http://www.nfmhp.org.uk/research.htm>). The project produced findings in two major respects. First it provided useful findings about the processes and problems of undertaking service user led research. Secondly, the rich qualitative data generated by the service users 'mining [their] own experiences' produced a detailed picture of how forensic mental health care was/is for them. Their reflexive voices offer insights and understandings that could be usefully employed by policy makers and practitioners to improve services.

This presentation will include video clips of the service users involved in the project.

Gazing Across the Pacific: Comparing the Forensic Mental Health Systems of Hunan, China and British Columbia, Canada

Livingston, J.D., Wang, X., Brink, J., Murphy, E.

Forensic Psychiatric Services Commission, BC Mental Health & Addiction Services, PHSA
Canada

Description: The Chinese forensic psychiatric system is rarely described in the English literature. This presentation addresses this knowledge void by providing a descriptive comparison of the forensic psychiatric systems and relevant legislation of China and Canada. This presentation also describes the results of a study that compares the characteristics of persons adjudicated NCR-MD in Hunan, China and British Columbia, Canada.

A review of the current literature reveals very few international, cross-cultural comparison studies of persons adjudicated ‘Not Criminally Responsible on account of Mental Disorder’ (NCR-MD). Moreover, the Chinese forensic mental health system has received little academic attention in the English literature. This presentation addresses these knowledge voids by exploring various aspects of the forensic mental health systems of China and Canada.

Although China and Canada have vastly different legal models, both societies share the value that mentally ill persons who commit crimes without a culpable state of mind should not bear full criminal responsibility. This presentation provides an overview of the different legal systems and Criminal Code mental disorder provisions of China (Article 18) and Canada (Section 672). Included in this discussion is descriptive comparison of the Chinese and Canadian legal standards for a finding of NCR-MD as well as the legal guidelines for managing NCR persons. Comparisons are made between the manner in which NCR persons are treated and managed in Hunan, China and British Columbia, Canada. The unique features of the Hunan and British Columbia forensic mental health service-delivery-models and the socio-cultural factors that have influenced the development of each system are highlighted.

In addition to the descriptive comparison, this presentation describes the results of a study that compares the characteristics of persons adjudicated NCR-MD in Hunan, China and British Columbia, Canada. The Chinese sample is comprised of 354 NCR persons and the Canadian sample contains 276 NCR persons. Variables such as sex,

age, education level, marital status, conviction history, psychiatric history and index offence are compared between the Canadian and Chinese samples.

Bivariate analyses reveal that the Chinese and Canadian samples are similar in sex and psychiatric history. Both samples are comprised of approximately 80-85% males and 15-20% females ($\chi^2=1.11$, $p=.29$). Approximately, 80-85% of individuals in both samples have a psychiatric history prior to the commission of their index offence ($\chi^2=.53$, $p=.47$). Significant differences between the Chinese and Canadian samples were found in the marital status, age, educational level, and conviction history variables. The Chinese sample was significantly more likely to be married and the Canadian sample was significantly more likely to be divorce or never married ($\chi^2=177.97$, $pt=3.72$, $p.001$) and had more years of education than the Chinese sample ($t=15.92$, $p.001$). The two samples also differ significantly in criminal histories and index offences, with a greater proportion of the Canadian sample having a history of criminal convictions prior to their index offence ($\chi^2=271.17$, $px^2=239.30$).

7.4 Applications of Dialectical Behavior Therapy in Adult & Juvenile Corrections

Schmidt, H., Ivanoff, A., Finnegan, D.S., Rosenfeld, B., Galietta, M.

DBT is an empirically supported cognitive-behavioral treatment for individuals with complex and difficult to treat mental disorders and has been increasingly adapted for clients with more general behavioral disorders related to emotion dysregulation, typical of adult and juvenile correctional populations. Papers examine implementation issues and treatment development and preliminary data on a residential and an outpatient programs

7.5 The construct of impulsivity in forensic mental health

Crocker, A., Côté, G., Roy, M.E., Joyal, C., Pham, T., Ducro, C., Rennie, C.

Impulsivity is a core component in the study of aggression, violence and criminality. The present symposium provides new data as each of the papers addresses impulsivity in various populations (adults, adolescents, mentally ill, psychopaths, intellectually disabled), from different perspectives (psychosocial,

clinical and neurobiological) and using different measures (neuroimaging, neurocognitive and psychological). The contribution of impulsivity to risk prediction for violent behaviour will be also considered. In the first paper, Christian Joyal provides a review of neuroimaging and neuropsychological findings of a series of studies concerned with the association between schizophrenia, violence and impulsivity. This is followed by Charlotte Rennie's examination of neurocognitive function of conduct-disordered adolescents. Thierry Pham then addresses the issue of impulsivity as it relates to psychopathy. In turn, Gilles Côté examines the contribution of various indices of impulsivity, in contrast to diagnoses of antisocial personality and substance use, in the prediction of violent behaviour among individuals with severe mental illness. Finally, Anne Crocker explores how impulsivity relates to different types (verbal, physical, sexual, self and property damage) and level of severity of aggression as well as sociodemographic and clinical characteristics among adults who have an intellectual disability and live in the community.

7.6 Highlights from the BC Aftercare Project and Implications for Practice and Policy in the Community Management of People with Serious Mental Illness

Ross, D., Wayte, T., Lavoie, J., Vincent, G., Fiore, S.

Papers in this symposium will highlight recent findings from the Canadian site of a prospective international study on risk for violence and recidivism in discharged civil and forensic psychiatric patients with a serious mental illness (SMI). Findings related to service use, neighbourhoods, social activities, and methods for predicting outcomes will be presented, and implications for practice and policy will be discussed

7.7 Domestic Violence

The Aftermath of Violence and Victimization in the Lives of Adult Women

Severson, M., Postmus, J.

School of Social Welfare, University of Kansas

USA

Description: 423 incarcerated and “free” women were interviewed about their histories of victimization. Prevalence rates, disclosure behaviors and personal risk and protective factors predictive of adult outcomes are presented. Types of services received and the women’s appraisals of the helpfulness of them are provided. Recommendations for policy and practice measures that may interrupt negative life trajectories will be given.

Literature from every corner of the globe confirms that women victims of intimate partner violence, sexual violence and youth maltreatment and injury suffer a variety of long term negative consequences. Over the last 10 years, the histories of abuse experienced specifically by incarcerated women have been the focus of similar research. These women report significant histories of victimization by physical and/or sexual abuse; with a 1999 government report indicating that 44 percent of women living under correctional supervision were physically or sexually assaulted at some time during their lives. As children, female inmates suffer physical and sexual abuse and injury at a rate two to three times that reported in the general adult population.

In a study funded by the National Institute of Justice, the authors pursued an exploration of the risks, protective factors and life opportunities that had an impact on the lives of women victims of violence. Survey and interview data yielded information about the consequences (i.e. health, mental health, substance use, suicidality, and incarceration) of youth maltreatment and adult victimization and the mitigating factors (services, supports, personal strengths) which had an impact on the life trajectories of both adult incarcerated and “free” women living in the community. The sample was drawn from different communities in one Midwestern state, including three urban and one rural community, and the state’s only correctional facility for women. The racially, ethnically and geographically diverse total survey sample of 423 women ages 18

and older included 157 incarcerated women, 157 women recipients of services for intimate partner violence and / or sexual assault within the 12 months prior to the interview, and 109 women at-large who had not received services in the prior 12 months.

The results of this study will be presented including prevalence rates of various forms of victimization, disclosure behaviors and outcomes, and personal risk and protective factors as predictors of adult outcomes. As a whole, 98 percent of the women interviewed reported experiencing some type of psychological, physical and / or sexual abuse during their lifetimes. Rates for physical and sexual victimization as children and as adults were high across sample populations and particularly high for the incarcerated population. Certain mediating factors were determined to be significant predictors of adult outcomes. Findings about the types of social services (schools, sexual assault/domestic violence programs, law enforcement, medical providers, mental health providers, child safety/ protection agencies, religious and faith-based groups, and family or friends) provided to these women at earlier points in their lives and their appraisal of the helpfulness of the services will also be provided.

Recommendations will be given for preventive and interventive policy and practice measures that may interrupt the negative consequences of victimization, including adult incarceration. There are indeed certain beneficial services that could be funneled to women victims of violence and particularly to those who present few criminogenic traits but who turn to activities such as alcohol and drug use to self-medicate and / or to be able to support themselves out of a violent situation.

Managing safety by knowing the risks: New directions for risk assessment, victim safety and protective measures

Coombe, J., Bain, P.

Ministry of Public Safety and Solicitor General

V8W 9J7

Description: ASAP is a tool to use in safety assessment and safety planning with women who have experienced violence in their intimate relationships. This violence can take many forms and causes physical, emotional or mental harm.

Types of abuse include physical, sexual, psychological, or emotional abuse, destruction of pets and property, and financial abuse.

Intimate partner violence is one of the primary threats to the physical and mental well being of women in Canada. Intimate partner violence will directly affect at least 25% of all women in Canada during their lives, and may also affect - directly or indirectly – numerous other people, including their children, parents, friends, and employers (Statistics Canada, 1998). An important method for preventing victimization and re-victimization in high risk groups is “safety planning”, the development of interventions to minimize the likelihood and consequences of intimate partner violence. Safety planning is intended to empower women to take those necessary steps to protect themselves. The over riding purpose of safety plans is to reduce the risk that the victim faces and empower her to achieve a safe and rewarding life.

In partnership with the BC Institute on Family Violence, international experts on offender risk assessment and anti-violence community advocates, the BC Ministry of Solicitor General has developed two new coordination resources for managing victim safety.

The ‘Aide for Safety Assessment and Planning for Front Line Workers (ASAP), and ASAP Protective Measures for Women’s Safety: An Operational Framework for Interveners are grounded in experiences of women survivors of violence and the women who work with them to support their safety needs. The approach builds on a wide variety of existing risk assessment strategies including, SARA - Spousal Assault Risk Assessment (Kropp and Hart), Danger Assessment (Campbell) and Empowerment Measures (Light and Russell).

ASAP incorporates methods, criteria and procedures for assessing victim safety factors, offender risk factors and system responsivity to victims of violence in relationships. In the development process particular consideration was given to input from diversity groups and women serving organizations regarding current protective and safety measures used by police and the justice system and research on femicides.

The Institute was funded by the National Crime Prevention Program for the development, testing and validation in BC and several Canadian sites.

In the workshop we will briefly review the literature on victim safety factors, safety planning support and resources, and methods for improving institutional and community responses to abused women. Participants will be provided with copies of the ASAP manuals and discuss some of the challenges and solutions inherent in adopting such a multidisciplinary coordinated approach to case management and victim safety.

It is our hope that in addition to adequately funded victim services, increased offender accountability, community leadership and senior level commitment that 'ASAP Aid for Safety Assessment and Planning and Protective Measures For Women's Safety; an Operational Framework will be valuable resources for improving victim safety and protection.

Risk Factors Associated with Recurring Domestic Violence

Gondolf, E.

USA

Description: This presentation will review a series of analyses identifying risk factors and testing risk instruments associated with reassault by domestic violence perpetrators court-mandated to "batterer counseling programs." The results indicate the limited utility of static risk factors and risk instruments, and support the development of on-going risk management that draws on time-varying contingency variables as well as victim perceptions.

Risk assessment has become a major concern in domestic violence intervention in the US. However, there is still much debate and uncertainty over the optimal risk factors and instruments. This presentation reviews the findings of a series of analyses of risk factors using a multi-site longitudinal database of domestic violence perpetrators and their female partners (N=856 men). The perpetrators were men who had been arrested for domestic violence and required by the courts to attend anti-violence counseling programs. The men completed a social history questionnaire, a personality test, and an alcohol screening instrument at program intake, and the men's initial and new female partners were interviewed at program intake and every three months for 15 months with a 70% response rate. Logistical regressions, hierarchical logistic regressions, General Estimating Equations, and Propensity Score analysis were used to predict reassault, reported by the female partners, during the follow-up period. Variables indicating demographics, relationship status, past behavior (including abuse, violence,

and alcohol and drug use), prior interventions, and program participation were entered into analyses as possible risk factors. Additional contingency variables collected during follow-up were added to some of the analyses: employment, relationship status, alcohol use, and additional services. The major findings and implications of the analyses are as follows: 1) risk factors identified at program intake offer only a few weak predictors and only marginally improve correct classification. 2) Time-varying contingency variables, especially drunkenness during follow-up, contribute most strongly to prediction. 3) Considering multiple outcomes, including repeated and severe re-assault, improve prediction over just reassault versus no reassault. 3) Simulated risk assessment instruments did not substantially improve prediction over actuarial data. 4) Women's perceptions of risk were along a stronger predictor than the combined risk factors or the simulated risk instruments. Despite promotion of batterer personality types, personality profiles or "types" were not associated with outcome. Moreover, a qualitative review of the interviews with women who encountered continual violence exposed a lack of intervention for subsequent incidents—a failure of the system in responding to repeat offenders. These findings suggest the limited utility of static risk factors or risk instruments and support the development of on-going risk management incorporating contingency variables and women's perspective. Such risk management includes periodic assessment and contingency planning that draws on victim's perceptions and reports. It therefore requires collaboration between batterer program staff, probation officers, and victim advocates.

Supplemental psychological treatment for participants in domestic violence counselling

Gondolf, E.

Mid-Atlantic Addiction Training Institute
USA

Description: This presentation reports on a formative evaluation of supplemental psychological treatment for participants in domestic violence (DV) counseling. At counseling intake, men were screened for psychological disorders and referred to psychological treatment in addition to DV counseling. The organizational and operational barriers to the referral warrant a persistent casemanager. Moreover, voluntary referral, as opposed to court-mandated referral, was futile.

Research on domestic violence perpetrators exposes a significant association of psychological disorders with dropout from domestic violence (DV) counseling and reassault of female partners. State guidelines for domestic violence counseling recommend assessment for psychological disorders and referral to psychological treatment. This presentation reports on a demonstration project that tests the utility of screening domestic violence perpetrators for psychological disorders and referring those who screen positive to psychological treatment in addition to domestic violence counseling. A formative evaluation of the implementation of the demonstration project will be presented along with a quantitative description of treatment delivery. The formative evaluation consists of a qualitative summary of direct observations, meeting notes, and staff interviews. Several organizational and agency problems were associated with implementation delays and inconsistent referrals: concerns raised by the Institutional Review Board, initial objections from the district attorney, misappropriation of funds by the DV counseling program, subsequent financial crisis at the DV counseling program, DV program staff's failure to follow protocol, sick-leave by the psychological clinic director, and billing problems at the clinic. The formative evaluation also exposed agency conflicts in terms of different priorities, assumptions, and procedures, and revealed the complexity and complications associated with multiple components across agencies. A quantitative analysis of treatment delivery was conducted with two comparative samples: 200 men who screened positive and were referred to psychological treatment on a voluntary basis, and 200 men whose referral was mandatory (i.e., failure to comply was subject to further court sanctions). These men together represent the 400 men court-mandated to DV counseling who screened positive on the Brief Symptoms Inventory (BSI score > 62) out of the 870 men screened at program intake (46%). Only 5% of the 200 men voluntarily referred obtained a psychological evaluation, and only half of those men received further treatment. Nearly a third of the men whose referral was mandatory obtained a psychological evaluation, and 60% of these men received treatment (40% of the men receiving treatment were in treatment prior to the referral). Approximately two-thirds of the men were diagnosed with adjustment disorders, and the remaining men with depressive disorders, impulse control disorder, or drug dependence. The findings highlight the organizational and operational barriers to implementing supplemental psychological referral, the crucial need for a casemanager and system coordinator, and the futility of voluntary referrals. Even under mandated referral, only about a third of the referred men obtained an evaluation and most of these were diagnosed with adjustment disorders that do not warrant extensive treatment. The BSI screening may be grossly over-identifying psychological

disorders, and men with the most severe disorders may not be complying with the referrals. Greater integration of psychological treatment with DV counseling may be warranted to insure greater compliance and to monitor supplemental treatment.

7.8 The Hamilton Approach to the Assessment of Aggression

Chaimowitz, G. A., Mamak, M., Francis, K.P.

The prediction, assessment, and management of violence are key responsibilities for any forensic service. This symposium highlights current risk assessment research being conducted at the St. Joseph's Healthcare, Forensic Service in Hamilton Ontario. The primary focus of the research is the development of tools and methods to increase the understanding of risk and risk related issues, with the direction to provide essential interventions to ameliorate risk. . These issues include, the development of an aggression clinic to help community partners manage risk and the introduction to the idea that risk assessment is a process as opposed to an actuarial percentage.

The current symposium will include three presentations. The first provides a brief overview of the processes, challenges, and considerations involved in developing an "aggression clinic" that serves both clinical and research purposes. The second speaks to the development of a tool to standardize the documentation of aggressive incidents while also providing a common language when referring to aggressive incidents. The third presentation, introduces the Hamilton Anatomy of Risk Management-Forensic Version, a guide to the assessment of risk that incorporates not only historical data but also ongoing incidents of aggression to formulate short term and long term predictions of aggression.

7.9 The implementation and the cultural adjustment of Functional Family Therapy

Sexton, T., Bekker, M., Jongman, E., Breuk, R.

Functional Family Therapy (FFT) is one of the best examples of the current evidence based family intervention models for violent and behavior disordered adolescents. FFT is designed to address complex clinical problems often seen

as the most difficult to address: externalizing behavior disorders of youth who also often present with a myriad of comorbid conditions. Despite its established effectiveness, FFT has not been systematically implemented and studied outside the US. Over the last 2 years FFT has been implemented in several major mental health institutes through out the Netherlands.

This symposium will describe the comprehensive implementation process and service delivery system designed to fit FFT into the established treatment systems for delinquent youth. Of particular interest is the comprehensive service delivery system involving family therapy, psychiatric care, probation officer support and case emangement and the way in which they are integrated to create a system of care. In addition the changes of the treatment process in a forensic mental health center in changing from an individual to a family focus are being dealt with. Finally the first experiences with families from different ethnicities and necessary cultural adaptations are elucidated.

Concurrent Session 8

8.1 Sex Offenders

Fuzzy Categories of Mental Disorder: Why Sex Offender Risk Assessment Challenges the Credibility of Forensic Psychiatric Expertise

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USA

Description: The use of DSM-IV-TR categories to predict future behavior of sex offenders founders on their overly broad criteria of inclusion, because forensic psychiatric predictions of dangerousness can result in the unjust civil incarceration of sex offenders who have served their criminal terms of punishment. Prototype categories of personality disorder and paraphilia do not pick out high risk sex offenders.

The American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition-Text Revision (DSM-IV-TR), like its predecessors, has been criticized for presenting diagnostic criteria that are overly inclusive: placing people in categories of mental disorder results in diagnosing them with the disorder even when their behavior is a normal reaction to circumstances. That is, the application of the DSM-IV-TR creates a large number of abnormally mad people who may simply be normally sad or just bad. This is the "false positives" problem. Forensic psychiatrists use the DSM-IV-TR to support assessments of a person's cognitive ability, mental competence, or criminal liability. Less widely known is that the DSM is used in determining whether a sex offender soon to be released from prison should be civilly committed, not because he has committed

new crimes, but because he has a mental disposition to engage in illegal, coercive, sexual conduct. When categories of mental disorder are used to predict dangerousness, overly inclusive categories magnify irrational fear of danger, and produce a distorted public policy response. The outcome of a diagnosis is morally pernicious, I argue below, when the behavior being categorized triggers fear and loathing in the general public, and permits the State to incarcerate someone indefinitely. I explore one reason why some DSM-IV-TR categories are so overly inclusive that their use in forensic risk assessments results in unjust incarceration. Both common sense and scientific research take the concept of a category for granted. Two things, we are inclined to say, belong in the same category when they share enough properties. However, cognitive scientists have shown that categorization is far more complex, and categories have far more structure, than the standard view allows. Experiments on the ways people categorize ordinary objects suggest that categories may contain objects that share very few properties. Rather, they have features of a prototype of the category—an idealized model—although the category’s members may have little in common with each other. I call these categories “prototype categories” and argue that certain DSM-IV-TR categories used in forensic predictions of dangerousness describe category prototypes. Further, I argue that certain prototype categories in the DSM-IV-TR are not “natural kinds” that carve the world at its joints, but are “social kinds” that interact with people who are placed in those categories, and both shape and interpret the very behavior being categorized. Paul Meehl calls a “taxon” a natural kind, and regards taxa as the basis of the scientific claim of psychological models to represent the way the world is, independently of an observer’s personal interests. DSM-IV-TR categories are not taxa in this sense. Unfortunately, one consequence of utilizing such categories in forensic risk assessments is unjust civil commitments of sex offenders that reveal the extent to which sex offender statutes deviate from a retributive conception of criminal punishment. Civil commitment statutes reflect a growing belief that criminal conduct is caused by personality disorders or sexually deviant mental states. These statutes threaten to medicalize criminal justice systems.

Forensic applications of virtual reality and attention control technologies in the assessment of sexual preferences amongst sex offenders

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Canada

Description: New applications of virtual reality and attention control technologies in the assessment sexual preferences amongst sex offenders are presented. Preliminary results comparing child molesters and non-deviant subjects are reviewed.

This paper will address the question of the potentialities of new information technologies in the assessment of sexual interest. We will focus specifically on using synthetic 3D virtual characters to elicit sexual responses as measured by penile plethysmography. We will also look at how eye tracking technologies may help to overcome some limitations inherent to standard methods used in assessing sexual interest. A series of virtual characters depicting age, gender and secondary sexual characteristics will be presented. Finally, preliminary results of a study comparing child molesters and non-deviant subjects as for their penile and oculomotor responses will be presented.

Considerations regarding the legal prognosis and recidivism of older pedosexual men

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The life situation of middle-aged pedosexual men is determined by real losses through isolation and a social downward trend. Older pedosexual men often show a tendency to replace long individual ties by many anonymous contacts to children. Apart from mandatory therapeutic attendance, social integration is a particularly important factor influencing legal prognosis and risk management.

Child sexual abuse subsumes a variety of different sexual umbrella concepts. The broad spectrum of perpetrator personalities here, as in other sexual offences,

must be considered in planning and delivering effective treatment as well as in risk management. Despite the established treatment methods, statistics show the recidivism of pedosexual men with continuing child molesting into advanced age. The high risk of repeated delinquency, which raises the legal question of permanent preventive detention, cannot be explained in individual cases solely by sexual preference, e.g. as an “addictive development of sexual behaviour”.

This study applies descriptive analysis to identify factors influencing repeated delinquency. How do the structure and frequency of pedosexual contacts develop in middle and older age? What is their social context? What psychopathology is involved and how effective are therapeutic interventions and legal sanctions? The analysis covered case histories of 27 subjects who were not occasional offenders but had been diagnosed as stable pedosexual men. They were at least 40 years old and had been prosecuted as child molesters.

Noteworthy is a considerable social marginalization during their lifetime that did not result primarily from psychopathological features but from professional decline, social isolation, loss of leisure-time activities, and thinning of social contacts on every level. This promoted further recidivism, so that, paradoxically, mere contacts with children represented an intact competence field. A concomitant development with increasing age was that the contacts with children become increasingly anonymous and promiscuous. The pedosexual men showed a largely constant subjective explanation and activity pattern during their lifetime.

The continued recidivism with acts of child sexual abuse is not primarily the expression of a psychopathological development in the sense of an intrapsychically determined progression of psychosexual experience. Besides mandatory therapeutic attendance, also on an outpatient basis, social integration of the subject is a prognostic parameter that merits special consideration for relapse prevention and therapeutic outcome. The discussion also covers differential diagnostic psychiatric and legal aspects, focussing particularly on risk estimation and the proportionality of permanent preventive incarceration.

8.2 Juvenile Justice

Comprehensive Assessment of Psychopathic Personality Disorder: Initial Findings with Incarcerated Serious and Violent Youth

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Canada

The Comprehensive Assessment of Psychopathic Personality Disorder is a new measure of psychopathy developed for use within adolescent and adult institutionalized populations. This presentation will explain the purpose and methods of the instrument, describe its inaugural use within a sample of British Columbia incarcerated young offenders, and will discuss some initial results of the ongoing study.

Psychopathy is a personality disorder that is characterized by traits such as remorselessness, callousness, impulsivity, egocentricity, and superficiality. Psychopathy is diagnosable in adult populations, however, the ability to successfully treat the disorder at this time remains unproven. Research has begun to focus on children and adolescents in an attempt to identify psychopathic traits at a time when these traits are still developing and stabilizing, which should make them more malleable to treatment efforts. Because previous research among adolescent and adult populations demonstrates that psychopathy is predictive of both general and violent recidivism (e.g. Corrado, Vincent, Hart, & Cohen, 2004), there is a need for assessment measures that can validly identify psychopathic traits in adolescent delinquent populations in order to better assess treatment needs and subsequent risk for reoffending.

The Comprehensive Assessment of Psychopathic Personality Disorder: Institutional Rating Scale (CAPP-IRS) is a new instrument created by Cooke, Hart, and Logan (unpublished manuscript) to assess psychopathic personality symptoms in adolescent and adult institutionalized populations. Cooke, Hart, and Logan identify the psychopathic personality as an overarching construct that is composed of distinct symptomatology. This instrument assesses the disorder by identifying six domains of dysfunction that are each characterized by multiple symptoms.

The current study employed the CAPP-IRS with a sample of serious and violent young offenders who were incarcerated in one of three British Columbian youth detention facilities. Two sets of semi-structured interviews were conducted with this population of youth shortly after being admitted to the detention centre. The initial interviews collected information pertaining to demographics, education, family, and criminal history, the offenders' current offence(s), and their current and historical mental health profiles. During the second interview, which consisted entirely of the CAPP-IRS, participants were asked a series of questions related to their personality. Questions were built around the six main domains of the CAPP-IRS: self; behavioural; cognitive; dominance; attachment; and emotional. This presentation will describe the purpose and methods of the instrument, its use in an incarcerated young offender population, and the initial results of this pilot measure.

Cognitive distortions and antisocial behaviour in delinquent and non-delinquent adults and adolescents

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The purpose of this study was to further examine the validity of a measure of self-serving cognitive distortions in adolescent and adult samples. The findings suggest that the instrument, with some modifications, can be used in different populations. The potential of the instrument in the assessment and prediction of antisocial behaviour are discussed.

Can a measure of cognitive distortions be used in the prediction of antisocial behaviour? Various researchers have found evidence suggesting that certain cognitive distortions are associated with various aspects of antisocial behaviour and therefore should be considered in the understanding, prediction and treatment of antisocial behaviour. The term "self-serving cognitive distortions" have been introduced in previous research to describe the cognitive schemas that characterize individuals with reported antisocial behaviour.

The purpose of the present study was to further validate a self-report questionnaire, "How I Think" (HIT; Barriga et al., 2001), designed to assess self-serving cognitive distortions primarily among adolescent samples, and to see if the

earlier findings among adolescents could be applied to an adult population. The study comprised a total of 364 individuals divided into four groups: (a) incarcerated adolescents (n=58), (b) non-incarcerated adolescents (n=190), (c) incarcerated adults (n=56) and (d) non-incarcerated adults (n=60). The adult samples were administered the HIT-questionnaire and the Structured Clinical Interview for DSM-III-R-Axis II Disorders, screening version (SCID-II-screen) for Antisocial Personality Disorder. Regarding the adolescent samples, HIT-data already existed, which is the reason that no comparative measure of antisocial behaviour was given.

As expected, the incarcerated samples showed a significantly higher occurrence of self-serving cognitive distortions when compared to the non-incarcerated samples. Another finding was that the adolescent samples evidenced significantly more self-serving cognitive distortions than the adult samples. Within the adult samples, a moderate to high significant relationship between self-serving cognitive distortions and antisocial behaviour was found as predicted. Further, HIT proved to be significantly predictive of antisocial behaviour within the adult samples. Explorative factor analysis revealed, in contrast to earlier findings, that the underlying structure of the cognitive dimension of HIT best was explained by a 1-factor-solution that could be referred to as “criminal thinking style”. For the behavioural dimension of the questionnaire, a 2-factor division of antisocial behaviour was found. These findings question the present division of self-serving cognitive distortions into subcategories. To conclude we feel that further studies of divergent and structural validity of the HIT-questionnaire are needed and that the instrument could be modified for use in other groups. Implications for further clinical research and use are discussed.

Adolescent Homicides in Finland: Offence and Offender Characteristics

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Adolescent homicide offence and offender characteristics were examined with specific focus on excessive violence. The results showed that excessive violence is associated with multiple offenders, offender-victim relationship and substance abuse. The results suggest that excessive stems from situational, rather than

individual factors and that a proportion of the offenders do not suffer from psychological, cognitive, educational and family system disturbances.

In Finland, the rates of homicides per capita has for decades been about double the rate of the most of the other West European democracies and triple the rate of the other Nordic countries. Approximately 9 % of the homicides in Finland are committed by adolescents less than 20 years of age. Previous studies have associated adolescent homicide with psychological, cognitive, educational and family system disturbances. We investigated offence and offender characteristics in homicidal adolescents with specific emphasis on excessive violence. Forensic psychiatric evaluation statements and the Finnish police criminal index files of adolescent offenders accused of a homicide during 1990-2001 were reviewed retrospectively (n=57). Several variables regarding offender-victim relationship, crime scene behaviour and offender characteristics were used. The results showed that in 38 % of the cases, there were multiple offenders. In over half of the cases, the victim was an acquaintance. The proportion of stranger homicides was larger than in the general Finnish homicide data. Altogether 69 % of the offenders were intoxicated and 21 % under the influence of drugs at the time of the killing. The most frequent motives were an argument (25 %) and a robbery (25 %). Over half of the offenders had developmental problems and 42 % had a crime history. Approximately half were diagnosed as having a conduct or a personality disorder, but 32 % of the offenders were considered not to suffer from a mental illness or substance abuse. For 63 %, the level of intellectual functioning was average or above average. There were signs of more than one form of violence in 54 % of the cases and 28 % of the cases contained excessive violence. The use of multiple and excessive violence was significantly related to the offender age, multiple offenders, offender-victim relationship and substance abuse, but not related to having developmental problems, crime history or mental illness. Our results suggest that excessive violence in adolescent homicides steams from situational, rather than individual factors. The results also suggest that the conception of psychological, cognitive, educational and family system disturbances can not be generalised to all homicidal adolescents. Furthermore, compared to the general pattern of homicides in Finland the proportion of planned, purposeful (e.g. robbery motivation) and unemotional homicides was larger.

8.3 Service Development

The Development of a Medium Secure Service for Personality Disordered Clients

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Description: This paper will chart the emergence of a medium secure unit for service users with a diagnosis of personality disorder. It will present the services' milieu and treatment models and reflect on the challenges involved in the services development and growth, profiling safe structures and systems with a particular focus on leadership / management issues.

This paper will chart the emergence of a medium secure unit for service users' with a diagnosis of personality disorder. The nursing model that is utilised within the service emerged as part of the feedback / experiences of a reflective workbook based staff development programme, that has been delivered across three mental health care sites, within a prison, an NHS Mental Health Trust (which included a forensic medium secure unit and an independent hospital) to over 600 staff.

The session will present the principals of the milieu, review the challenges (practical and emotional) involved in developing a service for this service user group, and offer some reflections on potential responses. The presenters will also share an outline of the clinical model being piloted with the service, discussing the supportive structures and systems being 'mapped in' in order to create a safe space for growth for all, service users, carers and MDT alike.

Challenges to Leadership / Management will receive a special focus within the paper and some of the qualities required to support the specialist services suggested, based on the author's 'experiences' in vivo.

The authors of this paper are developing a supportive network for staff working with this service user group to encourage the use of reflection on experiences.

Barriers to Accessing Substance Abuse Treatment in Canada: Service Limitations or Personal Resistance?

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Canada

The present research approaches the issues of treatment entry and barriers to accessing substance abuse treatment by comparing users who received treatment with those who acknowledged that they needed treatment but did not receive it. The research provides insight into the complex mix to personal and structural reasons that influence treatment entry.

Substance abuse is extremely costly to society in terms of criminal, health, economic, and social consequences and, as such, has inspired a variety of societal responses. In Canada, treatment interventions are one approach to responding to addiction that has been accepted as important in the management of substance abuse and associated problems. However, despite agreement on the importance of treatment interventions, many substance abusers remain untreated in Canada. To date, the research on why some substance abusers enter treatment and others do not is fraught with inconsistent and opposing findings. Yet, treatment entry and barriers to accessing treatment are worthwhile topics of study that potentially offer valuable information to treatment providers and policy makers about where to focus resources and how to better match treatment programs to client needs.

The present research uses data collected in the Canadian Addiction Survey (2004) to explore and analyze substance users' experiences with treatment access. The Canadian Addiction Survey is a nationwide telephone survey that gathers data on the prevalence, incidence, and frequency of alcohol, tobacco, and drug use as well as the context of use, harmful consequences of use, treatment, and the risks and protective factors associated with substance use. The survey provides the opportunity for a multifaceted analysis that explores factors that prevent substance users from receiving treatment despite efforts to obtain professional help. Substance abusers who have received treatment are compared with substance abusers who report needing treatment but who did not receive it. These two groups are compared in terms of demographic characteristics, personal perceptions of physical and mental health, severity of substance abuse, and negative consequences associated with use including relationship problems,

victimization, dependency, financial problems, employment problems, legal problems, and so on. This will contribute to the literature on substance abuse treatment that acknowledges that drug users are not a homogeneous group but have diverse treatment needs and will provide insight into the types of treatment services that need to be expanded or developed in Canada and elsewhere.

Preventative detention in the Antipodes – Where is it going?

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Australia

Description: Australia and New Zealand have been slow to follow the lead of other jurisdictions in introducing preventative detention legislation for “dangerous” offenders. The paper will examine the developments in this area from a clinical and legal perspective.

Preventative detention legislation is a relatively new phenomenon in Australia and New Zealand. Early legislation in the 1990s targeted at individual high profile violent offenders has been followed in the new millennium by a variety of legislation in the different States of Australia and in New Zealand focussed on sex offenders. The paper will provide an overview of the models which have been used by the different jurisdictions. These include both continued detention in prison and intensive monitoring in the community. Unlike the international experience, at this stage the focus has been solely on sex offenders.

The paper will describe some of the problems which have been experienced in Australia and New Zealand. It will comment on how forensic mental health services have worked with law enforcement and corrections authorities to address the challenges that arise from clinical, legal and administrative perspectives. It will also outline some of the responses by different jurisdictions to providing services to this group of offenders.

8.4 Assessment and Management of Risk

Risk assessment in female offenders

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Description: This study focuses on factors included in risk assessment instruments associated with criminal and violent recidivism in a sample of female delinquents (n=86). ROC analysis found superior results of the HCR 20-R items (AUC .793).

Being male is a major risk factor for violence and criminal recidivism. Although in Germany as well as in many other countries a continuously growing percentage of women find themselves in forensic hospitals and in prisons, there is scarce knowledge on violent recidivism among female offenders and information about specific factors associated with recidivism is limited. Putkonen et al. (2003) found recidivism rates of 23% (n=31), 15% of which were violent on 132 female criminals convicted for homicide or attempted homicide in Finland. Most data about risk factors included in risk assessment instruments were derived on male offenders. The question which assessment tool or which combination of different tools has the highest predictive validity for female offenders is still unanswered.

This study focuses on specific factors included in risk assessment instruments associated with criminal and violent recidivism in a sample of female delinquents (n=86) referred for forensic-psychiatric evaluation prior sentencing in Germany. The mean time at risk was 8 years (SD 6 years; range 0 -18 years).

In order to evaluate the risk assessment instruments for female offenders we compared the predictive validity of the PCL-R, HCR-20, VRAG and the ILRV. Entry into the official criminal records of the Federal Conviction Registry was the target variable. As the estimate of predictive power, the area under the curve of a receiver operating characteristic (AUC of ROC) analysis was calculated for each instrument and all subgroups.

After the index offense 34% (n=29) of the women offenders were reconvicted, 5% (n=4) were violent and 29% (n=25) were non-violent. The predictive validity of the four instruments for violent and general repeat offenses was compared. ROC analysis found superior results of the HCR 20-R items (AUC .793). None of the instruments had similar AUC for general recidivism but results were in favour of the PCL-R (AUC .666).

In this study violent recidivism on female offenders was very rare (5%) and difficult to predict. Female offenders with psychopathic traits as measured with the PCL-R have an increased risk of general criminal recidivism. These results are in accordance with other studies from other European and North American countries. The impact of risk assessment instruments for the prediction of reoffences on female offenders will be discussed.

Pathological Firesetting: A Burning Issue

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Description: Pathological firesetting in adults, which is very rarely pyromania, is a frequent, often dangerous event, which is poorly understood. In many ways pathological firesetting is violence at its worst--uncontrolled, without confrontation of victim, and with potential destruction far beyond the perpetrator's intent. This presentation examines firesetting in terms of classification, risk assessment, profiling, treatment and precaution.

While considerable attention has been paid to childhood and adolescent firesetting, much less is paid to adult firesetting, particularly when that firesetting is attached to a psychiatric disorder or appears "motiveless." Most in forensic psychiatry/psychology are familiar with "pyromania", a DSM-IV impulse control disorder not otherwise classified. But this disorder generally explains but a very small fraction of all adult pathological firesetting. It is, however, frequently misrepresented as the origin of an arson fire. Firesetting is in many ways a subtle form of violence--one need not confront one's victim or even be at the scene when the violence extracts its costs. But pathological firesetting is also uncontrolled violence, where the perpetrator often inadvertently includes far more destruction than he/she intended.

This presentation examines the etiology and classification schemes for adult pathological firesetting. It looks at classification attempts based both on motive, and on those that are rooted in set and circumstances. The presentation examines the prevalence of various types of firesetting. Risk assessment, profiling, treatment and prevention are all considered. Finally, the implications of pathological firesetting for psychiatrists, psychologists, law enforcement, and fire departments are tied into the data with recommendations for future directions in research and policy.

Predicting recidivism in an Australian mentally disordered offender population with and without comorbid substance abuse, using the LSI-R:SV

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Description: There has been much research into predicting recidivism of general offenders but little in offenders with a major mental illness and those with comorbid substance abuse. This study assessed the ability of the Level of Service Inventory-Revised: Screening Version to predict recidivism in a sample of mentally ill offenders including those who have a history of substance abuse.

Despite spirited debate over the preceding decades, it is now clear that individuals with a major mental illness (MMI) are at an elevated risk for both general and violent offending compared to the general population. This risk is further increased by a comorbid diagnosis of substance abuse (dual diagnosis). Most, if not all of these individuals will eventually retake their place in society, as such, it is important to address their risk of recidivism. A well known and accepted instrument for the prediction of recidivism risk, The Level of Service Inventory-Revised: Screening Version (LSI-R:SV), has been the subject of much research with general offenders but has not previously been studied specifically with offenders who have a major mental illness and those with a dual diagnosis. This research project sought to investigate the validity of the LSI-R:SV in this population. The sample consisted of 210 mentally ill offenders who were released from Thomas Embling Hospital, a secure forensic hospital in Melbourne, Australia. Scores on the LSI-R:SV were obtained and

the patients were followed up in the community. The results indicated that dually diagnosed offenders were significantly more likely to re-offend than those with MMI only. This was true of both general and violent recidivism. For both MMI only and those dually diagnosed, higher scores on the LSI-R:SV were associated with increased recidivism. Receiver Operating Characteristic (ROC) analyses indicated that the LSI-R:SV was predictive of recidivism for all offences, non-violent offences and violent offences in the entire sample and for those without substance abuse. However, the LSI-R:SV was not found to be a significant predictor of recidivism in individuals with a dual diagnosis. In this sub-sample the instrument tended to over predict offending. While it correctly classified offenders with a dual diagnosis who did re-offend, it fared poorly at classifying dually diagnosed offenders who did not re-offend. Further analysis showed that the only 2 of the 8 predictors were correlated with re-offending in this sub-sample, 2 or more prior convictions and substance abuse. Therefore, the LSI-R:SV may be using risk factors that are not associated with recidivism risk in this population, thus artificially increasing their perceived level of risk. Although most were considered high risk for recidivism, most did not re-offend. Further research will need to re-evaluate risk factors associated with recidivism in offenders with a dual diagnosis. On the other hand it is encouraging that the LSI-R:SV, appears to be a useful instrument for predicting recidivism in individuals with a major mental disorder.

8.5 Prevention of violence and antisocial behaviour

Prevalence and patterns of substance and alcohol use in forensic outpatients

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Description: This study examines the prevalence of alcohol and illicit drug use in patients under the treatment of the community forensic team because of a history of violent offending. 61% of patients use illicit drugs and 57% alcohol. Despite regular psycho-education sessions, patients tend to focus on the positive effects of drugs. Any treatment approach will need to take this into account.

Introduction: Previous studies have identified a high prevalence of substance and alcohol abuse among the mentally ill, and especially high rates in mentally disordered offenders. This has in turn been associated with violence in the community. This study was conducted in order to define the prevalence of substance and alcohol abuse in forensic outpatients. We also examined frequency of illicit drug use, exacerbation of illness, reasons for using drugs and alcohol, and motivation for change.

Materials and Methods: Patients were randomly selected from the caseload of the Community Forensic Team in Lambeth, London. We used three sources of information: patients' interview, case managers' interview and medical records' review. We used the DUDITE-E to investigate the number and frequency of drugs used and the positive and negative aspects of using drugs. We also assessed alcohol use with a semi-structured questionnaire. We approached a total of 33 patients (every third name on the list). Twenty three patients agreed to be interviewed. Data regarding drug and alcohol use were also collected for all patients from interviews with case managers and medical records.

Results: The most common diagnosis was Schizophrenia (70%). The majority of the patients were on a form of compulsory community treatment order. The prevalence of substance and alcohol abuse in the sample was 61% and 57% respectively. Patients tended to emphasize the positive aspects of drug use rather than the negative and the motivation for change was low. There was no association between substance or alcohol abuse and non compliance with medication.

Discussion: There is a high prevalence of illicit drug use in inner cities forensic outpatient group. Although patients acknowledge that they use drugs, motivation to change is poor. Despite drug use, compliance with medication was not affected possibly because of the nature of our patients' legal situation and the close supervision by their community mental health professionals. Despite regular psycho-educational input patients do not appreciate the negative effects of drug use. The reasons for this need to be investigated further so that the treatment offered will be relevant to this group of patients.

Empirically Validating Potential Classifications of Psychopathy: Risk and Treatment Implications

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Description: The current study empirically tested the prototypical model of the variants of psychopathy proposed by Skeem et al. (2003). Variables assessing different facets of phenotypic psychopathy, anxiety, borderline and narcissistic personality traits were combined to identify subtypes. A clearer understanding of the variants may lead to better outcome and prediction, as well as, improved modalities for the treatment of psychopathy.

The diagnostic labeling of antisocial behavior has evolved through the decades using terms such as psychopath, sociopath, dissocial personality disorder and, Antisocial Personality Disorder (APD; Lykken, 1995; Rogers & Dion, 1991). Until recently, the terms psychopathy and APD were used interchangeably. However, qualitative differences exist among these groups suggesting the existences of subtypes within the antisocial categories. For example, the current criteria for APD include mainly behavioral features while psychopathy also includes personality and affective characteristics (Wilson, Frick, & Clements, 1999; Hare, 1996).

Several theories of psychopathy suggest a constellation of traits that make up at least two variants, primary and secondary psychopathy. Consistent with these two variants, the PCL-R has traditionally been conceptualized as possessing an internal structure comprised of two factors: Factor 1 (personality-based items; Lilienfeld & Andrews, 1996) and Factor 2 (behavior-based items; Hare, 1991; Hare, et al., 1990). However, while differences in the PCL-R factor scores provide a starting point for distinguishing the subtypes of psychopathy, theories of psychopathy indicate more characteristics are necessary for identifying variants of psychopathy.

In a seminal paper, Skeem et al. (2003) combined the prevailing theories of psychopathy variants (Karpman, 1948; Portman, 1996; Mealey, 1995) and proposed a model for assessing variants based on four domains that maximally differentiate between primary and secondary psychopathy: the affective/interpersonal and irresponsible/impulsive characteristics that underlie the two dimensions of the PCL-R, trait anxiety, borderline personality traits, and overt

and covert narcissism. The authors assert that while there is enough convergence between the prevalent theories to determine four domains, there is a need for empirical testing of these theories.

In order to identify subclinical or “successful” psychopaths, the current study used model based cluster analyses to investigate the existence of subtypes analogous to primary and secondary psychopathy in college students. The prototypical model proposed by Skeem et al. (2003) was used as a basis for determining the specific variables to best discriminate between psychopathic variants. It was hypothesized that primary and secondary psychopathy would differ on affective/interpersonal traits (LPS Factor 1), irresponsible/impulsive characteristics (LPS Factor 2), trait anxiety (STAI), and characteristics of borderline personality disorder (PDQ-R) and overt and covert narcissism (NPI). Finally, the current study explored whether or not these variants differed in aggression. Primary psychopaths posited to experience less emotionality should not experience angry or hostile aggression, whereas secondary psychopaths, who experience more affect and attachments to others, may be more inclined towards anger and hostility. Preliminary analyses indicate four clusters with profiles differing in theoretically coherent ways, supporting the existence of subclinical subtypes of psychopathy that resemble, in meaningful ways, hypothetical clinical variants.

The Results suggest that subtyping may have clinical and forensic utility in risk assessment. A clearer understanding of the variants of psychopathy may lead to better outcome and prediction, as well as, improved modalities for the treatment of psychopathy. A better understanding of psychopathic individuals through the model proposed by Skeem et al. (2003) will give rise to improved treatment efforts that will be directed toward the specific psychopathic variant.

‘Early recognition of violence’; intervention and research from ‘blackbox to brainbox’

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In a forensic nursing study aggression prevention method ‘early recognition’ is applied to 180 patients. Spaced introduction design is used to study the effects of the intervention. All aggressive incidents were registered on all participating

wards during 30 months in which the intervention was implemented. Relation between intervention and number and severity of incidents, and patient characteristics will be discussed.

Introduction: The method ‘early recognition and early intervention’ enables nurses teaching patients to monitor behaviour in order to recognise early warning signs of violence. This method was studied for forensic application. A qualitative study resulted in the forensic protocol ‘early recognition and early intervention’. The ‘early intervention package’ was developed, consisting of a forensic protocol and training program for nurses and a relapse prevention plan for patients. In an intervention study the ‘early recognition package’ was implemented and effect was studied over 30 months in a forensic psychiatric hospital in The Netherlands.

Research: In this study the intervention was applied to all 180 patients staying in custody care (Tbs) in the forensic psychiatric hospital. All the 190 nurses, working on 16 wards, participated in training program and research. Outcomes of the study focussed on effects of the intervention for patients, nurses and the interaction between them. A ‘spaced introduction design’ was applied in which all 16 hospital wards were divided into three research groups. Within a period of 30 months the intervention was stepwise introduced to the wards. In this period measures were carried out at all participating wards.

Main outcome measure was ‘inpatient incident behaviour’. All incidents within the research period were scored on the SOAS-R. This yielded knowledge of occurring incident behaviour before, during and after exposure to intervention. Incident behaviour was related to degree of compliance to intervention. Particular interesting was to establish the extent patients factually complied working with the ‘early recognition’ - relapse prevention plan, and what was the reason for non-compliance. At patient level it was registered monthly the extent patients complied with ‘early recognition’- relapse prevention plan. In order to get insight into the relation between compliance of patients and their incident behaviour, a ‘data monitoring matrix’ was designed. In this matrix all occurring incidents were plotted, just as codes for level of compliance of every patient and reasons for non-compliance. We distinguished compliant patients, intermitting compliant patients and non-compliant patients. Co-variables under investigation were socio demographic figures, diagnoses, length of admission, kind of offence, psychopathy (PCL-R) and cultural background.

On nurses level special attention was given to the ‘balance in (mental) ‘nearness – distance’ to patients as an outcome variable for professional attitude. Additionally it was studied how nurses actually carried out the intervention and how they evaluated this. Also the influence of ward culture was studied upon the degree nurses succeeded to integrate the intervention in daily practice.

On the individual patient level the relation between compliance with ‘early recognition relapse prevention plan’ and actual incident behaviour will be discussed, whereby the number and severity of incidents will be taken into account. This relation will also be enlightened on level of wards (unit patients) and research groups (group of wards starting at the same time with the intervention). Among others will also be reported the influence of (mental) closeness – distance of nurses to forensic patients in connection with degree they succeeded to apply the intervention.

8.6 Assessment and Management of risk

Timing of the offence in relation to the onset of the psychosis and the first psychiatric admission in psychotic TBS-patients

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Description:-In this study two groups of psychotic offenders and one group of general psychiatry psychotic patients are compared. The focus lays on the temporal relationship between schizophrenia (onset of the psychosis, first psychiatric admission) and crime. Preliminary results are presented.

Theoretical backgrounds: The temporal relationship between schizophrenia and crime is studied by Munkner et al. (2003 & 2005). A review and meta-analysis of the relationship between duration of untreated psychosis and outcome in first-episode schizophrenia is made by Perkins et al. (2005).

Hypotheses:

1. Most of the psychotic TBS-patients with a personality disorder commit their first violent offence before the first admission to psychiatry, contrary to psychotic TBS-patients without a personality disorder;

2. In psychotic TBS-patients without a personality disorder, the first psychiatric admission happens a longer time before the index offence, compared to psychotic TBS-patients with a personality disorder;
3. The duration of untreated psychosis (DUP) is the longest in psychotic TBS-patients with a personality disorder and longer in psychotic TBS-patients without a personality disorder, compared to general psychiatry psychotic patients;
4. More psychotic TBS-patients without or with a personality disorder are admitted after the onset of the psychosis, compared to general psychiatry psychotic patients.

Patients and methodology: Three groups of patients are recruited from forensic hospitals (TBS-hospitals) and one general hospital (total number of patients = 102). All patients were matched to sex, age and ethnicity. Only severe violent offences are included, no sex offences. The design is retrospective; all information is taken from existing files. Besides a list of socio-demographical, psychiatric and criminological variables, the HCR-20 H 5-item and the PCL-SV are used. The interrater reliability was measured in one third of the total number of patients. A SPSS statistical package was used to analyse the data.

Results: Psychotic TBS-patients with or without a personality disorder commit the first violent offence before the first admission to psychiatry. In these two groups, there was no significant difference in time between the first admission and the index offence. No significant difference in DUP was found in the different psychotic patient groups. More psychotic TBS-patients without a personality disorder are admitted after the onset of the psychosis, compared to psychotic TBS-patients with a personality disorder and general psychiatry psychotic patients.

Can Acts of Violence among Forensic Psychiatric Outpatients be Minimized Using Computer Telephony?

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Outpatients in forensic psychiatric care have frequently been sentenced one or more times for violent crimes. Our research group is developing a TLC (telephone-linked care) system for impulsive and violence-prone patients

in outpatient forensic psychiatric treatment, using modules for impulsivity monitoring and intervention, medication adherence, clinical visit adherence, and activities of daily living. The presentation will describe the system design.

Outpatients in forensic psychiatric care have frequently been sentenced one or more times for violent crimes. It is well established in the research literature that such individuals have trouble controlling their impulses. Under a variety of circumstances (e.g., if anxiety is triggered in a risk situation such as being denied a request) loss of impulse control may occur, leading to violent outbursts with unintended consequences for victims, including death. Optimal treatment for anger and violence management involves multi-modal programs that engage the individual over a period of at least a year, and often over a much longer period of time. In fact, it can be argued that individuals in forensic psychiatric care who suffer from loss of impulse control in particular, and mental and substance abuse disorders in general, are in need of long-term support over many years, of the kind needed by individuals with chronic somatic illnesses such as diabetes, asthma or hypertension.

Telephone-Linked Care (TLC) systems, totally automated telephone-based programs that carry out conversations emulating patient-health professional encounters, have been developed over the past 20 years at the Medical Information Systems Unit (MISU), Boston University/Boston Medical Center. TLC systems monitor outpatients with various types of chronic somatic and mental conditions, detect and report clinical issues in real time to responsible clinicians, promote self-care by the patients and support for them, and effectively help them change their unhealthy behaviors. Our research group is developing a TLC system for impulsive and violence-prone patients in outpatient forensic psychiatric treatment, using modules for impulsivity monitoring and intervention, medication adherence, clinical visit adherence, and activities of daily living.

Our research rests on the premise that forensic psychiatric outpatients need more support than staff resources allow and that TLC is a low-cost, user-friendly tool that enhances the patients' sense of security, as well as increasing surveillance on the part of treatment providers of patients' status and activities. In forensic psychiatry, TLC could provide an important function by helping outpatients control their impulsivity and alerting treatment providers when acute needs for personal help arise. The long-term goal of the project is to reduce the number and intensity of incidents of violence that occur in society by circumventing problems before they occur.

This presentation will describe a TLC system for forensic psychiatric outpatients in Sweden, including modules for impulsivity monitoring and intervention, modules on medication and visit adherence, as well as a module for monitoring and supporting Activities of Daily Living (ADL).

This study is being conducted at Karolinska Institutet in Stockholm, Sweden in collaboration with the Medical Information Systems Unit, Boston University and Boston Medical Center, with financial support from the Swedish National Board of Health and Social Welfare and the Stockholm Addiction Center.

Are there typical patterns of homicide in schizophrenia?

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To examine the psychopathology of illness-driven violence we investigated all mentally disordered offenders criminally committed for completed homicide in Austria between 1975 and 1999.

Our results confirm the finding that homicide offenders who act on their psychotic symptomatology exhibit little general criminal activity. Taking into account specific psychopathological syndromes instead of isolated symptoms could help to identify patterns of risk.

Regardless of the ever increasing evidence for a relationship between schizophrenia and violence in general, little is known about the circumstances related to and the motives for such violent acts in detail. In a previous study by Taylor (1985), 20% of 121 male violent offenders were directly driven by their symptoms and further 26% probably so. If the indirect consequences of the psychosis were taken into account, 82% of the offences were probably attributable to the illness. In homicide, the relationship seems to be even stronger: Joyal et al (2004) found that 60% of 58 homicide offenders with schizophrenia had illness-related motives. Those without comorbid antisocial personality disorder were significantly more often driven by their symptoms compared to those with, but no association could be found on the symptom level. Identifying psychopathological features of primarily illness-related offences could be important for prevention and treatment.

To examine the psychopathology of illness-driven violence in detail we investigated all mentally disordered offenders not guilty by reason of insanity, criminally committed for completed homicide in Austria between January 1975 and December 1999 with respect to psychiatric syndromes and circumstances of the offences. Our sample consisted of 77 offenders (53 male, 24 female) with major mental disorders, i.e. 7.1% of all cases of completed homicide during this period, 62 of whom (80.5%) suffered from schizophrenia.

We found four distinct types of offenders: 1) a “paranoid/relative-type” with delusions of persecution, an increasing number of pursuers over time including close relatives; the latter were usually seen as the leaders of the conspiracy and later became victims; 2) a “paranoid/resistance type” with delusions of persecution, an increasing number of pursuers over time not including close relatives; these patients usually attacked strangers to show preparedness; 3) a “catatonic/ritual type” with catatonic motor symptoms and/or passivity symptoms of increasing intensity, sudden and unforeseeable violent behaviour usually motivated by passivity symptoms, the victims were intimate partners, the offence often includes “ritualized” behaviour and dismemberment of the victim; 4) a “catatonic/impulsive type” with catatonic motor symptoms and/or passivity symptoms of increasing intensity, sudden and unforeseeable violent behaviour usually motivated by passivity symptoms, the victims were intimate partners, the offence included no “ritualized” behavioural patterns.

More than half of the schizophrenic homicide offenders fitted with our typology; the majority of these “typical” cases could be classified among the two paranoid categories (1, 2). Additionally, the “typical” offenders had lower PCL-R scores, less comorbid substance abuse, less comorbid personality disorders and fewer previous convictions compared with the “atypical” cases. Our results confirm the previous finding that homicide offenders who act on their psychotic symptomatology exhibit less general criminal activity compared to offenders who do not. Moreover, taking into account specific psychopathological syndromes instead of isolated symptoms could help to identify patterns of risk.

8.7 Assessment and management of risk

A review of the literature on the lack of insight - violence link: Empirical evidence or clinical lore?

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The main objectives of this review of the literature were the empirical basis for the existence of a relationship between insight and violence risk. Judging from the results of the review, there seems to be a paucity of empirical studies on this topic, and the evidence of a link between insight and risk of violence appears to be inconclusive.

In the past two decades, significant improvements have been made in the advancement of risk assessment and management of violence in the mentally ill. In this process, more focus has been placed on dynamic risk factors, that is, variables that are amenable to change and thus serve as potential treatment targets. In this respect, lack of insight has established itself both as an important part of violence risk models and as a clinical item in structured approaches to measure risk of violence, such as the HCR-20 violence risk assessment scheme. The main objectives of this review of the literature were (1) to examine the empirical basis for the existence of a relationship between insight and violence risk, (2) to determine whether certain dimensions of insight may have a higher violence-triggering potential (specificity), and (3), if so, to learn more about valid and reliable approaches to measure these dimensions. The primary target was prospective empirical studies of both community and inpatient samples with direct measures and calculations of the strength of the relationship between insight and occurred violence. The recommendation that multidimensional definitions and measurement should be used to assess insight is followed in the review. Only nine journal articles met the criteria of this review. A total sample of 1,025 patients participated (359 violent; 666 non-violent) were assessed in these studies. Judging from the results of the review, there seems to be a paucity of empirical studies on this topic, and the evidence of a link between insight and risk of violence appears to be inconclusive. Five out of a total of nine studies found a positive relationship between lack of insight and violence. Multidimensional instruments especially developed for the measurement of

insight, such as the ITAQ, the SAI/SAI-E, and the SUMD, were used in full scale in five studies. In a majority of studies, the definition of aggression and violence covered a wide range of behaviours such as shouting and yelling mild verbal insults, at one extreme, and homicide and other categories of violent crime, at the other. Despite the paucity of empirical research on this topic, there were some interesting methodological differences between the five studies that identified an insight-violence link (positive studies) and those that did not (negative studies). Differences between positive and negative studies pertaining to research design, measurement, base rate of aggression and statistical power will be presented.

Overview and user-satisfaction with PRISM: A new set of guidelines for assessing situational risk factors for institutional violence

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Description: PRISM is a new set of structured professional guidelines for assessing institutional violence risk. In this presentation details of the risk factors contained in this instrument will be given as well as details in its appropriate use and administration. Data from a user-satisfaction study will also be discussed.

Promoting Risk Interventions by Situational Management is a new set of structured professional guidelines designed to assess the risk of institutional violence within closed institutional settings (i.e., penal and secure mental health facilities). PRISM is unique in its development. It has involved several research stages. Stage 1 involved a systematic review of the literature which examined the relationship between situational risk factors and institutional violence. Stage 2 involved a qualitative analysis of interview data gathered from prisoners, prison staff and mental health professionals. Stage 3 involved a synthesis of the research findings to generate a list of risk factors and the preparation of the first version of the PRISM manual. Finally, stage 4 involved preliminary field-testing of the tool. Details regarding stages 1 and 2 have already been disseminated. The main purpose of this paper is to describe stages 3 and 4. In stage 3 the PRISM was written according to the principles of structured professional judgement. There are explicit guidelines on administration, purpose and user-qualifications. Guidance is also given on how to reach a decision about risk

and risk intervention. PRISM includes 5 conceptually similar domains of risk: (1) History of Institutional Violence refers to the topographical features of the institutions violence history and includes the following risk factors: frequency, escalation, and diversity of violence, and change in nature/level of complaints; (2) Physical Features refers to the physical and tangible environment and includes 2 risk factors i.e., supervision and control and physical layout and resources; (3) Organisational Climate refers to the organisational ethos and expectations regarding violence and the level of commitment to managing and preventing violence. The following risk factors are included: Organisational Structure and Style; Organisational Ethos and Priorities; Leadership and Management; Effective Policies and Procedures; Responsivity; and Adaptability; (4) Staff Features refers to the recruitment, training and retention of an appropriate number of adequately qualified and skilled staff and the level of staff morale. The following risk factors are included: Staff Recruitment and Retention Procedures, Staff Training and Competencies, Staff Approach, Style and Accessibility, Staff Levels and Mix, and Staff Morale. The final risk domain is Case-Management. This refers to risk factors associated with the population residing in the institution and the matching of risk management interventions to their risk/needs. The following risk factors are included: Case Formulation; Population Mix; and Programmes/Therapies for Patients/Prisoners; Complaints Procedure. A multi-disciplinary group of prison staff were trained to use PRISM to evaluate their own institution. This constituted stage 4 of the research process. Results indicated that risk factor ratings discriminated between levels of perceived institutional violence risk. User-satisfaction data regarding the instruments i) functionality, ii) perceived ease of use, iii) appropriate use of language and, iv) clarity of guidelines also indicated that the PRISM has a high level of user-satisfaction. This led to a request for further field-testing in penal settings. The final aim of the paper is to provide details of planned research using the PRISM.

The role of situational risk factors in institutional violence: An overview of findings from a qualitative investigation involving prison staff, prisoners and mental health professionals

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Description: The role of situational factors in institutional violence is not as well established as individual factors. The purpose of this paper is to describe

key findings from a qualitative research study in which prison staff, prisoners and mental health professionals were interviewed in order to gather information concerning the perceived role of situational factors in institutional violence.

Contemporary thinking and research on violence generally relies on identifying and remediating, where possible, individual risk factors (e.g., mental disorder, criminogenic risks, etc.) Consequently, individual risk factors are well documented within the violence equation. This is apparent in the content of literature and available risk assessment tools. By comparison literature and risk assessment approaches, regarding the impact of situational risk factors, i.e., features of the institution in which the violent incident takes place rather than features/attributes of the perpetrator(s)/victim(s), are not as well developed. Situational factors may be construed broadly to include aspects of the institution's previous and current levels of violence and disharmony; its organisational ethos; management structures and style; the physical environment; the quantity and quality of staffing; and the institution's knowledge and skills in managing those it is designed to contain. Within an institutional setting, situational factors may be particularly relevant to understanding and managing violence. For example, situational risk factors may be more readily managed or changed in comparison to individual risk factors. Furthermore, by considering the impact of situational factors on institutional violence a more comprehensive view of violence may be developed and potential targets for remediation identified and manipulated. The purpose of this paper is to describe key findings from a qualitative research study in which prison staff, prisoners and mental health professionals were interviewed to obtain their views of the impact of situational risk factors on institutional violence. A semi-structured interview, which was informed by a previous systematic review carried out by the authors, was used. From the research findings, conceptually similar risk and protective factors emerged which can be categorised into the following risk domains: (i) physical environment, (ii) case management, (iii) staff characteristics and (iv) organisational climate. The research findings will be presented and examined using these domains. The potential implications of the findings for understanding the role of situational factors in institutional violence will also be discussed. Additionally, similarities and differences, regarding mental health staff, prisoners and the prison staff's perceptions of the role of situational factors in prisons and health settings, will be considered.

9 Poster Presentations

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Overrepresentation of Canadian Aboriginal Youth at the Victoria Youth Forensic Psychiatric Outpatient Clinic: Demographic Trends, Policies and Service Development.

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Secondary Author(s): Rees, C. Voll, S.

Description: This presentation examines demographic trends of Canadian Aboriginal and non-Aboriginal youth in a forensic psychiatric population. Differences noted include incarceration rates, Full Scale and Verbal IQs, along with similarities such as offence patterns and substance use. This presentation will also examine Canadian federal/provincial policy and culturally appropriate service development addressing the overrepresentation of Aboriginal youth in the justice system.

The overrepresentation of Aboriginal peoples in the Canadian justice system has been historically well-documented; however, there is limited research into the overrepresentation of youth within this population, specifically within youth forensic psychiatric services. There are two main foci to this poster presentation: the examination of the demographic trends of Aboriginal and non-Aboriginal young offenders in a Western Canadian youth forensic psychiatric clinic and an exploration of policy and service development for treatment, assessment and preventive issues regarding Aboriginal youth in the youth forensic population.

Youth Forensic Psychiatric Services (YFPS) is a provincial program of the Ministry of Children and Family Development (MCFD) in the province of British Columbia. Mandated under the federal authority of the Youth Criminal Justice Act, YFPS provides Court-ordered and Court-related forensic psychosocial assessments and also provides treatment for youth who have committed sexual and violent offences. All clinical services are provided by mental health professionals and delivered by multi-disciplinary teams.

This presentation will identify and explore a complex set of interrelated factors that may be associated with the overrepresentation of Aboriginal youth seen on Vancouver Island, British Columbia. Data were collected from 466 youth at the Victoria YFPS outpatient clinic over 3.5 years. Comparisons were made between Aboriginal youth (n = 116) and non-Aboriginal youth (n = 350) across multiple variables. Significant

differences (X^2 , $p < .01$) between Aboriginal and non-Aboriginal youth are Full Scale IQ and Verbal IQ, learning disability diagnoses, incarceration rates, and family living situations. Similarities between Aboriginal and Non-Aboriginal youth include offence pattern spectrums, school status, and drug and alcohol use.

This presentation will also examine the relationship between significant YFPS demographic trends and current policy and service system development regarding the overrepresentation of Aboriginal youth. As of April 2003, the Canadian Federal government implemented the Youth Criminal Justice Act; embodied within this act are principles that specifically address Aboriginal youth. As a provincial organization mandated by this act, Victoria YFPS provides services that are in compliance with these principles. In British Columbia, there are currently no clear provincial policies regarding Aboriginal youth. However, it is the intention of the British Columbia MCFD and YFPS to develop the means to provide a full range of services to Aboriginal youth by working with Aboriginal professionals in conjunction with larger service delivery systems. This presentation will discuss service development for culturally appropriate treatment and assessment of Aboriginal youth referred to Victoria's YFPS.

It is clear that the overrepresentation of Aboriginal peoples in the Canadian Justice System extends to Aboriginal youth, as seen at Victoria's Youth Forensic Psychiatric Services. Due to significant differences between Aboriginal and Non-Aboriginal youth, such as IQ and overall family living situations, the need for culturally appropriate services are needed. Other trends observed suggest that future research is needed to determine which factors are significantly contributing to the complex array of variables effecting Aboriginal overrepresentation at Youth Forensic Psychiatric Services.

Implementation of risk assessment instruments in clinical settings in Denmark

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Secondary Author(s): Pedersen, L.

Description: The current study assessed whether risk assessment instruments have been implemented amongst clinicians in forensic settings in Denmark.

The study assessed the frequency of clinicians' knowledge and use of eleven frequently cited instruments as well as the rationale for using/not using the instruments in the context of risk assessment for either prediction or management/treatment of risk.

Over the past decades researchers have developed actuarial and structured clinical risk assessment instruments to improve the assessment of offenders risk of re-offending. Several studies have concluded that using risk assessment instruments can enhance clinicians' ability to assess the risk of re-offending. However, in general there is a gap between science and practice. Therefore, a challenge in the field of risk assessment is to implement the research on the prediction of risk into the daily clinical practice of both assessment and treatment of offenders.

The current study assessed whether risk assessment instruments have been implemented amongst clinicians in forensic settings (hospital and prison) in Denmark.

We assessed the frequency of clinicians' knowledge and use of eleven frequently cited instruments as well as the rationale for using/not using the instruments in the context of risk assessment for either prediction or management/treatment of risk. Psychiatrist and psychologist primarily working in the area of forensic mental health were asked to complete a questionnaire. In total the questionnaire was distributed to 85 persons working in this area in different institutions across Denmark. The response rate was approximately 50 percent.

Results of this study indicate that a number of the risk assessment instruments are known to the vast amount of the forensic clinicians, and more than half have received training in using some of the instruments. In spite of this, risk assessment instruments in general are not implemented into clinical practice in Denmark. Very few of the clinicians actually use the risk assessment instruments in their daily work. Results demonstrate that forensic clinicians avoid using risk assessment tools for a variety of reasons. However, the most frequently used arguments is a lack of training in administering risk assessment instruments as well as no tradition for using risk assessment tools in the institution. Furthermore, several clinicians point out that they avoid using risk assessment instrument due to a large amount of clinical expertise.

XXY Chromosome Abnormality in Serious Sexual Delinquency

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Secondary Author(s): Habermann, N., Berner, W., Hill, A.

Description: In a retrospective study on forensic psychiatric court reports about sexual homicide perpetrators chromosome analysis (carried out in 13 of 166 offenders) revealed a relatively high prevalence of XYY chromosome abnormality (n=3, 1.8%). All three individuals showed sexual sadism and psychopathic characteristics, two were multiple sexual murderers. Forensic psychiatrists should be vigilant of XYY chromosome abnormalities in sexual offenders.

Objective: To explore the possible role of XYY-chromosome abnormalities in sexual homicide perpetrators. *Method:* Retrospective investigation of forensic psychiatric court reports about sexual homicide perpetrators. Chromosome analysis had been carried out in 13 of 166 (7.8%) men. *Results:* Three men (1.8%) with XYY chromosome abnormality were found. This rate is much higher than those found in unselected samples of prisoners (0.7-0.9%) or in the general population (0.01%). The three men had shown prepubescent abnormalities, school problems and had suffered from physical abuse. In all cases the chromosome analysis had been carried out in connection with the forensic psychiatric court report due to the sexual homicide. However, two men had earlier psychiatric referrals. All were diagnosed as sexual sadistic, showed a psychopathic syndrome or psychopathy according to the Psychopathy-Checklist Revised (Hare, 1991). Two were multiple sexual murderers. *Conclusions:* Especially forensic psychiatrists should be vigilant of the possibility of XYY chromosome abnormalities in sexual offenders.

The Paraphilia-Related Disorders in Sexual Homicide Perpetrators

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Description: In a retrospective study on forensic reports about 161 sexual murderers we compared four groups: Offenders (1) without paraphilias (PA) or paraphilia-related disorder (PRD), (2) with PRD but no PA, (3) with PA but no PRD, (4) with a combination of PA plus PRD. The PA+PRD group showed more developmental problems, more sexual sadism and the most previous sexual offences.

Objective: Paraphilic disorders (PAs) and sexual preoccupation are known risk factors for recidivism in sexual offenders. Non-paraphilic sexual excessive behaviors – so called paraphilia-related disorders (PRDs), like paraphilias, are also characterized by sexual preoccupation and volitional impairment and can be diagnosed in paraphilic men. The incidence and clinical significance of PRDs in sexual homicide perpetrators, however, is unknown. *Methods:* We investigated retrospectively the relationship between PAs and PRDs in a sample of 161 sexual murderers. Four groups were compared: men without PA or PRD, men with at least one PRD but no PA, men with at least one PA but no PRD, and finally, those with a combination of both (PA + PRD). *Results:* The PA + PRD group had the most lifetime cumulative sexual impulsivity disorders, more developmental problems, the highest persistent frequency of sexual activity, the highest number of previous sexual offences, more sexual sadism and compulsive masturbation. Men of the PRD sub-sample had suffered more from childhood sexual abuse, showed more promiscuity, psychopathy, and alcohol problems. *Conclusion:* The use of the PRD concept in this special offender group should be further investigated with prospectively designed studies.

The Forensic Assessment Format

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Description: The Forensic Assessment Format has been developed from the Material-Discursive-Intrapsychic model of critical realism and provides a comprehensive assessment of mentally disordered offenders. It is currently used by the Forensic Community Mental Health Team at the Hutton Centre in Middlesbrough, UK. Following an initial trial, a validation study is being proposed, utilizing a multi-methodological approach.

With the creation of the Forensic Community Mental Health Team at The Hutton Centre in Middlesbrough in January 2004, consisting of medical, nursing, social work, psychology and support staff, a comprehensive assessment tool was needed, and it was developed from an existing nursing model. That model had been adapted from the work of Professor Jane Ussher in Australia (Ussher 2000), the Material-Discursive-Intrapsychic model (MDI),

This model originates from modern social theory, critical realism. It offers a method of analysis that examines all aspects of an individual's experience without privileging one above the other. It is a person centred approach, and does not prejudge what elements to accentuate when assessing an individual. Although emanating from a feminist standpoint, the MDI model fits well into assessing mentally disordered offenders, as it does not merely look at presenting and historical behaviours, but attempts to gain an understanding of the patients' perception of how s/he fits into, copes with and responds to, the world, and it also accepts the concept of plural realities.

The Material Aspects section includes health, social and institutional factors and their effect on mental health. It contains an assessment of development and experience, including gender, race and cultural inequalities. The Discursive Aspects section assesses how the patient interacts with the world. Elements of assertiveness, communication skills, and self-image are analysed, considering the social and linguistic domains. How does the patient talk, what is their construct of reality, ideology, and culture? Role development, gender scripts and aspirations/ expectations are assessed. The Intrapsychic Aspects section assesses how stress impacts on the patient, what coping skills they use to deal

with it. It looks to discover what the patients internalised conception of self is, how do they see and feel about themselves.

The Brief Psychiatric Rating Scale (BPRS) and the Health of the Nation Outcome Scales-secure (HoNOS-secure) are also incorporated into the assessment format.

A risk assessment section uses all the information gathered to suggest actions or behaviours likely to increase or decrease risk levels in specific areas, including risk to self and others.

The model also provides a template for the reports the team provides. All assessments are performed by two members of the team of differing professional status.

An audit of the usefulness of the Forensic Assessment Format was performed in April 2005, by gaining feedback from the multi-disciplinary team. This audit consisted of a 32 point questionnaire and formal feedback. At that point, the format had completed a 6-month trial as a Multi-disciplinary Team assessment tool. Following the incorporation of changes after this audit, a study of the Forensic Assessment Format's validity as a measure of mental health and risk will be undertaken. The aim of this larger scale study is to seek validation of the tool.

It is proposed that this will be a research project using several methods of study, such as the use of semi-structured interviews, comparative studies and the use of a vignette to allow professionals from several areas to use the format.

Stalking Offenders: Characteristics of Problem-Solving Behaviors and Implications for Treatment Development

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Description: Problem-solving skills were measured on 22 stalking offenders using the Means-Ends Problems Solving test (Platt & Spivack, 1978). Generally, subjects displayed deficits in problem orientation, along with high rates of passive

problem-solving, irrelevant or tangential means, and emotion dysregulation. Our data indicate that stalking offenders, in particular, lack active problem-solving strategies, which should thus be addressed in cognitive-behavioral skills training.

Means-ends problem-solving has been examined in offender populations without surprising findings. When instructed to connect the “beginning of the story with the end of the story” in problem-solving scenarios, offenders display higher rates of passive problem-solving and irrelevant or tangential means. Given these problem-solving deficits, we sought to identify problem-solving components common among stalking offenders in order to tailor problem-solving skills training within a larger cognitive-behavioral treatment program for stalking offenders.

The Means-Ends Problem-Solving test was administered to 23 offenders serving from 1-5 years under probation supervision in New York City for offenses related to stalking behavior. Consistent with the general epidemiology of stalking offenders, the majority of subjects in our sample have histories of prior criminal behavior, substance abuse, and interpersonal violence. Assessment took place at entry to a larger treatment development study. Interestingly, active problem-solving means were higher among stalking offenders than those reported in previous studies of male incarcerated adults, juveniles and hospital employees. However, the current sample also generated more passive and irrelevant means than reported in previously studied groups. These findings indicate that though stalking offenders are able to cope and solve circumstantial problems, they may not problem-solve in ways that are socially adaptive.

Problem-solving responses were evaluated for irrelevant problem-solving actions and emotion dysregulation in an effort to identify factors interfering with skill acquisition and performance. Across a significant majority of subjects, problem orientation was deficient, i.e. subjects were unlikely to see the problem as one to be actively solved (or sometimes a problem at all). Further, emotion dysregulation was present, generally in the form of anxiety or anger. Obsessive thinking and worry, interpersonal violence, and negative attitudes toward women were also prominent themes.

The implications of these themes in developing problem-solving skills training for stalking offenders are discussed.

The relative effect of peer group, static and dynamic risk factors of violence in inpatient adolescence

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Secondary Author(s): Ogloff, J.

Description: Aggression and violence occur frequently in Juvenile Justice settings with significant consequences on young offenders and staff. There is a dearth of studies on predicting aggressive behaviours by offenders within a custodial environment. The current study proposes to identify the effect between static and dynamic variables in adolescent relationships using the SAVRY, PCL: YV, and the DASA.

Aggression and violence occur frequently in correctional facilities. In particular violence is problematic within Juvenile Justice settings with significant consequences on young offenders and staff, the daily functioning or regime of the unit, and the overall management of the establishment. Several studies in the literature have used risk assessment tools to predict those offenders whom are likely to commit violent offences when released from custody. However, there is a dearth of studies on predicting whether offenders are likely to be violent in the custodial environment. Furthermore, the literature has shown that many offences are committed by two or more people together. Amongst young offenders this is particularly true. Although there are several studies in the literature which highlights bullying type behaviours in custodial settings, there is still much to be learned about the effect that peers have on each other and violence within Juvenile Justice.

The current study proposes to identify the effect between static and dynamic variables in adolescent relationships and to determine what influence peers have on their counterparts' aggressive behaviour in a custodial setting. The participants will consist of 17-21 year old males convicted of an offence which resulted in a custodial sentence in Juvenile Justice in Victoria, Australia. Each client will be assessed with the PCL:YV and the SAVRY, and will complete the STAXI-2. Furthermore, the Dynamic Appraisal of Situational Aggression (DASA) will be used, in conjunction with Juvenile Justice workers, in order to predict young people who are likely to become aggressive in the short term.

Prevention of early disruptive behaviour in 2 years-old children: promotion of secure attachment, improvement of parental skills and reduction of externalised disorders.

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Description: The aim of this study is to evaluate (with two randomized groups of 220 pregnant women primiparous, age under 25, and at least one of these three criteria: low income, low educational level, isolated) an intervention of home visits by young psychologists intending to promote resilience and to reduce violent behaviours of children, in a French urban context.

Numerous researches have revealed that children precociously present behaviours of physical aggressiveness that normally decrease all along childhood under social and educative pressure. Nevertheless, some of them pathologically maintain those aggressive behaviours after the age of 2. They will eventually constitute a specific part of the juvenile delinquents. The aim of this study is the evaluation and the adaptation of a program intending to promote resilience and to reduce the risks of violent behaviours at 2, in a French urban context.

Four hundred and forty pregnant women will be recruited during their 6th month of pregnancy, and randomised in two groups. The inclusion criteria are the following: primiparous, age under 25, French speaking, and at least one of these three criteria: low income, low educational level, isolated. These criterias have been recognized as risk factors for the development of mental health disorders during early childhood.

The first group will be visited at home starting at the 27th week of pregnancy, and continuously until the age of two. The frequency of these visits will be decreasing from the beginning (almost weekly) to the 2nd year (1 p. month). Visitors will be psychologists with a formation and an experience in infant mental health and perinatality and will work on increasing parental skills, developing a secure bond of attachment with the parent(s). Hence, the parents will be able to develop one secure bond with their child. The visitors will also have as an objective to reinforce ties with social and health services. The second group

will be considered as “care as usual”, which consists, in this French context, in an inscription in a wide and general system of prevention in perinatal. The program will be evaluated at 3, 6, 12 and 24 months by measuring prevalence of mental health disorder, externalized disorders, postnatal depression, and type of attachment.

This presentation will give an overview of the methodology of this study, its objectives and the expected results.

A Monte Carlo Study of Random Responding on the VIP and SIRS

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Description: The Validity Indicator Profile and the Structured Interview of Reported Symptoms are designed to detect individuals who are malingering different aspects of psychiatric impairment. The current study was designed to evaluate the impact of random responding on each of these instruments. Important implications for the interpretation of such data, and presentation in court, were discussed.

The Validity Indicator Profile (VIP) and the Structured Interview of Reported Symptoms (SIRS) are widely accepted instruments used for the detection of feigned psychiatric symptoms (i.e., malingering). The former is designed specifically to identify individuals feigning cognitive impairments; the latter was developed for the purpose of detecting malingered psychosis, PTSD, and similar psychiatric symptoms. Both have been well received, have been the subject of cross-validation studies, and have been used as a “gold standard” to evaluate other measures of malingering.

The development of the VIP was based on two-dimensional model of response style involving effort and intention. The result was a four-fold categorization, including: Compliant (high effort, high intention to perform well), Suppressed (high effort, high intention to perform poorly; often equated with malingering), Inconsistent (low effort, low intention to perform well), and Irrelevant (low effort, low intention to perform). Several samples were used in establishing

norms, including a group of mentally retarded individuals; 10,000 randomly generated protocols were also discussed in the manual. Criteria were established for placement of a protocol within one of the four response style categories.

Previous studies have demonstrated the efficacy of the SIRS through two distinct approaches: using individuals presumed to be at higher risk for malingering, or traditional simulation models using subjects instructed to respond as if malingering. Although the manual contains some discussion of individuals for whom it might be inappropriate to administer the SIRS, there has been no research to date examining the role of random responding on the test.

Individuals may respond randomly for any of several possible reasons. The examinee may be so psychotic as to not be able to attend to or comprehend the questions. She or he may be so intellectually impaired as to be unable to follow the questions presented. Serious deficiencies in reading comprehension may also interfere with meaningful responding. The person may be bored or inattentive, perhaps in an effort to avoid engaging in the process. Finally, an examinee may respond at random in an attempt to dissimulate to achieve a specific goal (i.e., malingering). The present study evaluated impacts of random responding on interpretation of data obtained from the VIP and the SIRS. The SPSS random number generator function was used to simulate responses to the VIP Nonverbal test items and the SIRS item. One thousand protocols of each instrument were produced, and scale scores were then calculated using procedures established in the test manuals.

The VIP protocol classifications were consistent with those reported for randomly generated protocols, but examination of individual classification criteria yielded disturbing findings, particularly regarding “suppression sectors.” This poses potential problems in interpretation, especially when presenting VIP data in court. Virtually all of the random SIRS protocols met criteria to be considered indicative of malingering. Frequencies of elevations on individual scale scores were as predicted based on the item composition of the scales. It is suggested, however, that increased emphasis need be placed on potential limitations of the SIRS to avoid inappropriate administrations.

Strategies used by “successful” and “unsuccessful” malingerers

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Secondary Author(s): Kwartner, P.

Description: Little is known about how individuals feigning a mental disorder successfully avoid detection. Using the Miller Forensic Assessment of Symptoms Test (Miller, 2001), a screen for malingered mental illness, we examined the response strategies used by 190 participants instructed to feign schizophrenia, major depressive disorder, bipolar disorder, or PTSD. Different patterns of “successful” strategies emerged as a function of diagnosis.

The majority of research on malingering focuses on the construction and validation of tests developed to differentiate between individuals who have a genuine mental disorder and who are faking (or exaggerating) symptoms of mental illness. Irrespective of the specific malingering test under investigation, all studies have reported that at least some individuals are able to “beat” the measure. Surprisingly little is known about the process in which “successful” malingerers engage to avoid detection. Edens et al. (2001) investigated this issue within the context of self-report measures. To date, however, no research has examined strategies used by feigners to avoid detection during an interview. The goal of the present study was to do so using the Miller Forensic Assessment of Symptoms Test (M-FAST; Miller, 2001), a 25-item structured interview developed to screen for malingered mental illness. Validation studies of the M-FAST have reported sound psychometric properties (e.g., Guy & Miller, 2004; Jackson, Rogers, & Sewell, 2005).

Our sample comprised 228 American undergraduate students who were randomly assigned to feign one of four disorders (schizophrenia, major depressive disorder [MDD], bipolar disorder, or PTSD). Written stimulus materials included instructions to feign assigned disorder, a description of the disorder’s major symptoms, and instructions to complete the interview in a way such that the interviewer (a) would believe that the participant had the symptoms and (b) would not be able to determine that she or he was faking. Participants were asked to respond to three written questions to assess comprehension of the stimulus materials and then were administered the M-FAST. Participants

completed post-tests in which they rated on a 5-point Likert-type scale various items related to their performance on the M-FAST (e.g., degree of motivation, confidence) and answered a series of yes/no questions (the same ones used by Edens et al., 2001) regarding the specific strategies they used.

To avoid our findings being confounded by participants' lack of attention to or comprehension of the experimental instructions, data were retained for analyses only if a participant answered all manipulation check questions correctly. Thirty-six individuals missed one or more questions, yielding a sample of 190 simulators (schizophrenia = 48; MDD = 50; bipolar = 51; PTSD = 41). Of these, 48 (25.3%) successfully avoided detection when simulating symptoms of mental illness on the M-FAST (i.e., they obtained a total score of 5 or lower). Irrespective of diagnostic conditions, simulators who were unsuccessful tended to believe that their scores would look relatively more mentally "disturbed." Different patterns of strategies that led to success emerged across the diagnostic conditions. For example, whereas participants who were successful in beating the M-FAST when feigning schizophrenia and MDD tended to report answering "true" to very bizarre or unusual items, successful feigners in the bipolar disorder and PTSD groups did not. Findings for all 24 strategies queried will be presented for each diagnostic condition. Given the replication nature of our design, results will be compared to those reported by Edens et al. (2001).

Homicides in different age groups: a national clinical survey

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Secondary Author(s): Ashim, B., Swinson, N., Appleby, L., Shaw, J.

Description: This study describes the characteristics of perpetrators of homicide in different age groups. It aims to describe the clinical features prior to the offence in those who had contact with mental health services. In addition it describes any differences in verdict and disposal received.

Background: Studies of homicide perpetrators relating to age, have tended to focus on 'youth homicides' or 'old age homicides'. In the United Kingdom, there has been no systematic study comparing social and clinical antecedents of homicide perpetrators of different age.

Aims: This paper describes a national consecutive series of homicides. It aims to estimate the proportion of general population homicides that are under mental health care in different age groups; to describe the social and clinical antecedents of homicide within the age groups and outcome in court.

Methods: A national clinical survey based on a 5-year (1996-2001) sample of all people convicted of homicide in England and Wales. In cases of homicide committed by people with mental illness, data was obtained from psychiatric reports and questionnaires completed by consultant psychiatrists.

Results: Of the 2,662 homicides recorded, 1,027 (39%) were aged under twenty-five; 1,451 (55%) were aged 25-49, and 184 (7%) were aged 50 and over. The proportion of male perpetrators was highest in the under 25 age group. Their victim was more likely to be young (A lifetime history of mental disorder and symptoms of mental illness at the time of the homicide was less common in perpetrators aged under 25. However, over half (54%) of younger perpetrators had a history of drug misuse. Alcohol misuse was a particular feature in older perpetrators, who also had higher rates of severe mental illness (lifetime), particularly affective disorders in those aged 50 and over (30%), and alcohol dependence in those aged between 25 and 49 (11%). A third of those aged 50 and over showed signs of mental symptoms at the time of the offence, particularly depression. More of the older homicides had been in contact with mental health services prior to the offence.

Verdict and disposal varied with age, with perpetrators aged under 25 being less likely to receive a verdict of manslaughter on the grounds of diminished responsibility or to be placed on a hospital order. These outcomes were significantly more likely in older perpetrators, with over a quarter of those aged 50 and over receiving a diminished responsibility verdict.

Discussion: Alcohol abuse is common across all ages but more likely amongst the over 50's. This contrasts with the 'youth' perpetrators who are more likely to abuse drugs. This might represent a change in the pattern of intoxicants used and reflect the current pattern of alcohol and substance abuse in the UK. Older perpetrators are more likely to have a history of mental health service contact and are more likely to receive a non custodial sentence. This may reflect the fact that older perpetrators are more likely to kill people known to them (rather than strangers) or a reluctance by the criminal justice system to hand down custodial sentences to these perpetrators.

Characteristics of individuals found not criminally responsible on account of mental disorder (NCRMD) in civil versus forensic facilities

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Secondary Author(s): Crocker, A., Cote, G., Roy, M.E.

Description: This paper examined whether NCRMDs remanded to either a forensic or civil facility differed on socio-demographic, clinical or criminal variables. Results indicated that the forensic group was more likely to have committed a crime against persons, with those in the civil group scoring higher on 3 items (conning/manipulative, parasitic lifestyle and lack of realistic, long-term goals) of Hare's PCL-R.

The current study presents the preliminary findings from a larger-scale study investigating factors related to Provincial review board decisions regarding those found not criminally responsible on account of mental disorder (NCRMD), in Montreal, Canada. The primary objective is to compare the socio-demographic, criminal and clinical variables related to the type of facility (forensic versus civil hospital) those found NCRMD are remanded following a review board disposition of hospitalization.

Methods: Forty-nine individuals housed in one of three psychiatric facilities (2 civil settings and one forensic setting) in Montreal, Canada, were included in these analyses. All were males, found NCRMD and remanded to a hospital, were between the ages of 18 and 65, and spoke either English or French.

Data Collection:

Data was collected via semi-structured interviews at each of the three sites. Socio-demographic (age, civil status, educational history, work history and residence prior to hospitalization), clinical (diagnosis, age at first hospitalization, number of prior hospitalizations, substance abuse and psychopathy – PCL-R) and criminal (severity of offense for current hospitalization and type of offence (against person versus property) and risk assessment (HCR-20) were coded from interviews and chart review. The independent variable was type of facility (forensic versus civil hospital).

Statistical Analyses: T-tests and chi-square analyses were utilized to examine potential differences between those NCR's remanded to the forensic versus civil settings on each of the variables.

Results: Results indicated that the forensic and civilly hospitalized NCRs differed in that the forensic group more likely to have an index offence against a person, as compared to their civil counterparts. Additionally, three items of the PCL-R were found to be significantly higher in the civil group (PCL item 3: conning/manipulative; 9: parasitic lifestyle; 13: lack of realistic, long-term goals) as compared to those in the forensic institution, although overall psychopathy score did not significantly differ between the two groups.

Conclusions and Future Directions: As mental healthcare workers are increasingly called upon to evaluate and treat NCRs in civil settings, whether or not these individuals may pose a significant threat to other patients and frontline healthcare workers is of critical importance, in not only increasing treatment efficacy, but also in reducing stigmatization of NCRs in general psychiatric settings. Although this study presents preliminary findings, it appears to provide support to the theory that NCRs in general psychiatric settings may not pose a greater risk of violence/aggression against staff and other patients as compared to those in forensic settings, as results indicated that NCRs remanded to civil settings have committed less crimes "against the person" as compared to those in forensic settings.

Anger Management: "Its all the Rage"

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Description: This paper will provide an overview of the programme structure and content with an emphasis on the methods and techniques employed in programme delivery. Particular attention will focus on techniques aimed at countering participant dropout, therapy interfering behaviours, and maximising the assimilation and generalisation of targeted skills. The final part of the paper will focus on initial results.

Although there is a consensus that anger does not in its self cause violence its mediating role in the perpetration of violent acts is acknowledged in both academic and clinical circles. In instances of violence where the presence of high levels of state or trait anger coexist with high or low levels of control; anger represents a viable criminogenic treatment target for reducing violent offending.

Consequently anger management has become widely adopted within criminal justice settings as an intervention aimed at reducing violent offending. Although Meta-analyses and narrative reviews support the efficacy of anger management programmes in both clinical and criminal justice settings, low intensity generalised anger management programmes have been criticised as an inappropriate and in some instances a contraindicated intervention for certain types of violent offender. However the recent focus on the principles of need, risk and responsivity and the growing awareness of the pivotal role of motivation has highlighted both the need and the way forward for specifically adapted high intensity anger management programmes unique to offender populations.

The managing problematic anger is a manualised high intensity treatment programme specifically adapted for mentally disordered offenders. Consisting of 72 hours of structured therapeutic activity the intervention combines both group skills training and individual sessions as part of the therapeutic process. Utilising a cognitive-behavioural model, the programme integrates the principles of stress inoculation (Novaco, 1977; Miechenbaum, 1979), motivational interviewing (Millar & Rollnick, 2002), cognitive restructuring (Beck, 1979; Ellis, 1985), Deffenbacher, 2001) and social skills training (Linehan, 1993; Bedell & Lennox, 1997) as part the underpinning theory.

Delivered utilising an integrative approach that acknowledges the learning characteristics and responsivity of participants, the programme employs a variety of materials and techniques to maximise generalisation and the assimilation of targeted skills. Divided into three phases the programme commences with a focus on enhancing engagement and motivation in participants and familiarisation process with psychotherapeutic work. In the second phase the emphasis shifts towards insight and awareness of problematic anger with the aim of assisting participants to develop a personalised anger formulation. The final phase of the programme develops skills for anger control, enhanced social and personal skills and conflict resolution. A major aspect of this final module is the emphasis of relapse prevention and the development of personalised action plans.

The programme was initially piloted in a high security hospital with 10 patients, with a further 14 patients having now completed the programme. In terms of treatment outcome, data obtained using psychometric questionnaires, clinical rating forms and behavioural observations indicate reductions in the frequency and intensity of aggressive and anger related behaviours.

The utility of using Historical Clinical Risk–20 (HCR-20) scores as an objective guide to transfer of patients within a secure setting

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Secondary Author(s): Doyle, M., Sharma, A.

Description: This presentation suggests that HCR-20 scores may be a useful adjunct to making decisions such as transfer of wards for patients in a secure setting.

Aims: Most regional secure units have wards providing varying levels of relational and physical security. Patients are expected to progress through them as the level of their risks reduces. The decision to transfer patients is a significant one, both for the perception of progress for the patient and in terms of clinical risk. The aim of this study was to evaluate the predictive validity of the HCR-20 risk assessment instrument for the purpose of transfer from one kind of a ward to another. e.g. from an admission ward to a rehabilitation ward and from there to a pre-discharge ward.

Methods: This study was a cross-sectional survey and was done at the Edenfield Centre, a medium secure unit in Manchester. There are acute wards, rehab wards and a pre-discharge ward with low levels of security. HCR-20 scores were compiled from all the patients (n=94) and they were analysed using Mann Whitney non-parametric tests using SPSS version 9.0.

Results: There were significant differences between patients on acute wards and patients on rehab wards. The differences were significant between the total scores (p=0.04) and the clinical risk assessment scores (p=0.017). As expected,

there were no significant differences observed between the two groups on the historical item scores.

There were also significant differences observed between patients on rehab wards and the pre-discharge ward; total HCR-20 score ($p=0.021$) and clinical risk assessment ($p=0.001$)

Conclusions: The HCR-20 tool is primarily intended to guide assessment rather than determine definite “risk scores”. Although transfer of wards is a complex clinical decision, we feel that HCR-20 scores can help make this decision by not just looking at a particular score below which it would be safe to do so but by raising clinical issues that might have been missed otherwise. Early identification of these specific targets for treatment would not only help the patient but also identify and reduce risks to other patients and care staff. It would provide an objective target for both the patient and the clinical team to aim for.

The use of psychotropic medication for youth residing in Rehabilitation Centers in the Province of Quebec (Canada)

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Description: This study intends to analyze the use of psychopharmacotherapy for youths residing in foster care/ group homes. Prevalence rate of prescription is 21% (19-42%). Psychostimulants are the most prevalent medications. Antipsychotics and antidepressants follow. The emergence of concomitant medications characterizes those clinical practices. The younger youths are more medicated, along with those residing in intensive supervision units.

From an epidemiological standpoint, youth psychotropic treatment utilization during the 1990s nearly reached adult utilization in America (Zito et al., (2003). In this context, our objectives were a) to estimate the prevalence of psychopharmacoprescription in the rehabilitation centers in the province of Quebec (Canada); b) to examine the practices surrounding these prescriptions in terms of the drug category, number, doses prescribed and the age of consumers and c) to identify the clinical environments that are more closely associated with the taking of psychotropic meds.

According a survey conducted by Santé Québec (1998) the prevalence of psychotropic medication use for youths residing in Quebec is between 0.5 and 1%. In contrast, 2% to 4.8% of children residing in the United States and registered under the Medicaid program take psychotropic medications. In this study, close to 20% of youths residing in rehabilitation centers are taking psychotropic medications. The prevalence of the Montreal study is close to the 17.6% identified in the Connecticut state custody study, as well as the 30% observed in a Mid Atlantic state foster care study. The proportion of youths with a prescription for psychotropic medication varies as a function of age, length of stay and type of placement unit. Hence, the younger youths are more medicated, along with those residing in intensive supervision units for adolescents or those residing in group homes for children under 12 years of age and that have been there for a long time. The longer stay of placements for the medicated youths as well as their frequent orientation towards intensive supervision units, suggest the implementation of a more close-knit clinical environment, possibly due to more than average complicated and early-onseted problems.

In the general population, psychostimulants, antidepressants and alpha 2-agonists are the most common prescribed medications. In this study, the coming of atypical antipsychotics, and more specifically of risperidone, tends to modify this order. The most prescribed medications first regroup the psychostimulants and atypical antipsychotics, which leads one to think that attention deficit disorder, restlessness, impulsivity and aggressive tantrums are the most targeted symptoms. The frequent use of antipsychotics / neuroleptics in our sample, which is incidentally greater than the use of antidepressants, contrasts with the findings of prior research, which have not identified such patterns of use in foster care, in the general population, or in the special education classes. Yet, one should note that throughout the years, the prescription for risperidone for aggressive behaviors has become more common. From a poly-prescription standpoint, 44% of children take a mix of 2 to 4 different drug types. In American samples, poly-prescription represents between 13.6% to 40% of pharmacotherapies. At last, the preliminary portrait of prescribing doctors collaborating with the rehabilitation centers contrast with the description of clinical practices found in the general population. Psychostimulant prescriptions are generally given out by pediatricians, followed by child psychiatrists and general practitioners. In contrast, in rehabilitation centers, preliminary data indicate that child psychiatrists sign the vast majority of prescriptions.

Treatment resistant psychosis: The use of very high dose (>900 mg/d) clozapine

1st Author: MacCall, Dr. Callum A. MRCPsych

Scotland

Secondary Author(s): Spencer, E., Flanagan, R, Billcliff, N.

Description: An examination of the use of the antipsychotic clozapine in doses greater than 900mg/day amongst 16,000 patients whose clozapine level was measured in the UK/Eire between 1993 and 2004. The importance of age, gender and smoking status is considered in relation to the achieved plasma concentration and therapeutic effect.

Introduction Clozapine is used in patients unresponsive to conventional antipsychotics. A few do not attain plasma clozapine concentrations often associated with successful therapy (>0.35 mg/L - pre-dose sample) even at 900 mg/d (BNF limit).

Aim To study patients in the UK/Eire given >900 mg/d clozapine and in whom plasma clozapine and norclozapine was measured between 1993-2004, and to audit the results especially as regards demographic variables, clozapine dose, and plasma clozapine and norclozapine concentrations.

Results: 58 samples were received from 29 patients (25 male; median 36, range 20-61 yr, and 4 female; median 32, range 21-58 yr). The mean clozapine dose was 1025 (median 1000, range 925-1200) mg/d. The mean plasma clozapine was 0.51 (median 0.42, range 0.15-1.73) mg/L and the mean plasma norclozapine 0.42 (median 0.37, range 0.09-1.20) mg/L. Only one sample was received from each female: in one (age 24 yr, prescribed 1200 mg/d) the plasma clozapine and norclozapine were 0.35 & 0.09 mg/L, respectively, suggesting probable poor adherence, whilst in the others (doses 950-1150 mg/d) the plasma clozapine ranged from 0.88-1.61 mg/L suggesting possible overtreatment. In contrast, in one male smoker with a 19 yr history of psychosis that included episodes of violence and self harm, doses of 1000-1050 mg/d were required to achieve pre-dose plasma clozapine concentrations >0.35 mg/L. Previously the patient had not responded to 10 yr of clozapine at doses up to 900 mg/d, even with adjunctive antipsychotics. A similar picture was revealed in 4 other male patients.

Conclusions: Clozapine doses of 900 mg/d or more are rarely justified in women, but some patients (typically young, male smokers) may require up to 1200 mg/d because of rapid clearance. Plasma clozapine/norclozapine assay can help with dose adjustment. Patients given high dose clozapine should be monitored regularly for adverse events and changes in smoking habit.

Measurement of the prevalence of callous-unemotional traits in a United Kingdom urban community sample of 5 year-olds at high-risk of developing antisocial behaviour

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Secondary Author(s): Simonoff, E., Hodgins, S.

Description: The prevalence of callous-unemotional (CU) traits in a sample of 5 year olds from a low socioeconomic status urban population was determined using parent and teacher-ratings on the Antisocial Process Screening Device (APSD) and the Child Problematic Traits inventory (CPTI). Mean parent CU ratings were 7.43 and 6.46 and mean teacher ratings were 6.41 and 5.74 (APSD and CPTI respectively).

The few high-risk adults who commit disproportionate numbers of crimes often have persistent early-onset conduct problems. Early-onset antisocial behaviour (ASB) has life-long negative consequences for the individual and society. A subset of children with early-onset ASB exhibit callous-unemotional (CU) traits characterised by absence of guilt, restricted affective display, lack of empathy and use of others for personal gain. CU traits have been detected using parent-rated and teacher-rated questionnaires in clinical and community samples in developed countries and as young as 3-5. Amongst children with ASB, those with high CU scores display significantly more (and more severe) conduct problems, instrumental aggression and police contacts than those without, a difference still observed 4 years later. Child and adolescent CU traits have been shown to be associated with thrill-seeking preference, fearlessness, empathy deficits, poor facial/vocal emotion recognition, and failure to adjust behaviour to reward contingencies or to perform response reversal. It is suggested that ASB arises from altered response to the rewards and punishments which normally modify ASB during child development. Children with high CU scores

respond more to reward than punishment in laboratory conditions and during parenting interventions. Antisocial children with high CU scores may represent an aetiologically distinct group whose ASB is more severe and enduring and whose CU traits are part of a phenotype including low behavioural inhibition, reduced fearlessness, reward-oriented responding and thrill-seeking tendencies. It is likely that children at risk of ASB due to CU traits are more vulnerable when there are additional risk factors such as low socio-economic status (SES). Parent training programmes reduce ASB and risk of adult criminality in some children with ASB. However, not all children with ASB (particularly high CU) benefit. Therefore, early community detection of CU traits offers the prospect of reducing the prevalence and severity of ASB by targeting parenting and teaching practices.

Objectives: The study objective was to measure prevalence of CU in 4-5 year olds in a low SES urban community sample at high-risk of ASB. *Methods:* We approached state-run primary schools in south London. With school co-operation, we invited parents of children in the school-entry class to complete two instruments, the Antisocial Process Screening Device and the Child Problematic Traits Inventory (APSD and CPTI), which measure CU traits. Exclusion criteria were serious debilitating medical illness and poor parental comprehension.

Analysis: We examined descriptive statistics on parent and teacher CU ratings using factors previously identified for APSD and CPTI. **RESULTS** From parental CPTI ratings (n=186), the mean CU score was 6.46 (range:0-30) with 9.7% scoring over 14. Parental APSD scores revealed a mean CU score of 7.43 (range:1-11) with 10.8% scoring more than 9. For teacher CPTI ratings (n=105), the mean CU score was 5.74 (range:0-26) with 9.5% scoring over 17. For the APSD scores, the mean was 6.41 (range:1-11) with 12.4% scoring more than 9.

Conclusions: CU traits can be detected as young as 5 amongst children in a socioeconomically deprived urban community sample. Data collection continues and Confirmatory Factor Analysis is in progress.

A review of international judicial practices to identify best practice for Australia: A comparative approach

1st Author: Najdovski-Terziovski, E.

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Australia

Secondary Author(s): Ogloff, J.

Description: A review of Australia's judicial practices in light of comparable jurisdictions in the United States, Canada, the United Kingdom and New Zealand to identify innovative strategies that have successfully been implemented overseas and are capable of implementation within the Australian context, with a view to continually improving judicial practice in Australia and establishing benchmarks that represent judicial best practice internationally.

The right to trial by jury is a fundamental part of Australia's legal system. The role of the jury offers some reassurance that the values of the community as a whole will be more readily evoked in a verdict compared to the decision of a judge, who may be viewed as detached from the affairs and concerns of the community. It is therefore essential that jurors understand their responsibilities, and that the judiciary is properly equipped to facilitate the functions of the jury. Judicial practice has been a topic of investigation for many years. Past studies have found that miscomprehension of judicial instructions, timing of presentations during trials, the lack of guidance given by judges regarding deliberation and the inability of jurors to remember relevant information and apply the law are of particular concern in today's courtrooms. These elements of a trial are pivotal in orienting jurors to the task at hand. Many studies have also investigated improving juror orientation by implementing innovative strategies to assist jurors in understanding their task. A review of Australia's judicial practices in light of comparable jurisdictions in the United States, Canada, the United Kingdom and New Zealand will facilitate the identification of such innovative strategies that have been successfully implemented overseas and are capable of implementation within the Australian context, with a view to continually improving judicial practice in Australia and ensuring confidence in the legal system is maintained both in the community and amongst individual jurors. To accurately identify strategies suitable for implementation within the Australian legal system, an awareness of the current state of affairs in Australia is necessary. A recent survey of Australian and New Zealand judges found that

judicial practices vary to a great extent both between and within Australian state jurisdictions.

This inconsistency makes general comparison with international practices difficult; however identifies a clear need to develop uniform standards for best practice across Australia. Nevertheless, some striking differences become apparent between general practices prevalent in other countries compared with practices adopted across Australia. These include the provision of written or visual aids to jurors, including juror notebooks, providing jurors with access to transcripts, allowing note taking during trials, allowing jurors to ask questions during trials and deliberation, provision by judges of preliminary instructions on applicable law and guidance regarding deliberation and management of the duration and content of the judges' charge following the evidence. These practices represent some of the innovative strategies currently adopted in progressive jurisdictions such as Arizona to improve judicial practice. Australia is yet to formally adopt many of these strategies, as are many other comparable jurisdictions; however, these strategies should be viewed as judicial best practice and jurisdictions such as Arizona should be seen as the benchmark against which the researchers can assess the efficacy of judicial practice within Australia with a view to making formal recommendations to the Australian judiciary regarding their current practices and the potential for reform in the future.

Forensic Mental Health Assessment by Videoconference to Remote Courts

Author: O'Kane, M.

State Forensic Mental Health Service
Australia

Description: State Forensic MHS provides Court assessments, recommendations to Magistrates, preventing unwarranted referrals to secure facilities. In remote areas, distance, need, precludes similar services. Assessments provided through videoconferencing.

Program successfully: Increased accessibility. Timely assessment. Prevents long distance transportation. Prevents unnecessary admissions. Cost effective. Paper outlines reasons for program, how introduced, operation and results of evaluation.

The State Forensic Mental Health Service (SFMHS) is a directorate provide a comprehensive range of services for severely mentally ill persons who have become involved in the criminal justice system within the state of Western Australia.

This is an extremely difficult task, give the geographical size and generally low population levels throughout remote areas of Western Australia.

Western Australia comprises approximately one third of the area of Australia being 2.5 million square Kilometres. This is approximately 60 times the size of Holland and 20 times the size of England. The entire population is just over 2,000,000 with approximately 80% being in the Perth metropolitan area and the remainder spread in small and remote communities throughout the state.

One of the roles of the SFMHS is to provide forensic mental health assessment to those persons who have been arrested on criminal charges and are to appear before the courts. Under the Criminal Law (Mentally Impaired Accused) Act 1996, a Magistrate in a court can remand a person suspected of having some form of mental disorder, on a 'Hospital Order' to the SFMHS inpatient unit for up to seven days psychiatric assessment before returning to court. The SFMHS Community/Court Liaison program provides specialist mental health nurses who attend all Perth metropolitan courts on a daily basis to provide assessments and make recommendations to the Magistrates prior to Hospital Orders being imposed. This service assists in preventing persons being referred into secure hospital facilities if this is unwarranted.

As results of these initiatives, there has been increasing pressure for services to be provided to the more remote areas. In trying to address these needs, it was obvious that the Service was significantly underfunded and understaffed to provide cover for these areas. Because of the tyranny of distance and irregularity of the need, a similar service could not be provided to many of the more remote courts. As such the SFMHS introduced a service to provide the same initial assessments and reports to remote courts utilising 'tele-psychiatry' through videoconferencing between the SFMHS Perth metropolitan clinic and the remote courts.

This program will have been in existence for approximately 2 years and has proven to be very successful in providing: -Increase accessibility to specialised forensic psychiatry services. Timely and accurate assessment and advice to

remote and under resourced areas. Prevention of unnecessary long distance transportation of individuals. Prevention of unnecessary admissions to a central facility. Cost effectiveness.

This paper will outline the reasons this innovative forensic mental health assessment program was required, how the program was introduced and how the program operates. Results of the evaluation of the program will also be provided.

Drug addiction, sensation seeking and aggressiveness

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Secondary Author(s): Mestre, M.

Description: The main goal of this study was to examine the relations between the consumption of heroin, sensation seeking and aggressiveness, in a sample consisting of sixty drug addicts in Algarve, with ages understood between 18 and 48 years old.

The main goal of this study was to examine the relationships between the consumption of heroin, sensation seeking and aggressiveness, in a sample of sixty drug addicts in Algarve, with ages understood between 18 and 48 years old ($M=30,50$, $DP=7,72$).

Different types of aggressiveness and sensation seeking were studied. The instruments used were: a demographic data questionnaire, the AQ-Aggression Questionnaire (Buss & Perry, 1992) and the SSS-V-Sensation Seeking Scale V (Zuckerman, 1994).

Results showed that heroin addicts presented various types of aggression (physical aggression, verbal aggression, anger and hostility).

Correlational analysis revealed that sensation seeking was related to physical aggression, verbal aggression and anger. Significant relationships were found

between verbal aggression and experience seeking, physical aggression and disinhibition, anger and boredom susceptibility.

Training manual for conflict management within a forensic unit in Norway.

1st Author: Olsen, G.

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Secondary Author(s): Hanssen, B.P., Moeller, G.

Description: The high security unit in Bergen, Norway, has developed a training manual for conflict management. It is made in one printed and in one powerpoint version. The powerpoint version has 118 pages and every technique is presented with film. The manual is module based, so it is easy to monitor the level of training staff have.

Training in forensic psychiatry requires the gaining of knowledge, expertise, and confidence as part of a process of professional transformation and identification with this role.

The high security unit in Bergen has since 1994 developed (and redeveloped) a two day training course covering the outlined basics of what we consider to be a safe, low impact handling of inpatient aggression. The course is offered to all employees three times a year and training on physical techniques by all regular staff every two weeks.

Violence has long been a matter of concern in inpatient psychiatry. While some research suggests that training in physical restraint techniques can reduce the number and severity of violent incidents, the Cochrane Review is critical of the methodological inadequacies which characterise these studies. At the high security unit we still consider training necessary for several reasons:

- Defining content of training makes our policy on conflict management visible.
- Regular training ensures a high level of skills when it comes to physical interventions.
- Regular training ensures that patients are treated with respect.
- Regular training gives awareness of the impact of physical interventions.
- Regular training builds confidence into staff.

The need for defining the content of training led to the development of a training manual.

The manual is divided into two parts, one theoretical part and one practical part covering the physical techniques. The techniques are on film and made available for staff through a comprehensive power point presentation. Conflict management training is provided by selected staff members trained as instructors, using clinical examples for educational purposes.

The theoretical component consists of the following parts:

Theories of aggression Attitude and ethical considerations Communication and prevention Team work Physical environment Caring for staff Legislative issues

The physical techniques component consists of the following parts:

Basic techniques Break away techniques Immobilisation techniques Mechanical restraint techniques.

This poster will present the content of the training manual and how the training is organized.

Psychologists' Stances on Capital Participation: A Survey of Professionals

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Secondary Author(s): Zapf, P.

Description: The present study (a) investigated the interface between professional ethical standards and intrapersonal factors that affect psychologists' choices to participate in capital cases, (b) the levels of agreement between "guidelines" that have been proposed in the professional literature and the beliefs of practicing psychologists, and (c) the levels of participation at various points throughout the capital process.

The involvement of psychologists in the capital arena has seen much debate since the reinstatement of the death penalty (Gregg v. Georgia, 1976). In the only other study to investigate psychologists' attitudes toward capital participation, Deitchman, Kennedy, and Beckham (1991) investigated the capital participation perspectives of licensed forensic psychologists and psychiatrists (N = 222). These researchers found that (a) combining personal attitudes toward capital

punishment with criminal attribution predicted participation and (b) that participants who opposed the death penalty were unlikely to participate.

The present study expounded upon the aforementioned research by investigating the interface between professional ethical standards and intrapersonal factors that affect an individual's choice to participate, as well as the levels of agreement between what has been proposed in the professional literature vis-à-vis capital participation and the beliefs of practicing psychologists. Finally, the present study examined levels of participation at various points throughout the capital process.

Method

Participants: A survey of attitudes and beliefs regarding participation in the capital process was sent to 500 randomly-selected licensed, doctoral-level, clinical psychologists who are members of the American Psychological Association (APA) - Division 41 (American Psychology-Law Society) and listed their specialty as forensic psychology.

Instruments: A survey inquiring about demographic information; levels of agreement with proposed professional guidelines; intrapersonal factors; and experience with and willingness to participate in the capital arena was sent.

Procedure: Each participant received a packet that included: (a) a cover letter, (b) the questionnaire, (c) a self-addressed, pre-stamped envelope, and (d) a one-dollar bill (\$1) as a thank you for their participation. All procedures were approved by and performed in accordance with the policies of the relevant Institutional Review Board.

Specific Hypotheses: Two main hypotheses, derived from the abovementioned research conducted by Deitchman and colleagues (1991) as well as a comprehensive review of the literature on capital participation, were formulated and are as follows:

- (1) Intrapersonal factors (e.g., age, religiosity) will be predictive of capital participation.
- (2) Individuals who are willing to participate at the most imminent point to actual execution—evaluations of competency for execution—will also participate at less imminent points in the capital process.

Exploratory Research Questions: The professional literature consists of numerous suggestions regarding aspirational standards of practice for psychologists

practicing in the capital arena. We included these suggested guidelines as a portion of the questionnaire to ascertain the levels of acceptance of these views. Given that there are no data with respect to practicing psychologists' acceptance of these proposed "guidelines", this portion of the study will be exploratory in nature.

Results and Discussion: Data are currently being analyzed in terms of descriptive information regarding the sample, correlations between relevant variables, and multiple regression equations to determine the factors that affect participation. Results of this study will be discussed in terms of identifying the variables most likely to influence a psychologist's willingness to participate in the capital arena. Further, results of the exploratory analysis will indicate the level of acceptance psychologists hold regarding various guidelines that have been proposed in the literature.

Assessment and Management of Youthful Violent and Sexual Behavior Problems

Author: Seifert, K.

CEO

US

Description: A school based mental health program reduced violence and improved mental health for program participants. Assessment of treatment needs and a variety of mental health services were provided. A significant decrease in violence related and general disciplinary referrals was only one of the many positive outcomes for participants. Assessments, the SBMH program, and outcomes will be presented.

A school based mental health (SBMH) program reduced violence and improved mental health for participants in a rural school district. The CARE (Seifert, 2003) was used to assess the treatment needs of youth and risk of future violence and behavior problems. The CARE subscales were used to assess youth sexual, attachment, and psychiatric problems. Validity and reliability statistics of these tools are presented. The use of the case management tool to determine type and intensity of services will be described.

A variety of mental health services were provided by employees of an outpatient mental health clinic, who were housed in each school in the district. A Federal Safe Schools grant, Medicaid and private insurance funded the program for 4 years. After the Safe Schools grant ended, the program was fully funded by Medicaid, private insurance, and some smaller local grants. Coordination of mental health services with educators, Department of Social Services, the Department of Juvenile Services, and the Development Disabilities program contributed to the program's success. In 2000, 2,132 mental health sessions were provided, in contrast to an amazing 15,763 sessions in 2003. Evaluation of the success of the program revealed several key components. One important component was having a central school/mental health coordinator to be a coordinator, ombudsman, and problem solver of the two systems. Additionally, the mental health service must be an integral part of the school system, not just an adjunct or add-on. Mental health staff needed to communicate and attend meetings with school personnel.

The 4 year outcome study demonstrated a significant (40%) decrease in disciplinary referrals when compared to non-participants (20% decrease). Participants in years one and two had a significant decrease in suspensions (32% and 27%) from school when compared to non-participants (33 and 16% increases). Parents reported that their children were having significantly fewer problems at home after receiving services. Youth self-reported significantly improved commitment to school, interpersonal relationships and self-esteem, as well as fewer stress related problems. Students reported significantly reduced school maladjustment and clinical maladjustment and improved attitude toward parents and emotional well-being.

The influence of attachment on the nature of domestic violence perpetrated by females

1st Author: Spidel, A.

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Canada

Secondary Author(s): Kendrick, K., Nicholls, T., Greaves, C., Dutton, D.

Description: Little research has investigated attachment styles of female intimate partner assaulters. Insecure attachment styles have been related to increased violence perpetration by males in intimate relationships. The current study assessed partner abuse and insecure romantic attachment styles in female undergraduates

with histories of assaulting their male partners. Avoidant and Anxious romantic attachment styles were associated with different patterns of abuse.

Despite considerable evidence that abuse between intimate partners crosses gender lines there has been very little attention given to the abuse of men by female partners, and even less attention has been focused on the romantic attachment styles of these individuals. Research indicates that insecure attachment styles in males may increase their chances being domestically violent (Babcock, Jacobson, Gottman, & Yerington, 2000; Dutton, Saunders, Starzomski, & Bartholomew, 1994; Mauricio & Gormley, 2001; Tweed & Dutton, 1998). Recently, Dowd (2002) studied 107 heterosexual women abusers referred to anger management and found that they tended to have a history of childhood attachment interruptions.

The current study assessed partner abuse and insecure romantic attachment styles in female undergraduates with histories of assaulting their male partners. Participants included 136 female undergraduate students from the University of British Columbia (UBC) in Vancouver, British Columbia, Canada that had previously been involved in a romantic relationship in which they perpetrated some type of abuse against their partner. The Experiences in Close Relationships scale (ECR; Brennan, Clark, & Shaver, 1998) and the Conflict Tactics Scale (CTS; Straus, 1979) assessed for insecure romantic attachment and violence, respectively.

Results demonstrated that Avoidant romantic attachment was significantly negatively correlated with the use of reasoning tactics by the women ($r = -.30$, $p < .001$), as well as perpetrated verbal ($r = -.36$, $p < .001$) and minor physical ($r = -.18$, $p = .04$) abuse. Anxious romantic attachment was not significantly related to the women's use of reasoning tactics ($r = .13$, $p = .15$) or verbal abuse ($r = .13$, $p = .16$), but was significantly related to perpetration of both minor ($r = .21$, $p = .02$) and severe ($r = .21$, $p = .02$) physical abuse. In terms of victimization, participants' Anxious romantic attachment was significantly associated with being subjected to verbal abuse ($r = .33$, $p < .001$), and Avoidance was significantly negatively correlated with their partner's reasoning strategies ($r = -.18$, $p = .04$) and verbal abuse ($r = -.33$, $p < .001$). Notably, participants' romantic attachment styles were not related to their partners' use of physical abuse (Anxious – minor physical: $r = .02$, $p = .82$; major physical: $r = .01$, $p = .89$; Avoidant – minor physical: $r = -.10$, $p = .27$; major physical: $r = -.02$, $p = .78$).

Overall, women that were higher in Avoidance tended to utilize less tactics in response to conflict than individuals scoring lower on this subscale. This is logical, as these individuals tend to avoid intimacy and have a discomfort with closeness (Brennan, Clark, & Shaver, 1998). The partners of highly Avoidant individuals also tended to use reasoning tactics and verbal abuse less often than participants scoring low on Avoidance, perhaps indicating less communication and interaction in these relationships. In contrast, highly Anxious individuals tended to perpetrate more physical abuse than their less Anxious counterparts. Partners of Anxious women tended to perpetrate more verbal abuse. Implications for the criminal justice system will be discussed.

Investigating characteristics of those found Not Criminally Responsible on account of Mental Disorder (NCRMD) in a Canadian forensic psychiatric population.

1st Author: Spidel, A.

UBC

Canada

Secondary Author(s): Brink, J., Klein, C., Hart, S., Ross, D.

Description: The objective of the current study is to describe the characteristics of persons found NCRMD and admitted to a Canadian forensic psychiatric hospital. Data will be presented from the PCL:SV, SCID-I, and HCR-20 scales. In addition, psychiatric diagnoses and background, criminal and abuse histories will be described.

Few studies have looked at the clinical, historical and sociodemographic makeup of the NCRMD population at the initial point of contact with the forensic system despite the fact several studies indicate that the number of persons receiving NCRMD dispositions in Canada has been increasing (Grant, 1997; Roesch, Ogloff, Hart, Dempster, Zapf, & Whittemore, 1997). One of the studies that reported an increase in NCRMD dispositions was from Quebec and found that most NCRMD persons were diagnosed with a psychotic-spectrum disorder (Ohayon, Crocker, St-Onge, & Caulet, 1998). In terms of offence history, a study in British Columbia showed that individuals who were found NCRMD had been charged with an expansive range of index offences (Grant, 1997). Moreover, many of those in the NCRMD cohort were found to have had previous involvement with the criminal justice and mental health systems prior to coming into contact with

the forensic psychiatric system. They also found a wide range of index offences in this group. Despite these findings there is still a great deal more to learn about this population. **Objective:** To describe the characteristics of persons found NCRMD and admitted to a Canadian forensic psychiatric hospital. **Method:** Data of persons found NCRMD was collected from file and interview at approximately 8 weeks following admission to the Forensic Psychiatric Hospital in British Columbia, Canada. Subjects were assessed on the PCL:SV, SCID-I, and HCR-20 scales. In addition, psychiatric diagnoses and background, criminal and abuse histories, etc., were collected. **Results:** To date 19 subjects have been interviewed. However we expect to present on 40 to 50 subjects by the time of the conference. Preliminary results with the 19 subjects showed a mean PCL-R total score of 12.28 (SD = 9.98 range 0 to 32). In terms of abuse history 78.9% did not have a history of physical abuse, 89.5% did not have a history of being sexually abused, and 78.9% did not have a history of being neglected. In terms of substance abuse 73.7% qualified for a diagnosis of prior substance abuse with the most frequent rates being 36.8% for cannabis, 21.1% for alcohol and 10.5% for cocaine. Using the SCID-I (First et al., 1998), the majority of the sample (63.1%) had a diagnosis in the schizophrenia spectrum. On the HCR-20 72.2% of the sample had some history of previous violence, 94.4% had experienced relationship instability, 73.7% had experienced employment problems and 100% had major mental illness. Information on all HCR-20 items will be presented on the entire sample. Data on all the subjects recruited by the time of the conference will be presented as will information on other variables of interest (i.e. risk assessment, etc). **Implications:** These findings are of particular interest to forensic clinicians, researchers and administrators of forensic hospitals. As little information is available about these individuals it is crucial to gain a better understanding of clinical and historical issues when such persons are first admitted to the hospital in order to develop specifically tailored therapeutic interventions and violence risk reduction strategies.

Cognition, emotions, impulsivity and interpersonal style: A clinical differential study of people in prison and in forensic care

1st Author: Sundt G., Aina C.
Norway

Description: Researchers and clinicians have not been able to agree upon an understanding of severe and dangerous personality disorder. The study's

objective is therefore to get a fuller knowledge through the mapping of clinical variables. Also of interest is, if possible, to link aspects in patients and prisoners personality to antisocial behavior. Psychological needs and treatment of choice are then considered.

The poster presents a Ph D-study in progress. Psychological treatment for personality disorder has for several reasons until recently been a neglected area in prisons and in forensic care. Researchers and clinicians have not been able to agree upon a common understanding of severe personality disorder and the affiliated dangerous and criminal behavior. The study's main objective is therefore to gather new knowledge of personality disorder; to go beyond the traditional diagnostic criteria's to get a fuller knowledge through the mapping of clinical variables. Patients and prisoners will be examined on an extended personality profile, containing the main variables cognition, emotionality, impulsivity and interpersonal style, which are further divided into the following variables:

- 1) Cognition; Executive control, intelligence, perspective taking, self image/schema, and locus of control
- 2) Emotionality: Degree and direction of emotions, emotional regulation, subjective distaste, and defense mechanisms
- 3) Impulsivity: Inhibition/control, daily functioning, bipolar disorder, and ADHD
- 4) Interpersonal style: Attachment, interpersonal patterns, and emergency-preparedness

Also of interest is to identify the degree to which single components are represented in a systematic way in any of the different samples, and if possible link aspects in personality to dangerous and criminal behavior. Finally one wish to, on the basis of the above mentioned personality-mapping, say something about the subject's psychological needs and what would make good treatment.

The measures include diagnostic interviews, questionnaires and neuropsychological tests, which will be used in the mapping of: characteristics of patients and prisoners, and the consequences of these characteristics. The results will be compared to non-forensic clinical samples described in the literature, and the normal population.

Ethical committee is applied, and the collection of data starts this fall. The results may have direct implications for risk-evaluations, management and treatment.

Sociodemographical, pathological and criminal characteristics of defendants submitted to the penal responsibility exam (pre) in a Brazilian forensic psychiatric institute

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Secondary Author(s): Folino, J.O.

Description: The Penal Responsibility Exam is the most important expert evaluation in criminal matters.

A transversal and descriptive study was implemented in order to evaluate the mental disease prevalence and also to describe sociodemographical, pathological and criminal variations of a group of defendants who were submitted to the Penal Responsibility Exam. This study was performed in a Brazilian forensic psychiatric institution.

The Penal Responsibility Exam is the most important expert evaluation in criminal matters. It is set up in Articles 149 and 154 of the Brazilian Penal Procedural Code (BPPC), and it is meant to verify whether the defendant conforms to the hypotheses of inimputability or semiimputability formulated in Article 26 of the Brazilian Penal Code.

A transversal and descriptive study was implemented in order to evaluate the mental disease prevalence and also to describe sociodemographical, pathological and criminal variations of a group of defendants who were submitted to the Penal Responsibility exam. This study was performed in a Brazilian forensic psychiatric institution.

The profile of those who were examined was: white, single men from the country side with low education level. The most frequent criminal act was the physical one. The most prevalent diagnosis was the disturbance caused by the use of alcohol and other substances and remarkable differences among the categories imputable, semiimputable and inimputable were found.

Three associations were observed through logistical regression: the probability of being considered inimputable increased 2.5 times when there was no preceding crime, having an occupation decreased the probability of being considered

inimputable and the crimes against the person are more related to inimputable than the crimes against the property and customs.

Interrogative suggestibility: The influence of gender, age, and intellectual ability in a Canadian sample.

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Secondary Author(s): Roesch, R.

Description: This study further investigates the relationship between gender, age, intellectual ability, and interrogative suggestibility in a Canadian sample of adolescents 12 to 19 years of age. Participants completed the Gudjonsson Suggestibility Scale and the Wechsler Abbreviated Scale of Intelligence. It is hypothesized that younger adolescents with lower intellectual function will be more highly suggestible.

In Canada and the U.S., recent trends in juvenile justice policy have led to the increased availability of severe punishments for young persons convicted of serious crimes. A key assumption underlying extended procedural safeguards is that adolescents entering the criminal justice system are able to make informed use of them. However, research indicates that younger adolescents generally do not understand their legal arrest rights (Abramovitch et al., 1993; Grisso, 1980) and tend to waive these rights undergoing police interrogation without a lawyer's advice or assistance (Grisso, 1981; Peterson-Badali et al., 1999).

Researchers have identified several factors associated with difficulties in adolescents' comprehension and appreciation of legal procedural safeguards such as arrest rights, including young age, low intellectual ability, and high suggestibility (Grisso, 1980; Redlich et al., 2003). These factors have also been shown to be salient in the false confession literature (Kassin, 1997; Redlich & Goodman, 2003). Little research has been conducted on these variables in Canadian samples. Studies conducted in the U.S. and U.K. have found that interrogative suggestibility is negatively related to IQ and age, such that younger children and adolescents with low intellectual abilities are more likely to give in to leading questions, negative feedback and pressure from interrogators. Intuitively, we might expect that some element of the maturation process affects suggestibility levels differently as boys and girls develop. However, findings

on gender differences in interrogative suggestibility amongst children have been conflictual (Danielsdottier et al. 1993; McFarlane et al., 2002), and largely unexamined in adolescents and adults (Pollard et al., 2004).

This study further investigates the relationship between gender, age, intellectual ability, and interrogative suggestibility in a Canadian sample of adolescents 12 to 19 years of age. Participants are members of a municipal drop-in recreation facility catering to broad range of needs including recreational activities and services for troubled youths. Data collection is in progress and we expect to have 100 participants by the study's completion. Participants were administered a parallel form of the Gudjonsson Suggestibility Scales (Gudjonsson, 1997) and the Wechsler Abbreviated Scale of Intelligence (Psychological Corp., 1999) as part of a larger study examining legal arrest rights comprehension.

Results from this study will further clarify the various factors related to interrogative suggestibility in adolescents, as well as provide much needed normative data in a Canadian sample. The literature has demonstrated that younger adolescents with lower intellectual function may be especially more likely to incorporate misleading information into statements and change responses in the face of negative feedback and pressure from interrogators. Coercive and misleading police interrogation tactics are specifically designed to extract confessions from suspects and may have far-reaching consequences for highly suggestible youths, including false confessions and wrongful convictions. Policy recommendations will be offered based on the findings from this study in the hopes of better informing the law enforcement community and reducing serious miscarriages in justice for young people.

Risk of Harm to Others in Offenders with a Mental Disorder

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Description: The aim of this research project is to test the extent to which risk assessments, in particular the HCR-20, SVR-20, both incorporating the PCL-R, and the RSVP, can predict future violence in mentally disordered offenders. The

study design is prospective. Focus will be placed on the dynamic components of the HCR-20 and their sensitivity to change across time and settings.

Most research related to risk assessments and management rely on retrospective study designs. The methodology involved, therefore, focuses largely on participants' case notes, patient files and past violent incidents. As a consequence, the findings of contemporary risk research are largely dependent on information that may be affected by various confounding variables such as recording biases, recall distortions and possible inadequacies of documented information, and thus may be unhelpful in accurately informing current practice. Furthermore, researchers have repeatedly acknowledged that "the key task in many risk assessment and management contexts is to evaluate risk factors and their variability over time." (Douglas & Skeem, 2005 p.348). The purpose of this poster is to describe a three year prospective research project in a maximum security institution, and to present findings to date. The aim of the project is to test the extent to which risk assessments, in particular the HCR-20, SVR-20, both incorporating the PCL-R, and the RSVP, can predict future violence in mentally disordered offenders. Focus will be placed on the dynamic components of the HCR-20 and their sensitivity to change across time and settings and/or situations. In addition, the project seeks to assess whether other psychometric variables such as the assessment of unmet needs, anger and impulsivity, or psychiatric staff's perception of patients' daily behaviour on the ward reflect, and/or contribute to the risk assessments. This information is anticipated to be valuable in identifying strategies and markers which focus on preventing rather than predicting violence. The sample for this project consists of patients at The State Hospital; a maximum security hospital in Scotland housing approximately 240 patients from Scotland and Northern Ireland. The majority of the residents are male (approximately 90%). Participation in the research is voluntary. Study participants are followed up for 24 to 36 months after initial recruitment. Outcome measures include reconviction rate and incident data, and time at risk in different settings. It is anticipated that the research will result in potential validation of risk assessment tools for the forensic psychiatric population in Scotland. This will assist public safety as findings will produce data which will aid service planning on the needs of forensic patients. In addition, a ranking given to the importance of unmet needs based on their association with violence will be provided. This information will be valuable in informing treatment plans and ensuring continuity of care for mentally disordered offenders.

Community Supervision of Individuals at High Risk for Sexual Violence

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Secondary Author(s): Scorrar, A., Hart, S.

Description: In Canada, people feared to be at risk of committing sexual violence can be placed on a Section 810 Peace Bond. The current study examined the (re)offence characteristics of individuals placed on such Bonds. Findings will be discussed within the context of recommendations for case management strategies that may be used by the police and courts.

The Criminal Code of Canada provides a legal mechanism for monitoring and supervising individuals who are believed to be at risk for perpetrating future violent or sexual crimes. Referred to as Section 810 Peace Bonds, the type of Section 810 order is dependent on the type of crime the individual is feared to commit. Of particular interest to the current study are Section 810.1 (Fear of sexual offences against a person under 14 years of age) and Section 810.2 (Fear of personal injury) Orders. While under a Section 810 Order the individual is subject to a maximum one-year supervision period. Throughout the supervision period, the individual is subject to a number of conditions that restrict his/her movement and access to potential victims. The breach of a condition by the individual could result in new charges being laid and possibly incarceration (Solicitor General Canada, 2001).

In Vancouver (British Columbia) one of the key strategies for supervising the people under these two particular types of Orders (810.1 and 810.2) is the condition that the individual report to the High Risk Offender Unit of the Vancouver Police Department. The High Risk Offender Unit of the Vancouver Police Department is a specialized unit that monitors and supervises individuals deemed to be a serious threat to public safety, with people at risk for sexual violence being the primary focus of enforcement.

The purpose of the current study is to examine individuals that have been subject to either a Section 810.1 or Section 810.2 Order and have been under supervision of the HRO Unit in Vancouver. Using the files available from the HRO Unit, the characteristics of these people are being analyzed. In addition, survival analysis

is being used to determine the length of time these people are successful within the community before re-offending or breaching a condition. Finally, an analysis of the types of reoffences (i.e., new crime vs. technical violation) and the factors associated with Section 810 failure are being determined.

The results from this study will be used to inform the courts and police of the success of these Orders. In addition, the results may provide information regarding effective case management strategies for high risk individuals that may be used by the police and courts. In sum, the findings of this study will provide valuable insight in how to deal with these difficult cases.

Reference

Solicitor General Canada (2001). High risk offenders: A handbook for criminal justice professionals. Ottawa, Ontario, Canada: Department of the Solicitor General.

The Reliability of and Consistency Between the STATIC-99 and STATIC-2002

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Description: The reliability and consistency across ratings of the STATIC-99 and the STATIC-2002 were investigated. Interrater reliability was good for both STATIC-99 (ICC1 = .98) and STATIC-2002 (ICC1 = .95). The rate of agreement in risk level classifications between measures was moderate, ranging from 30.8% to 94.7%. Implications for public policy and the measures' use in legal proceedings will be discussed.

The accurate and reliable assessment of offenders has become increasingly important since the United States introduced Sexual Violent Predator (SVP) laws that allow the civil commitment of people who, due to a mental abnormality, are likely to engage in future sexual violence (Janus & Meehl, 1997). SVP proceedings involve high stakes decisions that could result either in serious harm to society or in the loss of the individual's basic rights and freedom (Hart, 2003).

Actuarial risk assessment instruments make predictions based on factors that have been demonstrated empirically to be associated with risk. In some U.S. jurisdictions, certain actuarial measures are legally mandated for use in SVP proceedings. One such instrument is the STATIC-99 (Hanson & Thornton, 1999), which was developed to assess the long-term potential for sexual and violent recidivism. The STATIC-99 comprises 10 items that reflect static risk factors (e.g., victim offender relationships).

Recently, the STATIC-99 was revised (STATIC-2002; Hanson & Thornton, 2002) to increase coherence and conceptual clarity and to improve the consistency of the scoring criteria, thereby possibly enhancing predictive accuracy. The STATIC-2002 comprises 13 items organized into five content areas: age at release, persistence of sex offending, deviant sexual interests, range of available victims, and general criminality.

The goal of this study was to investigate the reliability of the two measures and to analyze their consistency across ratings. Substantial discrepancies between their risk level classifications could have serious implications for their use in legal proceedings. To date, no research has examined this issue.

The sample comprised 50 men in British Columbia (76% White, 24% Aboriginal) who had been subject to a Peace Bond due to risk for sexual violence in 2004. Two raters made independent ratings for each instrument from files; consensus ratings were then established.

The mean total score for the STATIC-99 was 4.54 (of a possible 12; SD = 2.75) and the interquartile range was 5. For the STATIC-2002, the mean total score (of a possible 14) was 5.94 (SD = 3.25) and the interquartile range was 5. Cronbach's alpha was .62 for STATIC-99 and .81 for STATIC-2002. Inter-item correlations ranged from 0.37 to .49 for STATIC-99 and .002 to .85 for STATIC-2002. Intraclass correlation coefficients computed using independent ratings were .98 and .95 for the STATIC-99 and STATIC-2002, respectively.

The correlation between consensus ratings for the measures' total scores was $r = .88$ ($p < .001$). The measures' categorical risk classifications were compared using the cut-off values recommended for the STATIC-99 [low (0-1), moderate-low (2-3), moderate-high (4-5), and high (6+)] (cut-off values for the STATIC-2002 have not been established; personal communication, David Thornton, July 27, 2005). Spearman's rank correlation was $.87$ ($p < .001$). The rate of agreement in

classifications was moderate, with the rate of absolute agreement ranging from 30.8% for the moderate-high category to 94.7% for the high category.

Results regarding specific misclassifications using these and other “collapsing procedures” will be presented. Further, analyses will be updated should specific cut-off values for the STATIC-2002 become available prior to the conference.

The relationship between mental illness and violence: Contributions of diagnosis, personality and psychopathy

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Description: The project examines diagnostic and personality characteristics predictive of violent behaviour. Severity and extent of violent behaviour are expected to vary according to diagnostic category and certain personality traits. Personality disorders, substance abuse, and specific personality traits are expected to mediate the relationship between mental illness and violence. Results are discussed in relation to assessment, management, and prevention of violence.

Extensive past research exists examining the relationship between mental illness and violence. Major mental illnesses, specific personality disorders, psychopathy, and also ‘normal’ personality characteristics have all, to varying degrees, been associated with increased risk for violence. One limitation to research to date is that violence is often poorly defined, and many studies fail to account for the varying degrees of seriousness of violent behaviour. Different mental illness and personality traits may produce distinct forms of violence, and may differentially predict the seriousness, frequency, duration and circumstances of violent behaviour. The aim of the current project therefore, is to examine a number of diagnostic, clinical and personality characteristics that may predict different types of violent criminal history, particularly differing levels of frequency, severity, and range of violent behaviours. Participants are patients discharged from the acute care program, or housed in the continuing care program of the Thomas Embling Hospital, a secure forensic psychiatric hospital in Victoria, Australia. Data are being collected through hospital files and extensive clinical interview, including

sociodemographic information, family, personal, and criminal history details, including information regarding frequency, severity, location and circumstances of aggressive behaviour, and relationship to victims. Participants also respond to the Structured Clinical Interview for DSM-IV (SCID-I and SCID-II) and Psychopathy Checklist, Revised (PCL-R; Hare, 2003) for mental illness and personality disorder diagnoses; and the NEO Personality Inventory – Revised (NEO-PI-R, Costa and McCrae, 1992), Barratt Impulsiveness Scale (BIS-11; Barratt, 1994) and Sensation Seeking Scale (SSS-V; Zuckerman, 1994) to assess personality traits. Measures of violence considered were the index offence, most severe violent offence, age at first offence, and frequency and variety of prior offences. Offence severity and extent of criminal history was measured using the Cormier-Lang System for Quantifying Criminal History (Quinsey et al., 1998). The project is ongoing and results are still being obtained, and it is expected that the frequency, severity and extent of violent behaviour will vary as a function of diagnostic category, as well as the presence or absence of certain personality traits. For example, results from previous research suggests that individuals with higher PCL-R and SSS-V scores may have a broader and more extensive criminal history, greater history of instrumental violence, and more stranger victims. Second, individuals with Cluster B personality disorders, higher Impulsiveness scores, or low Agreeableness may commit more reactive violence toward acquaintances or family members, and possibly are more likely to be intoxicated at time of offence. Third, individuals with schizophrenia-spectrum disorders may be violent under excessive perceptions of threat, or in direct response to symptomatology, whereas mood-disordered individuals may show increased violence during times of acute illness, such as during psychiatric admission. Finally, the presence of comorbid personality disorders, substance abuse, and specific personality traits are expected to mediate the relationship between particular diagnoses of mental illness and severity of violent behaviour. While the study is part of a continuing project, preliminary results will be presented. The implications for the management of violence risk and prevention of violent behaviour will also be discussed.

6th Annual IAFMHS Conference

This Abstract Book of the 6th edition of the International Association of Forensic Mental Health Services Conference is testimony to the upsurge of new theoretical, empirical and practical developments in the area of forensic mental health. The ‘mother-disciplines’ of psychology and psychiatry bring fundamental new insights to the assessment, prevention and treatment of mentally disordered offender populations.

These insights should impact policy makers and judicial officials to make rational and informed choices, which will ultimately lead towards improvements in criminal justice and to a safer society.

