2024 IAFMHS CONFERENCE

PROGRAM

ANNUAL CONFERENCE

June 18 - 20, 2024
San Francisco, California, USA
Thank you to our generous sponsors!
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Welcome Message and Acknowledgements

Welcome to the 23rd Annual Conference of the International Association of Forensic Mental Health Service (IAFMHS)! We are pleased to be welcoming everyone to the United States for our 2024 conference in San Francisco, California, at the Hyatt Regency San Francisco Downtown SOMA, from June 18 through June 20 for the conference proper, and June 17 for our pre-conference workshops.

The general theme of this year’s conference is Prevention in Forensic Mental Health. We are pleased to be featuring hundreds of presentations about this and other topics across several different formats—individual papers, symposia, round tables, posters, and a new format for IAFMHS this year, virtual posters (which can be accesses via Internet links included in this guide; the links will also be on display during the two live poster sessions). We are also excited to highlight our three impressive keynote speakers, two from the United States and one from England: Prof. Dale E. McNiel (Tuesday), Prof. Seena Fazel (Wednesday), and Dr. Sarah Desmarais (Thursday).

We encourage everyone to attend the welcome reception at the Outside Terrace of the conference hotel on Tuesday evening, for which we are grateful for the sponsorship of BC (British Columbia) Mental Health and Substance Use Services. We also wish to thank the sponsor of the lunch on Wednesday, L’Institut national de psychiatrie légale Philippe-Pinel (The National Institute of Forensic Psychiatry Philippe-Pinel); and the lunch on Thursday, PRA (Policy Research Associates). Likewise, we wish to thank the sponsor, Palo Alto University, of the ticketed banquet dinner (at R&G Lounge) and student social (at Local Tap, and at which student members of IAFMHS receive free drink tickets, though all students are invited to attend)–both of which are occurring on Wednesday evening.

Some additional programming we want to take the opportunity to highlight are the 5K Fun Run on Wednesday morning, organized by IAFMHS’s Student Section, as well as the two special sessions hosted by the Student Section in the afternoons on Tuesday and Wednesday, respectively; and the several IAFMHS Special Interest Groups (SIGs) meetings on Wednesday and Thursday mornings. Poster presentations will also be on display in the Prefunction Lobby (Second and Third Levels) in the morning and afternoon on both Wednesday and Thursday, and virtual posters will be available for viewing during the conference and for one week after the conference proper has concluded. Please also look out for information from our sponsors, including those who will be present at booths in the Prefunction Lobby (Second and Third Levels).

Finally, we hope that you will be able to take some time to enjoy the lovely city of San Francisco and all it has to offer. We wish everyone an informative, invigorating, and fun 2024 IAFMHS Conference; and we look forward to seeing you again next year in Dublin, Ireland!

Prof. Tonia Nicholls  
IAFMHS President

Prof. Barry Rosenfeld  
Conference Committee Chair

Prof. Vivienne de Vogel  
IAFMHS President-Elect

Prof. Christopher King  
Prof. Kimberlie Dean  
Dr. Gwairerera Javangwe  
Scientific Committee Chairs
Scientific Committee Chairs

We wish to thank Barry Rosenfield, Elana Gabriel, Minh Thu Nguyen, Tonia Nicholls, Yan Lim, and many other leaders within IAFMHS for their invaluable assistance in inviting keynote speakers and variously preparing this guide and for the conference generally.

Conference Volunteers

Gratitude is extended to our student volunteers for providing assistance with the conference registration area and sessions throughout the conference.

Abby Vovchuk
Alejandro Ruelas-Mora
Alice Biganzoli
Annika Wurm
Brandon Burgess
Bridget Barry
Carolina Rinaldi
Coralea Lowe
Emma Summersby
Hannah O’Connell
Helen MacKenzie-Auld
Jay Gonzales
Jordyn Monaghan
Madison Hardman

Mahalia Willis
Mallory Coish
Margaret Ardesia
Mark Mohan Kaggwa
Mimosa Luigi
Perry Callahan
Raymond Ho
Reilly Gallin
Rosemary Reynolds
Samuel Matthew
Shaista Goel
Shreya Jagtap
Steven Curto
Victoria Allard
### Submission Reviewers

Thanks are due all our volunteer reviewers for their time and effort in evaluating proposals.

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<tr>
<th>Elyan Aarts</th>
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<td>Lydia Adeladan</td>
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Alicia Nijdam-Jones
Siri Noordermeer
Andrew T. Olagunju
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Lara Schwarz
Vincent Sezibera
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H Victor Storm
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Ellie Thompson
Ellen Tingleff
Cyril Titty
Shelley Turner
Nichola Tyler
Shreya Upendra
Solveig KB Vatnar
Vivienne de Vogel
Birgit Völlm
Sana Vora
Peggy Walde
Helen Walker
Vanessa Wilkinson
Natalia Yee
Centre for Forensic Behavioural Science

Moving you forward

The Centre for Forensic Behavioural Science is a leading centre for research, teaching and practice development in the field of forensic mental health.

We aim to understand and ultimately prevent offending by people with mental health problems, and improve the legal system through research and policy analysis.

We seek to transfer academic and clinical excellence into practice, conduct research in relevant areas, provide professional development training, conduct expert consultancy and training in mental health, law, and related sectors.

We offer online postgraduate courses and single unit enrolments to a range of forensic practitioners. We also offer postgraduate training in forensic psychology through the Doctor of Psychology (Clinical and Forensic Psychology), Doctor of Philosophy, and Graduate Diploma in Forensic Psychology.

Scan to learn more about our research, consultation, courses, and professional training.
Conference Events and Important Links

TUESDAY, JUNE 18, 10:00 AM: STUDENT BREAKFAST

We welcome all student members to join the IAFMHS Student Board for the Student Breakfast on Tuesday morning (Curator, Third Level). In addition to enjoying a delicious breakfast spread, you will have the opportunity to meet this year's Student Board and hear about all the things the board does! We will also be discussing the can't-miss student events at the conference and playing some trivia as a group. Come test your knowledge about San Francisco! This breakfast is a great opportunity to network with fellow students and make some connections as you kick off the conference. We hope to see you there!

TUESDAY, JUNE 18, 2:00 PM: STUDENT PANEL - ACADEMIC FAILURES AND RESILIENCE

Once again this year, students and early career professionals are encouraged to attend the 2024 Student Panel on Tuesday afternoon (Sculptor, Third Level). This year Dr. Kelly A. Watt, Dr. Alicia Nijdam-Jones, and Ms. Lisa-Marie Sittner will take you behind their successes and share how they overcame many barriers to end up where they currently are in academia, industry, and correctional settings.

TUESDAY, JUNE 18, 6:30 PM: WELCOME RECEPTION

The Welcome Reception will be hosted at the Outside Terrace of the Hyatt Regency San Francisco Downtown SOMA. Come meet and reconnect with old and new friends over some drinks and nibbles. Please bring along your conference badge for entrance and identification. **This event is being kindly hosted by BC (British Columbia) Mental Health and Substance Use Services.**
WEDNESDAY, JUNE 19, 7:00 AM: 5K FUN RUN

The IAFMHS Student Section is pleased to organize another annual 5K Fun Run, which will take place the morning of Wednesday, June 19. Registration cost is $30 CAD per person and includes a t-shirt. Proceeds go to student awards and initiatives. If you haven’t signed up already, it will still be possible to sign up on Tuesday, June 18, at the conference registration desk. The group will meet for a photo at 6:50 AM at the Hyatt Regency San Francisco Downtown SOMA and kick off the run at 7:00 AM following the route below.

WEDNESDAY, JUNE 19, 12:15 PM: LUNCH

Lunch will be serve to all attendees on Wednesday, June 19, in the Gallery Ballroom (Second Level). This lunch is being kindly hosted by L’Institut national de psychiatrie légale Philippe-Pinel (The National Institute of Forensic Psychiatry Philippe-Pinel).

WEDNESDAY, JUNE 19, 1:30 PM: LIVE MENTORSHIP EVENT

This year, the IAFMHS Student Section is thrilled to introduce a new live mentorship event for early career professionals and students! Attendees will have full access to junior and senior researchers/clinicians to discuss as a group and ask questions about career development, writing and publishing, research collaborations, and much more! The event will be held Wednesday afternoon, June 19 (Sculptor, Third Level). There’s still time to sign-up: please contact the student board at students@iafmhs.org
WEDNESDAY, JUNE 19, 6:45 PM: CONFERENCE BANQUET DINNER

Conference attendees and their guests are invited to join us for a fun evening and delicious food at our annual banquet dinner at one of San Francisco's most iconic Chinese restaurant, R&G Lounge (631 Kearny St, San Francisco, CA 94108). This year's dinner will be hosted on Wednesday, June 19. The cost per person is $150 CAD. This event is being kindly hosted by Palo Alto University.

WEDNESDAY, JUNE 21, 7:00 PM: STUDENT SOCIAL

The IAFMHS Student Section hosts a free student social, with appetizers and drinks, on the same night as the conference banquet. The Student Social will be hosted at Local Tap San Francisco (600 3rd St, San Francisco, CA 94107) starting at 7 PM. Student members are guaranteed drink tickets, although all students are welcome to attend! This event is being kindly hosted by Palo Alto University.

THURSDAY, JUNE 20, 12:00 PM: LUNCH

Lunch will be serve to all attendees on Thursday, June 20, in the Gallery Ballroom (Second Level). The lunch is being kindly hosted by PRA (Policy Research Associates).

2024 IAFMHS CONFERENCE WEBSITE: https://iafmhs.wildapricot.org/page-18373

CONFERENCE REGISTRATION INFORMATION: https://iafmhs.wildapricot.org/2024-registration

VIRTUAL POSTER PRESENTER REGISTRATION: https://iafmhs.wildapricot.org/2024-Virtual-Poster

PRE-CONFERENCE WORKSHOPS AND REGISTRATION: https://iafmhs.wildapricot.org/2024-workshops

HOTEL ACCOMMODATIONS: https://iafmhs.wildapricot.org/2024-accommodation

CONFERENCE PROGRAM: https://iafmhs.wildapricot.org/2024-program

KEYNOTE SPEAKERS: https://iafmhs.wildapricot.org/2024-keynotes

SPONSORSHIP INFORMATION: https://iafmhs.wildapricot.org/2024-sponsorship

BURSARY AWARDS: https://iafmhs.wildapricot.org/2024-bursary
ABOUT IAFMHS: https://iafmhs.wildapricot.org/About

MEMBERSHIP IN IAFMHS: https://iafmhs.wildapricot.org/join-us

IAFMHS EQUITY, DIVERSITY, INCLUSION COMMITTEE: https://iafmhs.wildapricot.org/EDIC


JOB POSTINGS: https://iafmhs.wildapricot.org/job-postings

CONTACT IAFMHS: https://iafmhs.wildapricot.org>Contact
Keynote Speakers

PROF. DALE E. MCNIEL: ADVANCES IN ASSESSMENT AND MANAGEMENT OF RISK FOR VIOLENCE

TUESDAY, JUNE 18, 12:30 PM: GALLERY BALLROOM (SECOND LEVEL)

Assessment and management of patients’ risk of violence are important issues for mental health professionals, such as psychiatrists, psychologists, social workers, etc. Legal and professional standards have established that mental health professionals are expected to have basic competence in risk assessment for violence. Nevertheless, many practitioners receive limited training in risk assessment. Trainees are often tasked with working with potentially violent patients, and a substantial proportion of them have been the victims of patient aggression. There is a need to establish whether the scientific knowledge base concerning violence can be translated into skills that clinicians can learn.

The first part of this presentation describes research on how structured approaches to violence risk assessment can enhance clinical training of mental health professionals. Topics include the relationship between level of training and accuracy of risk assessment, the impact of training in evidence based risk assessment on clinical skills, and development of objective methods to assess the competency of individual clinicians in risk assessment. The second part of the presentation concerns mental health courts (MHCs), an increasingly widespread intervention for persons with mental disorders in the criminal justice system. Specifically, the potential of MHCs to reduce risk for violence is discussed.

Dale E. McNiel, Ph.D., is Professor Emeritus in the Department of Psychiatry and Behavioral Sciences at the University of California, San Francisco (UCSF) School of Medicine. He is a core faculty member in the UCSF Program in Psychiatry and the Law. He formerly served as Chief Psychologist at Langley Porter Psychiatric Hospital and Clinics at UCSF, and Director of the UCSF Clinical Psychology Training Program. He earned the Ph.D. in clinical psychology at the University of Arizona, and completed a postdoctoral fellowship in the Department of Psychiatry at UCSF. He is Board Certified in both Clinical Neuropsychology and Forensic Psychology by the American Board of Professional Psychology (ABPP). He is a Fellow of the American Psychological Association (Divisions of Clinical Psychology and Psychology and Law), and is a former President of the Section on Clinical Emergencies and Crises in the APA’s Division of Clinical Psychology. His research interests focus primarily on violence and mental disorder, including issues such as assessment and management of risk of violence, mental health courts, family violence and victims of violence, and self-directed violence.
PROF. SEENA FAZEL: NEW EVIDENCE IN FORENSIC MENTAL HEALTH: IMPLICATIONS FOR POLICY AND SERVICE DEVELOPMENT

WEDNESDAY, JUNE 19, 11:00 AM: GALLERY BALLROOM (SECOND LEVEL)

Recent evidence on risk assessment tools has shown that most currently used tools perform no better than moderately in adequately sized external validations, do not report key metrics, and were developed using dated and occasionally low quality methods. Prison health research has outlined the importance of addressing primary care and mental health, and drivers of self harm and suicide risk. New meta-analyses and intelligently designed epidemiological studies have shed light on the most effective treatments to prevent violence, including classes of psychotropic medications, and the poorer outcomes of most psychological treatments to prevent recidivism. Together, the new evidence suggests changes to how forensic and prison services assess, treat and manage people under their care, and the need to update and revise clinical guidelines to consider the highest quality and latest research. I will provide an overview of new research on risk assessment, prison and forensic mental health, and treatment for violence prevention, and discuss whether and how it can inform policy and development of healthcare services.

Seena Fazel, BSc (Hons), MBChB, MD, FRCPsych, is a professor of forensic psychiatry at the University of Oxford, where he is also Director of the Centre for Suicide Research and co-lead of the Data Science theme of Oxford Health Biomedical Research Centre. He leads a research group investigating the links between mental illness and adverse outcomes, violence and suicide risk assessment, and prison health. He continues to work clinically as a forensic psychiatrist. Seena is an expert member of the UK government’s Independent Advisory Panel on Deaths in Custody.
DR. SARAH DESMARAI S: ENHANCING FORENSIC MENTAL HEALTH SERVICE OUTCOMES THROUGH POLICY: THE POTENTIAL, THE CHALLENGES, AND A CALL TO ACTION

THURSDAY, JUNE 20, 10:45 AM: GALLERY BALLROOM (SECOND LEVEL)

Many policies in the context of forensic mental health services are designed with the intention of improving outcomes for all. Well-crafted and well-implemented policies can increase the reach and effectiveness of forensic mental health services through expanded service access, improved service delivery, reduced use of unnecessarily restrictive or coercive measures, and increased safety, among other positive outcomes. Unfortunately, policies are not always formulated well or in ways that support achieving positive change, nor are they always adopted and implemented successfully. Drawing from theory, research, and case studies, this presentation will review how institutional and public policies affect individual and community-level outcomes. The presentation will first provide a brief overview of policy types and levels and how policies may enhance mental health and safety outcomes. Then, the presentation will consider contemporary challenges in developing and implementing evidence-informed policy in the forensic mental health context, including recent shifts in the perceptions of science among policymakers. The presentation will conclude with a discussion of strategies to overcome these challenges and a call to action for forensic mental health professionals to engage with policymakers in meaningful ways through research and education.

Sarah L. Desmarais, Ph.D., is President and CEO at Policy Research Associates, Inc. (PRA). PRA is a women-owned small business that is a national leader in behavioral health research, policy, and practice. As President and CEO, she is responsible for the strategic priorities of PRA and oversight of all PRA operations. The firm was founded in 1987 with one research grant and four staff in NY state, but now has approximately 75 staff located across the United States. PRA is funded by Federal and State agencies, national organizations, and foundations to provide technical assistance and training, conduct research and evaluation, and plan and facilitate major conferences and meetings. Dr. Desmarais completed her graduate training in Forensic Psychology and Law at Simon Fraser University in 2008. She then completed a postdoctoral research fellowship in Population and Public Health at the University of British Columbia. Prior to joining PRA, Dr. Desmarais was a Professor of Psychology and University Faculty Scholar at North Carolina (NC) State University. There, she held leadership positions, serving as Director of the Center for Family and Community Engagement and as Coordinator of the Applied Social and Community Psychology Graduate Program. Before NC State, Dr. Desmarais was an Assistant Professor at the University of South Florida holding joint appointments in the departments of Mental Health Law & Policy and Community & Family Health. Dr. Desmarais works on issues at the intersection of public health, community safety, and social justice. Her current research is focused on evidence-based practices for
reducing detention rates, especially among people with behavioral health needs. Dr. Desmarais has authored more than 140 peer-reviewed publications. She is also co-author of the Short-Term Assessment of Risk and Treatability (START), as well as the Short-Term Assessment of Risk and Treatability: Adolescent Version (START:AV). Dr. Desmarais has held more than $25 million in grants and contracts to support her work. Her research has been featured in international media outlets such as the Washington Post, HBO's Last Week Tonight with John Oliver, CBC Radio, and Sky News.
Palo Alto University (PAU), a private, non-profit university located in the heart of Northern California's Silicon Valley, is dedicated to addressing pressing and emerging issues in the fields of psychology and counseling to equitably meet the needs of today's diverse communities. PAU offers doctorate, master's and bachelor's programs, including emphases in Forensic Psychology as well as hands-on clinical training.

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Conference Venue Layout

HYATT REGENCY SAN FRANCISCO DOWNTOWN SOMA, SECOND AND THIRD LEVELS
50 3RD ST, SAN FRANCISCO, CA 94103
Policy Research Associates, a women-owned small business, leads the behavioral health field through people-centered and evidence-based training, research and evaluation, technical assistance, and policy evaluation.

www.prainc.com | pra@prainc.com
Conference Schedule

You can navigate this year’s conference programming via the brief and expanded schedules in this section, coupled with the individual abstracts listing and authors index at the very end of the guide.

In the expanded schedule section below, you can skip to each day of the conference via the links on the first page of that section. You can also search for author names via the search feature in your PDF reader.

Note that the start times for individual papers are approximate, as session presenters might collectively opt to slightly deviate from the “standard” duration of time allotted to each presentation within a given session (e.g., to accommodate Q&A after each presentation rather than collectively at the end of the session).

Note also that the listing of individual abstracts at the end of this guide utilizes distinct pagination from the rest of the guide. The separate pagination of this section allows for the authors index, which is useful for quickly looking up authors’ abstracts.
Brief Format
### 2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

#### Monday, 17 June

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<th>Time</th>
<th>Event</th>
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<tr>
<td>9am</td>
<td>Pre-Conference Workshop 1: Neurodiversity-Affirming Approach to Assessment and Treatment of Forensic Clients with Complex Presentations</td>
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<td>Pre-Conference Workshop 2: The Aid for Violence Risk Triage Workshop</td>
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<td>Salon II - Second Level</td>
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<td>12:30pm</td>
<td>Keynote 1: Dale E. McNiel, Ph.D., ABPP</td>
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<td>Session 8 [Round Table]: Improving Behavioral Health Outcomes via Technology for Systems-Involved Youth and Families in the United States: Lessons Learned and Future Directions</td>
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<td>Session 9 [Symposium]: Guidelines and Practice in Forensic Report Writing</td>
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<td>Session 10 [Papers]: Public Perceptions and Stigma</td>
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<td>Curator - Third Level</td>
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<td>Session 11 [Symposium]: Violence Risk Triage</td>
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<td>Session 12 [Symposium]: Wearables</td>
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<td>Session 13 [Symposium]: BCC Healthcare</td>
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<td>Sculptor - Third Level</td>
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<tr>
<td>5pm</td>
<td>Session 14 [Papers]: Management and Discharge</td>
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<td>Artisan - Third Level</td>
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<td>Session 15 [Papers]: Research and Practice</td>
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<td>Atelier I - Third Level</td>
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<tr>
<td></td>
<td>Session 16 [Papers]: Technological Services</td>
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<td>Atelier II - Third Level</td>
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<td></td>
<td>Session 17 [Symposium]: Aggression and Stress Reactivity in Forensic Psychiatry</td>
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<td></td>
<td>Session 18 [Papers]: Coercion, Restriction, and Solutions</td>
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<td>Salon II - Second Level</td>
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<tr>
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<td>Session 19 [Papers]: Youth Involved with the Legal System</td>
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<td>Sculptor - Third Level</td>
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<tr>
<td>6:15pm</td>
<td>Welcome Reception</td>
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<td>Outside Terrace</td>
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#### Tuesday, 18 June

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>9am</td>
<td>Board of Directors/Advisory Board Meeting</td>
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<td>Artisan - Third Level</td>
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<tr>
<td>10am</td>
<td>Student Breakfast</td>
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<td></td>
<td>Curator - Third Level</td>
</tr>
<tr>
<td>12pm</td>
<td>Break Before Conference Begins</td>
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<td></td>
<td>Transitions</td>
</tr>
<tr>
<td>12:15pm</td>
<td>Welcome Remarks</td>
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<tr>
<td></td>
<td>Gallery Ballroom - Second Level</td>
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#### Wednesday, 19 June

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>7am</td>
<td>Student Section 5K Fun Run</td>
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</tbody>
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*Powered by [Ex Ordo](https://www.exordo.com), everything you need to run a research conference.*
### 2024 IAFMHS Conference San Francisco
17 - 20 Jun 2024 *All times in PDT*

#### Continued from Wednesday, 19 June

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
</tr>
</thead>
</table>
| 8am    | SIG Meeting 1: Long-Term Forensic Psychiatric Care  
Artisan - Third Level                             |                                               |
| 8am    | SIG Meeting 2: Family Engagement  
Atelier II - Third Level                            |                                               |
| 9am    | Session 20 [Symposium]: Enhancing the DASA + APP  
Artisan - Third Level                             |                                               |
|        | Session 21 [Papers]: Associated Features of Severe Mental Illness  
Atelier I - Third Level                            |                                               |
|        | Session 22 [Papers]: New Directions in Communicating and Studying Risk  
Atelier II - Third Level                            |                                               |
|        | Session 23 [Symposium]: Let's START  
Curator - Third Level                               |                                               |
|        | Session 24 [Papers]: Forensic and Inpatient Clients, Firesetting  
Salon I - Second Level                              |                                               |
|        | Session 25 [Symposium]: Prevention in Forensic Care - Reveries, Limits and Opportunities  
Salon II - Second Level                             |                                               |
|        | Session 26 [Papers]: The Range of Psychoses  
Sculptor - Third Level                              |                                               |
| 10:15am| Coffee Break  
Prefunction Lobby - Second and Third Levels                                                   |                                               |
| 10:45am| Poster Session 1  
Prefunction Lobby - Second and Third Levels                                                   |                                               |
| 11am   | Christopher Webster Award and Rüdiger Müller-Isberner Award Presentations  
Gallery Ballroom - Second Level                    |                                               |
| 12:15pm| Lunch [posters will remain displayed while poster presenters eat]  
Gallery Ballroom - Second Level                     |                                               |
| 1:30pm | Session 27 [Symposium]: Forensic Psychiatric Hospital - Use of Seclusion Considerations  
Atelier I - Third Level                             |                                               |
|        | Session 28 [Papers]: Legal and Policy Reforms  
Atelier II - Third Level                            |                                               |
|        | Session 29 [Papers]: Autism Spectrum Disorder  
Curator - Third Level                               |                                               |
|        | Session 30 [Symposium]: Becoming Trauma-Informed  
Salon I - Second Level                              |                                               |
|        | Session 31 [Round Table]: IJFMH Editorial Team  
Salon II - Second Level                             |                                               |
|        | Session 32 [Special]: Student Section Live Mentorship Event  
Sculptor - Third Level                              |                                               |
| 2:40pm | Transition Between Sessions  
Transitions                                           |                                               |
| 2:50pm | Session 33 [Papers]: Recidivism and Reduction  
Artisan - Third Level                               |                                               |
|        | Session 34 [Round Table]: International Perspectives on Forensic Models of Care, Designing Care Pathways, Modelling Therapeutic Security: Experiences from Belgium, Italy, Denmark, Canada and Ireland  
Atelier I - Third Level                             |                                               |
|        | Session 35 [Papers]: Forensic Assessment Measures  
Atelier II - Third Level                            |                                               |
|        | Session 36 [Symposium]: Trauma Screening in Juvenile Justice  
Salon I - Second Level                              |                                               |
| 4pm    | Coffee Break  
Prefunction Lobby - Second and Third Levels                                                   |                                               |
|        | Poster Session 1 Cont.  
Prefunction Lobby - Second and Third Levels                                                   |                                               |
| 4:30pm | Session 39 [Symposium]: JSAT  
Artisan - Third Level                               |                                               |
|        | Session 40 [Symposium]: Prevention, Intervention, and Implementation  
Atelier I - Third Level                             |                                               |
|        | Session 41 [Papers]: Response Style and Screening Limitations  
Atelier II - Third Level                             |                                               |
|        | Session 42 [Papers]: Aggression and Violence  
Salon I - Second Level                              |                                               |
|        | Session 43 [Papers]: Women and Older Clients  
Salon II - Second Level                             |                                               |
|        | Session 44 [Papers]: Cognitive, Emotional, and Volitional Functioning  
Sculptor - Third Level                              |                                               |

*Powered by Ex Ordo, everything you need to run a research conference.*
<table>
<thead>
<tr>
<th>Time</th>
<th>Session 46 (Round Table): Supporting Juvenile Mental Health Assessment and Intervention Reforms Through Consultation, Quality Assurance, and Continuous Quality Improvement Atelier II - Third Level</th>
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</thead>
<tbody>
<tr>
<td>7pm</td>
<td>Session 47 (Papers): Neurodevelopmental and Neurocognitive Disorders Curator - Third Level</td>
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<td>Session 48 (Symposium): Supporting Forensic Mental Health Nurses in their Day-to-Day Clinical Practice Salon I - Second Level</td>
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<td>Session 49 (Symposium): Predictors of Repeated Criminal Behavior Salon II - Second Level</td>
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<td>Session 50 (Round Table): Prevention in Forensic Mental Health: Experiences from a Maximum Secure Hospital in AB, Canada Sculptor - Third Level</td>
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<tr>
<td>10:15am</td>
<td>Coffee Break Prefunction Lobby - Second and Third Levels</td>
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<td>Poster Session 2 Prefunction Lobby - Second and Third Levels</td>
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<tr>
<td>10:45am</td>
<td>Keynote 3: Sarah L. Desmarais, Ph.D. Gallery Ballroom - Second Level</td>
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<tr>
<td>12pm</td>
<td>Lunch [posters will remain displayed while poster presenters eat] Gallery Ballroom - Second Level</td>
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<td>1pm</td>
<td>Session 51 (Symposium): Using Artificial Intelligence in Forensic Psychiatry Artisan - Third Level</td>
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<td>Session 52 (Papers): Intimate Partner Violence Atelier I - Third Level</td>
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<td>Session 53 (Symposium): Corrections and Forensic Psychiatry Atelier II - Third Level</td>
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<td>Session 54 (Papers): Fitness and Criminal Responsibility Curator - Third Level</td>
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<td>Session 55 (Papers): Engaging and Supporting Clients Salon I - Second Level</td>
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<td>Session 56 (Papers): Gender Differences Salon II - Second Level</td>
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<td>Session 57 (Papers): Holistic Risk and Needs Sculptor - Third Level</td>
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<tr>
<td>2:10pm</td>
<td>Transition between Sessions Transitions</td>
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<tr>
<td>2:20pm</td>
<td>Session 58 (Symposium): Prevention Through Connection Artisan - Third Level</td>
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<td>Session 59 (Symposium): Examining the Challenges of Translating Forensic Mental Health Recovery Measures for Different Jurisdictions: A View from Four Countries Atelier I - Third Level</td>
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<td>Session 60 (Symposium): Forensic Disability Services Atelier II - Third Level</td>
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<td>Session 61 (Symposium): Using DBT in Custodial Settings Curator - Third Level</td>
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<td>Session 62 (Symposium): Ten years on from the Forensic Network Inpatient Census Salon I - Second Level</td>
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<td>Session 63 (Papers): Structured Professional Judgment Sculptor - Third Level</td>
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<tr>
<td>3:30pm</td>
<td>Coffee Break Prefunction Lobby - Second and Third Levels</td>
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<td>Poster Session 2 Cont. Prefunction Lobby - Second and Third Levels</td>
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### 2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>4pm</td>
<td><strong>Session 64 [Symposium]: Innovations in Measurement-Based Care</strong>&lt;br&gt;Artisan - Third Level</td>
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<td><strong>Session 65 [Papers]: COVID-19</strong>&lt;br&gt;Atelier II - Third Level</td>
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<tr>
<td>5pm</td>
<td><strong>Annual General Meeting</strong>&lt;br&gt;Annual General Meeting&lt;br&gt;Gallery Ballroom - Second Level</td>
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Provincial Health Services Authority

The Provincial Health Services Authority (PHSA) is a dynamic organization dedicated to ensuring excellence in healthcare across British Columbia, Canada.

At the core of PHSA’s mission is a commitment to improving the health of British Columbians through the provision of high-quality, accessible healthcare services. As a leader in the healthcare sector, PHSA encompasses a diverse range of programs and services, spanning from clinical care and research to population health and health system planning.

BC Mental Health & Substance Use Services

BC Mental Health and Substance Use Services (BCMHSUS), under the Provincial Health Services Authority, provides provincial specialized assessment and treatment services for people with complex care needs. This includes individuals facing challenges related to mental health, substance use, and/or development disability, or criminal justice system involvement. BCMHSUS also engages in province-wide mental health promotion and literacy, leads and partners on groundbreaking research, and works in partnership to strengthen the provincial system of care.

In addition to several contracted programs, BCMHSUS provides the following services directly:

- Red Fish Healing Centre for Mental Health and Addiction
- Heartwood Centre for Women
- Rehabilitation and Recovery Program
- Provincial Assessment Centre
- Provincial Substance Use Treatment Beds
- Forensic Psychiatric Hospital
- Forensic Regional Community Clinics
- Correctional Health Services
- Community and Transitional Care Program
- Other Contracted Services

Scan QR Code to learn more about BCMHSUS job opportunities!
Expanded Format

Monday, June 17

Tuesday, June 18

Wednesday, June 19

Thursday, June 20
# 2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

## Monday, 17 June

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<th>Event</th>
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<tr>
<td>9am</td>
<td><strong>Pre-Conference Workshop 1: Neurodiversity-Affirming Approach to Assessment and Treatment of Forensic Clients with Complex Presentations</strong>&lt;br&gt;Salon I - Second Level&lt;br&gt;Chaired by: Dr. Joseph Sakdalan</td>
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<tr>
<td>9am</td>
<td><strong>Pre-Conference Workshop 2: The Aid for Violence Risk Triage Workshop</strong>&lt;br&gt;Salon II - Second Level&lt;br&gt;Chaired by: Dr. Kelly Watt</td>
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## Tuesday, 18 June

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<td>10am</td>
<td><strong>Student Breakfast</strong>&lt;br&gt;Curator - Third Level&lt;br&gt;Chaired by: Mr. Raymond Ho</td>
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<td>12pm</td>
<td><strong>Break Before Conference Begins</strong>&lt;br&gt;Transitions</td>
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### Monday, 17 June - Keynotes

- **12:30pm**<br>Keynote 1: Dale E. McNiel, Ph.D., ABPP<br>Gallery Ballroom - Second Level

### Monday, 17 June - Sessions

- **1:45pm**<br>Transition Between Sessions<br>Transitions

### Tuesday, 18 June - Sessions

- **2:30pm**<br>“If one doesn’t happen, the other will”: forensic mental health service users’ experiences of co-occurring self-harm and aggression<br>Artisan - Third Level
2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

Continued from Tuesday, 18 June

2:45pm Reducing self-harm and suicidality in vulnerable prisoners: Evaluating a new service intervention involving a structured approach to risk assessment and management
» Ms. Christie Browne, Dr. Carey Marr, Ms. Masha Romanovich, Dr. Kimberlie Dean

2pm Session 2 [Papers]: Women in Secure Settings
Atelier I - Third Level

2pm The woman’s experience of seclusion in secure settings: A case study
» Ms. Alison Hansen, Prof. Michael Hazelton, Dr. Robyn Rosina, Prof. Kerry Inder

2:20pm Exploring factors associated with seclusion use for women in secure forensic settings: Findings from a retrospective study
» Ms. Alison Hansen, Prof. Michael Hazelton, Dr. Robyn Rosina, Prof. Kerry Inder

2:40pm From principles to practice: Challenges and solutions in implementing a gender responsive model of care in a women’s secure forensic unit.
» Dr. Smita Tyagi, Ms. Jennifer Anderson, Mr. John Spavor, Dr. Ipsita Ray, Dr. Emily Cropps

2pm Session 3 [Papers]: Immigration and Diversity, Equity, and Inclusion
Atelier II - Third Level

2pm The invisible wall – Opportunities and difficulties working with foreign patients
» Ms. Ekaterina Trivonova

2:15pm Diversity in "unaccompanied" minors: Implications for policy and practice
» Dr. Maria Jimenez-Salazar, Ms. Michelle Leon, Ms. Emily Weinberger, Ms. Erzulie Coquillon, Dr. Keith Cruise, Dr. Andrew Rasmussen

2:30pm Implementation of a patient advisory board for forensic psychiatric patients - Insights and experiences from the PART project
» Dr. Eva Dr. Drewelow, Ms. Peggy Walde, Mr. Kai Gerullis, Dr. Ingo Kilimann, Dr. Olga Klein, Mr. Marcel Daum, Prof. Stefan Teipel, Prof. Birgit Vollm

2:45pm Measurement of progress of the first three years of a comprehensive framework of Equity, Diversity, and Inclusion in a Forensic Service
» Prof. Sandy Simpson, Dr. Treena Wilkie, Dr. Sumeeta Chatterjee

2pm Session 4 [Papers]: Needs, Continuity, and Recovery
Curator - Third Level

2pm From patient’s needs to recovery - the importance of non-pharmacological factors in patient’s improvement
» Dr. Inga Markiewicz

2:20pm Strategies to bridge treatment gap in correctional settings with inadequate mental healthcare
» Dr. Andrew T. Olagunju, Dr. Mark Kargwa, Dr. Oluyemi Akanni, Dr. Stephen Oludewi, Dr. Jeffrey Wang, Prof. John Bradford, Prof. Gary Chaimowitz

2:40pm Mind the gap – improving continuity of forensic mental health care
» Dr. Petra Schaftenaar, Dr. Vivienne de Vogel, Dr. Maartje Clercx

2pm Session 5 [Symposium]: Risk Factors for Offending
Salon I - Second Level

2pm From New Insights on Risk Factors for Offending to Better Prevention: Targeting Psychopathy, Morality, Identity and Cognitive Distortions
» Dr. Elen De Caluwyé, Ms. Valentina Macias Vasileff, Mrs. Deni Tressova, Dr. Madeleine Krikmann
<table>
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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 2:12pm | Assessing Psychopathic Traits from a Developmental and Personality Perspective: A Validation of the Elemental Psychopathy Assessment Short Form  
   » Dr. Elien De Caluwé, Dr. Mieke Decuyper, Prof. Kasia Uzieblo, Mr. Sam Ysewyn, Prof. Filip De Fruct, Prof. Stefan Bogaerts |
| 2:24pm | Would You Offend When Legally Allowed? The Role of Psychopathy, Morality, and Self-Control in Hypothetical Criminality  
   » Ms. Valentina Macias Vasileff, Dr. Carlo Garofalo, Dr. Yasemin Erbaş, Dr. Elien De Caluwé, Prof. Stefan Bogaerts |
| 2:36pm | Identity and Personality Pathology in Adult Forensic Psychiatric Patients and Healthy Controls  
   » Mrs. Deni Tressova, Dr. Elien De Caluwé, Prof. Stefan Bogaerts |
| 2:48pm | Cognitive Distortions in Patients With Antisocial Personality Disorder and Non-Patients  
   » Dr. Madeleine Rickmans, Dr. Jelle Sijtsema |
| 2pm    | Session 6 [Symposium]: Family Collaboration in Forensic Mental Health Settings  
   Salon II - Second Level  
   Chaired by: Dr. Sara Rowaert |
| 2pm    | Support and involvement of family members in forensic mental health settings: Evolutions through the years  
   » Dr. Sara Rowaert, Dr. Ellen Tingleff, Prof. Jason Davies |
| 2:15pm | "It’s still our child". A qualitative interview study with parent carers in forensic mental health  
   » Dr. Ellen Tingleff, Dr. Sara Rowaert, Ms. Stinne Vinding, Mrs. Tina Vestphal, Prof. Rhonda Wilson, Prof. Frederik Gildberg |
| 2:30pm | Partner in care versus partner in crime: Mental healthcare professionals’ view on family involvement in forensic psychiatric care  
   » Dr. Sara Rowaert, Dr. Ellen Tingleff, Prof. Ulrica Hörberg, Prof. Stijn Vandevelde, Prof. Gilbert Lemmens |
| 2:45pm | The Equilibrium Programme: the development, delivery and initial evaluation of a whole system strengths based approach to addressing domestic abuse  
   » Mr. Dafydd Thomas, Prof. Jason Davies, Ms. Amy Wellington |
| 2pm    | Session 7 [Special]: Student Section Sponsored Panel: Academic Failures and Resilience  
   Sculptor - Third Level  
   Chaired by: Mr. Raymond Ho |
| 3:10pm | Coffee Break  
   Prefunction Lobby - Second and Third Levels |
| 3:40pm | Session 8 [Round Table]: Improving Behavioral Health Outcomes via Technology for Systems-Involved Youth and Families in the United States: Lessons Learned and Future Directions  
   Artisan - Third Level  
   Chaired by: Dr. Evan Holloway  
   Improving behavioral health outcomes via technology for systems-involved youth and families in the United States: Lessons learned and future directions  
   » Dr. Evan Holloway, Dr. Johanna Folk, Ms. Yaneth Urquijo, Mr. Roger Chan, Dr. Marina Tolou-Shams |
| 3:40pm | Session 9 [Symposium]: Guidelines and Practice in Forensic Report Writing  
   Atelier I - Third Level  
   Chaired by: Dr. João Da Silva Guerreiro  
   Session 9 [Symposium]: Guidelines and Practice in Forensic Report Writing  
   » Dr. João Da Silva Guerreiro |
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>3:40pm</td>
<td>Closing the gap between guidelines and practice in forensic report writing</td>
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<tr>
<td>3:40pm</td>
<td>» Dr. João Da Silva Guerreiro, Dr. Lisa Ramshaw, Dr. Treena Wilkie, Mr. Étienne Pelletier, Ms. Emma Laplante</td>
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<tr>
<td>4pm</td>
<td>Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing - Experience and Evaluation</td>
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<tr>
<td>4:20pm</td>
<td>An exploratory study of criminal responsibility assessments from the viewpoint of experts in forensic psychiatry and an analysis of their report writing practices</td>
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<tr>
<td>3:40pm</td>
<td>Session 10 [Papers]: Public Perceptions and Stigma</td>
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<td>3:40pm</td>
<td>Curator - Third Level</td>
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<tr>
<td>3:40pm</td>
<td>Public Attributions and Attitudes Towards Not Criminally Responsible Accused in Canada</td>
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<td>3:55pm</td>
<td>“Everyone deserves a chance”: Canadians' attitudes toward mental health disorders and the reintegration and rehabilitation of individuals who have committed a sexual offence.</td>
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<tr>
<td>4:10pm</td>
<td>Identifying factors predictive of public attitudes towards criminal justice-involved individuals with mental health needs</td>
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<tr>
<td>4:25pm</td>
<td>&quot;Dirty work&quot;: Challenging stigma in forensic mental health</td>
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<tr>
<td>3:40pm</td>
<td>Session 11 [Symposium]: Violence Risk Triage</td>
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<td>3:40pm</td>
<td>Salon I - Second Level</td>
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<td>Chaired by: Dr. Stephen Hart</td>
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<tr>
<td>3:40pm</td>
<td>Violence Risk Triage in Forensic Evaluations: A Critical Element of Managing Violence Risk</td>
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<tr>
<td>3:52pm</td>
<td>The Nature of Violence Risk Triage</td>
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<tr>
<td>4:04pm</td>
<td>Violence Risk Triage in Mental Health Settings</td>
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<td>4:16pm</td>
<td>Violence Risk Triage in Employment and Education Settings</td>
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<tr>
<td>4:28pm</td>
<td>Programmatic Evaluation of Violence Risk Triage: Key Questions and Methods</td>
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<tr>
<td>3:40pm</td>
<td>Session 12 [Symposium]: Wearables</td>
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<td>3:40pm</td>
<td>Salon II - Second Level</td>
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<td>Chaired by: Dr. Thimo van der Pol</td>
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<tr>
<td>3:40pm</td>
<td>Wearables, new developments and research in forensic mental health care</td>
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<td>3:55pm</td>
<td>VReedom</td>
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<td>4:10pm</td>
<td>“How do you Feelie? Pre-liminary results of emoji-based smartphone data intervention to enhance the emotional wellbeing for adolescent in a forensic outpatient treatment.</td>
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<td>Time</td>
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<tr>
<td>4:25pm</td>
<td>The Sense-it app to increase emotion recognition in (forensic) mental healthcare.</td>
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<td>3:40pm</td>
<td>Session 13 [Symposium]: BCC Healthcare</td>
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<td><strong>Sculptor</strong> - Third Level</td>
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<td>Chaired by: Dr. Tonia Nicholls</td>
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<tr>
<td>3:40pm</td>
<td>An Evaluation of Healthcare in BC Correctional Centres</td>
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<td>3:55pm</td>
<td>Cultural Safety in BC Correctional Centres: Lived Experiences with Healthcare</td>
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<td>4:10pm</td>
<td>Trauma-informed Practice in BC Correctional Centres: Lived Experiences with Healthcare</td>
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<tr>
<td>4:25pm</td>
<td>Seamless and Integrated Care in BC Correctional Centres: Lived Experiences with Healthcare</td>
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<td>4:50pm</td>
<td>Transition Between Sessions</td>
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<td>5pm</td>
<td>Session 14 [Papers]: Management and Discharge</td>
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<tr>
<td>5pm</td>
<td>Evaluation of a UK based police control room mental health triage model: outcomes achieved, lessons learned and next steps.</td>
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<tr>
<td>5:12pm</td>
<td>How does Polish Criminal Law respond to the mental health offenders? The polish system of protective measures</td>
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<tr>
<td>5:24pm</td>
<td>Applications of the measure on Behavioral Influence and limitation of freedom (MBI) for (mentally ill) sex and violent offenders in 2018 to 2022</td>
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<tr>
<td>5:36pm</td>
<td>Treatment becoming sanction: A case study of court hearings on prolonging the compulsory treatment of mentally ill offenders in Hungary</td>
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<tr>
<td>5:48pm</td>
<td>Forensic mental health patients on conditional discharge in England and Wales: A systematic literature review</td>
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<tr>
<td>5pm</td>
<td>Session 15 [Papers]: Research and Practice</td>
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<tr>
<td>5pm</td>
<td>Clinician research competency and perspectives of research environment among forensic mental health services: An international cross-sectional survey study</td>
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<tr>
<td>5:15pm</td>
<td>Strategies for implementing patient-oriented research approaches in forensic mental healthcare settings</td>
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</tbody>
</table>
### 2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

**Continued from Tuesday, 18 June**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
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<tbody>
<tr>
<td>5:30pm</td>
<td><strong>A bibliometric analysis of research in the field of forensic psychiatry</strong>&lt;br&gt;  Dr. Mark Mohan Kaggwa, Dr. Andrew T. Olagunju, Prof. Gary Andrew Chaimowitz</td>
</tr>
<tr>
<td>5:45pm</td>
<td><strong>Factors impacting the Recruitment and Retention of Forensic Psychiatrists in Ontario</strong>&lt;br&gt;  Dr. Treena Wilkie, Dr. Lisa Ramshaw</td>
</tr>
<tr>
<td>5pm</td>
<td><strong>Session 16 [Papers]: Technological Services</strong>&lt;br&gt;  <em>Atelier II - Third Level</em></td>
</tr>
<tr>
<td>5pm</td>
<td><strong>Navigating the Virtual Frontiers of Forensic Mental Healthcare</strong>&lt;br&gt;  Mrs. Marileen Kouizier, Dr. Hanneke Kip, Dr. Saskia Kelders, Dr. Yvonne Bouman</td>
</tr>
<tr>
<td>5:15pm</td>
<td><strong>The Impact of Telehealth on the Attendance and Results of Offenders at Competency Evaluations</strong>&lt;br&gt;  Ms. Maverick Douglas</td>
</tr>
<tr>
<td>5:30pm</td>
<td><strong>Putting the patient central – integrating wearables in aggression regulation treatment of forensic psychiatric outpatients</strong>&lt;br&gt;  Dr. Hanneke Kip, Mrs. Tanhee Heirbut</td>
</tr>
<tr>
<td>5:45pm</td>
<td><strong>Jumping in at the DEEP end: Evaluating VR biofeedback game</strong>&lt;br&gt;  DEEP in forensic inpatient care&lt;br&gt;  Ms. Lisa Klein Haneveld, Dr. Hanneke Kip, Dr. Yvonne Bouman, Dr. Hanneke Scholten, Dr. Joanneke Weerdmeester, Dr. Saskia Kelders</td>
</tr>
<tr>
<td>5pm</td>
<td><strong>Session 17 [Symposium]: Aggression and Stress Reactivity in Forensic Psychiatry</strong>&lt;br&gt;  <em>Curator - Third Level</em>&lt;br&gt;  Chaired by: Ms. Iris Frowijn</td>
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<tr>
<th>Time</th>
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<tr>
<td>5pm</td>
<td><strong>Psychophysiological and Daily-Life Markers of Aggressive Behavior in Forensic Psychiatric Patients</strong>&lt;br&gt;  Ms. Iris Frowijn, Ms. Jenthe Mens, Ms. Inge Nijman, Dr. Petra Habets</td>
</tr>
<tr>
<td>5:12pm</td>
<td><strong>A latent class analysis of transgressive incidents targeted on staff in forensic psychiatric healthcare</strong>&lt;br&gt;  Ms. Iris Frowijn, Prof. Erik Masthoff, Prof. Jeroen Vermunt, Prof. stefan Bogaerts</td>
</tr>
<tr>
<td>5:24pm</td>
<td><strong>Using physiological biomarkers in forensic psychiatry: A scoping review</strong>&lt;br&gt;  Prof. Erik Masthoff, Ms. Jenthe Mens, Prof. stefan Bogaerts, Dr. Pauline Heus</td>
</tr>
<tr>
<td>5:36pm</td>
<td><strong>Differences in physiological correlates between self-directed and other-directed aggression</strong>&lt;br&gt;  Ms. Inge Nijman, Dr. Peter de Looff, Prof. Erik Masthoff, Prof. stefan Bogaerts</td>
</tr>
<tr>
<td>5:48pm</td>
<td><strong>Differences in stress reactivity between forensic patients and the general population</strong>&lt;br&gt;  Dr. Petra Habets, Dr. Ingeborg Jeandarme, Prof. stefan Bogaerts</td>
</tr>
<tr>
<td>5pm</td>
<td><strong>Session 18 [Papers]: Coercion, Restriction, and Solutions</strong>&lt;br&gt;  <em>Salon II - Second Level</em></td>
</tr>
<tr>
<td>5pm</td>
<td><strong>Impact of Individual Characteristics on Perceived Coercion in Alternative to Incarceration Program Participants</strong>&lt;br&gt;  Ms. Jay Gonzales, Dr. Barry Rosenfeld, Mrs. Ellen Quick-Parikh, Dr. Mernil Rotter</td>
</tr>
<tr>
<td>5:15pm</td>
<td><strong>Coercive bullying among forensic inpatients: Nature, prevalence and antecedents from the patient perspective.</strong>&lt;br&gt;  Dr. Lindsay Healey, Dr. Michael Seto, Dr. Adelle Forth</td>
</tr>
<tr>
<td>5:30pm</td>
<td><strong>Mental Health Patients’ Preferences Among Restrictive Interventions: an Integrative Review</strong>&lt;br&gt;  Ms. Camilla Lindekilde, Mr. Martin Locht Pedersen, Prof. Saren Birkeland, Dr. Jacob Hvidhjeml, Prof. John Baker, Prof. Frederik Gildberg</td>
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<tr>
<td>5:45pm</td>
<td>Do improved structural surroundings reduce restrictive practices in psychiatry?</td>
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<tr>
<td></td>
<td>» Dr. Astrid Harpeth, Prof. Harry Kenndy, Dr. Morten Deleuran</td>
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<td>» Terkildsen, Mr. Anders Helles Carl sen, Mrs. Bettina Nørremark, Prof.</td>
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<td>» Lisbeth Uhorskoy Sørensen</td>
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<tr>
<td>5pm</td>
<td>Session 19 (Papers): Youth Involved with the Legal System</td>
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<td></td>
<td>Sculptor - Third Level</td>
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<tr>
<td>5pm</td>
<td>Rates of police contact during childhood and adolescence,</td>
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<td>including for those with emerging mental health problems</td>
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<td></td>
<td>» Dr. Kimberlie Dean</td>
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<tr>
<td>5:12pm</td>
<td>Reducing demand for illicit substances in young people through</td>
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<td>coproduction, skills training and early intervention</td>
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<td>» Prof. Michael Doyle, Dr. Chris Retzler</td>
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<tr>
<td>5:24pm</td>
<td>Inter-rater Reliability of the EARL-V3 for Children Displaying</td>
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<td>Antisocial Behavior</td>
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<td></td>
<td>» Dr. Andrei Smaragdi, Ms. Lara Schwarz, Ms. Thea Johsefine Austevik,</td>
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<td>Dr. Leena Augimeri, Ms. Margaret Walsh, Prof. Christopher D. Webster</td>
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<tr>
<td>5:36pm</td>
<td>Psychometric qualities of the Clinical Assessment of Conscience</td>
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<td>» Ms. Julia Tiemerzma</td>
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<tr>
<td>5:48pm</td>
<td>Rightsizing treatment dosage for adolescents who have</td>
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<td>committed capital offenses: Integration of risk and personality</td>
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<td>assessments</td>
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<td>» Dr. Evan Norton, Dr. Shantea Motley, Mr. Alejandro Ramirez, Ms.</td>
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<td>Claire Boudrot, Dr. Robert Leark</td>
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<tr>
<td>6:15pm</td>
<td>Welcome Reception</td>
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<td>Outside Terrace</td>
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**Wednesday, 19 June**

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<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tr>
<td>7am</td>
<td>Student Section 5K Fun Run</td>
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<td>Chaired by: Mr. Raymond Ho</td>
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<tr>
<td>8am</td>
<td>SIG Meeting 1: Long-Term Forensic Psychiatric Care</td>
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<td>Artisan - Third Level</td>
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<td></td>
<td>Chaired by: Mx. Hilde Wijma and Mx. Sandrine Mikkers</td>
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<tr>
<td>8am</td>
<td>SIG Meeting 2: Family Engagement</td>
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<td></td>
<td>Atelier II - Third Level</td>
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<td></td>
<td>Chaired by: Dr. Ellen Tingleff and Dr. Sara Rowaert</td>
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<tr>
<td>9am</td>
<td>Session 20 [Symposium]: Enhancing the DASA + APP</td>
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<td>Artisan - Third Level</td>
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<td>Chaired by: Prof. Michael Daffern</td>
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<tr>
<td>9am</td>
<td>Enhancing the DASA + APP: Applications in youth and adult settings and the</td>
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<td>development of built-in assessment for the DASA</td>
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<td></td>
<td>» Prof. Michael Daffern, Ms. Cathy Duivesteyn, Dr. Elizabeth Coleman,</td>
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<td></td>
<td>Dr. Tess Maguire, Dr. Tella Lanetta, Dr. Maiju Björkqvist, Dr. Laura</td>
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<td></td>
<td>Väätäinen</td>
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<tr>
<td>9:15am</td>
<td>Using DASA and APP to reduce aggression, restraints and</td>
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<td>seclusion, and PRN use at a tertiary mental health hospital in</td>
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<td>Canada.</td>
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<td>» Ms. Cathy Duivesteyn, Dr. Elizabeth Coleman, Prof. Michael Daffern</td>
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<tr>
<td>9:30am</td>
<td>Dynamic Appraisal of Situational Aggression -Youth Version</td>
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<td>(DASA-YV) in Finland: how to increase young person engagement</td>
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<td>in different institutional settings?</td>
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<td></td>
<td>» Dr. Tella Lanetta, Dr. Laura Väätäinen, Dr. Maiju Björkqvist, Prof. Michael</td>
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<td>Daffern</td>
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<td>9:45am</td>
<td>Development of entrustable professional activities for the</td>
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<td></td>
<td>Dynamic Appraisal of Situational Aggression (DASA)</td>
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<td>» Dr. Tess Maguire, Prof. Michael Daffern</td>
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<td>Time</td>
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<tr>
<td>9am</td>
<td><strong>Session 21 [Papers]: Associated Features of Severe Mental Illness</strong> Atelier I - Third Level</td>
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<tr>
<td>9am</td>
<td><strong>Violence and Psychosis: Evidence of their relationship in the general population</strong></td>
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<tr>
<td>9:15am</td>
<td><strong>Characteristics of Violent Seriously Mentally Ill Forensically Committed Patients</strong></td>
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<tr>
<td>9:30am</td>
<td><strong>Learning about Unmet Need from People with Complex MHSU &amp; Criminogenic Needs - Exploring the unmet needs of people with complex mental health, substance use and criminogenic needs</strong></td>
</tr>
<tr>
<td>9:45am</td>
<td><strong>Substance-related disorders, relapse prevention and Schizophrenia - Difficulties and possibilities in (german) forensic psychiatric treatment</strong></td>
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<td>9am</td>
<td><strong>Session 22 [Papers]: New Directions in Communicating and Studying Risk</strong> Atelier II - Third Level</td>
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<td>9am</td>
<td><strong>Examining Judges Perspectives of Gladue Considerations in Psychological Reports: A Collective Case Study</strong></td>
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<td>9:12am</td>
<td><strong>Cultural Case Formulation in Risk Assessment with Indigenous Persons</strong></td>
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<td>9:24am</td>
<td><strong>Are we clear? A vignette study on violence risk communication in the Netherlands</strong></td>
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<tr>
<td>9:36am</td>
<td><strong>A Grounded Theory Approach to Extremism Using Psychological Evaluation Reports</strong></td>
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<td>9:48am</td>
<td><strong>A Path Analysis Pilot Test of the Theories Underlying the Risk-Need-Responsivity Model</strong></td>
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<td>9am</td>
<td><strong>Session 23 [Symposium]: Let’s START</strong> Curator - Third Level</td>
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<tr>
<td>9am</td>
<td><strong>A Review at 10+ years of Use in Germany and California and an Outlook on New Areas of Application</strong></td>
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<tr>
<td>9:12am</td>
<td><strong>Use of START in California: Review, Present and Outlook</strong></td>
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<tr>
<td>9:24am</td>
<td><strong>START in the Vitos Forensic Hospital Giessen – History and Implementation, Current Situation and Outlook</strong></td>
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<tr>
<td>9:36am</td>
<td><strong>Systematic assessment of risk and treatability by Primary Nurses in the Clinic for Forensic Psychiatry &amp; Psychotherapy, ZIP Emmendingen, Germany to provide expert opinions to the court</strong></td>
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<tr>
<td>9:48am</td>
<td><strong>Bringing START into the Community</strong></td>
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<tr>
<td>9am</td>
<td><strong>Session 24 [Papers]: Forensic and Inpatient Clients, Firesetting</strong> Salon I - Second Level</td>
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### 2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

Continued from Wednesday, 19 June

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
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</table>
| 9am   | Characterization of criminal offenses and those that lead to forensic care - a Danish population-based study  
       | Mrs. Tine Woebbe, Dr. Dorte Helenius Mikkelsen, Dr. Anne Mette Brandt-Christensen |
| 9:13am| Clinical characteristics subgroups of patients treated in a forensic hospital in Ontario: A 20-year comparison  
       | Ms. Arianne Imbeault, Prof. Zoe Hilton, Prof. Elke Ham, Ms. Marie-Christine Stafford, Prof. Anne Crocker |
| 9:26am| Procedure and Challenges of Creating a Nationwide Database for Forensic Patients in Germany  
       | Dr. Katia Köppen, Ms. Peggy Walde, Prof. Birgit Völlm |
| 9:39am| Understanding the characteristics of adults who set fires in Aotearoa New Zealand  
       | Dr. Nichola Tyler, Prof. Theresa Gannon, Prof. Tony Ward |
| 9:52am| Applying a public health model to the prevention of deliberate firesetting: Opportunities for forensic mental health professionals  
       | Dr. Nichola Tyler |

**9am**  
**Session 25 [Symposium]: Prevention in Forensic Care - Reveries, Limits and Opportunities**  
_Salon II - Second Level_  
Chaired by: Dr. Sven Krimmer

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<tr>
<th>Time</th>
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</table>
| 9am   | Prevention in forensic care - reveries, limits and opportunities  
       | Dr. Sven Krimmer, Ms. Natalia Jones, Ms. Katharina Klocke, Ms. Julia Turek |
| 9:13am| Prevention in forensic care - reveries, limits and opportunities: Paper 1  
       | Dr. Sven Krimmer |
| 9:26am| Prevention in forensic care - reveries, limits and opportunities: Paper 2  
       | Ms. Katharina Klocke |
| 9:39am| Prevention in forensic care - reveries, limits and opportunities: Paper 3  
       | Ms. Natalia Jones |
| 9:52am| Prevention in forensic care - reveries, limits and opportunities: Paper 4  
       | Ms. Julia Turek |

**9am**  
**Session 26 [Papers]: The Range of Psychoses**  
_Sculptor - Third Level_

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<th>Time</th>
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| 9am   | Attenuated psychosis in incarcerated young men: Presentation, prevalence and implications for the mental health and justice systems.  
       | Dr. Lindsay Healey, Dr. Melanie Fessinger, Dr. Marie Gillespie, Dr. Jordan Beardslee, Dr. Jason Schiffman, Dr. Elizabeth Cauffman |
| 9:20am| “Psychoeducation light” - for patients with chronified schizophrenia  
       | Mr. Johannes Schmidt |
| 9:40am| More than a decade of implementing the integrated Psychological Treatment for individuals with schizophrenia in Canadian correctional and forensic psychiatric settings: What have they done with it?  
       | Prof. Mathieu Dumont, Mr. René Bélanger, Prof. Catherine Briand |

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<tr>
<th>Time</th>
<th>Session/Activity</th>
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| 10:15am| Coffee Break  
       | Prefunction Lobby - Second and Third Levels |
| 10:15am| Poster Session 1  
       | Prefunction Lobby - Second and Third Levels |
Exploring the Impact of Incarceration on Identity Formation among Emerging Adults and the Mediating Role of Psychological Functioning
> Dr. Virginija Klimukiene

Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody (Phase 2)
> Dr. Arlene Kent-Wilkinson, Dr. Bryce Stoliker, Dr. Lisa Jewell, Dr. Christie Tetreault, Dr. Krista Lagimodiere, Ms. Lindsay Reddick

Lifetime patterns of violence in a cohort of non-forensic patients with Schizophrenia Spectrum Disorders: life course trajectories and developmental themes
> Prof. Sandy Simpson

A qualitative examination of registered persons' perceptions and experiences of registration and community case management in New Zealand
> Ms. Mackenzie Auld, Dr. Nichola Tyler, Dr. Louise Dixon, Ms. Margaret-Anne Laws

Metabolic syndrome in forensic psychiatry
> Mr. Peter Andersson, Dr. Knut Stundsson, Dr. Dan Wetterborg

Pretrial Defendants' Perceptions of Behavioral Health Needs During the Pretrial Period
> Dr. Evan Lowder, Ms. Peyton Frye, Ms. Sydney Ingel, Dr. Janani Ummamaheswar

Associations between generalized shame and emotional processing difficulties among individuals seeking mental health care: Implications for corrections
> Dr. Alicia Spidel

Impact of early Child Emotional and Behavioural Disorders on later Educational Outcomes: A population-based cohort study in Ethiopia
> Dr. Habtamu Kurmane, Prof. Charlotte Hanlon

Music Therapy for Psychosocial Rehabilitation in Forensic Psychiatric Populations
> Dr. Maryana Kravtseyuk, Ms. Shaista Goel

In A Perfect World: AI Generates an Ideal Criminal Justice System
> Prof. Landon Hester, Dr. Melissa Piasecki

Community to Corrections: A county-level correlational analysis of social, demographic, health and economic factors
> Dr. Melissa Piasecki, Dr. Ashley Maestas, Dr. Landon Hester, Ms. Agnes Koos, Dr. John Packham, Ms. Elizabeth Phelan

> Mr. Samuel Matthew, Dr. Stephen Hart, Dr. Gina Vincent, Dr. Jodi Vlijmen

Examining the effects of social stability on psychotic symptoms in a sample of inmates
> Ms. Shreya Jagtap, Mr. Marco Kilada, Dr. Cory Gerritsen

System Redesign to Address Solitary Confinement – Toolkit for Healthcare Providers
> Dr. Austin Lam, Dr. Claire Bodkin, Mr. Michael Menconi, Dr. Bajayanta Mukhopadhyay, Dr. Jenna Webber, Dr. Nooshin Nikoo, Prof. Ruth Martin

Danish mental health staff experience with Decision-making regarding the least restrictive alternative principle and use of restrictive interventions – an interview study
> Ms. Camilla Lindeklíde, Prof. Frederik Gildberg, Prof. John Baker, Dr. Jacob Hvidhjelm, Prof. Søren Birkeland

Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody
> Dr. Arlene Kent-Wilkinson, Dr. Bryce Stoliker, Dr. Lisa Jewell, Dr. Christie Tetreault, Dr. Krista Lagimodiere, Ms. Lindsay Reddick
**2024 IAFMHS Conference San Francisco** 17 - 20 Jun 2024 *All times in PDT*

### Continued from Wednesday, 19 June

**Peer support work in forensic mental health care in Flanders - Expectations from different perspectives**
- Mrs. Louise Van Gysel, Dr. Aline Pouille, Dr. Leen Cappon, Dr. Sara Rowaert

**The Knowledge Exchange on Reader Boards (KERB) Project: An Integrated Knowledge Translation and Exchange (KTE) Initiative to Engage Patient and Family Partners, Clinicians, and Researchers in Bridging Knowledge and Practice Gaps**
- Ms. Miriah Hodgins, Ms. Courtney Pankratz, Dr. Tonia Nicholls, Ms. Charis Lai

**Does Allowing for Discretion Add Value? An Examination of the “Broken Leg Scenario” in Violence Risk Assessments with the SAVRY**
- Ms. Shanna Li, Dr. Jodi Viljoen, Mr. Samuel Matthew

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<tr>
<td>10:45am</td>
<td><strong>Christopher Webster Award and Rüdiger Müller-Isberner Award Presentations</strong>&lt;br&gt;Gallery Ballroom - Second Level</td>
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<tr>
<td>11am</td>
<td><strong>Keynote 2: Seena Fazel, BSc (Hons), MBChB, MD, FRCPsych / Derek Eaves Lecture</strong>&lt;br&gt;Gallery Ballroom - Second Level</td>
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<td><strong>Keynote 2: Prof. Seena Fazel: New Evidence in Forensic Mental Health: Implications for Policy and Service Development</strong>&lt;br&gt;<strong>Dr. Seena Fazel</strong></td>
</tr>
<tr>
<td>12:15pm</td>
<td><strong>Lunch [posters will remain displayed while poster presenters eat]</strong>&lt;br&gt;Gallery Ballroom - Second Level</td>
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<tr>
<td>1:30pm</td>
<td><strong>Session 27 [Symposium]: Forensic Psychiatric Hospital - Use of Seclusion Considerations</strong>&lt;br&gt;<em>Atelier I - Third Level</em>&lt;br&gt;Chaired by: Dr. Tonia Nicholls</td>
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<tr>
<td>1:30pm</td>
<td><strong>Use of Seclusion Considerations</strong>&lt;br&gt;Dr. Tonia Nicholls, Dr. Pratap Narayan, Dr. Edwin Chow, Dr. sophie anhoury, Dr. Neeta Nagra</td>
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<tr>
<td>1:42pm</td>
<td><strong>Overview of Seclusion Including Clinical, Ethical and Legal Considerations</strong>&lt;br&gt;Dr. Pratap Narayan, Dr. Tonia Nicholls</td>
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<tr>
<td>1:54pm</td>
<td><strong>Perceptions and Experiences of Seclusion Among Forensic Mental Health Providers: A Thematic Analysis</strong>&lt;br&gt;Dr. Edwin Chow, Dr. Pratap Narayan, Dr. Neeta Nagra, Dr. Tonia Nicholls</td>
</tr>
<tr>
<td>2:06pm</td>
<td><strong>Developing Accountability and Changing Institutional Culture</strong>&lt;br&gt;Dr. sophie anhoury, Dr. Tonia Nicholls</td>
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<tr>
<td>2:18pm</td>
<td><strong>Optimizing Seclusion Practices: Empowering Nurses through Education and Policy Change</strong>&lt;br&gt;Dr. Neeta Nagra, Dr. Tonia Nicholls</td>
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<td>1:30pm</td>
<td><strong>Session 28 [Papers]: Legal and Policy Reforms</strong>&lt;br&gt;<em>Atelier II - Third Level</em></td>
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<td>1:30pm</td>
<td><strong>Trauma-Informed Juvenile Corrections: The Continuous Impact of Reform in Texas’ Secure Youth Facilities</strong>&lt;br&gt;Dr. Shantae Motley, Dr. Evan Norton, Dr. Emily Knox, Ms. Claire Boudrot, Mr. Alejandro Ramirez</td>
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<tr>
<td>1:45pm</td>
<td><strong>Forensic psychiatry patients, services, and legislation in Nunavut and Greenland</strong>&lt;br&gt;Prof. Lisbeth Uhrskov Sørensen, Ms. Casy Upfold, Mr. Christian Haurdahl Jentz, Dr. Parnuna Heilmann, Dr. Naaja Nathanielsen, Prof. Gary Andrew Chaimowitz</td>
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<tr>
<td>Time</td>
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</table>
| 2pm   | Legislative reform and the mental health system – implementation at the local level.  
       | » Mr. Patrick Seal                                                                |
| 2:15pm| An action plan for Canada on mental health and criminal justice                    
       | » Ms. Sandra Koppert, Mr. A.J. Grant-Nicholson                                    |
| 1:30pm| **Session 29 [Papers]: Autism Spectrum Disorder**                                   
       | **Curator - Third Level**                                                          |
| 1:30pm| The neurodivergent dilemma: A move towards a Neurodiversity-Affirming Approach to Forensic Assessment  
       | » Dr. Joseph Sakdalan                                                              |
| 1:45pm| The application of Adapted Dialectical Behaviour Therapy in the treatment of adults with Autistic Spectrum Disorder who display offending behaviours  
       | » Dr. Joseph Sakdalan                                                              |
| 2pm   | Application of Intensive Massed-Dosage Prolonged Exposure Therapy in Addressing Offense-Related PTSD: A Single-Case Study with a Forensic Patient Diagnosed with Autism Spectrum Disorder  
       | » Ms. Olivia Koppel, Mrs. Neringa Aasdal, Prof. Debra Kaysen                      |
| 2:15pm| A descriptive review of young people with Autism Spectrum Disorder referred to a Fixated Threat Assessment Centre  
       | » Dr. Jennifer McCarthy, Dr. Carolyn Simms, Mr. Steven Cooper                    |
| 1:30pm| **Session 30 [Symposium]: Becoming Trauma-Informed**                                
       | **Salon I - Second Level**                                                        
       | Chaired by: Dr. Vivienne de Vogel                                                  |
| 1:30pm| Mental resilience of both patients and staff in forensic mental health care        
       | » Dr. Vivienne de Vogel, Dr. Nienke Verstegen, Ms. Annabel Simjouw                |
| 1:45pm| Mind your mind                                                                     
       | » Dr. Vivienne de Vogel, Dr. Nienke Verstegen                                    |
| 2pm   | Experiences of forensic mental health professionals with inpatient aggression     
       | » Dr. Nienke Verstegen, Dr. Vivienne de Vogel                                   |
| 2:15pm| ‘We got to do what we have got to do.’ Organizational culture within a Dutch forensic mental health care setting.  
       | » Ms. Annabel Simjouw, Dr. Vivienne de Vogel                                   |
| 1:30pm| **Session 31 [Round Table]: IJFMH Editorial Team**                                  
       | **Salon II - Second Level**                                                       
       | Chaired by: Prof. Michael Daffern                                                 |
| 2pm   | Navigating the Publishing Landscape: Insights from the International Journal of Forensic Mental Health Editorial Team  
       | » Prof. Michael Daffern, Dr. Alicia Nijdam-Jones, Prof. Stuart Thomas,  
       | Dr. Jack Tomlin                     |
| 1:30pm| **Session 32 [Special]: Student Section Live Mentorship Event**                    
       | **Sculptor - Third Level**                                                        
       | Chaired by: Mr. Raymond Ho                                                         |
| 2:40pm| Transition Between Sessions                                                          
       | Transitions                                                                         |
| 2:50pm| **Session 33 [Papers]: Recidivism and Reduction**                                   
       | **Artisan - Third Level**                                                         |
| 2:50pm| The effectiveness of the New Zealand Register in reducing recidivism               
       | » Ms. Mackenzie Auld, Dr. Nichola Tyler, Dr. Louise Dixon, Caleb Lloyd,  
       | Ms. Margaret-Anne Laws                                                            |
### Continued from Wednesday, 19 June

**2:50pm**  
**Session 34 [Round Table]: International Perspectives on Forensic Models of Care, Designing Care Pathways, Modelling Therapeutic Security: Experiences from Belgium, Italy, Denmark, Canada and Ireland**  
**Atelier I - Third Level**  
Chaired by: Prof. Harry Kennedy

**3:00pm**  
**Identifying factors involved in reoffending committed by registered persons in New Zealand**  
» Ms. Mackenzie Auld, Dr. Nichola Tyler, Dr. Louise Dixon, Ms. Margaret-Anne Laws

**3:14pm**  
**No longer a significant threat? Patterns and predictors of reoffending post absolute discharge**  
» Dr. Roland Jones, Prof. Sandy Simpson, Ms. Tamsen Kitt, Ms. Margaret Maheandiran, Mr. Marco Kilada, Dr. Stephanie Penney

**3:26pm**  
**The impact of mental health court liaison and diversion services on recidivism: A systematic review**  
» Dr. Carey Marr, Dr. Yin-Lan Soon, Dr. Kimberlie Dean

**3:38pm**  
**Health service utilisation and reoffending outcomes of those with mental illness released from prison in New South Wales, Australia**  
» Ms. Christie Browne, Dr. Kimberlie Dean

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<th>Time</th>
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<tr>
<td>2:50pm</td>
<td>Session 34</td>
<td>International Perspectives on Forensic Models of Care, Designing Care Pathways, Modelling Therapeutic Security: Experiences from Belgium, Italy, Denmark, Canada and Ireland</td>
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<td>Chaired by: Prof. Harry Kennedy</td>
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<td>Identifying factors involved in reoffending committed by registered persons in New Zealand</td>
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<td>Health service utilisation and reoffending outcomes of those with mental illness released from prison in New South Wales, Australia</td>
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**2:50pm**  
**Session 35 [Papers]: Forensic Assessment Measures**  
**Atelier II - Third Level**

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**2:50pm**  
One Size Does Not Fit All: The internal structure of the Personality Assessment Inventory clinical subscales among forensic psychiatric inpatients  
» Mr. Mingi Pan, Mr. Patrick McGonigal, Dr. Maria Aparcero, Dr. Tiffany N. Truong, Dr. David Glassmire

**3:00pm**  
Evaluating the Test Validity of the Comprehensive Assessment of Psychopathic Personality Symptom Rating Scale (CAPP SRS) in Korea  
» Ms. Daniele (Taylor) Quee, Dr. Stephen Hart, Prof. Jonghan Sea

**3:14pm**  
Forensic mental health assessment in Latin-America: A survey on current practices  
» Dr. Karin Arbach, Dr. Lucia Barboni, Dr. Ezequiel Mercurio, Mrs. Carolina Rinaldi

**2:50pm**  
Session 36 [Symposium]: Trauma Screening in Juvenile Justice  
**Salon I - Second Level**  
Chaired by: Dr. Keith Cruise

**2:50pm**  
Examining Demographic and Informant Differences to Inform Practice and Policy  
» Dr. Keith Cruise, Ms. Angela Glover, Ms. Joanna Kramer, Mr. Steven Curto

**3:05pm**  
Trauma Screening Results for Adolescents with Juvenile Justice Involvement: Gender Differences and Case Management Implications  
» Ms. Angela Glover, Dr. Keith Cruise

**3:20pm**  
Evaluating Caregiver and Youth Agreement on Reported Traumatic Event Exposure and PTSD Symptoms in a Juvenile Justice Sample  
» Ms. Joanna Kramer, Mr. Steven Curto, Dr. Keith Cruise, Dr. Julian Ford

**3:35pm**  
Temporal Stability in Youth Reported Traumatic Event Exposures and PTSD Symptoms in a Juvenile Justice Sample  
» Mr. Steven Curto, Ms. Joanna Kramer, Dr. Keith Cruise, Dr. Julian Ford
### Continued from Wednesday, 19 June

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<th>Time</th>
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<tr>
<td>2:50pm</td>
<td><strong>Session 37 [Symposium]: E-Health and Experience Sampling in Forensic Settings</strong></td>
<td>Chaired by: Dr. Eva Billen</td>
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<td><strong>Salon II - Second Level</strong></td>
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<tr>
<td>2:50pm</td>
<td><strong>E-Health and Experience Sampling in Forensic Settings</strong></td>
<td>Dr. Eva Billen, Dr. Petra Habets, Mrs. Elyan Aarts</td>
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<td>3:02pm</td>
<td><strong>The Use of Smartphone Apps in Assessing, Treating and Preventing Mental Health Issues and Delinquency: A Scoping Review on Justice-involved Youth and Adults.</strong></td>
<td>Mrs. Elyan Aarts, Dr. Eva Billen, Dr. Bruno Verschuere, Dr. Arnold van Emmerik</td>
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<tr>
<td>3:14pm</td>
<td><strong>Co-creation of an Experience Sampling Application in a Forensic Outpatient Setting</strong></td>
<td>Dr. Eva Billen</td>
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<td>3:26pm</td>
<td><strong>The perceived applicability of the m-path app: overcoming challenges in forensic psychiatric research?</strong></td>
<td>Dr. Petra Habets, Dr. Ingeborg Jeandarme, Prof. stefan Bogaerts</td>
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<td>3:38pm</td>
<td><strong>Mobile apps in forensic psychiatry - ethical considerations</strong></td>
<td>Dr. Hanneke Kip</td>
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<td>2:50pm</td>
<td><strong>Session 38 [Papers]: Innovative Intervention Services</strong></td>
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<td><strong>Sculptor - Third Level</strong></td>
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<td>2:50pm</td>
<td><strong>An Investigation into the Effectiveness of Dog-Assisted Interventions at Improving Mental Health among Incarcerated Individuals</strong></td>
<td>Ms. Nadya Nabi, Dr. Kareena McAloney-Kocaman, Dr. Mairi Fleming, Dr. Stella Bain</td>
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### 3:05pm
**Emotional dysregulation and it’s related to aggression: Vagus Nerve stimulation as treatment intervention?**
- Dr. Josanne van Dongen

### 3:20pm
**Resilience enhancing intervention for forensic inpatients**
- Prof. Anita Lill Hansen, Ms. Gina Ambroziak, Dr. David Thornton, Dr. James Mundt, Dr. Rachel Kahn, Dr. Lisbeth Dahl, Mr. Leif Waage, Dr. Daniel Kattenbraker, Prof. Bjorn Grung

### 3:35pm
**Say G’Day Framework**
- Mrs. Lavinia Mau-Pohiva, Dr. Athony Barker, Ms. Elyce Norton, Ms. Tara Field, Ms. Peta Kleinig

### 4pm
**Coffee Break**
- Prefunction Lobby - Second and Third Levels

### 4pm
**Poster Session 1 Cont.**
- Prefunction Lobby - Second and Third Levels

**Exploring the Impact of Incarceration on Identity Formation among Emerging Adults and the Mediating Role of Psychological Functioning**
- Dr. Virginia Klimukiene

**Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody (Phase 2)**
- Dr. Arlene Kent-Wilkinson, Dr. Bryce Stoliker, Dr. Lisa Jewell, Dr. Christie Tetreault, Dr. Krista Lagimodiere, Ms. Lindsay Reddick

**Lifetime patterns of violence in a cohort of non-forensic patients with Schizophrenia Spectrum Disorders: life course trajectories and developmental themes**
- Prof. Sandy Simpson

**A qualitative examination of registered persons’ perceptions and experiences of registration and community case management in New Zealand**
- Ms. Mackenzie Auld, Dr. Nichola Tyler, Dr. Louise Dixon, Ms. Margaret-Anne Laws
Examining the effects of social stability on psychotic symptoms in a sample of inmates
» Ms. Shreya Jagtap, Mr. Marco Kilada, Dr. Cory Gerritsen

System Redesign to Address Solitary Confinement – Toolkit for Healthcare Providers
» Dr. Austin Lam, Dr. Claire Bodkin, Mr. Michael Menconi, Dr. Bajayanta Mukhopadhyay, Dr. Jenna Webber, Dr. Nooshin Nikoo, Prof. Ruth Martin

Danish Mental health staff experience with Decision-making regarding the least restrictive alternative principle and use of restrictive interventions – an interview study
» Ms. Camilla Lindekleide, Prof. Frederik Gildberg, Prof. John Baker, Dr. Jacob Hvidhjelm, Prof. Søren Birkeland

Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody
» Dr. Arlene Kent-Wilkinson, Dr. Bryce Stoliker, Dr. Lisa Jewell, Dr. Christie Ytreault, Dr. Krista Lagimodiere, Ms. Lindsay Reddick

Peer support work in forensic mental health care in Flanders - Expectations from different perspectives
» Mrs. Louise Van Gysele, Dr. Aline Pouille, Dr. Leen Cappon, Dr. Sara Rowaert

The Knowledge Exchange on Reader Boards (KERB) Project: An Integrated Knowledge Translation and Exchange (KTE) Initiative to Engage Patient and Family Partners, Clinicians, and Researchers in Bridging Knowledge and Practice Gaps
» Ms. Miriah Hodgins, Ms. Courtney Pankratz, Dr. Tonia Nicholls, Ms. Châris Lai

Does Allowing for Discretion Add Value? An Examination of the “Broken Leg Scenario” in Violence Risk Assessments with the SAVRY
» Ms. Shanna Li, Dr. Jodi Vlijoen, Mr. Samuel Matthew
### 4:30pm  
**Session 39 [Symposium]: JSAT**  
*Artisan - Third Level*  
Chaired by: Dr. Tonia Nicholls  

Examining the needs and trajectories of subgroups of people admitted to custody in provincial correctional centres: Substance use, Suicide, Sexually motivated offending and Women  
- Dr. Tonia Nicholls, Dr. Austin Lam, Mr. Liam Gorsuch  

Time Trends and Gender Distinctions among People Admitted to Provincial Custody: Implications for Systems-Level Planning  
- Dr. Tonia Nicholls, Dr. Amanda Butler, Ms. Sirui Wu, Dr. Maureen Olley, Dr. Leigh Greiner  

A Comparison of People with a Sexual Offence History and People with a Non-Sexual Offence History: Substance Use Patterns, Mental Health Needs, and Concurrent Disorders  
- Dr. Austin Lam, Dr. Tonia Nicholls, Dr. Amanda Butler, Ms. Sirui Wu, Dr. Maureen Olley, Dr. Leigh Greiner  

Substance Use & Attempted Suicide Among People Admitted to British Columbia Jails  
- Mr. Liam Gorsuch, Ms. Sirui Wu, Dr. Amanda Butler, Dr. Maureen Olley, Dr. Tonia Nicholls  

### 4:45pm  
**Session 40 [Symposium]: Prevention, Intervention, and Implementation**  
*Atelier I - Third Level*  
Chaired by: Mx. Law Edwards  

The missing links to improving physical health care in Forensic Mental Health  
- Mx. Law Edwards, Dr. Kirsty MacDonald, Dr. Alexander Leroux, Mrs. Oleen George-Posa  

### 4:30pm  
**Session 41 [Papers]: Response Style and Screening Limitations**  
*Atelier II - Third Level*  

To screen or screen with caution: A case report highlighting the inherent inaccuracies in point-of-care urine drug tests (UDT)  
- Dr. Tara O'Brien, Ms. Brid Kirwan, Ms. Carol Kavanagh  

Investigating Alternative Scoring Procedures for the M-FAST in a Pre-Trial Forensic Sample  
- Dr. Maria Aparcer, Dr. Tiffany N. Truong, Mr. Patrick McGonigal, Mr. Ming Li, Dr. David Glassmire  

The Impact of Distorted Response on Offender Treatment Needs and Improvement  
- Ms. Fya Rivers, Ms. Perry Callahan, Dr. Barry Rosenfeld  

Assessing Feigned Psychosis with the Inventory of Problems-29 (IOP-29) in Mexico City  
- Dr. Alicia Nijdam-Jones, Ms. Katérine Aminor, Ms. Libertad Merchano-Jones, Ms. Ana Ruth Díaz Victoria, Dr. Eric García-López  

### 4:30pm  
**Session 42 [Papers]: Aggression and Violence**  
*Salon I - Second Level*  

The universal challenges of providing physical health care in forensic mental health  
- Dr. Kirsty MacDonald  

It's All In The Action; Coordinating service level change  
- Mrs. Oleen George-Posa  

Cardiometabolic Health in the Sydney Forensic Hospital – Are We Screening and Intervening?  
- Dr. Alexander Leroux  

A compelling solution to poor physical health in forensic mental health services  
- Mx. Law Edwards  

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**2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT**

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*Powered by Ex Ordo, everything you need to run a research conference.*
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<tr>
<th>Time</th>
<th>Session 43 [Papers]: Women and Older Clients</th>
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<tr>
<td>4:30pm</td>
<td>Session 43 [Papers]: Women and Older Clients</td>
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<td>4:30pm</td>
<td>A Qualitative Approach: Psychological Obstacles Women Experience During Community Reintegration After Incarceration</td>
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<td>4:30pm</td>
<td>» Ms. Jordyn Monaghan, Ms. Meg Ternes</td>
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<td>4:45pm</td>
<td>Mental Health Challenges Among Women on Probation and Parole in Canada: Prevalence and Implications</td>
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<td>4:45pm</td>
<td>» Ms. Madison Hardman, Ms. McKenna Claey, Dr. Kasmira Sobkow, Dr. Alicia Nijdam-Jones</td>
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<tr>
<td>5pm</td>
<td>Second half of life – challenges and difficulties in working with elderly patients</td>
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<td>5:15pm</td>
<td>Designing health and cognitive assessments to meet the needs of older people in the justice and corrections systems</td>
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<td>5:10pm</td>
<td>Serious Violent Offences and Mental Health: An Exploratory Study in Singapore</td>
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<td>4:30pm</td>
<td>Understanding Aggression in the Enhanced Treatment Program: An Analysis of Motivations of Aggression in a New High-Security Forensic Psychiatric Unit</td>
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<td>4:30pm</td>
<td>» Ms. Olivia Koppel, Mr. Jared Williams, Dr. Maria Ventura, Mrs. Tine Woebbe, Dr. Katherine Warburton, Dr. Andrea Bauchowitz</td>
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**Thursday, 20 June**

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<th>Time</th>
<th>Session 44 [Papers]: Cognitive, Emotional, and Volitional Functioning Sculptor - Third Level</th>
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<tr>
<td>4:30pm</td>
<td>The structure of mindfulness in prison populations</td>
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<td>4:30pm</td>
<td>» Dr. Eva Billen, Dr. Carlo Garofalo, Dr. Steven Gillespie</td>
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<td>4:50pm</td>
<td>Clarifying the concept of self-control in forensic psychiatry: A scoping review</td>
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<td>» Ms. Carolin Serno, Dr. Yvonne Bouman, Dr. Saskia Kelders, Mrs. Marileen Khouwer, Dr. Hanneke Kip</td>
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<td>5:10pm</td>
<td>Cognitive-executive-emotional deficits of empathy in subclinical psychopathy</td>
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<td>5:10pm</td>
<td>» Dr. Lukasz Barwinski</td>
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<td>7pm</td>
<td>Banquet</td>
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<td>7pm</td>
<td>R&amp;G Lounge - 631 Kearny St, San Francisco, CA 94108, <a href="https://www.rglounge.com/">https://www.rglounge.com/</a></td>
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<td>7pm</td>
<td>Chaired by: Ms. Yan Lim</td>
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<td>Student Social</td>
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<td>Local Tap - 600 Third St, San Francisco, CA 94107, <a href="https://www.localapsf.com/">https://www.localapsf.com/</a></td>
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<td>7pm</td>
<td>Chaired by: Ms. Jay Gonzales</td>
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** august 08, 2024**

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<tr>
<th>Time</th>
<th>SIG Meeting 3: Forensic Mental Health Nurses</th>
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<td>8am</td>
<td>Artisan - Third Level</td>
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<td>8am</td>
<td>Chaired by: Dr. Tella Lantta</td>
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<td>8am</td>
<td>SIG Meeting 4: Service Development, Organization, Strategy, &amp; Delivery</td>
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<td>Atelier II - Third Level</td>
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<td>Chaired by: Prof. Lindsay Thomson</td>
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### 2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

**Continued from Thursday, 20 June**

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<th>Time</th>
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<tr>
<td>8am</td>
<td>SIG Meeting 5: Equity, Diversity, and Inclusion</td>
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<td><em>Salon I - Second Level</em></td>
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<td>Chaired by: Dr. Alicia Nijdam-Jones and Dr. Sarah Schaff</td>
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<tr>
<td>9am</td>
<td><strong>Session 45 [Papers]: Persons Who Have Committed Sex Offenses</strong></td>
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<td><em>Artisan - Third Level</em></td>
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<td>9am</td>
<td>Examining the Impact of Early Pornography Exposure on the Sexual Development of</td>
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<td>Sexual Offenders: Contextual Factors Considered</td>
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<td>» Dr. Sarah Schaaf, Ms. Anniken L W Laake, Dr. Georgia Winters</td>
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<td>9:15am</td>
<td><strong>Crucial elements of long-term back-door supervision of (mentally ill)</strong></td>
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<td>» Ms. Tessa van den Broek, Dr. Marleen Naegteena</td>
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<tr>
<td>9:30am</td>
<td>Empathic Concern and Mental Health on Perceptions of Individuals who have</td>
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<td>» Ms. Mallory Coish, Ms. Bridget Barry, Ms. Danyelle Fields, Ms. Payton McPhee,</td>
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<td>Ms. Jordyn Monaghan, Ms. Meg Ternes</td>
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<td>9:45am</td>
<td><strong>The price of freedom? - A case study from Hainan</strong></td>
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<td>» Ms. Fiona Rachel Kubera</td>
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<td>9am</td>
<td><strong>Session 46 [Round Table]: Supporting Juvenile Mental Health Assessment and</strong></td>
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<td>Intervention Reforms Through Consultation, Quality Assurance, and Continuous</td>
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<td><em>Atelier II - Third Level</em></td>
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<td>Chaired by: Dr. Keith Cruise</td>
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<td>Supporting Juvenile Mental Health Assessment and Intervention Reforms Through</td>
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<td>Consultation, Quality Assurance, and Continuous Quality Improvement</td>
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<td></td>
<td>» Dr. Keith Cruise, Dr. Ivan Kruth, Dr. Kathleen Kemp, Dr. Michele Galietta</td>
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<td>9am</td>
<td><strong>Session 47 [Papers]: Neurodevelopmental and Neurocognitive Disorders</strong></td>
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<td>9am</td>
<td>Trauma Treatments among Legally Involved Adolescents with Learning, Cognitive,</td>
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<td>and Intellectual Disabilities and Disorders</td>
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<td></td>
<td>» Dr. Jeanne McPhee, Dr. Cynthia Valencia, Ms. Hannah State, Ms. Melissa</td>
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<td>Morales, Dr. Marina Tolou-Shams, Dr. Johanna Folk</td>
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<td>9:20am</td>
<td>Development of an Evidence-Based Violence Rehabilitation Program for Offenders</td>
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<td>» Dr. Joseph Sakdalan</td>
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<td>9:40am</td>
<td><strong>Headmatters: Acquired Brain Injury (ABI) in forensic psychiatric inpatients</strong></td>
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<td>» Ms. Sterre de Geus, Ms. Siri Noordermeer</td>
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<tr>
<td>9am</td>
<td><strong>Session 48 [Symposium]: Supporting Forensic Mental Health Nurses in their</strong></td>
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<td>Day-to-Day Clinical Practice</td>
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<td><em>Salon I - Second Level</em></td>
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<td>Chaired by: Prof. Cindy Peternelj-Taylor</td>
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<td>9am</td>
<td>Supporting Forensic Mental Health Nurses in their Day-to-Day Clinical Practice</td>
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<td>» Ms. Mary-Lou Martin, Dr. Helen Walker, Prof. Cindy Peternelj-Taylor</td>
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<td>9:15am</td>
<td>Building Resilience in the Forensic Environment</td>
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<td></td>
<td>» Ms. Mary-Lou Martin</td>
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<tr>
<td>9:30am</td>
<td><strong>Staff Perceptions of Reflective Practice Groups</strong></td>
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<td>» Dr. Helen Walker</td>
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<td>9:45am</td>
<td>Preventing Boundary Violations in Clinical Practice</td>
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<td></td>
<td>» Prof. Cindy Peternelj-Taylor</td>
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<td>9am</td>
<td><strong>Session 49 [Symposium]: Predictors of Repeated Criminal Behavior</strong></td>
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<td><em>Salon II - Second Level</em></td>
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<td>Chaired by: Ms. Sophie Verschueren</td>
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**Continued from Thursday, 20 June**

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<th>Time</th>
<th>Session</th>
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<tr>
<td>9am</td>
<td><strong>Factors Contributing to Recidivism in High-security Forensic Psychiatric Patients</strong></td>
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<td></td>
<td>» Ms. Sophie Verschueren, Ms. Marija Jankovic, Prof. stefan Bogaerts, Ms. Manon Kleijn</td>
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<tr>
<td>9:12am</td>
<td><strong>Trajectories of Dynamic Risk Factors During Treatment in High-Security Forensic Psychiatry</strong></td>
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<td>» Ms. Sophie Verschueren, Prof. Inge Jeandarme, Prof. stefan Bogaerts</td>
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<td>9:24am</td>
<td><strong>Violent Recidivism and Adverse Childhood Experiences in Forensic Psychiatric Patients With Impaired Intellectual Functioning</strong></td>
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<td></td>
<td>» Ms. Marija Jankovic, Dr. Geert van Boxtel, Prof. stefan Bogaerts</td>
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<tr>
<td>9:36am</td>
<td><strong>Childhood Adversity, Addiction, and Crime Related Factors in Forensic Patients: Insights from Admission to Discharge Networks</strong></td>
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<td>» Prof. stefan Bogaerts, Dr. Eilen De Caluwé, Ms. Marija Jankovic</td>
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<tr>
<td>9:48am</td>
<td><strong>A Systematic Review on the Individual, Interpersonal and Contextual Characteristics of Online and Offline Child Sexual Offender Groups</strong></td>
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<td>» Ms. Manon Kleijn, Prof. Erik Masthoff, Dr. Carlo Garofalo, Prof. stefan Bogaerts</td>
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<tr>
<td>9am</td>
<td><strong>Session 50 [Round Table]: Prevention in Forensic Mental Health: Experiences from a Maximum Secure Hospital in AB, Canada</strong></td>
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<td>Sculptor - Third Level</td>
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<td>Chaired by: Dr. Ouyemisi Ajeh</td>
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<tr>
<td>10:15am</td>
<td><strong>Coffee Break</strong>                                                                               Prefunction Lobby - Second and Third Levels</td>
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2024 IAFMHS Conference San Francisco 17 - 20 Jun 2024 All times in PDT

Continued from Thursday, 20 June

**Violent Ideations as Risk Factor for Violent Behaviour: Evidence – Based Analysis**
» Mrs. Karolina Karas

**Social Attitudes Toward Harassment**
» Ms. Abby Vovchuk, Dr. Brianne Layden, Dr. Alicia Nijdam-Jones

**Advancing nursing - the future is the past Prevention starts at the point of admission!**
» Mr. Dirk Schremmer

**From Admission to Discharge: A Scoping Review on the Scientific Foundations for implementation of the DUNDRUM Toolkit in Danish Forensic Psychiatry**
» Mr. Christian Delcomyn, Dr. Jacob Hvidhjelm, Dr. Lisbeth Hybholt, Dr. Per Balling, Dr. Lena Lauge Berring

The validity and reliability of Thai START (Short-Term Assessment of Risk and Treatability) in the forensic psychiatric population.
» Dr. Weerapong Sanmontree

The effect of a de-escalation training on aggression and the use of seclusion in a female-only high security unit in Flanders
» Dr. Leen Cappon, Dr. Femke Hanssens

**PTSD Treatment Guidelines in Civil Law Cases**
» Ms. Priya Khalsa, Prof. Graham Glancy

**Evaluation & Outcomes Following Integration of Self-management Support into Schizophrenia Case Management**
» Ms. Mary-Lou Martin, Dr. Susan Strong, Dr. Heather McNeely, Dr. Lori Letts

**Treating Violent Offenders in Low Resource Correctional Settings: Insights from Zimbabwe Violent Offender Treatment Programme (ZIVOP)**
» Dr. Gwatrirera Javangwe

10:45am  **Keynote 3: Sarah L. Desmarais, Ph.D.**
*Gallery Ballroom - Second Level*

**Keynote 3: Dr. Sarah Desmarais: Enhancing Forensic Mental Health Service Outcomes Through Policy: The Potential, the Challenges, and a Call to Action**
» Dr. Sarah Desmarais

12pm  **Lunch [posters will remain displayed while poster presenters eat]**
*Gallery Ballroom - Second Level*

1pm  **Session 51 [Symposium]: Using Artificial Intelligence in Forensic Psychiatry**
*Artisan - Third Level*
Chaired by: Prof. Johannes Kirchebner

1pm  **Development Of A Machine Learning Based Tool Predicting Difficult Treatment Courses In Offenders With Schizophrenia**
» Prof. Johannes Kirchebner, Dr. Lena Machetanz, Dr. Sven Krimmer, Dr. Phil Klassen

1:12pm  **Predictors Of Adverse Events In Inpatient Treatment Of Offenders With Schizophrenia**
» Prof. Johannes Kirchebner, Dr. Lena Machetanz

1:24pm  **Development Of RPTOSO, An AI-based Predictive Model in Switzerland**
» Dr. Lena Machetanz

1:36pm  **Development Of A Predictive Tool For Adverse Treatment Events In Germany**
» Dr. Sven Krimmer, Dr. Lena Machetanz

1:48pm  **Development Of An Adapted AI-based Predictive Model in Canada**
» Dr. Lena Machetanz, Dr. Phil Klassen

1pm  **Session 52 [Papers]: Intimate Partner Violence**
*Atelier 1 - Third Level*
Continued from Thursday, 20 June

1pm  Risks, Needs and Clinical Analysis of Intimate Partner Violence – A Validation Study and Follow-up
   » Ms. Victoria Allard, Dr. Tamsin Higgs, Dr. Guy Gigüère

1:15pm  Structured Professional Judgement in Intimate Partner Violence Risk Assessment – A Systematic Review of the Spousal Assault Risk Assessment.
   » Ms. Victoria Allard, Ms. Maëva Slight, Dr. Tamsin Higgs

1:30pm  Service providers evaluation of clinical example of Intimate partner violence
   » Ms. Christine Nordby, Prof. Solveig Karin Be Vatnar, Prof. Kevin Douglas

1:45pm  Mandatory Reporting of Intimate Partner Violence: Attitudes Among Help-Seekers Subjected to Intimate Partner Violence
   » Ms. Astrid Velstad, Prof. Kevin Douglas, Prof. Solveig Karin Be Vatnar

1pm  Session 53 [Symposium]: Corrections and Forensic Psychiatry
   Atelier II - Third Level
   Chaired by: Dr. Kiran Patel

1pm  Corrections and Forensic Psychiatry
   » Dr. Kiran Patel, Prof. Graham Glancy, Dr. Robert McMaster, Dr. Jeffry McMaster

1:15pm  Towards a Model of Ethics in Correctional Mental Health
   » Prof. Graham Glancy, Dr. Kiran Patel

1:30pm  An International Review of Self-Induced Automatism
   » Dr. Kiran Patel, Prof. Graham Glancy

1:45pm  Challenges in Corrections
   » Dr. Robert McMaster, Dr. Kiran Patel, Prof. Graham Glancy, Dr. Jeffry McMaster

1pm  Session 54 [Papers]: Fitness and Criminal Responsibility
   Curator - Third Level

1pm  Trajectories and outcomes of racialized groups within the Ontario forensic mental health system
   » Dr. Stephanie Penney, Ms. Susan Curry, Ms. Shruti Patel, Dr. Michael Seto

1:15pm  Persons with a migration background who are labelled Not Criminally Responsible: Characteristics and perceived barriers in their forensic care trajectories
   » Ms. Mariolein De Pau, Prof. Stijn Vandevelde, Prof. Freya Vander Laenen

1:30pm  Fitness to Stand Trial in Canada - A National Survey of Forensic Mental Health Services
   » Mr. Brandon Burgess, Dr. David Hill, Dr. Alicia Nijdam-Jones

1:45pm  IQ Thresholds and Influence of the Assessor’s Professional Discipline on Fitness to Stand Trial Assessment Outcomes in Aotearoa New Zealand
   » Dr. Joseph Sakdalan, Ms. Sabine Visser

1pm  Session 55 [Papers]: Engaging and Supporting Clients
   Salon I - Second Level

1pm  Factors Influencing Patient Participation in Inpatient Forensic Psychiatric Care: A Systematic Review
   » Mrs. Valentina Vidaurrazaga Aras

1:12pm  Staff supported community outings among forensic psychiatric patients: patient characteristics, rehabilitative goals, and adverse outcomes
   » Dr. Christian Farrell, Dr. Karen Petersen, Ms. Peri Hanzouli, Dr. Tonia Nicholls

1:24pm  The FSI forensic project: Family Support and Involvement in forensic mental health settings
   » Dr. Ellen Tingleff, Dr. Jens Peter Hansen, Dr. Rikke Jørgensen, Dr. Sara Kowaert

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<tr>
<th>Time</th>
<th>Session/Topic</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>1:36pm</td>
<td>Involving forensic patients in their care planning: A scoping review of the literature</td>
<td>Dr. Lindsey Gilling McIntosh, Prof. Lindsay Thomson</td>
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<tr>
<td>1:48pm</td>
<td>Goals and Plans Card Sort Task: A Tool to Measure and Support Life Goal Pursuits in Forensic Mental Health and Criminal Justice Settings</td>
<td>Prof. Jason Davies, Dr. Aisling O’Meara, Dr. Laura Broome</td>
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<td>1pm</td>
<td><strong>Session 56 [Papers]: Gender Differences</strong></td>
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<td>1pm</td>
<td>Gender Differences in the Interplay Between Serious Mental Illness and Substance Use Disorders on Violence</td>
<td>Ms. Margaret Ardesia, Ms. Perry Callahan, Dr. Barry Rosenfeld</td>
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<tr>
<td>1:15pm</td>
<td>Trajectories of offending and mental health service use: Similarities and differences by gender and indigenous status in an Australian birth cohort</td>
<td>Dr. James Ogilvie, Dr. Carleen Thompson, Dr. Troy Allard</td>
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<tr>
<td>1:30pm</td>
<td>Navigating Shadows: A Comprehensive Analysis of Women in the German Forensic Psychiatric System Over The Last Three Decades</td>
<td>Ms. Mariana Plumbomhm</td>
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<td>1:45pm</td>
<td>A prospective assessment of sex differences in the predictive accuracy of violence risk screening for institutionalized youth</td>
<td>Ms. Anniken L W Laake, Dr. John Olav Roaldset, Dr. Tonje Lossius Husum, Dr. Øyvind Lockertsen</td>
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<tr>
<td>1pm</td>
<td><strong>Session 57 [Papers]: Holistic Risk and Needs</strong></td>
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<td>1pm</td>
<td>Hidden In the Shadows: The Case for Primary Prevention &amp; Intervention</td>
<td>Mr. Isaac Daramola</td>
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1:15pm  A Welsh secure psychiatric inpatient study: Are Adverse Childhood Experiences (ACEs) to blame for secure inpatient obesity?  
Dr. Joseph Davies, Mr. Daniel Lawrence, Dr. Ruth Bagshaw, Dr. Andy Watt, Mr. Shane Mills, Dr. Catherine Heidi Seage

1:30pm  Assessing the use of attentional bias methodology to explore the association with dysregulated eating and weight gain in secure psychiatric inpatient settings.  
Dr. Joseph Davies, Dr. Catherine Heidi Seage

1:45pm  Association of cholesterol with risk of violence to others in forensic patients  
Prof. Piyal Sen, Prof. Veena Kumari, Ms. Mehr-un-Nisa Waheed, Ms. Rebecca Mottram, Ms. Fern Taylor

2:10pm  Transition between Sessions  
Transitions

2:20pm  **Session 58 [Symposium]: Prevention Through Connection**  
Artisan - Third Level  
Chaired by: Mrs. Oleen George-Posa

2:20pm  The Allied Health impact in a Forensic Mental Health Setting  
Mrs. Oleen George-Posa, Mx. Law Edwards, Mrs. Danielle Cooke

2:35pm  Gathering of People within the Walls  
Mrs. Oleen George-Posa

2:50pm  Occupational therapy’s role in providing access to meaningful vocational rehabilitation and social connection within a high secure setting  
Mrs. Danielle Cooke, Ms. Laura Rodgers

3:05pm  Exercise Physiology and environmental “nudges” to reduce metabolic disease and social isolation  
Mx. Law Edwards
<table>
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<th>Time</th>
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<tr>
<td>2:20pm</td>
<td>Session 59 [Symposium]: Examining the Challenges of Translating Forensic Mental Health Recovery Measures for Different Jurisdictions: A View from Four Countries</td>
<td>Atelier I - Third Level</td>
<td>Prof. Stuart Thomas</td>
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<td>Examining the challenges of translating forensic mental health recovery measures for different jurisdictions: A view from four countries</td>
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<td>Prof. Harry Kennedy</td>
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<td>2:32pm</td>
<td>Examining the challenges of translating forensic mental health recovery measures for different jurisdictions: A view from four countries</td>
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<td>Dr. Petra Habets, Dr. Claudia Pouls, Dr. Laura Bex, Dr. Ingeborg Jeandarme</td>
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<td>2:44pm</td>
<td>Danish perspective on translation of the Dundrum Toolkit</td>
<td></td>
<td>Prof. Lisbeth Uhrskov Sørensen, Prof. Harry Kennedy, Dr. Morten Deleuran Terkildsen</td>
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<td>2:56pm</td>
<td>Implementation of the DUNDRUM tool (French Version) at Institut Philoppe-Pinel, Montreal, Quebec</td>
<td></td>
<td>Dr. Sophie St Louis, Mrs. Mimosa Luigi, Dr. Jeanne Vachon, Dr. Antonella Orsini, Dr. Kim Regaudie, Prof. Mathieu Dufour</td>
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<td>3:08pm</td>
<td>Assessing need for therapeutic security in Sussex, England using the DUNDRUM tool</td>
<td></td>
<td>Dr. Mary Davoren, Dr. Ross Goslin, Dr. Olumide Oluwole, Mx. Mark Baldrige, Mx. Keren Teichmann, Mx. Moustafa Saoud</td>
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<tr>
<td>2:20pm</td>
<td>Session 60 [Symposium]: Forensic Disability Services</td>
<td>Atelier II - Third Level</td>
<td>Prof. Stuart Thomas</td>
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<tr>
<td>2:20pm</td>
<td>What service models and processes lead to the best outcomes for people with an intellectual disability who are at risk of offending?</td>
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<td>Prof. Stuart Thomas, Prof. Michael Daffern, Ms. Julie Daniell, Dr. Mhairi Duff</td>
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<tr>
<td>2:32pm</td>
<td>Models of care in forensic disability: What leads to the best outcomes and what outcomes should we be measuring?</td>
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<td>Prof. Stuart Thomas</td>
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<tr>
<td>2:44pm</td>
<td>Compulsory treatment and supervised treatment orders</td>
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<td>Prof. Stuart Thomas, Ms. Julie Daniell</td>
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<td>2:56pm</td>
<td>Best practice risk assessment in forensic disability: What does the evidence tell us?</td>
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<td>Prof. Stuart Thomas, Prof. Michael Daffern</td>
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<td>3:08pm</td>
<td>What factors predict the need for high intensity relational security in a forensic disability service?</td>
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<td>Prof. Stuart Thomas, Dr. Mhairi Duff</td>
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<td>2:20pm</td>
<td>Session 61 [Symposium]: Using DBT in Custodial Settings</td>
<td>Curator - Third Level</td>
<td>Ms. Laura Coat</td>
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<tr>
<td>2:20pm</td>
<td>Using DBT in Custodial Settings</td>
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<td>Ms. Laura Coat, Dr. Amber Fougere</td>
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<td>2:32pm</td>
<td>The Development of the Moroka Program</td>
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<td>Ms. Laura Coat, Dr. Amber Fougere</td>
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<tr>
<td>2:44pm</td>
<td>New Directions in working with complex and challenging behaviours in custody</td>
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<td>Ms. Laura Coat</td>
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<td>Time</td>
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| 2:20pm| **Session 63 [Papers]: Structured Professional Judgment**<br *
|       | **Sculptor - Third Level**                                                    |                                                                                |
| 2:20pm| **Examining the Relationship Between Protective Factors and Violence Risk Assessment: A Study on HCR-20V3 and SAPROF**<br *
|       | **Ms. Steven Curtis, Ms. Perry Callahan, Dr. Barry Rosenfeld**                |                                                                                |
| 2:20pm| **Session 62 [Symposium]: Ten years on from the Forensic Network Inpatient Census**<br *
|       | **Salon I - Second Level**                                                    |                                                                                |
|       | Chaired by: Prof. Lindsay Thomson                                              |                                                                                |
| 2:20pm| **Ten years on from the Forensic Network Inpatient Census: Who were these patients, what were their needs, and what happened?**<br *
|       | **Prof. Lindsay Thomson, Dr. Lindsey Gilling McIntosh, Dr. Helen Walker, Ms. Cheryl Rees** |                                                                                |
| 2:35pm| **More alike than different? Identifying the salient personal, clinical and forensic factors distinguishing high, medium, and low secure patients using the Forensic Network inpatient census**<br *
|       | **Dr. Lindsey Gilling McIntosh, Prof. Lindsay Thomson**                        |                                                                                |
| 2:50pm| **A national census of forensic inpatients with Intellectual Disability and five year follow up**<br *
|       | **Dr. Helen Walker**                                                          |                                                                                |
| 3:05pm| **All cause and avoidable deaths across the Scottish Forensic estate**<br *
|       | **Ms. Cheryl Rees, Prof. Lindsay Thomson, Dr. Lindsey Gilling McIntosh**      |                                                                                |
| 2:20pm| **Quantitative Outcomes from the Moroka Program**<br *
|       | **Ms. Laura Coat**                                                            |                                                                                |
| 3:08pm| **A Qualitative Investigation of Participant and Staff Experiences of the Moroka Program**<br *
|       | **Ms. Laura Coat**                                                            |                                                                                |
| 2:20pm| **Three year longitudinal study of DUNDRUM 3 and 4 ratings: risk profiles and clinical progress**<br *
|       | **Prof. Sandy Simpson, Dr. Stephanie Penney, Dr. Roland Jones, Dr. Ibrahim Mohammad** |                                                                                |
| 3pm   | **Precision in Prevention: The application of HCR-20 v3 in the Clinic for Forensic Psychiatry Haina**<br *
|       | **Mrs. Jana Freese**                                                         |                                                                                |
| 3:30pm| **Coffee Break**<br *
|       | **Prefunction Lobby - Second and Third Levels**                             |                                                                                |
| 3:30pm| **Poster Session 2 Cont.**<br *
|       | **Prefunction Lobby - Second and Third Levels**                             |                                                                                |
|       | **Preventing Forensic Patient Readmission with Nurse-led Medication Groups!**<br *
|       | **Mr. Nils Kliinert**                                                       |                                                                                |
|       | **Patients with migration background in forensic psychiatry in Germany - A comparison of quality of life and discrimination experiences of migrants and non-migrants**<br *
|       | **Ms. Camie Montana Inge Eggert, Prof. Birgit Vollm**                        |                                                                                |
|       | **The Competency Crisis: A Tale of Two Nevada Counties**<br *
|       | **Dr. Ashley Maestas, Dr. Melissa Piasecki**                                |                                                                                |
|       | **The Practice of Forensic Psychotherapy in the Care of Forensic Patients in Zimbabwe**<br *
|       | **Dr. Gwahirera Javangwe**                                                   |                                                                                |
|       | **A qualitative systematic review of service users’ perceptions of carer involvement and support in adult mental health inpatient settings**<br *
|       | **Dr. Ellen Tingleff, Dr. Sara Rowaert, Prof. Jason Davies, Mr. Martin Locht Pedersen** |                                                                                |
Continued from Thursday, 20 June

The association between mood disorders, comorbid substance use, and firearm-associated violence
» Mr. Raymond Ho, Mr. Samuel Freeze, Prof. Kevin Douglas, Dr. Adam Blanchard, Dr. Catherine Shaffer-McCuish

Enhancing a family-oriented culture in forensic psychiatry: What can we learn from the experiences of a forensic psychiatric hospital in Flanders?
» Dr. Leen Cappon, Dr. Sara Rowaert, Dr. Femke Hanssens

The Erowid Experience Vault: Is self-reporting of substance use a reliable tool for clinicians and patients?
» Dr. Rachael Lambin, Dr. Ashley Maestas, Ms. Elizabeth Phelan, Dr. Melissa Piasecki

Violent Ideations as Risk Factor for Violent Behaviour: Evidence – Based Analysis
» Mrs. Karolina Karas

Social Attitudes Toward Harassment
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Treating Violent Offenders in Low Resource Correctional Settings: Insights from Zimbabwe Violent Offender Treatment Programme (ZiVOP)
» Dr. Gwatisa Javangwe

4pm Session 64 [Symposium]: Innovations in Measurement-Based Care
Artisan - Third Level
Chaired by: Dr. Mary Davoren

4pm Innovations in measurement based care: the impact of psychosis on routine outcome measurements – are we considering this in our research?
» Dr. Mary Davoren, Dr. Umer Waqar, Dr. Lia Parente, Dr. Claire Smith, Dr. David Martin, Dr. Fulvio Carabellese, Dr. Donatella La Tegola, Prof. Alan R Felthous, Prof. Felice Carabellese, Prof. Mary Davoren, Prof. Harry Kennedy

4:10pm Treatment resistant and ultra-treatment resistant psychoses in forensic mental health settings
» Dr. Umer Waqar, Dr. Hania Amin, Dr. Eimear Ni Mhuircheartaigh, Prof. Harry Kennedy, Dr. Mary Davoren

4:20pm Italian Evaluation and Excellence in REMS (ITAL-EE-REMS): Appropriate placement of forensic patients in REMS forensic facilities
» Dr. Lia Parente, Dr. Fulvio Carabellese, Dr. Donatella La Tegola, Dr. Mary Davoren, Prof. Harry Kennedy, Prof. Felice Carabellese
### Continued from Thursday, 20 June

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| 4:30pm | Self-ratings of measures of overall functioning: self-ratings of the Global Assessment of Functioning (GAF)  
   » Dr. Claire Smith, Dr. David Martin, Dr. Umer Waqar, Prof. Harry Kennedy, Dr. Mary Davoren |
| 4:40pm | Informant rated measures of Positive and Negative Syndrome Scale for Schizophrenia (PANSS)  
   » Dr. Umer Waqar, Dr. Hania Amin, Dr. Eimear Ni Mhuircheartaigh, Prof. Harry Kennedy, Dr. Mary Davoren |
| 4pm   | Session 65 [Papers]: COVID-19  
   Atelier II - Third Level |
| 4pm   | (Dis)connection during the COVID-19 pandemic in Canadian forensic psychiatric hospitals  
   » Mr. James Avery, Mr. Armaan Rajan, Ms. Ashley Lemieux, Prof. Audrey-Anne Dumais Michaud, Prof. Anne G. Crocker, Dr. Tonia Nicholls |
| 4:15pm | Staff experience from student to newly qualified practitioner in a high secure service; including COVID years  
   » Dr. Helen Walker, Dr. Hamish Fulford |
| 4:30pm | Harassment, Gendered Abuse and Stalking of Parliamentarians Post COVID: Findings and implications for intervention  
   » Dr. Justin Barry-Walsh, Prof. Susanna Every-Palmer, Dr. Oliver Hansby |
| 5pm   | Annual General Meeting  
   Gallery Ballroom - Second Level |
Poster Session 1  
Wednesday, June 19  
Perfunction Lobby, Second and Third Levels

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<th>Authors</th>
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<tr>
<td>1</td>
<td>Exploring the Impact of Incarceration on Identity Formation among Emerging Adults and the Mediating Role of Psychological Functioning</td>
<td>Virginija Klimukiene (^1) (1. Vilnius University)</td>
</tr>
<tr>
<td>2</td>
<td>Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody (Phase 2)</td>
<td>Arlene Kent-Wilkinson (^1), Bryce Stoliker (^2), Lisa Jewell (^2), Christie Tetreault (^2), Krista Lagimodiere (^2), Lindsay Reddick (^6) (1. University of Saskatchewan, College of Nursing, 2. University of Saskatchewan, 3. Correctional Service Canada, Regional Psychiatric Centre)</td>
</tr>
<tr>
<td>3</td>
<td>Lifetime Patterns of Violence in a Cohort of Non-Forensic Patients with Schizophrenia Spectrum Disorders: Life Course Trajectories and Developmental Themes</td>
<td>Sandy Simpson (^1) (1. University of Toronto)</td>
</tr>
<tr>
<td>4</td>
<td>A Qualitative Examination of Registered Persons' Perceptions and Experiences of Registration and Community Case Management in New Zealand</td>
<td>Helen Mackenzie-Auld (^1), Nichola Tyler (^2), Louise Dixon (^1), Margaret-Anne Laws (^4) (1. Victoria University of Wellington, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology, 3. New Zealand Police)</td>
</tr>
<tr>
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<td>Metabolic Syndrome in Forensic Psychiatry</td>
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Pre-Conference Workshops

Monday, June 17

We are pleased to offer two excellent pre-conference workshops at the 2024 IAFMHS Conference. Both are offered as full-day workshops (9:00 AM - 5:00 PM). The workshops will take place on the Second Level of the Hyatt Regency San Francisco Downtown SOMA, in Salon I and Salon II, respectively.

NEURODIVERSITY-AFFIRMING APPROACH TO ASSESSMENT AND TREATMENT OF FORENSIC CLIENTS WITH COMPLEX PRESENTATIONS

PRESENTERS: Dr. Joseph Allan Sakdalan and Ms. Sabine Visser
DATE: June 17, 2024
TIME: 9 AM - 5 PM
LOCATION: Salon I on the Second Level of the Hyatt Regency San Francisco Downtown SOMA
CONTINUING EDUCATION CREDITS: 7 credits
COST: $300 CAD (includes 2 catered coffee breaks; lunch NOT included)

DESCRIPTION:
There is an overrepresentation of neurodivergents, particularly autistic and ADHD adults, in the criminal justice system (CJS). The interaction between the CJS and neurodivergence has been fraught with challenges. Generally, mental health professionals have limited training in the forensic assessment and treatment of neurodivergents. Consequently, this can result in misdiagnosis or missed diagnosis, inappropriate treatment, overestimating risks, and detrimental treatment and sentencing recommendations to the Court. Utilising a more neurodiversity-affirming approach involves a better understanding of dialectical dilemmas and the double empathy problem, addressing cognitive bias, and shifting lenses and attitudes, which can help improve our knowledge, skills and empathy in working with this client group.

LEARNING OBJECTIVES:
1. Gain an understanding of the challenges and issues in assessing and treating neurodivergents within the forensic settings.
2. Deepen the participant’s understanding and appreciation of the strengths and limitations of existing models in working with neurodivergent offenders in the forensic context.
3. Gain an understanding of the relevance of neurodiversity-affirming practice in the forensic setting.
4. Learn to utilise a neurodiversity-affirming approach with neurodivergents in the context of forensic assessment and treatment.
5. Reflect on the clinical, ethical and legal issues in working with this client group.
THE AID FOR VIOLENCE RISK TRIAGE WORKSHOP

PRESENTERS: Dr. Kelly A. Watt, Dr. Stephen D. Hart, Mr. Knut Rypdal, and Dr. Helge Hoff
DATE: June 17, 2024
TIME: 9 AM - 5 PM
LOCATION: Salon II on the Second Level of the Hyatt Regency San Francisco Downtown SOMA
CONTINUING EDUCATION CREDITS: 7 credits
COST: $300 CAD (includes 2 catered coffee breaks; lunch NOT included)

DESCRIPTION:
Many professionals struggle to know when they have reason to be concerned about violence risk, how to prioritize cases, and what immediate actions to implement. The Aid for Violence Risk Triage (AVRT) is a newly released decision support aid in the form of a set of structured professional judgement (SPJ) guidelines. It is intended to help professionals make three major decisions about violence risk: (1) sorting concerns whether there are reasonable grounds to conclude the situation under consideration involves a risk for violence, (2) prioritizing concerns according to gravity of potential violence, and (3) responding with immediate actions to prevent violence. The AVRT has been under development for more than 20 years and is based on an extensive review of the scientific and professional literature and consideration of the law. The development was also based on research conducted on the AVRT in diverse settings (e.g., civil psychiatry, forensic psychiatry, law enforcement) in different countries (e.g., Canada, Norway, the United States). Finally, the development was also based on feedback from experts around the world who have received training on and have implemented the AVRT in diverse settings around the world (Canada, United States, Norway, Sweden, Denmark, Finland, England, Ireland, Iceland, Australia, New Zealand, Hong Kong, Singapore, and Japan).

The first portion of the workshop reviews the development the AVRT, the nature and impact violence toward others, and professional responsibilities related to identifying and responding to violence risk. The second portion of the workshop introduces the AVRT and outlines the administration of this decision support aid by providing a detailed discussion of the six steps of the AVRT. The last portion of the workshop will guide participants through practice cases and discuss implementation issues and solutions. Illustrative examples from real cases and diverse settings will be used to illustrate learning objectives throughout the workshop.

LEARNING OBJECTIVES:
1. Define the concept and impact of violence towards others and the professional responsibilities to identify and respond to violence risk
2. Introduce the Aid for Violence Risk Triage (AVRT), a decision support aid that is intended to help prevent violence by sorting, prioritizing, and responding to cases when information is received or collected that raises concerns about violence risk
3. Learn how to identify warning signs, prioritize cases, and implement immediate actions to prevent violence by administering the Aid for Violence Risk Triage (AVRT) with the use of practice cases
Burudyara

Burudyara is a 42 bed in-patient Forensic Rehabilitation Service being constructed within the current 170 bed Mental Health precinct, on the Concord Hospital campus, near the Parramatta River, 16 kilometres from Sydney CBD.

Recruitment for specialist clinicians from a range of disciplines will open in 2025 for roles commencing at Burudyara in 2026.

Recruitment opportunities coming soon

Scan to stay up to date on job opportunities. To find out more about Burudyara, visit: slhd.health.nsw.gov.au/burudyara
Special Interest Groups (SIGs)

Long-Term Forensic Psychiatric Care

The purpose of this Special Interest Group (SIG) is to establish an ongoing forum where issues and best practices regarding Long-term Forensic Psychiatric Care (LFPC) can be discussed and shared. LFPC will concern itself with patients who do not profit enough from treatment to return safely to society. After years of various treatment attempts, some patients remain too dangerous or disruptive, and are still in need of substantial care. The seriousness and complexity of their problems, the strong societal response they evoke, the ethical considerations about the proportionality between their offences and the length of their custody, as well as the daily issues professionals on LFPC wards have to deal with will be subjects of this forum.

**Chairs:** Sandrine Mikkers and Hilde Wijma

**Meeting:** Wednesday, June 19, 8:00 AM, in Artisan (Third Level)

Family Engagement

As a group, this SIG on Family Engagement will provide a forum for members to meet and share research and evidence-based practices on family interventions, family support, family recovery processes and family perspectives in a forensic context and to build a foundation for research, training, education and the exchange of knowledge on family engagement (i.e., inform, consult, involve, collaborate, support and empower).

**Chairs:** Sara Rowaert and Ellen Boldrup Tingleff

**Meeting:** Wednesday, June 19, 8:00 AM, in Atelier II (Third Level)

Forensic Mental Health Nurses

Although the roles and responsibilities vary across countries, Forensic Mental Health Nurses (FMHN) play a key role in assessing, managing and treating mentally disordered offenders. IAFMHS is committed to increasing the involvement and contribution of FMHNs in the organisation in order to learn from their experiences, improve dialogue and collaboration between professionals working in Forensic Services and to promote the valuable work of FMHNs.

**Chair:** Tella Lantta

**Meeting:** Thursday, June 20, 8:00 AM, in Artisan (Third Level)
**Service Development, Organization, Strategy, & Delivery**

Across the world models of treatment services for mentally ill or personality disordered offenders differ greatly. This SIG would give an opportunity for those people responsible for running or buying these services to exchange ideas. To date the IAFMHS and many other organisations cater for comparison, study and research of scientific and clinical matters but there appears to be no opportunity for similar study or research into the management of these organisations. This SIG is a forum for the exchange of experiences and ideas where the participants do not have to represent any formal system but can be open for discussion. In recent years section members have shared ideas and collaborated on subjects such as quality standards, risk management, treatment programs and outcomes, service specifications and much, much more! We believe that the opportunity to study, compare and benchmark services will enable us to run our services more effectively leading to a better quality of care and more efficiently enabling us to provide a better quality service within finite budgets.

**Chair:** Lindsay Thomas

**Meeting:** Thursday, June 20, 8:00 AM, in Atelier II (Third Level)

**Equity, Diversity, and Inclusion**

IAFMHS is committed to fostering equity and diversity in our organization and in forensic mental health and intellectual disability services. The Association promotes diversity in our membership and an inclusive environment that enables the contributions of all members. IAMFHS takes a proactive response to ensure that organizational activities, protocols and structures are culturally sensitive, non-discriminatory and responsive to the needs of our members, especially those from under-represented groups. The mission of the EDI SIG is to create a platform for research, training, support and information sharing geared towards fostering equity and diversity in our organization and in forensic mental health and intellectual disability services.

**Chairs:** Alicia Nijdam-Jones and Sarah Schaaf

**Meeting:** Thursday, June 20, 8:00 AM, in Salon I (Second Level)

For information about IAFMHS's other SIGs, see [https://iafmhs.wildapricot.org/Special-Interest-Groups](https://iafmhs.wildapricot.org/Special-Interest-Groups)
Québec’s Forensic Mental Health Institute

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- Research
- Training

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Information for Presenters

There are five presentation formats that will occur at the conference: paper presentations, symposium paper presentations, roundtable discussions, physical poster presentations, and virtual poster presentations. Authors have been notified within the ExOrdo submission platform about for which presentation format their submission was accepted.

Presenters should strive to make their presentations as accessible as possible for all conference attendees. All presenters are thus encouraged to review the sections on Everyone: Understanding the Basics and Speakers: Planning Your Session at https://www.w3.org/WAI/teach-advocate/accessible-presentations/#participants-and-speakers-during-the-meeting-or-presentation

PAPER SESSIONS

There are numerous individual paper sessions throughout the conference. These sessions feature individual paper presentations that have been as thematically grouped and organized as possible by the Scientific Committee Chairs. Each of these sessions features three to five individual paper presentations (in part owing to some number of withdrawn presentations post-acceptance and scheduling).

In light of overall conference event scheduling, there are three paper session durations: 1 hour, 1 hour and 10 minutes, and 1 hour and 15 minutes. Paper sessions were randomly assigned across these three durations.

As there will be no paper session chairs, presenters are encouraged to briefly decide amongst themselves how they will evenly distribute the session time for their paper presentation deliveries. The conference program schedule reflects an even division of time for each paper based on the total session time, the number of papers included therein, and reservation of 10 or 15 minutes at the end for collective Q&A. However, the presenters within a given session are free decide amongst themselves whether they would prefer to deviate from this approach as reflected in the program schedule, and instead present for slightly longer durations of time that incorporate Q&A after each individual paper.

For example, assuming there are 5 papers in a 1 hour and 15 minute session, the program’s suggested distribution of time is:

- Paper 1: 13 minutes
- Paper 2: 13 minutes
- Paper 3: 13 minutes
- Paper 4: 13 minutes
- Paper 5: 13 minutes
- Collective Q&A: 10 minutes
Alternatively, the presenters in this hypothetical session might instead decide to employ the following distribution of time for the session:

- Paper 1: 15 minutes (including Q&A)
- Paper 2: 15 minutes (including Q&A)
- Paper 3: 15 minutes (including Q&A)
- Paper 4: 15 minutes (including Q&A)
- Paper 5: 15 minutes (including Q&A)

Laptops/AV equipment will be provided for use during the paper sessions. **Presenters should bring a copy of their presentation file on a USB drive.** Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. In addition, formatting the USB drive in exFAT or FAT32 is recommended, as these formats work on both Windows and MacOS. IAFMHS is not able to accept presentation materials via email prior to the conference.

**SYMPOSIUM SESSIONS**

Symposium sessions are in general very similar to paper sessions. However, these sessions and the three to five symposium papers contained therein were thematically organized by the involved presenters themselves at the time of submission. Symposium sessions typically feature a chair who introduces the symposium, individual symposium paper presenters, and possibly a discussant who comments on the work presented.

In light of overall conference event scheduling, there are three symposium session durations: 1 hour, 1 hour and 10 minutes, and 1 hour and 15 minutes. Symposium sessions were randomly assigned across these three durations.

Symposium chairs may structure their session time however they prefer. While the conference program schedule reflects an even division of time for the chair and optional discussant at the start of the symposium and then all the individual symposium papers thereafter, with reservation of 10 or 15 minutes at the end for collective Q&A, it is anticipated that symposium chairs will opt to deviate from this program-reflected structure (as it is just a placeholder distribution of time based on what the conference scheduling software allows). Rather, it is anticipated that symposia will generally be organized by the symposium chair as follows:

- Introduction by the symposium chair
- Individual symposium paper presentations
- Remarks by the discussant or symposium chair
- Q&A

Thus, as an example, assuming a symposium session of 1 hour and 10 minutes, featuring a chair, four symposium papers, and a discussant, the chair may decide to organize the symposium session as follows:

- Introduction by the chair: 2 minutes
- Symposium paper 1: 12 minutes
- Symposium paper 2: 12 minutes
• Symposium paper 3: 12 minutes
• Symposium paper 4: 12 minutes
• Remarks by the discussant or chair: 10 minutes
• Q&A: 10 minutes

It is recommended that the symposium chair help keep track of time for the symposium paper presenters and any discussant.

Laptops/AV equipment will be provided for use during the symposium sessions. Presenters should bring a copy of their presentation file on a USB drive. Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. In addition, formatting the USB drive in exFAT or FAT32 is recommended, as these formats work on both Windows and MacOS. IAFMHS is not able to accept presentation materials via email prior to the conference.

ROUNDTABLE SESSIONS

Roundtables are most akin to the symposia format, but feature presenters (aka discussants for this format) who will share expert information and opinions in a more open and conversational forum.

In light of overall conference event scheduling, there are three roundtable session durations: 1 hour, 1 hour and 10 minutes, and 1 hour and 15 minutes. Roundtable sessions were randomly assigned across these three durations.

Roundtable discussants may structure their session time however they prefer, as roundtables are the most “flexible” or “tailored” of the five presentation formats at the conference. Nevertheless, it is recommended that the discussants decide amongst themselves ahead of time how the session time will be organized, and that they help keep track of time for one another. This includes planning to honor part of the spirit of roundtables: to allow ample time for interaction (Q&A and back-and-forth conversation) with the audience.

Laptops/AV equipment will be provided for use during the roundtable sessions, in case desired by the roundtable discussants. However, it is anticipated that roundtables discussants may forego the use of presentation materials and instead proceed purely conversationally. If planning to use the laptops/AV equipment, discussants should bring a copy of their presentation file on a USB drive. Use of a PowerPoint file is recommended to ensure that the laptop in the room will be able to display the presentation file. In addition, formatting the USB drive in exFAT or FAT32 is recommended, as these formats work on both Windows and MacOS. IAFMHS is not able to accept presentation materials via email prior to the conference.

POSTER SESSIONS

There will be two separate poster sessions, on the second and third days of the conference, respectively.
On each day during which poster presentations are scheduled, there will be a morning coffee break poster viewing session at which presenters should hang their posters and stand by them to answer questions from conference attendees who stop by to view them. Presenters should then leave their posters hung for the remainder of the day, so that conference attendees can continue to view them during the lunch hour and during an afternoon coffee break. However, presenters do not need to be by their posters during either the lunch or afternoon coffee break viewing times.

Presenters are responsible for bringing their printed posters to the conference. IAFMHS is not able to accept poster shipments prior to the conference.

The maximum accepted dimensions for posters are 175 cm wide x 110 cm tall (i.e., landscape format—see picture below).

Push-pins for hanging posters will be available onsite.

Posters can be set up in the morning prior to morning coffee break poster viewing session. Presenters can take down their posters after the last afternoon coffee break.

VIRTUAL POSTERS

Overview of Virtual Poster Presentations

Virtual poster presentations will be delivered in an asynchronous manner via a private YouTube channel shared only with conference attendees. QR codes directing to the virtual poster presentations will be included in the full conference program. The QR codes will also be provided via a master physical poster on display during the in-person poster sessions at the conference. Conference attendees will be able to scan these QR codes with their electronic devices to access the virtual poster presentations on YouTube at their leisure during the conference and for one week after the conference. Conference attendees will be able to leave comments and questions for presenters in the YouTube comment section. Presenters will be able to respond to these comments in an asynchronous fashion for up to one week after the conference has concluded.

Authors of virtual poster presentations should refer to the preparation instructions posted on the 2024 IAFMHS Conference website. By submitting a virtual poster presentation, presenters have agreed to have their virtual poster presentation being uploaded to this YouTube channel that restricts access to conference attendees. However, it is important for presenters to know that, although the YouTube channel is private (i.e., not accessible without the QR codes nor searchable on YouTube), it is possible that persons with the QR codes may share them with non-attendees. The YouTube channel will be permanently deleted one week following the conference.

Virtual Poster Award

An awards committee within IAFMHS will select one virtual poster presentation to receive the Best Virtual Poster award.
Lernen Sie den LVR-Klinikverbund kennen und werden Sie Teil unseres Teams!

Get to know the LVR-Klinikverbund and become part of our team!


With eight forensic psychiatries in North Rhine-Westphalia, in which around 1,700 mentally ill offenders are currently being treated, the LVR-Klinikverbund is the largest provider of forensic institutions in Germany. The focus is on high-quality treatment according to the latest standards. The LVR offers its employees numerous benefits and further training opportunities as well as a large network of forensic psychiatries and facilities. Get to know us. We look forward to getting to know you! You can find more information about the LVR-Klinikverbund at www.klinikverbund.lvr.de

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LVR-Fachbereich Maßregelvollzug
sylvia.hufnagel@lvr.de 0221 809-6665

Do not hesitate to contact me. Here in the audience or via Dr. Sylvia Hufnagel,
LVR-Directorate of Forensic Psychiatry
sylvia.hufnagel@lvr.de +49 (0)221 809 6665
Christopher Webster Early Career Award

The Christopher Webster Early Career Award honours Dr. Christopher Webster, who passed away February 20, 2024. Dr. Webster's scholarship and contributions to the topic of violence risk assessment are known to all members of the Association. He is a colleague to many individuals in many countries, and his writings and lectures provide wisdom and significant advancements in knowledge. Of particular relevance to the purpose of this Award, Dr. Webster has acted as a wonderful role model and mentor to several emerging scholars in the field.

We honour his generosity of spirit, the quality of his work, and his instrumental role as a mentor by presenting this award at the annual meeting of the Association. IAFMHS awards one Christopher Webster Early Career Award each year.

We are pleased to announce this year's Christopher Webster Early Career Award winner is

Dr. Jack Tomlin, United Kingdom

Jack Tomlin is a Senior Lecturer in Criminology at the University of Greenwich, UK. Prior to this he undertook a post-doctoral research fellowship in Germany. He obtained his PhD in the UK and his undergraduate and postgraduate degrees in the Netherlands. He is on the Editorial Board of the International Journal of Forensic Mental Health, has a body of international peer-reviewed publications and has received funding from German, UK and EU bodies. His research interests include stigma, procedural justice and participatory methods in the context of forensic mental health.
Rüdiger Müller-Isberner Award

Dr. Rüdiger Müller-Isberner retired from the Board of the IAFMHS in 2014, before presenting as keynote speaker at the IAFMHS conference in Manchester in 2015. His contributions to the IAFMHS have been significant, both in supporting the association from its inception and as a role model for others in the field, particularly with respect to integrating science and practice.

The Rüdiger Müller-Isberner award is intended to celebrate his contributions to the field and the Association, by honoring a long-standing member of the association whose career epitomizes the fusion of clinical practice, scholarly research, and mentorship. The awardee can come from any discipline, and can be either a primary researcher who focuses on clear clinical applications (e.g., treatment or assessment of forensic populations) or a clinician who has made substantial research contributions to the implementation of best practices.

We are pleased to announce this year’s Rüdiger Müller-Isberner Award winner is

Professor Stephen D. Hart, Canada

In his roles as an educator in higher education and a service provider in the private sector, Stephen has been a teacher, trainer, supervisor, and consultant for agencies and organizations around the world. His primary contributions are related to the implementation, and evaluation of practical procedures for the assessment and management of psychopathic personality disorder and violence risk. He has played a lead role in establishing the structured professional judgment approach to violence risk assessment and developing guidelines that are used by civil and forensic mental health, social service, victim serving, corrections, law enforcement, national security, legal, and human resources professionals. An important focus of his work has been fostering practices that respect and promote the human rights and well-being of justice-involved people who have mental health difficulties or who have experienced or perpetrated violence. Stephen is a founding member IAFMHS, and he has served the association as President as well as the Founding Co-Editor and then Editor of the International Journal of Forensic Mental Health.
Seeking Donations

Derek Eaves Student Research Grant

We are seeking donations to support The Derek Eaves Student Research Grant. This Grant was set up in 2017 to honor Dr. Derek Eaves’ bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. You can choose to include a small donation with your registration. Please contact iafmhs@sfu.ca for further information or if you wish to donate other amounts.

Christopher Webster Early Career Award

If you wish to make a donation to the Christopher Webster Early Career Award, you can do so by completing the form below and making the donation online. Alternatively, you can reach out to iafmhs@sfu.ca. Please note that IAFMHS is a registered non-profit organization (not a charity organization) and is not able to issue official donation receipts/charitable tax credit.
The Forensic Network seeks to address fragmentation across forensic mental health services and standardise and improve care for Mentally Disordered Offenders in Scotland.

**School of Forensic Mental Health**

The School of Forensic Mental Health was established in 2007 under the auspices of the Forensic Network and is a virtual school open to all professionals and agencies involved in the assessment and care of Mentally Disordered Offenders.

SoFMH was established to:

- Improve access to multi-level learning opportunities
- Promote Research
- Enhance clinical practice through education opportunities
- Encourage continuous professional development

**Msc Forensic Mental Health**

This programme is designed for those who are looking to be employed in a Forensic setting working with Mentally Disordered Offenders. Students will have access to lectures from leading practitioners and academics that have extensive experience in a range of forensic settings. The course is delivered via online distance learning enhancing its flexibility for practicing professionals and international students. The Course includes seven modules and a Masters dissertation. Students can opt to study the specialist forensic mental health modules individually for CPD purposes or as part of the Masters pathway, with the potential to graduate with a Postgraduate Certificate, Diploma or Masters degree (dissertation required).

**Year 1 Modules:** Mental Disorder and the Law (20 credits), Forensic Risk Assessment and Risk Management (20 credits), Managing Mental Health Through the Criminal Justice System (20 credits).

Year 2 Modules: Problem Behaviours (30 credits), Research Methods (20 credits), Forensic Treatments and Interventions (10 credits).

**Entry Criteria**

- Familiarity with forensic mental health settings and access to a forensic population
- A degree in a relevant subject is desirable but not essential

**Apply direct at:** www.uws.ac.uk/apply

www.forensicnetwork.scot.nhs.uk
IAFMHS Student Board

INFORMATION FOR STUDENTS

STUDENT BREAKFAST
(TUE, JUNE 18, 10:00 AM)
We welcome all students to join us for the Student Breakfast on Tuesday morning. In addition to enjoying a delicious breakfast spread, you will have the opportunity to meet this year’s Student Board and hear about all the things the board does, including leadership programs and awards! We will also discuss the can’t-miss student events at the conference and play some trivia. Come test your knowledge about San Francisco! This breakfast is a great opportunity to network with fellow students and make some connections as you kick off the conference!

STUDENT PANEL
(TUE, JUNE 18, 2:00-3:10 PM)
This year’s Student Panel will be chaired by Dr. Kelly A. Watt, Dr. Alicia Nijdam-Jones, and Ms. Lisa-Marie Sittner. Our panelists will speak to how to overcome academic failures to build successful careers and expertise in the forensic mental health field. Spanning junior to senior positions within and outside of academia, they will take you behind their successes and share how they overcame many barriers to end up where they currently are. Panelists are happy to answer questions during this event!

Preliminary Program can be found HERE
For more info on the Student Board, click HERE
LIVE MENTORSHIP EVENT
(WED, JUNE 19, 1:30-2:40 PM)

*NEW this year*, attendees will sit down with senior researchers and clinicians to discuss and ask questions on career development, writing, publishing, research collaborations, and much more. There’s still time to sign up or simply join in on roundtable discussions on the day!

5KM FUN RUN
(WED, JUNE 19, 7:00-8:30 AM)

Don’t miss out on our traditional 5km Fun Run! We found a great route for you through the rooftop Salesforce Park! Order your Fun-Run T-shirt and clear your head on Wednesday morning with a run before getting ready for the second day of the conference. We will meet in the lobby of the conference hotel and walk to the park as a group.

STUDENT SOCIAL
(JUNE 19, 7:00-9:30 PM)

Our annual Student Social will take place at Local Tap SF (600 3rd St, San Francisco, CA 94107). Please join us for drinks and appetizers and to socialize and network with other students from all over the world. Student members are guaranteed drink tickets, although all students are welcome to attend!

Find more information on our IAFMHS Website
DEREK EAVES STUDENT RESEARCH GRANT

We are seeking donations to support The Derek Eaves Student Research Grant. This Grant was set up in 2017 to honour Dr. Derek Eaves’ bursary and academic contributions to the International Association of Forensic Mental Health Services. Grants are awarded twice per academic year to deserving students to aid them in their research. You can choose to include a small donation with your registration - please contact iafmhs@sfu.ca for further information!

ORGANIZATIONAL COINS AND PINS

The IAFMHS Student Board is hoping to sell these coins and pins as fundraisers in order to support student-led initiatives, grants, and scholarships. Wear the pin during all events in which you can represent your involvement and support for the IAFMHS.

Find more information about the Coins & Pins HERE, and about the Derek Eaves Student Research Grant HERE.
OUR 5KM FUN RUN ROUTE

Event Location:
Salesforce Park
Start: 6:50 in lobby : End: 8:30 AM
Meeting Point:
Hyatt Regency San Francisco
Downtown SOMA

T-SHIRTS
You can pre-order a T-Shirt for $30 CAD when you register for the 5 KM Fun Run! The Fun Run proceeds go towards student awards and initiatives. Registration can be completed when registering for the conference on our website OR register at the conference registration desk!

LOCATION
Salesforce Park is a 5.4 acre rooftop park open to the sky above the Salesforce Transbay Transit Center. The park houses 13 small botanical gardens with flora and fauna representing different regions of the world. Spanning a 1-km loop on the perimeter of the park, the trail is lined by benches, dancing fountains, grassy lawns, and an amphitheater.

More Information on the 5km Fun Run HERE
### 2024 PанeIists

**Dr. Kelly Watt**

Dr. Kelly A. Watt obtained her BA in psychology at Simon Fraser and her MA and PhD in psychology from the University of Illinois at Urbana-Champaign. She worked as a Psychology Fellow at Vancouver Coastal Health between 2008 and 2010. She currently works as a Threat Assessment Specialist at Protect International Risk and Safety Services Inc. and a Workplace Consultant at Competence Center Bergen. Her expertise is in the field of clinical-community-forensic psychology, with a special focus on violence risk assessment and management, victim safety planning, coordinated community responses, and threat assessment teams. She has co-authored more than 105 articles, chapters, reports, and presentations and is the co-author of manuals for risk assessment and safety planning and has provided over 250 invited addresses and workshops for diverse professionals across multiple sectors in North America, Europe, Asia, and Australia.

**Dr. Alicia Nijdam-Jones**

Dr. Nijdam-Jones (she/her) is a Registered Psychologist and Assistant Professor in the Department of Psychology at the University of Manitoba, who practices in the areas of Clinical and Forensic Psychology. She earned her Ph.D. in Clinical Psychology (Forensic specialization) from Fordham University and has an MA in Criminology from Simon Fraser University. After her doctoral studies, she completed a clinical psychology postdoctoral fellowship at the University of California, San Francisco. She specializes in the area of violence risk assessment, malingering assessment, stalking, and the use of forensic assessment measures with linguistically, ethically, and culturally diverse samples. Currently, she is the Manitoba lead on a national SSHRC Partnership Development Grant to work in collaboration with community partners and service providers to identify guidelines for culturally safe forensic mental health services. Other current projects include analyzing how judges integrate Gladue Factors and psychological assessment information in sentencing decisions and an international study examining the cross-cultural validity of malingering assessment tools in Mexico City.

**Lisa-Marie Sittner**

Lisa-Marie (Limí) Sittner, M.Sc., is a recent graduate of Maastricht University’s Forensic Psychology program. Last year, she spent seven months as a visiting scholar at John Jay College of Criminal Justice, where her research focused on how to improve policies and legislation regarding sexual grooming. Limí currently works as a psychologist at the Vitós Forensic Psychiatric Hospital Haina, Germany. Her responsibilities there include managing therapy sessions, conducting risk assessments, and preparing expert witness reports on the rehabilitation progress of forensic patients from diverse cultural backgrounds. Her international experience spans Germany, the Netherlands, and the United States, giving her a diverse perspective on forensic psychology. As an early-career professional, she is excited to offer some insights for students looking to explore career paths in this field and to see where her own professional journey will take her.
Next Year’s (2025) Conference
Follow IAFMHS on Social Media

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Full Listing of Abstracts
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Pre-Conference Workshop 1: Neurodiversity-Affirming Approach to Assessment and Treatment of Forensic Clients with Complex Presentations

Monday, 17th June - 09:00: Pre-Conference Workshop 1: Neurodiversity-Affirming Approach to Assessment and Treatment of Forensic Clients with Complex Presentations (Salon I - Second Level)

Dr. Joseph Sakdalan ¹, Ms. Sabine Visser ²

¹. Forensicare, ². Regional Forensic Psychiatry Service Te Whatu Ora

The interaction between the criminal justice system (CJS) and overrepresented neurodivergents, particularly autistic and ADHD adults, has been fraught with challenges. Generally, mental health professionals have limited training in the forensic assessment and treatment of neurodivergents. Consequently, this can result in misdiagnosis or missed diagnosis, inappropriate treatment, overestimating risks, and detrimental treatment and sentencing recommendations to the Court. Utilising a more neurodiversity-affirming approach involves a better understanding of dialectical dilemmas and the double empathy problem, addressing cognitive bias, and shifting lenses and attitudes, which can help improve our knowledge, skills and empathy in working with this client group.
Pre-Conference Workshop 2: The Aid for Violence Risk Triage Workshop

Monday, 17th June - 09:00: Pre-Conference Workshop 2: The Aid for Violence Risk Triage Workshop (Salon II -Second Level)

Dr. Kelly Watt 1, Dr. Stephen Hart 2, Mr. Knut Rypdal 3, Dr. Helge Hoff 4

1. Protect International, 2. Simon Fraser University, 3. Centre for Research and Education in Forensic Psychiatry, Haukeland University Hospital, Bergen, Norway, 4. Helse Bergen

The Aid for Violence Risk Triage (AVRT) is a newly released decision support aid in the form of a set of structured professional judgement (SPJ) guidelines. The first portion of the workshop reviews the development of the AVRT, the nature and impact violence toward others, and professional responsibilities related to identifying and responding to violence risk. The second portion introduces the AVRT and outlines the administration of this decision support aid by providing a detailed discussion of the six steps of the AVRT. The last portion of the workshop will guide participants through practice cases and discuss implementation issues and solutions.
The first part of this presentation describes research on how structured approaches to violence risk assessment can enhance clinical training of mental health professionals. Topics include the relationship between level of training and accuracy of risk assessment, the impact of training in evidence based risk assessment on clinical skills, and development of objective methods to assess the competency of individual clinicians in risk assessment. The second part concerns mental health courts (MHCs), an increasingly widespread intervention for persons with mental disorders in the criminal justice system. Specifically, the potential of MHCs to reduce risk for violence is discussed.
Self-injurious behaviour is found to be more prevalent in forensic mental health services than in the general population and these incidents often have a deleterious impact on all involved. Moreover, self-injurious behaviour is an important predictor for violence towards others during treatment (Verstegen et al., 2020). The aim of this mixed-method study is to examine how often incidents of self-injury are being observed in forensic mental health care and to describe the nature, severity and functions of these incidents, as well as characteristics of self-injuring patients. In addition, experiences of both patients and professionals relating to self-injurious behaviour are explored.
Adverse childhood events and self-harming behaviours among individuals in Ontario forensic system: The mediating role of PCL-R scores

Tuesday, 18th June - 14:15: Session 1 [Papers]: Self Harm (Artisan - Third Level) - Oral Paper

Dr. Mark Mohan Kaggwa 1, Prof. Gary Andrew Chaimowitz 1, Dr. Andrew T. Olagunju 1
1. McMaster University

We examined how PCL-R score mediates the link between adverse childhood events (ACEs) and self-harming behaviours in forensic patients. We used data from 593 patients under the Ontario Review Board and measured ACEs, self-harm, and psychopathy with the PCL-R. It found that PCL-R scores partially mediated the effect of ACEs on self-harm in the past year and fully mediated the effect of ACEs on lifetime self-harm. Child abuse and having an incarcerated family member were the most influential ACEs. The study suggested that interventions for self-harm should consider psychopathy and PCL-R, especially for those with these ACEs.
Co-occurring self-harm and aggression (dual harm) is prevalent amongst forensic mental health service users (FMHSUs). It is unclear why FMHSUs engage in dual harm. This work aimed to explore FMHSUs’ experiences of dual harm. Sixteen FMHSUs participated in semi-structured interviews. Reflexive thematic analysis of the data generated six themes, highlighting various risk-factors of dual harm, including emotional dysregulation and perceived lack of social support. Participants underlined the duality of their self-harm and aggression, primarily utilising these to regulate emotions. The impact of contextual factors within FMHSs (e.g., restrictive practice, institutionalisation) were emphasised. Recommendations for research and clinical practice are provided.
Reducing self-harm and suicidality in vulnerable prisoners: Evaluating a new service intervention involving a structured approach to risk assessment and management

Tuesday, 18th June - 14:45: Session 1 [Papers]: Self Harm (Artisan - Third Level) - Oral Paper

Ms. Christie Browne ¹, Dr. Carey Marr ², Ms. Masha Romanovich ³, Dr. Kimberlie Dean ²

¹ University of New South Wales, ² UNSW, ³ Justice Health NSW

Rates of suicide and self-harm are elevated in prison, however identifying those who are at risk of suicide or self-harm in custody presents an ongoing challenge. The current study trialled a new approach to the assessment and management of suicide/self-harm risk in prison based on a Structured Professional Judgement (SPJ) and safety planning approach. The trial took place in a prison mental health unit over the course of a year. This presentation will explore observed self-harm trends, pre- and post-implementation of the framework, and share learnings from the pilot including barriers to effective implementation of healthcare initiatives in prison environments.
The woman’s experience of seclusion in secure settings: A case study

Tuesday, 18th June - 14:00: Session 2 [Papers]: Women in Secure Settings (Atelier I - Third Level) - Oral Paper

Ms. Alison Hansen¹, Prof. Michael Hazelton², Dr. Robyn Rosina³, Prof. Kerry Inder²


Seclusion use is associated with physical and psychological harm, and breaches of a person's human rights, despite its use to protect the person or others from harm. Seclusion is largely a negative experience that has been found to cause fear for those who experience it. Further, its use is often seen as a punishment for aberrant behaviour. This presentation reports findings of a case study, which is part of a broader project to identify factors associated with seclusion use for women, and explore women's experiences of seclusion, in a secure forensic mental health setting in Australia.
Exploring factors associated with seclusion use for women in secure forensic settings: Findings from a retrospective study

Tuesday, 18th June - 14:20: Session 2 [Papers]: Women in Secure Settings (Atelier I - Third Level) - Oral Paper

Ms. Alison Hansen¹, Prof. Michael Hazelton², Dr. Robyn Rosina³, Prof. Kerry Inder²


Seclusion reduction or elimination is a global priority. Women in forensic mental health settings are a minority with most research in this area focused on men. Incarceration of women is increasing worldwide, with increases reflected in forensic mental health settings. With more women requiring forensic care, coupled with the need for seclusion reduction/elimination, research is needed to enhance understanding of modifiable factors associated with seclusion to inform sex specific approaches for seclusion reduction. This presentation reports findings of a retrospective study to identify factors associated with seclusion use for women in an Australian secure forensic mental health setting.
From principles to practice: Challenges and solutions in implementing a gender responsive model of care in a women’s secure forensic unit.

Tuesday, 18th June - 14:40: Session 2 [Papers]: Women in Secure Settings (Atelier I - Third Level) - Oral Paper

Dr. Smita Tyagi ¹, Ms. Jennifer Anderson ², Mr. John Spavor ², Dr. Ipsita Ray ², Dr. Emily Cripps ²

¹. Centre for Addiction and Mental Health, ². CAMH/University of Toronto

This paper describes the implementation of a model of care for a women’s medium secure unit at a forensic hospital post COVID-19. A number of challenges were encountered such as unit acuity, staff attrition, theoretical orientations, heterogenous patient population, and new organizational processes related to clinical practice. Recognizing the role of staff engagement in model of care best practice, efforts were made at strengthening same. Capacity building of staff was undertaken as well as creation of unit processes that foster therapeutic activities. The paper describes the challenges encountered in implementing the model of care and approaches taken to address them.
The invisible wall – Opportunities and difficulties working with foreign patients

Tuesday, 18th June - 14:00: Session 3 [Papers]: Immigration and Diversity, Equity, and Inclusion (Atelier II - Third Level) - Oral Paper

Ms. Ekaterina Trivonova

1. Vitos Haina

In the year of 2017 the largest forensic psychiatric hospital in Germany recorded the highest number of patients with a non-German background. After conducting expert interviews with the staff, opportunities as well as difficulties working with foreign, non-German speaking patients were revealed. The following paper summarizes the most frequent answers of the staff and sheds light on individual experiences. Finally, current solutions for easier therapeutic work with foreign patients are discussed.
Diversity in “unaccompanied” minors: Implications for policy and practice

Tuesday, 18th June - 14:15: Session 3 [Papers]: Immigration and Diversity, Equity, and Inclusion (Atelier II - Third Level) - Oral Paper

Dr. Maria Jimenez-Salazar¹, Ms. Michelle Leon¹, Ms. Emily Weinberger¹, Ms. Erzulie Coquillon¹, Dr. Keith Cruise¹, Dr. Andrew Rasmussen¹

¹Fordham University

By legal definition, unaccompanied immigrant children (UIC) are youth younger than 18 years who enter the United States without proper documentation or refugee status, and who do not have a parent or guardian available to provide immediate custody. Recent policy changes have resulted in youth who migrate with custodial adults being processed as unaccompanied. This presentation illustrates UICs’ heterogeneity through a collective case study (N = 10) based on qualitative and quantitative data from a study with UICs.
Implementation of a patient advisory board for forensic psychiatric patients - Insights and experiences from the PART project

Dr. Eva Drewelow ¹, Ms. Peggy Walde ¹, Dr. Fenia Ferra ¹, Mr. Kai Gerullis ¹, Dr. Ingo Kilimann ², Dr. Olga Klein ³, Mr. Marcel Daum ², Prof. Stefan Teipel ², Prof. Birgit Völlm ¹

¹ Clinic for Forensic Psychiatry, Rostock University Medical Center, ² Clinic for Psychosomatic Medicine and Psychotherapy, Rostock University Medical Center, ³ Deutsches Zentrum für Neurodegenerative Erkrankungen (DZNE), Rostock

People with lived experience can support research and thereby improve its quality. While participatory research is standard elsewhere, Germany is still lagging behind. The introduction of a participatory advisory board is intended to create a sustainable structure to involve forensic patients more closely in research. The aim is to describe its implementation in the first 6 months at the IAFMHS. Particular focus is on the experiences made, but also on perceived barriers and overcoming them. By mid-2024, 5 advisory board meetings will be held, patients will have completed trainings, and the advisory board will begin to work on initial topics.
Measurement of progress of the first three years of a comprehensive framework of Equity, Diversity, and Inclusion in a Forensic Service

Tuesday, 18th June - 14:45: Session 3 [Papers]: Immigration and Diversity, Equity, and Inclusion (Atelier II - Third Level) - Oral Paper

Prof. Sandy Simpson ¹, Dr. Treena Wilkie ², Dr. Sumeeta Chatterjee ¹

1. CAMH/University of Toronto, 2. Centre for Addiction and Mental Health

Forensic mental health services (FMHS) must respond comprehensively to challenges of equity, diversity, and inclusion (EDI).

There is little literature to guide FMHS in how best to ensure EDI responses for patients, families, and staff. At CAMH we adapted an EDI framework to describe the processes employed to organize and integrate EDI principles and initiatives within a culture of learning and continuous improvement. The framework has six domains: Organizational Commitment, Staff/Workforce Competencies, Service Access and Delivery, Promoting Responsiveness, Community Outreach, and Data Collection.

We report progress on each component of the strategy using actions taken and data-informed measurements of change.
Assessment of patient’s needs has been recognised as an essential component of health service planning. The assessment of needs in forensic psychiatry facilities in Poland is still underdeveloped, nevertheless, its practical relevance seems indisputable and crucial for optimizing the therapeutic process. The presented study shows a comprehensive analysis of polish forensic patients’ needs and perceived quality of life, their determinants and their impact on various aspects of psychological and social functioning, including also the occurrence of aggressive behaviour.
Strategies to bridge treatment gap in correctional settings with inadequate mental healthcare

Tuesday, 18th June - 14:20: Session 4 [Papers]: Needs, Continuity, and Recovery (Curator - Third Level) - Oral Paper

*Dr. Andrew T. Olagunju*¹, *Dr. Mark Kaggwa*¹, *Dr. Oluyemi Akanni*², *Dr. Stephen Oluwaniyi*³, *Dr. Jeffrey Wang*¹, *Prof. John Bradford*¹, *Prof. Gary Chaimowitz*¹

¹. McMaster University, ². Federal Neuro-Psychiatric Hospital Benin City, ³. Federal Neuropsychiatric Hospital Yaba

The magnitude of unmet mental health needs among prison populations in low- and middle-income countries constitutes a major public health issue. This paper describes the implementation of service linkage and skill enhancement strategies in Nigerian prisons with inadequate mental healthcare to support the identification and care of offenders with mental illness. Over the study period, 74 individuals, consisting of 64 (86.5%) males and a mean age of 33.25 (SD=11.2) years received care through these strategies. Collaborative care, skill-enhancement and linkage of services are viable strategies to improve inadequate correctional mental healthcare, albeit there is need for context-specific action-plan for sustainable implementation.
Mind the gap – improving continuity of forensic mental health care

Tuesday, 18th June - 14:40: Session 4 [Papers]: Needs, Continuity, and Recovery (Curator - Third Level) - Oral Paper

**Dr. Petra Schaftenaar**, **Dr. Vivienne de Vogel**, **Dr. Maartje Clercx**


Continuity in forensic care is important to strengthen protective structures and decreases the risk of relapse. The past years, several programs and initiatives have been developed in the Netherlands to improve continuity. However, an important question is whether professionals and clients are aware of these programs and what they need to improve continuity. In this study, we used a mixed-methods approach to better understand the perspective of forensic professionals and service users. Several themes were distinguished: fragmentation in psychiatric care, collaboration, education, communication and a timely discharge planning. In addition, clients reported that a human approach is essential for them.
One way to improve prevention in the forensic mental health care is by obtaining new insights on risk factors for offending and improve their assessment. Therefore, this symposium focuses on various risk factors. More specifically, the first presentation argues for a timely assessment of psychopathy in youth. The second presentation addresses both psychopathy and morality as risk factors for offending, especially in the hypothetical absence of legal controls. The third and final presentation highlight the importance of identity impairment and cognitive distortions, respectively, in the assessment and treatment of personality pathology in forensic patients, ultimately aiming towards a better prevention.
Assessing Psychopathic Traits from a Developmental and Personality Perspective: A Validation of the Elemental Psychopathy Assessment Short Form

Tuesday, 18th June - 14:12: Session 5 [Symposium]: Risk Factors for Offending (Salon I - Second Level) - Symposium

Dr. Elien De Caluwé¹, Dr. Mieke Decuyper², Prof. Kasia Uzieblo³, Mr. Sam Ysewyn⁴, Prof. Filip De Fruyt⁵, Prof. stefan Bogaerts⁶


This study investigated (a) the psychometric properties of the Flemish version of the Elemental Psychopathy Assessment-Short Form (EPA-SF; Lynam et al., 2013), developed within the framework of the Five-Factor Model of personality, and (b) its applicability in adolescents, to enable a timely assessment of psychopathic traits. Adolescents and adults (N=741) completed the EPA-SF and related questionnaires. The 4-factor structure of the EPA-SF was successfully replicated and full measurement invariance across gender and age was found. Reliability and validity were supported. The Flemish version of the EPA-SF shows promise as an effective questionnaire for assessing psychopathic traits in adolescents and adults.
Would You Offend When Legally Allowed? The Role of Psychopathy, Morality, and Self-Control in Hypothetical Criminality

Tuesday, 18th June - 14:24: Session 5 [Symposium]: Risk Factors for Offending (Salon I - Second Level) - Symposium

Ms. Valentina Macías Vasileff¹, Dr. Carlo Garofalo², Dr. Yasemin Erbaş¹, Dr. Elien De Caluwé¹, Prof. Stefan Bogaerts³

¹. Tilburg University, ². University of Perugia, ³. Tilburg University & Fivoor

Based on the movie *The Purge*, Meldrum and colleagues (2021) tested the assumptions of criminological theories of a supposed human tendency to be self-interested. They asked whether participants would commit crimes on a day where it is legally allowed (i.e., *purge*). Corroborating on this, the current study aimed to (1) replicate Meldrum et al.’s (2021) findings, (2) extend these findings employing a newly developed purging measure, (3) categorize the measure into crime types through exploratory factor analysis, (4) identify profiles based on morality, dark tetrad, and self-control with latent profile analysis, and (5) examine if these profiles predict purging categories.
Identity and Personality Pathology in Adult Forensic Psychiatric Patients and Healthy Controls

Tuesday, 18th June - 14:36: Session 5 [Symposium]: Risk Factors for Offending (Salon I - Second Level) - Symposium

Mrs. Deni Tressova 1, Dr. Elien De Caluwé 2, Prof. Stefan Bogaerts 1

1. Tilburg University & Fivoor, 2. Tilburg University

The current study examined identity dimensions, clinically relevant identity impairments and personality pathology, and associations between these constructs in forensic patients and healthy controls. Patients showed higher levels of identity dimensions, identity impairments, personality disorders and maladaptive personality traits than controls. Both patients and controls with high ruminative exploration and identity malfunctioning showed more personality pathology. Different associations between identity functioning and particularly anti-social and borderline personality disorder showed to be stronger in patients than in controls. Our results highlight the importance of identity impairment as an important criterion to assess and treat personality pathology in forensic patients.
Cognitive distortions are linked to antisocial personality disorder (ASPD), yet it is not clear whether such justifications represent healthy thinking patterns or signify problems that require clinical attention. We thus examined to what extent primary (self-centered) and secondary (neutralizing) cognitive distortions were associated with reactive (frustration-driven) and proactive (goal-driven) aggression and whether these associations differed between male patients with ASPD and non-patients from the community. ASPD patients reported more primary cognitive distortions than non-patients, while associations between cognitive distortions and proactive aggression were somewhat stronger in non-patients. These findings suggest that cognitive distortions are not necessarily related to greater aggression.
Support and involvement of family members in forensic mental health settings: Evolutions through the years

Tuesday, 18th June - 14:00: Session 6 [Symposium]: Family Collaboration in Forensic Mental Health Settings (Salon II - Second Level) - Symposium

Dr. Sara Rowaert⁴, Dr. Ellen Tingleff², Prof. Jason Davies³

1. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium.
2. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark.
3. Swansea University

Policy papers and guidelines at international levels stipulate that family members in mental health settings should be actively involved in the care and treatment of the service user and supported in their role as carers. Within a forensic context, family involvement is similarly regarded as crucial in the service users' illness trajectory and recovery process. However, limited focus is placed on collaboration, involvement and support of family members in the care trajectory of their relative. This symposium will place focus on the experiences of family members and forensic mental healthcare professionals and the evolutions throughout the years.
“It’s still our child”. A qualitative interview study with parent carers in forensic mental health

Tuesday, 18th June - 14:15: Session 6 [Symposium]: Family Collaboration in Forensic Mental Health Settings
(Salon II - Second Level) - Symposium

Dr. Ellen Tingleff ¹, Dr. Sara Rowaert ², Ms. Stinne Vinding ³, Mrs. Tina Vestphal ⁴, Prof. Rhonda Wilson ⁵, Prof. Frederik Gildberg ¹

1. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark.
2. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium.
3. Nursing Education, Vejle, UCL University College, Denmark.
4. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, Faculty of Health Science, University of Southern Denmark.
5. University of Newcastle, Australia & Massey University, New Zealand

The purpose of this study was to explore the experiences and perceptions of parents in forensic mental health services with regard to their cooperation with healthcare professionals and their role as parent carers. 15 participants were interviewed using qualitative, in-depth interviews. The identified themes were ‘Medical dominance’, ‘Interactions with healthcare professionals’, and ‘Advocating for their daughter/son’. The themes were associated with the overall theme ‘perceived impact on the parents’ everyday lives’. The results suggest that parent carers perceive a malalignment between the institutional medicalised treatment focus and the need for an integrated holistic approach, which would include them as partners.
Partner in care versus partner in crime: Mental healthcare professionals’ view on family involvement in forensic psychiatric care

Tuesday, 18th June - 14:30: Session 6 [Symposium]: Family Collaboration in Forensic Mental Health Settings (Salon II - Second Level) - Symposium

Dr. Sara Rowaert 1, Dr. Ellen Tingleff 2, Prof. Ulrica Hörberg 3, Prof. Stijn Vandevelde 4, Prof. Gilbert Lemmens 5

1. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium, 2. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark, 3. Department of Health and Caring Sciences, Faculty of Health and Life Sciences, Linnaeus University, 4. Ghent University, Department of Special Needs Education, 5. Department of Head and Skin, Faculty of Medicine and Health Sciences, Ghent University Hospital

Over the years, several studies paid attention to the perspectives and experiences of family members of Persons labelled Not Criminally Responsible (PNCR). In these studies, many experiences focus on the fact that family members feel victimized by forensic mental healthcare professionals (FMHP). Yet, research studies on perspectives of FMHP are sparse and focus on the desire to work with family members and the barriers they face in doing so. This presentation will focus on illuminating FMHP’s experiences and perceptions of family interventions and family treatment in the context of societal and policy changes in the years 2015 to 2021.
The Equilibrium Programme: the development, delivery and initial evaluation of a whole system strengths based approach to addressing domestic abuse

Tuesday, 18th June - 14:45: Session 6 [Symposium]: Family Collaboration in Forensic Mental Health Settings (Salon II - Second Level) - Symposium

Mr. Dafydd Thomas ¹, Prof. Jason Davies ², Ms. Amy Wellington ³


Addressing domestically abusive behaviour has tended to focus on those who have received a relevant legal sanction. The Equilibrium Programme Suite provides a whole family approach to domestic abuse, set within a community social services setting. This paper will provide an overview of this solution-focussed and strengths-based approach, offered prior to arrest or conviction to those who wish to address their domestically harmful behaviour. The ways in which the programme is being evaluated will be shared with specific focus on the first completed study which examined the impact of the structured treatment component on the men who accessed it.
Improving behavioral health outcomes via technology for systems-involved youth and families in the United States:
Lessons learned and future directions

Tuesday, 18th June - 15:40: Session 8 [Round Table]: Improving Behavioral Health Outcomes via Technology for Systems-Involved Youth and Families in the United States: Lessons Learned and Future Directions (Artisan - Third Level) - Round Table

Dr. Evan Holloway¹, Dr. Johanna Folk², Ms. Yaneth Urquijo¹, Mr. Roger Chan³, Dr. Marina Tolou-Shams²

¹. University of California, San Francisco, ². University of California San Francisco, ³. Superior Court County of San Francisco

Systems-involved (legal and foster care) youth in the U.S. experience high burdens of mental health and substance use (behavioral health) treatment needs while facing significant barriers to care. Technology-informed solutions may hold promise to improve services access but designing, implementing and researching such solutions raises multiple challenges. We will present lessons learned from ongoing research projects that leverage technology to improve behavioral health outcomes for this population. This Round Table will be led by clinical researchers as well as collaborators (court and community with lived expertise) to discuss lessons learned and future directions within the United States and internationally.
Closing the gap between guidelines and practice in forensic report writing

Tuesday, 18th June - 15:40: Session 9 [Symposium]: Guidelines and Practice in Forensic Report Writing (Atelier I - Third Level) - Symposium

Dr. João Da Silva Guerreiro ¹, Dr. Lisa Ramshaw ², Dr. Treena Wilkie ³, Mr. Étienne Pelletier ⁴, Ms. Emma Laplante ⁴

¹. Université du Québec à Montréal, Institut national de psychiatrie légale Philippe-Pinel, 2. Centre for addiction and mental health, 3. Centre for Addiction and Mental Health, 4. Université du Québec à Montréal

Considered a foundational skill in the training of forensic psychiatrists, forensic psychologists, and professionals in related forensic disciplines, the practice of forensic report writing has received increased attention both as a research topic and as an issue that professional regulatory bodies are starting to address to enhance the quality of forensic assessments. The goal of this symposium is to bring together the experiences of a national working group mandated with the development of the “Canadian Guidelines for Forensic Psychiatry Assessments and Report Writing” and research work conducted on forensic psychiatric reports, as well as on the experts who author them.
Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing - Experience and Evaluation

Dr. Lisa Ramshaw ¹, Dr. Treena Wilkie ²

¹. Centre for addiction and mental health, ². Centre for Addiction and Mental Health

We provide an overview of the ten Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing, developed to enhance standards, reduce idiosyncratic reports, and provide resources for practice and training. We address the complexities and controversies that have arisen since the Guidelines were published, including use in legal proceedings, incorporating changes, and service development. We also review plans to integrate these guidelines into training programs. Finally, to understand their effectiveness, we provide an overview of current and future projects to evaluate the utility of the guidelines over time, using feedback, surveys, and self-assessment tools including checklists and knowledge assessment projects.
An exploratory study of criminal responsibility assessments from the viewpoint of experts in forensic psychiatry and an analysis of their report writing practices

Tuesday, 18th June - 16:20: Session 9 [Symposium]: Guidelines and Practice in Forensic Report Writing (Atelier I - Third Level) - Symposium

Dr. João Da Silva Guerreiro, Mr. Étienne Pelletier, Ms. Emma Laplante

1. Université du Québec à Montréal

This study focuses on criminal responsibility assessments (CR) conducted in Quebec, Canada. We analyzed their quality by adapting a coding grid to study the relevance and coherence of information in forensic report writing. Two forensic experts participated in a semi-structured interview about CR assessments. Results of this study suggest that research should direct more attention to the internal coherence of forensic reports and to reporting on findings that regard the uniqueness of the accused. It also emphasizes the need to account for the often precarious socio-economic situation of these individuals as well as their limited access to mental health services.
Public Attributions and Attitudes Towards Not Criminally Responsible Accused in Canada

Tuesday, 18th June - 15:40: Session 10 [Papers]: Public Perceptions and Stigma (Curator - Third Level) - Oral Paper

Mr. Jamie Vallotton, Dr. Nicholas Evans, Dr. Sabrina Demetrioff, Dr. Alicia Nijdam-Jones

1. University of Manitoba

Public attitudes towards individuals adjudicated as not criminally responsible (NCR) can negatively affect government policy. Causal attributions of behavioural control and stability may influence these attitudes. Using a 2 (Low Control vs. High Control) x 2 (Low Stability vs. High Stability) factorial design vignette, this study tests the effect of causal attributions on attitudes toward NCR-accused and punishment goals. We hypothesize that high control and stability attributions predict negative NCR attitudes and punishment goals. Results will provide insight into the relationship between causal attributions and NCR attitudes to inform future research about negative attitude reduction.
“Everyone deserves a chance”: Canadians’ attitudes toward mental health disorders and the reintegration and rehabilitation of individuals who have committed a sexual offence.

Tuesday, 18th June - 15:55: Session 10 [Papers]: Public Perceptions and Stigma (Curator - Third Level) - Oral Paper

Ms. Bridget Barry 1, Ms. Mallory Coish 1, Ms. Danyelle Fields 1, Ms. Payton McPhee 1, Ms. Jordyn Monaghan 1, Ms. Meg Ternes 1

1. Saint Mary’s University

Individuals convicted of a sexual offence experience immense stigma from the public, with attitudes toward reintegration being predominately negative. Although some hold more positive views, it is unknown how the presence of a mental health disorder in someone convicted of a sexual offence impacts public attitudes. Through thematic analysis, the current study suggests Canadians express both negative and positive attitudes toward reintegration, while also differing in their support for rehabilitation and mental health services among offenders with a mental illness. Implications for preventing recidivism in individuals convicted of a sexual offence will be discussed.
Identifying factors predictive of public attitudes towards criminal justice-involved individuals with mental health needs

Tuesday, 18th June - 16:10: Session 10 [Papers]: Public Perceptions and Stigma (Curator - Third Level) - Oral Paper

Dr. Sarah Kilbane¹, Dr. Jack Tomlin¹, Ms. Isabella Cornetchi¹, Ms. Asya Mitisheva¹

1. University of Greenwich

Criminal justice-involved individuals with mental health problems face multiple intersecting stigmas, which can have profound effects on all aspects of the lives of these individuals. Two studies were conducted in order to identify contributing factors to such stigmatic views. Using representative UK samples, these studies considered the effects of (1) mental health locus of origin and locus of control of behaviour and (2) the manipulation of person-centred language on attitudes towards criminal justice involved persons with mental health problems.

Study findings will be discussed, as will implications for stigma reduction and good practice more broadly.
Challenging and addressing stigma is an imperative for all mental health services, but particularly for forensic mental health services, where consumers, families and carers, typically experience multiple stigmas connected to mental illness and criminal justice system involvement. Professionals are not immune and may perpetuate or even experience stigma, associated with the morally or socially tainted “dirty work” of practice in secure hospitals and prisons. Our study uses co-design principles to overt hidden narratives of forensic mental health consumers, families and carers, and clinicians in Victoria, Australia, to challenge stigma and contribute to knowledge creation, education and community awareness.
Violence Risk Triage in Forensic Evaluations: A Critical Element of Managing Violence Risk

Tuesday, 18th June - 15:40: Session 11 [Symposium]: Violence Risk Triage (Salon I - Second Level) - Symposium

Dr. Stephen Hart¹, Dr. Helge Hoff², Mr. Knut Rypdal³, Dr. Kelly Watt⁴

¹. Simon Fraser University, ². Helse Bergen, ³. Centre for research and education in forensic psychiatry, Oslo University Hospital, ⁴. Protect International

The presenters will discuss violence risk triage (VRT), the process of identifying, prioritizing, and responding to cases in which the person may pose a violence risk that requires services such as violence risk assessment or immediate management. Paper 1 will discuss the nature of VRT and how it differs, legally and operationally, from comprehensive violence risk assessment. Paper 2 will illustrate the use of VRT in mental health settings. Paper 3 will discuss the use of VRT in employment and higher education settings. Finally, Paper 4 will discuss conceptual and practical issues in evaluative research on VRT.
The Nature of Violence Risk Triage

Tuesday, 18th June - 15:52: Session 11 [Symposium]: Violence Risk Triage (Salon I - Second Level) - Symposium

Dr. Stephen Hart 1
1. Simon Fraser University

Violence risk triage (VRT) is the process of identifying, prioritizing, and responding to cases in which the person may pose a violence risk that requires services such as violence risk assessment or immediate management. In this talk, Dr. Hart will discuss the nature of VRT and how it differs, legally and operationally, from comprehensive violence risk assessment.
Violence Risk Triage in Mental Health Settings

Risk for institutional and community violence is a serious concern in mental health settings. Violence risk triage (VRT) is the process of identifying, prioritizing, and responding to cases in which the person may pose a violence risk that requires services such as comprehensive violence risk assessment or immediate management. In this talk, Dr. Hoff will discuss the implementation and use of VRT in diverse healthcare settings, illustrating key points with case vignettes.

Dr. Helge Hoff
1. Helse Bergen
Violence Risk Triage in Employment and Education Settings

Tuesday, 18th June - 16:16: Session 11 [Symposium]: Violence Risk Triage (Salon I - Second Level) - Symposium

Dr. Kelly Watt
1. Protect International

Workplace and school violence are unfortunately all too common and, for this reason, employers and educational institutions in many countries have a legal duty to take reasonable steps to prevent violence. In this talk, Dr. Watt will discuss how violence risk triage (VRT) can be used by organizational threat assessment teams to identify, prioritize, and respond to cases in which people may pose a violence risk. She will identify some of the major challenges to and benefits of the implementation and use of VRT in employment and education settings, illustrating key points with case vignettes.
Programmatic Evaluation of Violence Risk Triage: Key Questions and Methods

Tuesday, 18th June - 16:28: Session 11 [Symposium]: Violence Risk Triage (Salon I - Second Level) - Symposium

Mr. Knut Rypdal

1. Centre for research and education in forensic psychiatry, Oslo University Hospital

Compared to comprehensive violence risk assessment, the literature evaluating violence risk triage (VRT) is very limited. In this talk, Mr. Rypdal will discuss the goals of VRT and identify the primary research questions for the programmatic evaluation of VRT based on those goals. He will identify the methods that can be used to answer these questions and provide illustrations of research that has been conducted, is in progress, or is being planned.
Wearables, new developments and research in treatment in forensic mental health care

Tuesday, 18th June - 15:40: Session 12 [Symposium]: Wearables (Salon II - Second Level) - Symposium

**Dr. Thimo van der Pol**, **Mrs. Cydia Hendriks**, **Mrs. Merel Leijse**

1. Amsterdam UMC location University of Amsterdam, Child and Adolescent Psychiatry & Department of Research and Quality of Care

Wearables such as virtual reality and smartphone apps offer new opportunities to treatments in the forensic mental health care. Where existing treatments are limited to physical contact between client and practitioner, wearables offer opportunities to expand treatment through technology. Wearables provide new insights from the client's daily life and opportunities to practice with these real-life situations in the treatment room. The insights have great potential to increase the treatment outcomes. During the symposium, the latest insights and research results regarding the use of wearables in forensic mental health care will be shared.
This study examined the feasibility and outcomes of VReedom training, a VR-based intervention for preparation for authorized leave. Informpa, a security level 3 mental healthcare organization, introduced the training in 2022. Using a retrospective cohort design with patient data, participant observation, and questionnaires, the study found positive outcomes despite the absence of a control group. Ten out of 13 patients participated without incidents, supporting VR's potential in forensic psychiatry. Implementation conditions were favorable, highlighting the need for personalization and expanded applicability. Future research with control groups is recommended, contributing to evidence-based practices in VR-assisted forensic psychiatry.
“How do you Feelee? Pre-liminary results of emoji-based smartphone data intervention to enhance the emotional wellbeing for adolescent in a forensic outpatient treatment.

Tuesday, 18th June - 16:10: Session 12 [Symposium]: Wearables (Salon II - Second Level) - Symposium

Mrs. Merel Leijse 1, Mrs. Cyilia Hendriks 1, Dr. Thimo van der Pol 1
1. Amsterdam UMC location University of Amsterdam, Child and Adolescent Psychiatry & Department of Research and Quality of Care

While adolescents often use emojis to express their pursuits and feelings online, do adolescents struggle to express their emotions and feelings offline. Particularly in the forensic mental health care, adolescents have difficulties to recognize, differentiate and express their emotions that express itself in disruptive behavior. The addition of emoji-based smartphone data to treatment could potentiality be helpful to make adolescent more aware of their emotions and underlying behavior. Through the use of a multiple single case experimental design, this project evaluates the use of Feelee, an emoji-based smartphone app, in addition to treatment as usual in the forensic outpatient setting.
The Sense-it app to increase emotion recognition in (forensic) mental healthcare.

Dr. Thimo van der Pol, Mrs. Cydia Hendriks, Mrs. Merel Leijse
1. Amsterdam UMC location University of Amsterdam, Child and Adolescent Psychiatry & Department of Research and Quality of Care

In forensic mental healthcare, many clients are dealing with aggression problems. Characteristic for this group of clients is that they often only have little introceptive awareness. There is various treatments aimed at learning to prevent aggressive behavior, but the effectiveness of these treatments is limited. On the other hand, professionals working in residential youth care are exposed to stressful working conditions. Research show that also for professionals, being aware of signals of physical tension enables professionals to adopt a constructive, de-escalating attitude towards clients (Valenkamp, Neve, Sondeijker, & Verheij, 2014).
An Evaluation of Healthcare in BC Correctional Centres

Tuesday, 18th June - 15:40: Session 13 [Symposium]: BCC Healthcare (Sculptor - Third Level) - Symposium

Mr. James Avery¹, Mr. Armaan Rajan¹, Ms. Lauren Rutherford¹, Dr. Karen Petersen¹, Dr. Alicia Nijdam-Jones², Dr. Tonia Nicholls¹

¹. University of British Columbia, ². University of Manitoba

Incarceration provides a unique opportunity to provide healthcare to marginalized individuals. Health services in prisons are typically delivered by the ministry responsible for Corrections. In 2017, in accordance with WHO recommendations, healthcare governance in BC Corrections was transferred from the Ministry of Public Safety and Solicitor General to the Ministry of Health. Several jurisdictions have adopted this approach, but there is a critical lack of research on process and outcomes. People with prior incarcerations completed extensive qualitative interviews to examine the extent to which priorities of the model of care (culturally safe, continuity of care, trauma-informed) are being achieved.
Cultural Safety in BC Correctional Centres: Lived Experiences with Healthcare

Tuesday, 18th June - 15:55: Session 13 [Symposium]: BCC Healthcare (Sculptor - Third Level) - Symposium

Mr. James Avery¹, Mr. Armaan Rajan¹, Ms. Lauren Rutherford¹, Dr. Lisa Monchalin², Ms. Martha Kahnapace¹, Dr. Karen Petersen¹, Dr. Alicia Nijdam-Jones³, Dr. Tonia Nicholls¹

¹. University of British Columbia, ². Kwantlen Polytechnic University, ³. University of Manitoba

Racial and ethnic minority groups experience disproportionate health burdens reflecting social determinants of health. Supporting people's recovery requires culturally safe healthcare, personalized to and respectful of people's unique backgrounds. In collaboration with people with lived experience of incarceration, we analyzed semi-structured interviews with people who have been incarcerated to examine cultural safety. Results highlighted practices that supported (traditional healing) and hindered (discrimination) cultural safety. Participants emphasized that they felt respected and empowered when staff were actively curious about their backgrounds and collaboratively supported their recovery goals. Participants recommended increased staff education and cultural engagement opportunities for people from diverse backgrounds.
Trauma-informed Practice in BC Correctional Centres: Lived Experiences with Healthcare

Ms. Lauren Rutherford¹, Mr. James Avery¹, Mr. Armaan Rajan¹, Ms. Martha Kahnapace¹, Dr. Karen Petersen¹, Dr. Alicia Nijdam-Jones², Dr. Tonia Nicholls¹

¹. University of British Columbia, ². University of Manitoba

People with criminal justice involvement experience elevated rates of trauma compared to the general population. Trauma-informed practice is essential to promoting better health and criminal justice outcomes. Semi-structured interview data with people who have been incarcerated was analyzed to examine experiences of healthcare with a focus on trauma-informed practice. Participants identified experiences of respectful and supportive care that built on their strengths. Participants also shared feeling stigmatized when their health concerns were dismissed. Findings demonstrate the need to facilitate increased awareness and improve staff training to ensure universal trauma-informed practice and to provide trauma-specific resources for people who are incarcerated.
Seamless and Integrated Care in BC Correctional Centres: Lived Experiences with Healthcare

Tuesday, 18th June - 16:25: Session 13 [Symposium]: BCC Healthcare (Sculptor - Third Level) - Symposium

Mr. Armaan Rajan¹, Mr. James Avery¹, Mr. Stephen Pelland², Ms. Lauren Rutherford¹, Dr. Karen Petersen¹, Dr. Alicia Nijdam-Jones³, Dr. Tonia Nicholls¹

¹. University of British Columbia, ². BC Mental Health and Substance Use Services, ³. University of Manitoba

Lapses in mental and physical healthcare are pervasive as people transition into and out of correctional centres. In collaboration with people with lived experience of incarceration, we analyzed semi-structured interview data focused on experiences of seamless and integrated care. Participants reported encountering obstacles accessing continuous care while incarcerated (e.g., missed medications) and as they transitioned into the community (e.g., minimal release planning). When utilized, Community Transition Teams were seen as crucial to seamless and integrated care. Findings have direct relevance to supporting the provision of community reintegration services for clients exiting correctional settings to reduce the risk of negative outcomes.
Evaluation of a UK based police control room mental health triage model: outcomes achieved, lessons learned and next steps.

Tuesday, 18th June - 17:00: Session 14 [Papers]: Management and Discharge (Artisan - Third Level) - Oral Paper

**Prof. Jason Davies¹, Dr. Laura Broome¹, Mr. Mark Lewis²**

¹. Swansea University, ². South Wales Police (Wales, UK)

Despite limited training and support, police officers often act as first responders to mental health concerns and to safeguard vulnerable people. Whilst a range of approaches have been trialled to support officers, there is currently no single model which has been endorsed as best practice. This paper reports the development and multi-part evaluation of a service model in which mental health practitioners were located within the police control room - providing advice to front-line officers and control room staff; providing triage via over the phone assessments, and providing support and signposting to appropriate agencies.
How does Polish Criminal Law respond to the mental health offenders? The polish system of protective measures

Tuesday, 18th June - 17:12: Session 14 [Papers]: Management and Discharge (Artisan - Third Level) - Oral Paper

**Dr. Inga Markiewicz**, **Dr. Małgorzata Pyrcak-Górowska**

1. Department of Forensic Psychiatry, Institute of Psychiatry and Neurology, Warsaw, 2. Department of Criminal Law, Department of Bioethics and Medical Law, Jagiellonian University, Krakow

The paper presents the Polish system of protective measures, which are measures applied to „dangerous” perpetrators who pose danger to society due to their broadly understood mental disorders. It discusses the substantive prerequisites for the application of preventive measures and the procedure of their application and implementation. It also presents practical aspects, strengths and difficulties, as well as challenges for future in that area. Some differences between the Polish system of forensic psychiatry and other European systems are also shown.
Applications of the measure on Behavioral Influence and limitation of freedom (MBI) for (mentally ill) sex and violent offenders in 2018 to 2022

Dr. Marleen Nagtegaal ¹, Ms. Tessa van den Broek ¹
1. Research and Data Centre of the Dutch ministry of justice and security

The Long-Term Supervision Act (LTSA) in the Netherlands was fully implemented on the 1st of January 2018 and consists of three components that organize the long-term supervision of (mentally ill) sex and violent offenders during and after conditional release (CR). This presentation focusses on one of these components: the Measure on Behavioral Influence and limitation of freedom (MBI). All MBI's that were imposed from 2018-2023 were studied in a systematic case law review (n=306). These results provide insights into the subgroup of (mentally ill) sex and violent offenders that warrant such long-term supervision and possible leads to effectively do so.
Treatment becoming sanction: A case study of court hearings on prolonging the compulsory treatment of mentally ill offenders in Hungary

Tuesday, 18th June - 17:36: Session 14 [Papers]: Management and Discharge (Artisan - Third Level) - Oral Paper

Dr. Krisztina Petra Gula

1. Pazmany Peter Catholic University, and University of California, Berkeley

Indeterminate and prison based, compulsory treatment of mentally ill offenders is one of the most severe measures in the Hungarian legal system. The treatment is subject to judicial review every six months based on experts’ opinions. I have drawn conclusions and suggestions for the practice and legislation based on five-year-long research and participation in 78 court hearings in 2023, focusing among others on the committed criminal offenses, the mental disorders among the treated persons, the expert opinions, the participation of attorneys in the procedures, the terminations of treatment, and the issues regarding the provision of protective background after the termination.
Forensic mental health patients on conditional discharge in England and Wales: A systematic literature review

Tuesday, 18th June - 17:48: Session 14 [Papers]: Management and Discharge (Artisan - Third Level) - Oral Paper

Dr. Jack Tomlin¹, Dr. Sarah Kilbane¹, Dr. Melanie Jordan², Dr. Shelley Turner³

¹ University of Greenwich, ² University of Nottingham, ³ Forensicare

In England and Wales, conditional discharge is used to provide support in the community, with recall to hospital possible. This systematic review synthesized N=38 qualitative and quantitative studies published between 1984 and 2023 on the conditionally discharged population. Results highlight factors related to reoffending and recall to hospital. Patients described their experiences of discharge, supervision, and recall, in wider narratives of recovery, identity, and hopes for the future. Staff and parent accounts were also included. We propose that one key direction for both is reconceptualising/reframing recall to hospital as a positive or normal part of recovery and not a failure.
Clinician research competency and perspectives of research environment among forensic mental health services: An international cross-sectional survey study

Tuesday, 18th June - 17:00: Session 15 [Papers]: Research and Practice (Atelier I - Third Level) - Oral Paper

Dr. Trentham Furness¹, Prof. Brian McKenna², Ms. Maicee Harrison¹, Dr. Tess Maguire³, Ms. Daveena Mawren¹, Prof. Michael Daffern³, Prof. James Ogloff³

¹. Forensicare, ². Auckland University of Technology, ³. Centre for Forensic Behavioural Science, Swinburne University of Technology

Clinician-researchers are an integral component in the generation of knowledge, evidence-based practice, and the critical nexus of each informing the other. However, development, implementation, and support of such roles are challenged by capability (e.g., skills and knowledge) and capacity (e.g., time taken away from clinical work and/or opportunity to prioritise research). Therefore, the purpose of the current study was to describe forensic mental health clinician research competencies using the Scholar-Practitioner Research Development Scale and explore clinicians research environment of their forensic mental health organisation. A cross-sectional survey design was used and a total of $N=311$ clinicians responded.
Strategies for implementing patient-oriented research approaches in forensic mental healthcare settings

Tuesday, 18th June - 17:15: Session 15 [Papers]: Research and Practice (Atelier I - Third Level) - Oral Paper

Dr. Christopher Canning
1. Waypoint Research Institute

In this presentation, we report on preliminary findings from a mixed-methods implementation study examining the barriers and facilitators to conducting patient-oriented research (POR) in secure forensic mental healthcare settings. Bringing together insights from a scoping review, rapid ethnography, qualitative interviews and survey, we highlight the challenges and benefits of partnering with forensic patients in research. Our focus is on unique relational, ethical, procedural, methodological and epistemological considerations when co-creating research with forensic patients. The findings will inform the development of tools and resources to support participatory research practices at Waypoint Centre for Mental Health Care and beyond.
A bibliometric analysis of research in the field of forensic psychiatry

Tuesday, 18th June - 17:30: Session 15 [Papers]: Research and Practice (Atelier I - Third Level) - Oral Paper

Dr. Mark Mohan Kaggwa 1, Dr. Andrew T. Olagunju 1, Prof. Gary Andrew Chaimowitz 1
1. McMaster University

This bibliometric analysis examined research articles in forensic psychiatry from Web of Science. It found 5,690 articles from 115 countries, 4144 institutions, and 1660 authors, published in 1022 journals. The main topics were risk assessments, violence, recidivism, psychopathy, and schizophrenia. Most studies were from high-income countries, and few were from low-income countries, especially in Africa. We concluded that forensic psychiatry research has grown over time, but more efforts are needed to promote it in low- and middle-income countries.
Factors impacting the Recruitment and Retention of Forensic Psychiatrists in Ontario

Dr. Treena Wilkie ¹, Dr. Lisa Ramshaw ²
¹. Centre for Addiction and Mental Health, ². Centre for addiction and mental health

This presentation will detail a project that examined the individual, organizational and systemic variables that contribute to recruitment and retention, job selection and satisfaction, and areas of specialization for forensic psychiatrists in Ontario, Canada. The project utilized a mixed method design, drawing upon four main components: literature review, data collection regarding the nature of the work of forensic psychiatrists in Ontario and applicants to training programs, surveys of forensic psychiatrists and residents regarding recruitment and retention, and interviews. Information gathered from this project will help to model future need for forensic psychiatrists, and make recommendations to bolster same.
Navigating the Virtual Frontiers of Forensic Mental Healthcare

Virtual reality (VR) can be used as a powerful technology to support behavior change. Therefore, its introduction into treatment needs to be handled with care, especially in vulnerable target groups such as forensic psychiatric patients. In this presentation, we not only share insights from interviews on important aspects regarding the integration of VR in practice but also tap into the physiological responses of patients during their first encounter with VR. It underscores the importance of a cautious, stepwise approach to VR implementation as an important safeguard, by respecting patients' sensitivities and empowering healthcare providers to wield VR's potential responsibly.
The present study was intended to determine what, if any, impact moving competency evaluations to telecommunication as opposed to in-person had on individuals appearing for their appointments as well as the determination by evaluator for competency vs. incompetency. The hypothesis was that the ease of being able to log on for telecommunication from anywhere would raise the likelihood of appearance for evaluation. It was also hypothesized that given the strain on mental health that COVID-19 and stay-at-home orders have had, that there would be an increase in incompetency evaluations.
Wearables can be used to improve aggression regulation treatment by providing new insights into physiological processes. Our mixed-methods study explores the integration of wearables in outpatient care. Two studies on benefits and barriers were conducted, involving interviews with 9 therapists and 9 outpatients, and single-case studies employing experience sampling and interviews with 10 outpatients. Initial findings revealed enthusiasm for wearables, but also highlighted the complexity of implementation. The ongoing second study’s quantitative analyses showed no positive effects, but patient’s experiences were generally positive. This study emphasizes the need for more insight into why wearables (don’t) work for individual patients.
Jumping in at the DEEP end: Evaluating VR biofeedback game
DEEP in forensic inpatient care

Tuesday, 18th June - 17:45: Session 16 [Papers]: Technological Services (Atelier II - Third Level) - Oral Paper

Ms. Lisa Klein Haneveld 1, Dr. Hanneke Kip 2, Dr. Yvonne Bouman 1, Dr. Hanneke Scholten 2, Dr. Joanneke Weerdmeester 3, Dr. Saskia Kelders 2

1. Stichting Transfo, 2. University of Twente, 3. HKU University of the Arts

In virtual reality biofeedback game DEEP, the player learns diaphragmatic breathing. A Single-Case Experimental Design (SCED) with six forensic inpatients explored DEEP's impact on physiological arousal, stress, and anger. Quantitative analysis revealed a significant reduction in stress for two patients and anger for one. Moreover, participants reported favorable experiences, though incorporating deep breathing into daily life posed challenges. DEEP shows potential in reducing stress and anger but may not universally benefit all forensic psychiatric patients. Further research is necessary to optimize DEEP's integration into inpatient care, aiding patients in using deep breathing as a coping skill to mitigate aggressive outbursts.
Psychophysiological and Daily-Life Markers of Aggressive Behavior in Forensic Psychiatric Patients

Tuesday, 18th June - 17:00: Session 17 [Symposium]: Aggression and Stress Reactivity in Forensic Psychiatry (Curator - Third Level) - Symposium

Ms. Iris Frowijn¹, Ms. Jenthe Mens², Ms. Inge Nijman¹, Dr. Petra Habets²

1. Tilburg University & Fivoor, 2. Tilburg University

This symposium focusses on aggressive and stress-reactive behavior and its physiological and daily-life markers in forensic psychiatry. The first presentation provides an overview of what types of incidents are occurring in which patients. In the second presentation patient psychopathology is linked to specific physiological biomarkers, which is continued in the third presentation where physiological biomarkers are linked to specifically self- and other-directed aggression. Finally, in the fourth presentation psychopathology and stress-reactivity are examined in real life contexts using ESM. Together, we aim to disentangle different correlates of aggressive and stress-reactive behavior to build towards a more individually tailored approach.
A latent class analysis of transgressive incidents targeted on staff in forensic psychiatric healthcare

The goal of the present study was to investigate whether certain clusters of transgressive incidents targeted staff in forensic psychiatric healthcare could be identified based on incident characteristics (e.g., impact/cause/type of aggression). Data on 1,184 incidents inflicted by patients (targeted on and reported by staff between 2018-2022), were extracted from a digital incident reporting system at Fivoor (Dutch forensic and psychiatric healthcare organisation). Using latent class analysis, six classes of incidents were identified. Significant differences were found among the classes in terms of patient, staff, and context characteristics, implying the need for a more tailored approach to prevention.
A variety of studies have explored biomarkers in clinical forensic practice. To examine the extent (size), range (variety), and nature (characteristics) of the evidence on the use of physiological biomarkers in forensic psychiatry, a scoping review was conducted. Following the JBI methodology and the PRISMA-ScR methodologies, seven databases were searched and data were extracted from 416 included full-text articles (primary research and systematic reviews). This overview contributes to determining the significance of physiological biomarkers in enhancing diagnostics, evaluating treatment efficacy, and risk assessment in clinical forensic practice.
Differences in physiological correlates between self-directed and other-directed aggression

Despite seeming opposing types of behaviors, self- and other-directed aggression have been found to share common risk factors. The autonomic nervous system has been linked to both forms of aggression. While prior research explored the associations of heart rate (variability) and skin conductance with either self- or other-directed aggression, the current study aims to compare these physiological indices across both types of aggressive behavior. The current study investigates whether the relationship between these physiological indices and aggression is dependent on the directionality of the aggressive behavior (self vs. other-directed) and the findings from the analyses will be presented.
Differences in stress reactivity between forensic patients and the general population

Dr. Petra Habets¹, Dr. Ingeborg Jeandarme², Prof. Stefan Bogaerts³

1. Tilburg University, 2. KU Leuven, 3. Tilburg University & Fivoor

This study explored differences in stress reactivity between forensic patients and the general population. ESM, a structured diary technique, captures detailed daily experiences, thoughts, mood, and psychiatric symptoms. Employing the ESM M-path app, participants received 10 signals daily for six days, responding to context, thoughts, emotions, and psychotic experiences. Differences in stress reactivity, measured through various stressors between forensic patients and the general population will be presented. Additionally, a case study will be presented highlighting a forensic patient's incident during the ESM study. These findings can offer valuable insights into real-life relationships between symptoms and mood, aiding personalized treatment plans.
Impact of Individual Characteristics on Perceived Coercion in Alternative to Incarceration Program Participants

Tuesday, 18th June - 17:00: Session 18 [Papers]: Coercion, Restriction, and Solutions (Salon II - Second Level) - Oral Paper

Mx. Jay Gonzales, Dr. Barry Rosenfeld, Mrs. Ellen Quick-Parikh, Dr. Merrill Rotter

1. Fordham University, 2. Albert Einstein College of Medicine

Research on alternative to incarceration (ATI) programs highlights perceived coercion as important for understanding participants' subjective experience in the programs, however there is limited research focusing on understanding these perceptions. Individual characteristics could help identify who is more likely to perceive enrolling in ATI programs as coercive, helping to understand who may benefit most from ATI programs. The present study measured perceived coercion and its relationship with individual characteristics such as primary mental health diagnosis, presence of psychotic symptoms, history of comorbid substance abuse, and criminal history variables (e.g., prior incarceration, severity of current charges).
Coercive bullying among forensic inpatients: Nature, prevalence and antecedents from the patient perspective.

Tuesday, 18th June - 17:15: Session 18 [Papers]: Coercion, Restriction, and Solutions (Salon II - Second Level) - Oral Paper

Dr. Lindsay Healey¹, Dr. Michael Seto², Dr. Adelle Forth³
1. University of California Irvine, 2. Royal Ottawa Health Care Group, 3. Carleton University

Coercive bullying is defined as when one inpatient puts pressure on another to do something they do not want to do, and a secure forensic psychiatric hospital has unique features (e.g., disproportionate access to goods, antisocial individuals) which enhances opportunities for this behaviour to occur. Mixed-methods findings from 94 forensic inpatients will describe the nature and prevalence of coercive bullying among the population, including their experiences with victimization, and views on where and why the behaviour occurs. These foundational findings will be completed by inferential findings on the individual and environmental factors associated with both perpetration and victimization.
Mental Health Patients’ Preferences Among Restrictive Interventions: an Integrative Review

Tuesday, 18th June - 17:30: Session 18 [Papers]: Coercion, Restriction, and Solutions (Salon II - Second Level) - Oral Paper

Ms. Camilla Lindekilde¹, Mr. Martin Locht Pedersen¹, Prof. Søren Birkeland¹, Dr. Jacob Hvidhjelm², Prof. John Baker³, Prof. Frederik Gildberg¹

¹. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark, 2. Mental Health Center Sct. Hans, Mental Health Services in the Capital Region of Denmark, 3. School of Healthcare, University of Leeds

Mental health legislation stipulates that the least restrictive alternative should be used when applying restrictive interventions. However, no consensus exists on what is least restrictive, especially from the patient’s perspective. Consequently, an integrative review of research literature was conducted to investigate the preferences of mental health patients’ regarding various restrictive interventions. These interventions included mechanical restraint, seclusion, rapid tranquilization, manual restraint, and observation, applied during admission to a psychiatric hospital. The findings indicated a tendency among most patients to prefer observation, with mechanical restraint being the least preferred intervention. Factors such as ‘environment,’ ‘communication,’ and ‘duration’ influenced patients’ preferences.
Do improved structural surroundings reduce restrictive practices in psychiatry?

Tuesday, 18th June - 17:45: Session 18 [Papers]: Coercion, Restriction, and Solutions (Salon II - Second Level) - Oral Paper

**Dr. Astrid Harpøth**, **Prof. Harry Kenndy**, **Dr. Morten Deleuran Terkildsen**, **Mr. Anders Helles Carlsen**, **Mrs. Bettina Nørremark**, **Prof. Lisbeth Uhrskov Sørensen**

1. **Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry**
2. **Trinity College**
3. **DEFACTUM, Central Denmark Region**
4. **Aarhus University Hospital Psychiatry**
5. **Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry**

We examined if the use of restrictive practices was reduced by the structural change of relocating a 170-year-old psychiatric hospital to a new modern purpose-built hospital. This register study includes data on several forms of restrictive practices for 19,567 admissions for a 2 year period. The RPs decreased significantly after relocation.

The naturalistic features of the design preclude any definitive conclusion, however, we argue that improving the structural environment at the UH had a sustained effect on the already declining use of RPs, particularly mechanical restraint and involuntary medication.
Rates of police contact during childhood and adolescence, including for those with emerging mental health problems

Dr. Kimberlie Dean 1

1. UNSW

There is a well known association between mental illness and risk of contact with the criminal justice system (CJS), at least for adults and for CJS contact at the level of the courts or prisons for those charged with offence perpetration. In a large total-population school-entry cohort established in the Australian state of NSW, we have established patterns of police contact, in relation to ‘person of interest’, victim and witness events, throughout childhood and adolescence. We also find evidence of an association between emerging emotional and behavioural problems (assessed by teachers at school entry), and risk of police contact.
Reducing demand for illicit substances in young people through coproduction, skills training and early intervention

Tuesday, 18th June - 17:12: Session 19 [Papers]: Youth Involved with the Legal System (Sculptor - Third Level) - Oral Paper

Prof. Michael Doyle¹, Dr. Chris Retzler¹

1. University of Huddersfield

The UK Government Drug Strategy 2021 highlighted the link between illicit substance use and Young People being dragged into crime and violence. There is currently limited evidence on how to successfully reduce demand for drugs in Young People.

This paper will present the findings from a project to develop and evaluate three evidence-based interventions; educational materials, 1-1 intervention and public health campaign, to reduce drug use and mitigate associated risks. The paper will:

1. Review background and rationale for the project
2. Discuss logic model and methodology
3. Highlight impact on drug use, mental health and offending
4. Consider future research and practice implications
Inter-rater Reliability of the EARL-V3 for Children Displaying Antisocial Behavior

Tuesday, 18th June - 17:24: Session 19 [Papers]: Youth Involved with the Legal System (Sculptor - Third Level) - Oral Paper

Dr. Areti Smaragdi\textsuperscript{1}, Ms. Lara Schwarz\textsuperscript{2}, Ms. Thea Johsefine Austevik\textsuperscript{1}, Dr. Leena Augimeri\textsuperscript{1}, Ms. Margaret Walsh\textsuperscript{1}, Prof. Christopher D. Webster\textsuperscript{3}

1. Child Development Institute, 2. Psychologische Hochschule Berlin, 3. Simon Fraser University

The Early Assessment Risk List Version 3 (EARL-V3) is a structured professional judgment (SPJ) device designed for assessing the risk of future antisocial behavior in children aged six to twelve years. We evaluated the inter-rater reliability (IRR) of the EARL-V3 using 124 case files. We found moderate to excellent IRR for the EARL-V3 total score and two subscales. Gwet's AC1 analyses revealed fair to almost perfect interrater agreement across the 21 risk items and the Overall Clinical Risk Judgment. The EARL-V3 has a good level of inter-rater reliability, comparable or superior to previous versions and to other SPJ instruments.
Psychometric qualities of the Clinical Assessment of Conscience

Tuesday, 18th June - 17:36: Session 19 [Papers]: Youth Involved with the Legal System (Sculptor - Third Level) - Oral Paper

**Ms. Julia Tiemersma**

1. *University of Amsterdam*

**Introduction:** The Clinical Assessment of Conscience has been developed. In this study, we examine its psychometric properties. **Method:** The participants were 58 professionals and 86 clients. **Results:** The analyses showed good internal consistency. Exploratory factor analysis resulted in a single factor. Construct validity was supported by moderate correlations between the CAC evaluation of self-conscious emotions and morality and adolescents' self-reports. Supporting discriminant validity, the results of the CAC converged with the self-reported symptoms of psychopathy. **Conclusion:** The CAC is a promising clinical instrument, it enables integrative understanding and tracking of the adolescent's conscience development and facilitates decision making for interventions.
Rightsizing treatment dosage for adolescents who have committed capital offenses: Integration of risk and personality assessments

Dr. Evan Norton¹, Dr. Shantae Motley¹, Mr. Alejandro Ramirez¹, Ms. Claire Boudrot¹, Dr. Robert Leark²

¹. Texas Juvenile Justice Department, 2. Private Practice

The Texas Juvenile Justice Department (TJJD) historically has one of the most robust treatment programs for adolescents who have committed capital offenses in the nation. Public perception and fear related to capital offenses often distort best treatment practices. This paper will explore the relationship between the Jesness Inventory-Revised (JI-R) personality scales and risk assessment findings. Discussion on implications for risk responsivity need and effective treatment interventions will be shared.
Enhancing the DASA + APP: Applications in youth and adult settings and the development of built-in assessment for the DASA

Wednesday, 19th June - 09:00: Session 20 [Symposium]: Enhancing the DASA + APP (Artisan - Third Level) - Symposium

Prof. Michael Daffern¹, Ms. Cathy Duivesteyn², Dr. Elizabeth Coleman³, Dr. Tess Maguire¹, Dr. Tella Lantta⁴, Dr. Maiju Björkqvist⁴, Dr. Laura Väätäinen⁴

1. Centre for Forensic Behavioural Science, Swinburne University of Technology, 2. Ontario Shores, 3. Ontario Shores Centre for Mental Health Sciences, 4. University of Turku

The Dynamic Appraisal of Situational Aggression (DASA) and the Youth Version (DASA:YV) can be used to appraise risk of imminent aggression in adults and youth, respectively. An Aggression Prevention Protocol (APP), when linked to the DASA, provides a framework for intervention. Preliminary evidence suggests the DASA+APP can prevent some acts of aggression and reduce reliance on restrictive practices. This symposium will introduce the DASA, and DASA YV, the APP, and discuss recent advances including a project exploring the DASA-YV in Finland, a pilot of the DASA+APP in Ontario, and development of Entrustable Professional Activities, which allows for assessment DASA users.
Using DASA and APP to reduce aggression, restraints and seclusion, and PRN use at a tertiary mental health hospital in Canada.

Wednesday, 19th June - 09:15: Session 20 [Symposium]: Enhancing the DASA + APP (Artisan - Third Level) - Symposium

Ms. Cathy Duivesteyn ¹, Dr. Elizabeth Coleman ¹, Prof. Michael Daffern ²

1. Ontario Shores Centre for Mental Health Sciences, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare

Ontario Shores, a mental health hospital in Canada, used real time data analytics to reduce the use of restraints and seclusion. The DASA (an instrument used to assess for the risk of imminent aggression in mental health inpatient units), and APP (a protocol providing staff with evidence-based interventions to reduce the risk of violence) were incorporated into standard practice on two pilot units. Results indicated reduced aggression, less PRN administration, a decrease in restraint and seclusion events by 26%, and a reduction in seclusion hours by 51%. Consequently, the DASA and APP have been extended across all inpatient programs.
Dynamic Appraisal of Situational Aggression -Youth Version (DASA-YV) in Finland: how to increase young person engagement in different institutional settings?

Wednesday, 19th June - 09:30: Session 20 [Symposium]: Enhancing the DASA + APP (Artisan - Third Level) - Symposium

Dr. Tella Lantta ¹, Dr. Laura Väätäinen ¹, Dr. Maiju Björkqvist ¹, Prof. Michael Daffern ²

¹ University of Turku, ² Centre for Forensic Behavioural Science, Swinburne University of Technology

Youth violence has been recognised as a global health problem. In Finland, staff in the units serving young persons with mental health challenges and violent behaviour do not often have sufficient training to prevent and manage imminent violence. This presentation will give an overview and first results of a Finnish project implementing the Dynamic Appraisal of Situational Aggression-Youth Version (DASA-YV) and co-creating a DASA-YV version enabling young persons' engagement in the assessment and management of violent behaviour, together with end users from a forensic mental health unit, units for young persons displaced outside the home, and general mental health units.
Development of entrustable professional activities for the Dynamic Appraisal of Situational Aggression (DASA)

Wednesday, 19th June - 09:45: Session 20 [Symposium]: Enhancing the DASA + APP (Artisan - Third Level) - Symposium

Dr. Tess Maguire 1, Prof. Michael Daffern 2

1. Centre for Forensic Behavioural Science, Swinburne University of Technology and Forensicare, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology

The Dynamic Appraisal of Situational Aggression (DASA), an instrument for assessing risk of imminent aggression in mental health units, together with the Aggression Prevention Protocol (DASA+APP), provides a method for assessment and intervention to prevent aggression and use of restrictive practices. A study investigating approaches used in DASA+APP training recommended ‘built-in assessment’. Competencies have been criticised for breaking down tasks into detailed subcategories, resulting in the loss of practical value in assessment. Entrustable professional activities (EPAs), offer a way of defining and assessing daily practice activities. This paper will present the development of the DASA-EPAs.
Violence and Psychosis: Evidence of their relationship in the general population

Wednesday, 19th June - 09:00: Session 21 [Papers]: Associated Features of Severe Mental Illness (Atelier I - Third Level) - Oral Paper

**Mrs. Carolina Rinaldi¹, Dr. Karin Arbach²**

1. Institute of Psychological Research, National Council for Scientific and Technical Research and National University of Córdoba, 2. Psychological Research Institute, National Council of Scientific and Technical Research and National University of Córdoba

A novel descriptive study on violence and psychosis in Argentina was conducted in 2021 with a sample of 1265 adults (68% women) from the general population (Rinaldi et al., 2022). The results were congruent with the scientific literature: 1) psychosis extends beyond clinical diagnosis, therefore, subclinical manifestations of the psychotic spectrum can be identified in the general population (Monshouwer et al., 2023); 2) certain psychotic experiences, especially those that produce a perception of threat, are associated with different manifestations of violent behaviour (Coid et al., 2016). The implications of the psychotic dimensional nature for violence prevention are discussed.
Characteristics of Violent Seriously Mentally Ill Forensically Committed Patients

Wednesday, 19th June - 09:15: Session 21 [Papers]: Associated Features of Severe Mental Illness (Atelier I - Third Level) - Oral Paper

**Dr. Andrea Bauchowitz¹, Mr. Jared Williams², Dr. Maria Ventura¹, Dr. Katherine Warburton¹**

1. California Department of State Hospitals, 2. University of California, Davis

The California Department of State Hospitals (DSH) developed a program to meet the treatment needs of patients at highest risk violent behavior. The Enhanced Treatment Program (ETP) is set in a highly structured and secure treatment environment. Violence risk assessment informs evidence-based interventions. This paper summarizes characteristics of patients who are admitted to the ETP compared to a matched sample of peers receiving treatment in the standard treatment environment. Preliminary outcomes including reduction of frequency and severity of assaultive behavior, as well as restraint utilization will be presented. We conclude with a discussion about future program development.
Learning about Unmet Need from People with Complex MHSU & Criminogenic Needs - Exploring the unmet needs of people with complex mental health, substance use and criminogenic needs

Wednesday, 19th June - 09:30: Session 21 [Papers]: Associated Features of Severe Mental Illness (Atelier I - Third Level) - Oral Paper

Dr. Krista English¹, Dr. Renee Cormier¹, Ms. Anita David¹, Mrs. Deborah Ross¹

¹ British Columbia Mental Health and Substance Use Services

The Provincial MHSU Network (the Network), engages people with lived and living expertise (PWLLE) and a range of other perspectives along the continuum of care to better understand systemic barriers that disproportionately affect people with complex MHSU and other needs.

The Network will lead focus groups, using semi-structured questions, among three sub-populations of PWLLE with serious MHSU coupled with various criminogenic needs to share their perspectives related to unmet needs, particularly during transitions.

Analysis will identify themes within and across populations. These insights will inform initiatives aimed at better serving this population of focus.
Substance-related disorders, relapse prevention and Schizophrenia - Difficulties and possibilities in (german) forensic psychiatric treatment

Wednesday, 19th June - 09:45: Session 21 [Papers]: Associated Features of Severe Mental Illness (Atelier I - Third Level) - Oral Paper

Ms. Laura Braeuer
1. Vitos Haina

Substance-related disorders are a common problem in individuals with schizophrenia spectrum disorders. In this presentation, the role of comorbid substance-related disorders in individuals who have been diagnosed with schizophrenia will be presented in the context of the (german) forensic psychiatric system, e.g. limitations of therapy and importance of relapse prevention in forensic treatment. Data and therapeutic treatment examples from forensic psychiatry in Haina, which includes a ward for dual diagnoses, will be used for this purpose.
Examining Judges Perspectives of Gladue Considerations in Psychological Reports: A Collective Case Study

Wednesday, 19th June - 09:00: Session 22 [Papers]: New Directions in Communicating and Studying Risk (Atelier II - Third Level) - Oral Paper

Dr. Alicia Nijdam-Jones¹, Dr. Brianne Layden², Mr. Brandon Burgess¹
¹. University of Manitoba, 2. Simon Fraser University

In 1999, *R v. Gladue* specified guidelines for judges to explicitly consider the impact of colonialism and other unique circumstances faced by Indigenous peoples to inform alternative sentencing practices; however, *Gladue* factors are often not clearly integrated into violence risk assessments (VRA). This collective case study examines Canadian legal decisions involving VRAs of Indigenous persons to understand judicial opinions regarding the adequacy of cultural considerations in VRAs. Specifically, this study will review excerpts from judges’ sentencing decisions to summarize judicial criticisms regarding risk evaluators’ consideration of culture and recommendations for how clinicians could improve cultural responsiveness in risk assessments.
In Canada, federal correctional centres have seen no reduction in the over-representation of Indigenous persons since the enactment of Section 718.2(e) of the Canadian Criminal Code (Statistics Canada, 2023). Jackson (2015) stressed that considering culture at sentencing is too late in the legal process to address over-representation and suggested infusing culture at the pre-sentence evaluation stage. This study uses content analysis to examine cases where risk formulations were detailed in legal decisions in Canada between 1999 and 2022 to evaluate the frequency, nature, and quality of cultural case formulations in risk assessments with Indigenous persons before the courts.
Structured risk assessment has become common practice within the forensic mental health and criminal justice system. The way risk assessment outcomes are communicated to and understood by relevant actors within these settings has however received little attention. The current study aimed to advance the limited literature on risk communication by examining whether various risk communications formats have an effect on the perceptions of risk and on risk management decisions in forensic practitioners, and whether different communication formats were differently viewed in terms of clarity, usability and probative value. Results, clinical implications, and recommendations for future research will be discussed.
A Grounded Theory Approach to Extremism Using Psychological Evaluation Reports

Wednesday, 19th June - 09:36: Session 22 [Papers]: New Directions in Communicating and Studying Risk (Atelier II - Third Level) - Oral Paper

Ms. Perry Callahan\(^1\), Ms. Margaret Ardesia\(^1\), Ms. Fiyia Rivers\(^1\), Dr. Barry Rosenfeld\(^1\)

1. Fordham University

Considerable research has sought to identify factors that contribute to ideological extremism, typically by examining the frequencies of hypothesized risk factors among individuals convicted of terrorism offenses. However, studies have been limited by low base rates and minimal access to psychosocial data for this population. The current study uses a novel approach to explore radicalization trajectories by applying grounded theory methods to forensic evaluation reports prepared by psychologists and psychiatrists. Analysis, which is currently under-way, is focused on identifying themes that might provide a unifying narrative of extremism across ideological groups, as well as differentiate violent from nonviolent perpetrators.
A Path Analysis Pilot Test of the Theories Underlying the Risk-Need-Responsivity Model

Wednesday, 19th June - 09:48: Session 22 [Papers]: New Directions in Communicating and Studying Risk (Atelier II - Third Level) - Oral Paper

Dr. Chris King¹, Dr. Michael Bixter¹, Ms. Julia Stratton¹
1. Montclair State University

The widely researched Risk-Need-Responsivity model (RNR) is undergirded by two theories of criminal conduct that have never been validated in a focused way. Assuming these theories would generalize to antisocial conduct more broadly, we devised a cross-sectional method to pilot test them for cheating behavior among university students. The results of a path analysis yielded some support for the structural model of these theories. Future research on the theories underlying RNR could contribute to a more causal understanding of antisocial conduct—which could, among other things, enhance case conceptualizations guiding interventions in practice.
A Review at 10+ years of Use in Germany and California and an Outlook on New Areas of Application

Wednesday, 19th June - 09:00: Session 23 [Symposium]: Let's START (Curator - Third Level) - Symposium

*Mrs. Ursula Zimmer*¹, *Mr. Daniel Keck*¹, *Mrs. Gitte Herwig*², *Dr. Sarah Desmarais*³


The symposium reports about using of START in California, US, the implementation process, applications and use in different hospitals and populations, and sustainability over time. Then the implementation of START in Giessen, Germany, as a care planning tool is described. Thereafter a pilot project of the forensic hospital, Emmendingen, Germany, is presented. On the assessment of the treatment prognosis caregivers use the START-Items as part of the statement for the decision of further inpatient treatment for the court. The last presentation shows reflexions about new applications of START in a process of forensic prevention and risk assessment in Hesse, Germany.
In 2012, the California Department of State Hospitals (DSH) implemented a statewide violence risk assessment and management strategy that allowed each of its five hospitals to choose structured professional judgement (SPJ) tools to be used in its facility. The START was adopted in several of the hospitals to help identify risks and to guide treatment planning. Focused on sustainability and scalability, the statewide strategy developed policy, training models, fidelity measures, and data collection to monitor and correct as needed. This paper will provide an overview of the past 10+ years of implementation, including the lessons learned and future directions.
The initial situation was characterised by dissatisfaction with the practice of care planning. Risk-relevant information wasn’t communicated consistently. Another tool was searched which a focus on dynamic factors and which help communicate risk-relevant information accurately and consistently. In 2012 the START was identified as such a tool and implemented. START is now established since 2014 as our routine tool in care planning and for less forensic restrictions. It’s also integrated into overall treatment planning via the therapists’ treatment and reintegration plans. Most caregivers are satisfied with START. A multi-professional team trains new employees inhouse and in other hospitals and institutions.
Systematic assessment of risk and treatability by Primary Nurses in the Clinic for Forensic Psychiatry & Psychotherapy, ZfP Emmendingen, Germany to provide expert opinions to the court

Wednesday, 19th June - 09:36: Session 23 [Symposium]: Let's START (Curator - Third Level) - Symposium

Mrs. Gitte Herwig ¹

¹. Klinik f. Forensische Psychiatrie und Psychotherapie, ZfP Emmendingen

Presentation of a pilot project of the Clinic for Forensic Psychiatry and Psychotherapy, ZfP Emmendingen, Germany, on the assessment of treatment prognosis and treatment planning by Primary Nurses using START Items as a basis for expert opinions for the decision on the continuation of treatment for the court.
Bringing START into the Community

Wednesday, 19th June - 09:48: Session 23 [Symposium]: Let's START (Curator - Third Level) - Symposium

Mrs. Ursula Zimmer

1. Vitos Klinik f. forensische Psychiatrie Giessen

The structure of forensic psychiatric care is presented as well as existing preventive forensic structures. In view of the increasing over-occupancy situation, prevention is playing an increasingly important role. In the context of networking within the community psychiatric network, the idea of using START arose in order to provide an efficient and effective tool for (especially short-term) risk assessment for general psychiatric players as well. The first steps towards implementing START are currently being taken.
Characterization of criminal offenses and those that lead to forensic care - a Danish population-based study

Wednesday, 19th June - 09:00: Session 24 [Papers]: Forensic and Inpatient Clients, Firesetting (Salon I - Second Level) - Oral Paper

**Mrs. Tine Woebbe**¹, **Dr. Dorte Helenius Mikkelsen**², **Dr. Anne Mette Brandt-Christensen**¹


**Abstract**

Denmark has unique nationwide population registers of all Danish nationals that allow for epidemiological research providing valuable insight into epidemiological risk factors over the individual lifespan, amongst these disease and criminality. Using the Danish Crime registers, we will study time trends and characterize the population that commit crime and subsequently are sanctioned to treatment, ultimately becoming forensic patients. Demographic data include incidence rates, prevalence of types of crimes over time, diagnostic subgroups, gender, age and national region.
We aimed to investigate whether clinical need subgroups have evolved in forensic inpatients over a 20-year period. A four-cluster solution was selected for the 1990 sample and applied to the 2009-2012 sample. Men in cluster 1 exhibited fewest clinical needs and committed nonviolent offence; those in cluster 2 had psychotic disorder and committed violent offences; men in cluster 3 had personality disorders, mood problems, pro-criminal behaviour, and men in cluster 4 had psychotic disorder and complex clinical problems. More men fell into cluster 4 in 2009-2012 than 1990 suggesting an increased proportion of inpatients with heightened clinical needs.
Forensic concepts should be guided by current evidence. However, there is currently a lack of even basic information on individuals who have committed a criminal offence in relation to a mental disorder in Germany. The current project aims to add knowledge on this patient group by conducting an annual survey of all forensic psychiatric hospitals in Germany. The resulting database will include comprehensive clinical, legal and socio-demographic data and will serve to answer a range of scientific questions. In 2023, a pilot study was conducted to evaluate the preliminary survey and its relevance and usability. First results are presented here.
Understanding the characteristics of adults who set fires in Aotearoa New Zealand

Wednesday, 19th June - 09:39: Session 24 [Papers]: Forensic and Inpatient Clients, Firesetting (Salon I - Second Level) - Oral Paper

Dr. Nichola Tyler¹, Prof. Theresa Gannon², Prof. Tony Ward³

¹. Centre for Forensic Behavioural Science, Swinburne University of Technology, ². University of Kent, ³. Victoria University of Wellington

Adults are responsible for a significant proportion of deliberately set fires. However, despite this, specialist interventions to address adult firesetting are limited in availability. This paper presents preliminary findings on the characteristics of adults who set fires in New Zealand. Court records of arson cases heard in the New Zealand District and High Courts over a five year period were coded for key demographic, social, psychological, and offence factors. The implications of the findings for informing assessment and treatment for adult firesetting in the New Zealand socio-cultural context will be discussed.
Applying a public health model to the prevention of deliberate firesetting: Opportunities for forensic mental health professionals

Dr. Nichola Tyler
1. Centre for Forensic Behavioural Science, Swinburne University of Technology

Deliberate firesetting is a global public health issue resulting in substantial harm to human health and community infrastructures. It is estimated that around 14.4% of the general population engage in deliberate firesetting and that 1 in 5 people who set deliberate fires repeat this behaviour. Despite this, evidence-based prevention of deliberate firesetting is lacking. In this presentation, the limitations of existing evidence will be discussed, and how a model informed by public health principles may help build the evidence and inform an effective response to deliberate firesetting. The role of forensic mental health professionals in this model will be discussed.
Prevention in forensic care - reveries, limits and opportunities

Wednesday, 19th June - 09:00: Session 25 [Symposium]: Prevention in Forensic Care - Reveries, Limits and Opportunities (Salon II - Second Level) - Symposium

**Dr. Sven Krimmer¹, Ms. Natalia Jones², Ms. Katharina Klocke², Ms. Julia Turek²**

1. Vitos Clinic for Forensic Psychiatry, 2. Forensic Psychiatric Hospital Haina

Preventional aspects in forensic care have been an issue since the annual IAFMHS conference started in 2000. A lot of scientific work, good ideas and practical advice have been postulated, clinical colleagues started different preventional attempts in order to reduce “forensification” of psychiatric patients. The truth is that the forensic community is highly limited in addressing those who are not part of the forensic system yet. It is time to realize that the best preventative work can only be done inside the forensic system and in aftercare situations.
Prevention in forensic care - reveries, limits and opportunities: Paper 1

Wednesday, 19th June - 09:13: Session 25 [Symposium]: Prevention in Forensic Care - Reveries, Limits and Opportunities (Salon II - Second Level) - Symposium

Dr. Sven Krimmer

1. Vitos Clinic for Forensic Psychiatry

This presentation serves as a fundamental overview for the subsequent sessions, providing insight into the multifaceted realm of forensic preventive work. Delving into the core factors shaping forensic admission rates and distinguishing effective strategies from resource-intensive approaches, it lays the groundwork for deeper exploration. Centered around the preventive approach implemented at the clinic in Haina, attendees will gain valuable insights into actionable methodologies. Key determinants of forensic admissions will be analyzed and optimal preventive practices outlined. Attendees will emerge with a deeper appreciation of the pivotal role played by the clinic and its innovative approach to forensic prevention strategies.
This presentation will graphically depict the statistical landscape of preventive measures within the clinic in Haina. In addition to highlighting key figures and trends, the concerning decline in available beds in general psychiatric facilities across Germany will be addressed. Moreover, the alarming rise in crime rates nationwide, coupled with the courts’ lowered allocation threshold and a decline in quality expert opinions will be discussed. Through an in-depth analysis of these multifaceted challenges, attendees will gain valuable insights into the complexities of effective preventive strategies.
This presentation explores comprehensive prevention strategies implemented at the Vitos Haina clinic within the forensic mental health landscape. Through a multi-dimensional approach, incorporating cognitive behavioral therapy, group therapy, clear rule structures, a tier system, pharmacotherapy, and optimized building structures, the clinic endeavors to prevent future crimes among its patients. By addressing individual and environmental factors contributing to criminal behavior, the clinic aims to enhance rehabilitation outcomes and promote public safety within forensic mental health settings.
This presentation delves into the critical role of aftercare strategies in preventive measures within forensic settings. This talk explores the pivotal role of post-discharge management in forensic settings, particularly the integration of clinical discharge units with statewide forensic ambulance services. By facilitating patients’ transitions back into society, this collaborative approach significantly enhances preventive efforts. The efficacy and challenges of this interface in reducing recidivism and promoting community reintegration will be highlighted. Attendees will gain insights into innovative practices shaping the future of forensic prevention and the continuum of care, with a focus on the exemplary practices of the clinic in Haina.
Attenuated psychosis in incarcerated young men: Presentation, prevalence and implications for the mental health and justice systems.

Dr. Lindsay Healey¹, Dr. Melanie Fessinger¹, Dr. Marie Gillespie¹, Dr. Jordan Beardslee¹, Dr. Jason Schiffman¹, Dr. Elizabeth Cauffman¹

¹University of California Irvine

Justice-involved individuals are at higher risk for psychosis, but there has been a lack of empirical and clinical work on detecting and treating this population when they are in the risk phase (i.e., Clinical High-Risk) prior to developing a full-threshold disorder. The proposed presentation will summarize findings related to the presentation and prevalence of attenuated psychosis (Mini-SIPS; clinician-rated measure of attenuated psychosis) in a sample of young incarcerated men participating in the Road to Reentry program in Orange County, California. Results will be complemented by implications for the justice and mental health systems.
Psychoeducation has become an important pillar in treating various mental illnesses from depression to borderline. In forensic psychiatric hospitals, having patients understand the characteristics of their schizophrenia can be very important to prevent future criminal offenses. Because of the toll the illness can have on cognitive abilities, traditional psychoeducation can be too complicated. This makes it necessary to adapt and simplify our concepts. The balance between simplifying and keeping the concepts effective will be tried and tested with patients having a more chronified schizophrenia. The results will be used to develop an optional program for use by Vitos hospitals.
More than a decade of implementing the Integrated Psychological Treatment for individuals with schizophrenia in Canadian correctional and forensic psychiatric settings: What have they done with it?

Wednesday, 19th June - 09:40: Session 26 [Papers]: The Range of Psychoses (Sculptor - Third Level) - Oral Paper

Prof. Mathieu Dumont¹, Mr. René Bélanger², Prof. Catherine Briand³

1. Institut national de psychiatrie légale Philippe-Pinel, 2. Université Laval, 3. Centre de recherche de l’Institut universitaire en santé mentale de Montréal

Implementing psychosocial approaches represents a challenge for organizations providing mental health care, including correctional and forensic psychiatric settings. A phase of adaptation is often necessary to bring practices into line with local realities. The aim of this project is to document the modifications and adaptations made over time by correctional and forensic psychiatric settings to an evidence-based psychosocial approach for schizophrenia, the Integrated Psychological Treatment. A multiple-case study was carried out in different Canadian correctional and forensic psychiatric settings (n=3). Several modifications to the content of the approach were identified. Implications for research and practice will be discussed.
Exploring the Impact of Incarceration on Identity Formation among Emerging Adults and the Mediating Role of Psychological Functioning

Dr. Virginija Klimukiene

1. Vilnius University

Identity formation is a crucial developmental task during adolescence, extending into emerging adulthood. Existing literature suggests that incarceration not only has adverse effects on mental health but can also hinder psychosocial moratorium. This study aims to investigate the influence of different aspects of incarceration on the ongoing process of identity formation. By examining the identified correlation between extended periods of incarceration and identity incoherence, the research explores the mediating role of psychological functioning problems. The discussion highlights the challenges of incarcerated youth in shaping their identities, amidst prolonged exposure to contrasting systems, including internal prison regulations and the criminal subculture.
Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody (Phase 2)

Dr. Arlene Kent-Wilkinson ¹, Dr. Bryce Stoliker ², Dr. Lisa Jewell ², Dr. Christie Tetreault ², Dr. Krista Lagimodiere ², Ms. Lindsay Reddick ³

¹. University of Saskatchewan, College of Nursing, ². University of Saskatchewan, ³. Correctional Service Canada, Regional Psychiatric Centre

Older persons in custody represent a vulnerable population in Canada. Both the number of older persons and the number of Indigenous persons in custody is expected to grow in the coming years, which poses a significant public health cost. This three-phase study screens for dementia and other age-related cognitive disorders, and assesses the prison’s effectiveness in accommodating older offenders’ health needs in the facility and after release. Prospective participants include non-Indigenous persons aged 50 years and over and Indigenous persons aged 45 years and older (as Indigenous persons may be at risk earlier).
Lifetime patterns of violence in a cohort of non-forensic patients with Schizophrenia Spectrum Disorders: life course trajectories and developmental themes

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Prof. Sandy Simpson 1
1. University of Toronto

In 231 non-forensic patients with psychosis we investigated violence trajectories and developmental adversity. We used the Brown-Goodwin Scale to define violence trajectories and relate these to developmental factors including childhood trauma and personality traits. We identified three different violence pathways (childhood onset, adulthood onset, persistent lifetime). Using a prediction model of childhood trauma and personality traits, we found those with violence in both childhood and adulthood differed (p<0.001) from the non-violence group. Those with violence only in childhood also differed from the non-violence group (p=0.001), but those with violence only in adulthood did not differ from the non-violence group.
A qualitative examination of registered persons’ perceptions and experiences of registration and community case management in New Zealand

Ms. Mackenzie Auld 1, Dr. Nichola Tyler 2, Dr. Louise Dixon 1, Ms. Margaret-Anne Laws 3

1. Victoria University of Wellington, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology, 3. New Zealand Police

Although the New Zealand Register is underpinned by international best practice, how registered persons experience this unique case management approach is yet to be explored. In-depth, semi-structured interviews were conducted with 41 registered persons in New Zealand to gain a more thorough understanding of their experiences and perceptions of both being on the Register and receiving community-based case management. Reflexive thematic analysis (Braun & Clarke, 2006, 2019) was used to analyse the data. Findings are discussed in terms of their implications for policy and practice for the management and rehabilitation of registered persons in the community.
Metabolic syndrome in forensic psychiatry

Mr. Peter Andersson, Dr. Knut Sturidsson, Dr. Dan Wetterborg
1. Karolinska institutet

Metabolic syndrome significantly contributes to premature mortality in severe mental illness, particularly schizophrenia spectrum disorders. Antipsychotic-induced weight gain is a well-known phenomenon. Weight gain observed in incarcerated non-psychiatric populations during prison terms further highlight the issues facing the forensic psychiatric population. Existing longitudinal studies on metabolic syndrome in forensic settings are limited by small sample sizes and brief follow-up periods. This poster presents an extensive follow-up on the body mass index of 3,389 forensic psychiatric patients in Sweden from 2009-2020. It also includes insights from a scoping review of metabolic syndrome in forensic psychiatric care.
Pretrial Defendants’ Perceptions of Behavioral Health Needs During the Pretrial Period

Dr. Evan Lowder 1, Ms. Peyton Frye 1, Ms. Sydney Ingel 1, Dr. Janani Umamaheswar 1

1. George Mason University

Individuals in pretrial detention experience high rates of behavioral health problems. Although prior studies have documented the prevalence of behavioral health problems in jail populations, few studies have examined how defendants perceive their own behavioral health problems and need for services. We conducted surveys and semi-structured interviews with pretrial defendants recruited from 12 local pretrial services agencies in Indiana (United States). Findings showed that pretrial defendants experience behavioral health problems alongside other risk factors and criminogenic needs, underscoring their complex needs. Pretrial services may serve as one avenue to connect individuals to needed services when such services are not court-ordered.
Associations between generalized shame and emotional processing difficulties among individuals seeking mental health care: Implications for corrections

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Alicia Spidel 1
1. KPU

Emotional processing has a significant impact on one's mental health and is an important variable to understand in a correctional population. The current study examined associations between generalized shame and several forms of impaired emotional processing among 99 outpatients seeking mental health care. Correlation and regression analyses found that after controlling for depressive symptoms, shame accounted for unique variance in these emotional processing domains: suppression, avoidance, unprocessed emotion, and unregulated emotion. A high level of trait-like susceptibility to shame may be implicated in impaired emotional processing among individuals seeking mental health care. Clinical intervention for correctional populations will be discussed.
Impact of early Child Emotional and Behavioural Disorders on later Educational Outcomes: A population-based cohort study in Ethiopia

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster

Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Habtamu Kurmane¹, Prof. Charlotte hanlon²

¹. Jimma University, 2. Addis Ababa UNI

Habtamu Mekonnen¹, Girmay Medhin³, Mark Tomlinson⁴, Atalay Alem², Martin Prince⁵ and Charlotte Hanlon², ⁵

1. Department of Psychology, College of Education and behavioral science, Jimma University, Jimma.
2. Department of Psychiatry, School of Medicine, College of Health Sciences, Addis Ababa University.
3. Centre for Global Mental Health, Institute of Psychiatry, King’s College London.
5. Department of Psychology, Stellenbosch University, Stellenbosch, South Africa.
Music Therapy for Psychosocial Rehabilitation in Forensic Psychiatric Populations

Dr. Maryana Kravtsenyuk, Ms. Shaista Goel

1. University of Alberta

Anger, anxiety, depression, and social interactions are characteristics influencing behavioural alterations among forensic psychiatric patients. The neurobiological mechanisms of music and its enhancement effect on memory and cognition remain a mystery from psychiatric and neurological standpoints. In recent years, music therapy is being used to treat these precursors in forensic psychiatric hospitals and correctional facilities. Music therapy offers the mentally disordered accused multifaceted recovery-oriented care through reducing aggression, anxiety, and depression, and building therapeutic relationships with caregivers. Within the narrow breadth of literature available, the methods of administration and effects on patients' rehabilitation are measured in many different ways.
In the United States, there are multiple indications that the criminal justice system is unacceptably flawed: county jails have replaced hospitals as the primary providers of mental health inpatient care, recidivism rates are high and racial disparities are pervasive. Generative AI provides an opportunity to generate a model for an idealized system, with the advantages of less ideological impact. This poster presents an AI-generated model of an ideal criminal justice system.

Dr. Landon Hester¹, Dr. Melissa Piasecki¹

¹ University of Nevada Reno School of Medicine
Community to Corrections: A county-level correlational analysis of social, demographic, health and economic factors

Dr. Melissa Piasecki¹, Dr. Ashley Maestas¹, Dr. Landon Hester¹, Ms. Agnes Koos¹, Dr. John Packham¹, Ms. Elizabeth Phelan²

¹. University of Nevada Reno School of Medicine, ². Northwestern University

For decades, researches have noted the inverse relationship between mental health resources and correctional populations. The incarceration of mentally ill people has wide-spread impact on individuals, families, and communities, and prevention approaches are inconsistent. In this poster we complete a county-level correlational analysis of demographic, economic and health factors with regards to crime, death and incarceration rates. Identifying predictors of incarceration rates may guide policy makers towards county-level interventions.

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Samuel Matthew¹, Dr. Stephen Hart¹, Dr. Gina Vincent², Dr. Jodi Viljoen¹

¹ Simon Fraser University, ² University of Massachusetts Medical School

Historically, the practice of assessing risk has almost exclusively relied on a deficits-focused approach. However, a number of professionals have argued that including strengths-oriented attributes in risk assessments allows for a more balanced determination of risk. Research examining protective factors is ongoing, however little is known about how risk assessors are considering these factors in their work. The present study used a survey design to examine professionals’ risk assessment practices and their attitudes regarding the inclusion of protective factors in risk assessments. Our findings indicate that forensic professionals see protective factors as a necessary and important part of risk assessments.
Examining the effects of social stability on psychotic symptoms in a sample of inmates

Ms. Shreya Jagtap, Mr. Marco Kilada, Dr. Cory Gerritsen
1. Centre for Addiction and Mental Health

The aim of the present study is to examine how two factors related to social functioning, relationship stability and housing stability, may be linked with psychotic symptom dimensions in a sample of incarcerates. This study was conducted using a sample of inmates (n= 2552), who were administered the Jail Screening Assessment Tool. Results from four two-way ANOVAs revealed that relationship stability had a significant main effect for all symptom dimensions of psychosis. These findings hold implications for the role of relationship stability in predicting psychotic symptoms and/or risk in individuals involved in the criminal justice system.
System Redesign to Address Solitary Confinement – Toolkit for Healthcare Providers

Dr. Austin Lam¹, Dr. Claire Bodkin², Mr. Michael Menconi³, Dr. Baijayanta Mukhopadhyay⁴, Dr. Jenna Webber⁵, Dr. Nooshin Nikoo⁶, Prof. Ruth Martin⁷

¹. UBC, ². Department of Family Medicine, McMaster University, ³. Center for Bioethics, Columbia University, ⁴. Department of Family Medicine, McGill University, ⁵. Project Renewal, Inc., ⁶. Family Practice, University of British Columbia, ⁷. Clinical Professor Emerita, University of British Columbia

Solitary confinement (SC) in carceral settings can contribute to worsened mental and physical health. There have been calls for addressing SC in Canada and internationally. However, there are currently no available compiled resource(s) for healthcare providers (HCPs) who work in carceral environments. We collaboratively reviewed available literature and sought expert feedback from diverse external reviewers on SC to create such a resource. This toolkit aims to provide information on SC to HCPs working in federal/provincial/territorial carceral settings. The toolkit is part of an effort to support HCPs in contributing to the system redesign and reform activities addressing SC.
Danish Mental health staff experience with Decision-making regarding the least restrictive alternative principle and use of restrictive interventions – an interview study

Ms. Camilla Lindekilde ¹, Prof. Frederik Gildberg ¹, Prof. John Baker ², Dr. Jacob Hvidhjelm ³, Prof. Søren Birkeland ¹

¹. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark, ². School of Healthcare, University of Leeds, ³. Mental Health Center Sct. Hans, Mental Health Services in the Capital Region of Denmark

Internationally, restrictive interventions (RI) are used within mental health care settings as a last resort for staff to prevent or reduce the risk of mental health patients harming themselves or others. Staff members’ judgment forms the basis of the utilization of RI and makes the issue of decision-making around the use of RI of significant importance. Therefore, this study interviewed mental health staff regarding their perception of decision-making about the use of RI and which factors influence their decision-making to uphold the LRA principle. Data collection is ongoing, and preliminary results will be presented at the conference.
Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody

Dr. Arlene Kent-Wilkinson ¹, Dr. Bryce Stoliker ², Dr. Lisa Jewell ², Dr. Christie Tetreault ², Dr. Krista Lagimodiere ², Ms. Lindsay Reddick ³

¹ University of Saskatchewan, College of Nursing, ² University of Saskatchewan, ³ Correctional Service Canada, Regional Psychiatric Centre

Older persons in custody represent a vulnerable population in Canada. Both the number of older persons and the number of Indigenous persons in custody is expected to grow in the coming years, which poses a significant public health cost. This three-phase study screens for dementia and other age-related cognitive disorders, and assesses the prison's effectiveness in accommodating older offenders' health needs in the facility and after release. Prospective participants include non-Indigenous persons aged 50 years and over and Indigenous persons aged 45 years and older (as Indigenous persons may be at risk earlier).
Peer support work in forensic mental health care in Flanders - Expectations from different perspectives

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mrs. Louise Van Gysel¹, Dr. Aline Pouille², Dr. Leen Cappon¹, Dr. Sara Rowaert³

¹. ScienceForCare, ². Ghent University, ³. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium

Peer support work is important in (forensic) mental health care. However, the implementation is currently scattered and isn’t embedded in an explicit framework concerning the different aspects of peer support work at macro-, meso- and micro-level. The project in this poster focuses on how to structurally implement peer support work in forensic mental health care. A first phase within the project is, gaining insight into the different perspectives and expectations of patients, peer support workers, family members and professionals on peer support work. Getting to know these perspectives is a first step towards a structural implementation and will be presented.
The Knowledge Exchange on Reader Boards (KERB) Project: An Integrated Knowledge Translation and Exchange (KTE) Initiative to Engage Patient and Family Partners, Clinicians, and Researchers in Bridging Knowledge and Practice Gaps

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Miriah Hodgins¹, Ms. Courtney Pankratz¹, Dr. Tonia Nicholls², Ms. Charis Lai¹

1. BC Mental Health and Substance Use Services, 2. University of British Columbia

BC Mental Health and Substance Use Services (BCMHSUS) provides health care services to people with complex mental health and substance use (MHSU) needs, as well as conducts research and KTE to promote knowledge sharing and evidence-based practice. The KERB Project is an integrated KTE initiative that engages patient and family partners, clinicians, and researchers to produce accessible infographics on new MHSU and justice relevant research, positioning patients as partners in the interpretation and sharing of research results. The poster will provide an overview of project goals, design, and next steps for readers interested in replicating a similar initiative.
Does Allowing for Discretion Add Value? An Examination of the “Broken Leg Scenario” in Violence Risk Assessments with the SAVRY

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Shanna Li¹, Dr. Jodi Viljoen¹, Mr. Samuel Matthew¹

¹. Simon Fraser University

Many practitioners assert that, in assessing violence and reoffense risk, there may be certain exceptional cases (i.e., broken leg scenarios) in which numerical scores cannot be relied on and discretion is needed. In this prospective field-based study, we tested this claim. Youth probation officers assessed two samples of adolescents on probation (N = 920) using the Structured Assessment of Violence Risk in Youth (SAVRY). We examined how often probation officers used discretion in making risk judgments with the SAVRY, and whether discretion improved the accuracy of such judgments. Implications for assessors using structured professional judgment tools will be discussed.
Keynote 2: Prof. Seena Fazel: New Evidence in Forensic Mental Health: Implications for Policy and Service Development

Wednesday, 19th June - 11:00: Keynote 2: Seena Fazel, BSc (Hons), MBChB, MD, FRCPsych / Derek Eaves Lecture (Gallery Ballroom - Second Level)

**Dr. Seena Fazel**

1. University of Oxford

New evidence suggests changes to how forensic and prison services assess, treat and manage people under their care, and the need to update and revise clinical guidelines to consider the highest quality and latest research. I will provide an overview of new research on risk assessment, prison and forensic mental health, and treatment for violence prevention, and discuss whether and how it can inform policy and development of healthcare services.
This symposium features four talks on seclusion policies and practices at a Canadian Forensic Psychiatric Hospital (FPH). The first addresses ethical, legal, and clinical standards guiding seclusion practices. The second presents findings from a qualitative study of staff perceptions of seclusion. The third introduces Seclusion Review Committees as a strategy for increasing accountability and fostering a cultural shift. Finally, the fourth discusses a policy change and the implementation of mandatory training for nurses on initiating seclusion, aimed at enhancing accountability and transforming the institutional culture. The session offers multifaceted perspectives on the complexities and advancements in seclusion policies and practice.
Overview of Seclusion Including Clinical, Ethical and Legal Considerations

Wednesday, 19th June - 13:42: Session 27 [Symposium]: Forensic Psychiatric Hospital - Use of Seclusion Considerations (Atelier I - Third Level) - Symposium

Dr. Pratap Narayan

Dr. Tonia Nicholls

1. BC Mental Health and Substance Use Services, 2. University of British Columbia

This paper will provide an overview of seclusion and explore the pertinent clinical, ethical and legal factors related to its use. By addressing these issues, a compelling case can be made for more judicious, less frequent and shorter uses of seclusion as a mental health therapeutic intervention.
Perceptions and Experiences of Seclusion Among Forensic Mental Health Providers: A Thematic Analysis

Dr. Edwin Chow ¹, Dr. Pratap Narayan ², Dr. Neeta Nagra ², Dr. Tonia Nicholls ¹

¹. University of British Columbia. ². BC Mental Health and Substance Use Services

This qualitative study explored the perceptions of seclusion practices among healthcare providers at Forensic Psychiatric Hospital (FPH) in BC, Canada. Twenty semi-structured interviews were conducted with FPH direct-care providers. Interviews were audiotaped, transcribed, and analyzed using thematic analysis. Four overarching themes emerged: (1) professional attitudes were impacted by perceptions of stigma and shame; (2) perception of insufficient returns; (3) a joint enterprise involving multiple players; (4) striving towards change. These themes highlighted current challenges with seclusion use from a provider lens, and addressing potential target areas may help guide the development of a uniform seclusion protocol at FPH.
Developing Accountability and Changing Institutional Culture

Wednesday, 19th June - 14:06: Session 27 [Symposium]: Forensic Psychiatric Hospital - Use of Seclusion Considerations (Atelier I - Third Level) - Symposium

Dr. Sophie Anhoury, Dr. Tonia Nicholls

1. BC Mental Health and Substance Use Services, 2. University of British Columbia

This paper focuses on a strategy to improve seclusion practice at Forensic Psychiatric Hospital, by addressing both the rationale for ongoing seclusion and length of stay in seclusion, and also by the development of an approach to support teams in the utilization of alternative measures to manage risk and facilitate ward reintegration.
Optimizing Seclusion Practices: Empowering Nurses through Education and Policy Change

Wednesday, 19th June - 14:18: Session 27 [Symposium]: Forensic Psychiatric Hospital - Use of Seclusion Considerations (Atelier I - Third Level) - Symposium

Dr. Neeta Nagra ¹, Dr. Tonia Nicholls ²

1. BC Mental Health and Substance Use Services, 2. University of British Columbia

This paper presents a comprehensive overview of the transformative approach taken to optimize seclusion practices at FPH, focusing on the critical role of nursing in initiating seclusion. Traditionally, nurses have faced challenges in seeking seclusion approval from physicians due to inappropriate requests. A policy change was therefore implemented, mandating nurses to undergo specialized education aimed at accurately diagnosing “imminent risk of harm to self or others”. This empowerment allowed nurses to initiate seclusion independently, subsequently obtaining a physician's order if needed. The results demonstrate a reduction in frequency and duration of seclusion events, highlighting the effectiveness of this strategic shift.
Trauma-Informed Juvenile Corrections: The Continuous Impact of Reform in Texas’ Secure Youth Facilities


Dr. Shantae Motley \(^1\), Dr. Evan Norton \(^1\), Dr. Emily Knox \(^1\), Ms. Claire Boudrot \(^1\), Mr. Alejandro Ramirez \(^1\)

\(^1\) Texas Juvenile Justice Department

In the context of persistent volatility, the Texas Juvenile Justice Department (TJJD) is dedicated to implementing essential reforms. Historically, Texas’ punitive approach towards crime, influenced juvenile justice practices. TJJD recognized the need for trauma-informed care and a therapeutic environment and introduced multi-level trauma-informed interventions across the system’s five secure facilities. This study offers an overview of ongoing reform initiatives. Utilizing longitudinal survey data collected directly from justice-involved youth, this research examines how continual intervention efforts impact these youths’ perceptions of their own well-being. Additionally, this paper discusses the far-reaching operational and policy implications arising from its findings.
Forensic psychiatry patients, services, and legislation in Nunavut and Greenland


Prof. Lisbeth Uhrskov Sørensen¹, Ms. Casy Upfold², Mr. Christian Haurdahl Jentz³, Dr. Parnuna Heilmann⁴, Dr. Naaja Nathanielsen⁵, Prof. Gary Andrew Chaimowitz⁶

¹. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, 2. Forensic Psychiatry Program, St. Joseph’s Healthcare Hamilton, Canada, 3. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Denmark, 4. Psychiatric Department, Queen Ingrids Hospital, Nuuk, Greenland, 5. Probation Offices, Nuuk, Greenland, 6. McMaster University

This cross-sectional study includes all forensic psychiatry (FPP) in- and outpatients from Nunavut (2028) and Greenland (2020) and compares the prevalence of FPPs in the two areas. The Greenland sample (n = 93) was nearly four times larger than the Nunavut sample (n = 15) at the population level. Despite considerable differences in forensic legislation and service supply, forensic psychiatry patients share several demographic and clinical characteristics in the two areas. This study is an essential first step toward describing a Model-of-care for FPPs in circumpolar regions and supports future joint Arctic research concerning FPPs.
Legislative reform and the mental health system – implementation at the local level.

Wednesday, 19th June - 14:00: Session 28 [Papers]: Legal and Policy Reforms (Atelier II - Third Level) - Oral Paper

Mr. Patrick Seal

1. Monash Health

Mental health services in Victoria, Australia are implementing changes to practice following introduction of the new Mental Health and Wellbeing Act, 2022. This legislative change has occurred in line with a Royal Commission recommendation that the Victorian Government reduce compulsory treatment and coercive measures (and ultimately eliminate them from practice within 10 years). Some clinicians, however, warn that responses to the new Act might increase the risk that patients, practitioners and the community may be further exposed to avoidable violence and that the most seriously ill patients will end up in prison, deprived of the clinical care that they need.
An action plan for Canada on mental health and criminal justice

Wednesday, 19th June - 14:15: Session 28 [Papers]: Legal and Policy Reforms (Atelier II - Third Level) - Oral Paper

Ms. Sandra Koppert, Mr. A.J. Grant-Nicholson

1. Mental Health Commission of Canada, 2. Principal Lawyer and Advisor, Mental Health Commission of Canada

The Mental Health Commission of Canada is leading the development of an action plan to support the mental health of all individuals who interact with the criminal justice system in Canada – inspired by continuous calls for action to reduce the overincarceration of people living with mental health concerns and illnesses. The action plan leverages learnings from national and international strategies, and it is informed by various research and engagement activities. This session will include an overview of the development of the action plan, a summary of key themes identified to date, and an opportunity for participants to provide input.
The neurodivergent dilemma: A move towards a Neurodiversity-Affirming Approach to Forensic Assessment

Wednesday, 19th June - 13:30: Session 29 [Papers]: Autism Spectrum Disorder (Curator - Third Level) - Oral Paper

Dr. Joseph Sakdalan

1. Forensicare

There is an overrepresentation of neurodivergents, autistic and ADHD adults, in the criminal justice system (CJS). The interaction between the CJS and neurodivergence has been fraught with challenges. Research highlights the limited training of mental health professionals in the forensic assessment of neurodivergents. This can result in misdiagnosis or missed diagnosis, inappropriate treatment, overestimating risks, and detrimental treatment and sentencing recommendations to the Court. This paper discusses issues around biased assessments, the need to change mindsets and attitudes, and the need to improve knowledge and skills in utilising a neuro-diversity-affirming approach.
The application of Adapted Dialectical Behaviour Therapy in the treatment of adults with Autistic Spectrum Disorder who display offending behaviours

Wednesday, 19th June - 13:45: Session 29 [Papers]: Autism Spectrum Disorder (Curator - Third Level) - Oral Paper

Dr. Joseph Sakdalan

1. Forensicare

Despite some advances in the assessment and treatment of autism spectrum disorder (ASD), there remains a paucity of intervention and research literature in treating adults with ASD. There is growing evidence supporting a relationship between the core features of ASD and emotion dysregulation. This paper aims to provide a better understanding of dialectical behaviour therapy (DBT) concepts and skills and their application in the treatment of adults with ASD who display offending behaviours. In addition, it includes a case vignette that demonstrates the application of adapted DBT reconceptualization and skills on a client with ASD who presented with offending behaviours.
Application of Intensive Massed-Dosage Prolonged Exposure Therapy in Addressing Offense-Related PTSD: A Single-Case Study with a Forensic Patient Diagnosed with Autism Spectrum Disorder

Wednesday, 19th June - 14:00: Session 29 [Papers]: Autism Spectrum Disorder (Curator - Third Level) - Oral Paper

Ms. Olivia Koppel ¹, Mrs. Neringa Aasdal ¹, Prof. Debra Kaysen ²


This presentation explores the successful treatment of a 23-year-old male with Autism Spectrum Disorder suffering from Posttraumatic Stress Disorder, stemming from committing attempted homicide of a relative at the age of 16. The patient exhibited PTSD symptomatology, isolation, and impairment in daily functioning. The patient was committed to a forensic hospital during treatment. He received a modified version of Prolonged Exposure, with imaginal exposure delivered intensively in a unique five-session format over one week and in vivo exposure done prior and post to address avoidance behaviors. His initial PCL-S score was 33, which decreased to 9 six months post-treatment.
A descriptive review of young people with Autism Spectrum Disorder referred to a Fixated Threat Assessment Centre

This paper examines the demography, clinical comorbidities and threat profile of a cohort of persons aged 14 to 25 years referred to a threat assessment centre in the state of Victoria, Australia, and compares cases with and without Autism Spectrum Disorder (ASD). The findings suggest that young people with ASD are significantly overrepresented, compared to the population rate, with late diagnosis and complex, unmet needs. The services required to mitigate risk were predominately mainstream disability and mental health programs, not forensic interventions, with broader implications for improved provision of autism-specific services to prevent this vulnerable group entering the justice system.
Mental resilience of both patients and staff in forensic mental health care

Wednesday, 19th June - 13:30: Session 30 [Symposium]: Becoming Trauma-Informed (Salon I - Second Level) - Symposium

Dr. Vivienne de Vogel¹, Dr. Nienke Verstegen², Ms. Annabel Simjouw³

¹. Hogeschool Utrecht / Universiteit Maastricht, ². Van der Hoeven Kliniek, ³. De Forensische Zorgspecialisten

The importance of trauma-informed working is increasingly being recognised in forensic mental health care. Many patients have had traumatic experiences in their life and suffer from complaints that may hinder treatment. Furthermore, professionals working in the field are also confronted with trauma in different ways. In this symposium, the importance, but also difficulties in becoming trauma-informed in forensic mental health care are discussed. Three studies will be presented, including a qualitative study into experiences of professionals with exposure to aggression, a mixed-method study into resilience of professionals and a qualitative, observation study into organizational culture.
Most forensic professionals consciously choose this profession and see it as meaningful and important work. However, the work requires a lot from professionals due to a complex patient population, high workload, high staff turnover and high expectations from society. A mixed-method study was conducted on forensic professionals experiences with mental resilience. A survey was filled out by 315 forensic professionals working in inpatient or outpatient forensic mental health services. Semi-structured follow-up interviews were held with 10 professionals. The findings provide insight into factors on an individual, team and organization level that are associated with mental resilience.
Experiences of forensic mental health professionals with inpatient aggression.

Wednesday, 19th June - 14:00: Session 30 [Symposium]: Becoming Trauma-Informed (Salon I - Second Level) - Symposium

Dr. Nienke Verstegen¹, Dr. Vivienne de Vogel²

¹. Van der Hoeven Kliniek / Utrecht University, ². Hogeschool Utrecht / Universiteit Maastricht

Few studies have examined how professionals experience their relationships with patients after they have been exposed to aggressive behavior. Therefore, a qualitative study was conducted on the experiences of 25 forensic mental health professionals. A thematic analysis was conducted in consensus among three researchers. The results provided insight into factors that shape the impact of aggression, the emotional reactions that may follow after exposure to inpatient aggression, the management of these emotions and the impact these emotional reactions have on professionals’ relationships with patients. Based on these findings, suggestions to improve clinical practice are discussed.
‘We got to do what we have got to do.’ Organizational culture within a Dutch forensic mental health care setting.

Wednesday, 19th June - 14:15: Session 30 [Symposium]: Becoming Trauma-Informed (Salon I - Second Level) - Symposium

Ms. Annabel Simjouw¹, Dr. Vivienne de Vogel²

¹. De Forensische Zorgspecialisten (DFZS), ². Hogeschool Utrecht / Universiteit Maastricht

Forensic mental health care settings can be distressing for individuals entering its system. There exist complex interactions between service users, practitioners and organizations. Becoming trauma-informed has the potential to create positive interactions. To implement a new form of care, context must be understood. A qualitative study was conducted to study organizational culture within a Dutch forensic mental health care setting. Verbal exchanges were studied through the observation of different meetings. A thematic analysis was conducted among three researchers. Two main themes resulted from this analysis: the influence of institutional practices on patients and the influence of institutional practices on staff.
Navigating the Publishing Landscape: Insights from the International Journal of Forensic Mental Health Editorial Team

Wednesday, 19th June - 13:30: Session 31 [Round Table]: IJFMH Editorial Team (Salon II - Second Level) - Round Table

Prof. Michael Daffern¹, Dr. Alicia Nijdam-Jones², Prof. Stuart Thomas³, Dr. Jack Tomlin⁴

¹. Centre for Forensic Behavioural Science, Swinburne University of Technology, ². University of Manitoba, ³. RMIT, ⁴. University of Greenwich

Publishing in peer reviewed journals is important but it can be a daunting task, especially for early career academics and practitioners who have not received mentorship in this process. This round table will focus on the publication process. Members of the Editorial team of the International Journal of Forensic Mental Health will describe the submission, peer review and publication process, and share their perspectives on deciding where to publish, ethical considerations and what peer reviewers and the editorial team look for, hopefully providing helpful hints for prospective researchers and authors. The development of a mentorship program will be introduced.
The effectiveness of the New Zealand Register in reducing recidivism

Ms. Mackenzie Auld¹, Dr. Nichola Tyler², Dr. Louise Dixon¹, Dr. Caleb Lloyd², Ms. Margaret-Anne Laws³

¹. Victoria University of Wellington, ². Centre for Forensic Behavioural Science, Swinburne University of Technology, ³. New Zealand Police

The New Zealand Register has adopted a novel approach to the monitoring and case management of individuals who have sexually offended against children. However, there has been no research to date that has examined the effectiveness of this rehabilitative approach on outcomes for registered persons. The current study aimed to evaluate whether the Register is achieving its intended goal of reducing recidivism. Survival analyses and Cox regression were used to measure the association between the Register and recidivism (sexual, violent and general) as well as factors associated with reoffending. Results will be shared at the conference.
Identifying factors involved in reoffending committed by registered persons in New Zealand

Wednesday, 19th June - 15:02: Session 33 [Papers]: Recidivism and Reduction (Artisan - Third Level) - Oral Paper

Ms. Mackenzie Auld 1, Dr. Nichola Tyler 2, Dr. Louise Dixon 1, Ms. Margaret-Anne Laws 3
1. Victoria University of Wellington, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology, 3. New Zealand Police

Although the New Zealand Register is underpinned by international best practice and research, there has been no research to date that has examined the effectiveness of this rehabilitative approach on outcomes for registered persons. The current study aimed to examine patterns in the temporal order of factors which lead up to incidents of sexual reoffending committed by registered persons, as well as any gaps in the implementation of the Register’s Risk Management Framework. This included factors surrounding the offending, case management factors, and other reintegration factors such as housing and employment. Findings will be discussed at the conference.
No longer a significant threat? Patterns and predictors of reoffending post absolute discharge

Wednesday, 19th June - 15:14: Session 33 [Papers]: Recidivism and Reduction (Artisan - Third Level) - Oral Paper

Dr. Roland Jones 1, Prof. Sandy Simpson 2, Ms. Tamsen Kitt 3, Ms. Margaret Maheandiran 4, Mr. Marco Kilada 4, Dr. Stephanie Penney 4

1. CAMH/University of Toronto, 2. University of Toronto, 3. Centre for addiction and mental health, 4. Centre for Addiction and Mental Health

Forensic patients who receive an absolute discharge are not routinely monitored for adverse events, but despite being determined not to be a “significant threat” over 20% of patients reoffend within 3 years in Canada. We identified a cohort of all patients (n=1218) who had received an absolute discharge from the Ontario Review Board (2005-2016), and identified all new charges or convictions. We carried out regression modelling to identify variables associated with reoffending and to develop a risk prediction model. We describe the frequency of reoffending at 3 years post absolute discharge, and describe the performance of the model.
The impact of mental health court liaison and diversion services on recidivism: A systematic review

Wednesday, 19th June - 15:26: Session 33 [Papers]: Recidivism and Reduction (Artisan - Third Level) - Oral Paper

Dr. Carey Marr 1, Dr. Yin-Lan Soon 1, Dr. Kimberlie Dean 1
1. UNSW

Several systematic reviews and meta-analyses have explored the question of the effectiveness of mental health courts in reducing recidivism, with findings suggesting small to sizeable reductions in risk of recidivism. However, less work has systematically examined other strategies for court diversion, beyond these specific mental health courts. The current study focuses specifically on court liaison and diversion services for adults with an aim to investigate their effectiveness to reduce recidivism. Findings will provide better insight into the efficacy of court liaison and diversion services to reduce recidivism and reveal the factors that may make a meaningful difference in these programs.
Health service utilisation and reoffending outcomes of those with mental illness released from prison in New South Wales, Australia

Wednesday, 19th June - 15:38: Session 33 [Papers]: Recidivism and Reduction (Artisan - Third Level) - Oral Paper

Ms. Christie Browne 1, Dr. Kimberlie Dean 2
1. University of New South Wales, 2. UNSW

The post-release period is one of heightened vulnerability for those exiting prison; poor health outcomes and reincarceration are common. This presentation reports the findings of two data linkage studies using samples of individuals released from prison in NSW, which explore the link between mental illness, health care utilisation and reoffending in the twelve months following release from prison. Rates of post-release health service utilisation and reoffending were high, particularly amongst those with serious mental illness, and accessing emergency health care was associated with an increased risk of reoffending in one of the samples.
International Perspectives on Forensic Models of Care, designing care pathways, modelling therapeutic security: Experiences from Belgium, Italy, Denmark, Canada and Ireland.

Wednesday, 19th June - 14:50: Session 34 [Round Table]: International Perspectives on Forensic Models of Care, Designing Care Pathways, Modelling Therapeutic Security: Experiences from Belgium, Italy, Denmark, Canada and Ireland (Atelier I - Third Level) - Round Table

Prof. Harry Kennedy¹, Dr. Ingeborg Jeandarme², Prof. Felice Carabellese³, Prof. Lisbeth Uhrskov Sørensen⁴, Dr. Katherine Warburton⁵, Dr. Yasin Hasan Balcıoğlu⁶, Dr. Mary Davoren⁷

¹. Trinity College Dublin, Ireland, 2. KU Leuven, 3. University of Bari, Aldo Moro, Italy, 4. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, 5. California Department of State Hospitals, 6. Department of Psychiatry, Bakirkoy Prof. Dr. Mazhar Osman Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, 7. Trinity College Dublin and Sapienza Università di Roma

Designing care pathways and modelling therapeutic security for forensic mental health services is a complex and challenging role. Patients attending secure forensic services internationally have much in common, and clinician's typically view the objective of a successful discharge in similar ways. However legal rules, regulations and obligations can vary widely between jurisdictions. Therefore international collaborations and sharing of experiences when designing care pathways and modelling therapeutic security can be invaluable to clinicians and clinical directors who may be faced with this important and at times daunting challenge.
One Size Does Not FIT All: The internal structure of the Personality Assessment Inventory clinical subscales among forensic psychiatric inpatients

Wednesday, 19th June - 14:50: Session 35 [Papers]: Forensic Assessment Measures (Atelier II - Third Level) - Oral Paper

Mr. Minqi Pan ¹, Mr. Patrick McGonigal ¹, Dr. Maria Aparcero ¹, Dr. Tiffany N. Truong ¹, Dr. David Glassmire ¹

¹ Patton State Hospital

Interpretation of the Personality Assessment Inventory often relies on examining the clinical scales and their corresponding subscales, yet validation of the subscale structure has not received adequate scholarly attention. To address this gap, 324 complete PAI profiles within a forensic psychiatric hospital were utilized to investigate the subscale factor structure on eight primary clinical scales. Alarmingly, only five of the 25 subscales produced adequate scale homogeneity (i.e., alpha >.80). CFA results were equally concerning in that even the best model (for Mania subscales) barely approached adequate fit. Findings provided crucial interpretive insight. Limitation and future directions are discussed.
Evaluating the Test Validity of the Comprehensive Assessment of Psychopathic Personality Symptom Rating Scale (CAPP SRS) in Korea

Wednesday, 19th June - 15:10: Session 35 [Papers]: Forensic Assessment Measures (Atelier II - Third Level) - Oral Paper

Ms. Danielle (Taylor) Quee ¹, Dr. Stephen Hart ¹, Prof. Jonghan Sea ²

¹. Simon Fraser University, ². Yeungnam University

The Comprehensive Assessment of Psychopathic Personality is a lexically-based concept map of psychopathy. Past research found that it survived falsification when observed test data were compared to expectations based on the unidimensional monotone latent variable (UMLV) measurement model (Cooke et al., 2022). We replicated this study in a sample of 81 adult male offenders in Korea assessed using a translation of the CAPP SRS. Composite scores had good measurement precision and external validity. The findings support the test validity of the CAPP SRS, as well as the cross-language and cross-cultural validity of PPD in the Republic of Korea more generally.
A survey was conducted online, reaching 191 psychologists across 10 Latin-American countries. Questions explored professional practices in five areas of forensic mental health assessment: mental state at the time of the offense, risk for violence, risk for sexual violence, malingering and psychological injury. The primary distinction observed was the prevalence of projective tests and Rorschach use in southern countries, contrasted with a preference for systematized tests like multiscale personality inventories and clinical assessment scales in Central American nations. We identified a minimal utilization of specific forensic tools. Some possible explanations are discussed.
Examing Demographic and Informant Differences to Inform Practice and Policy

Wednesday, 19th June - 14:50: Session 36 (Symposium): Trauma Screening in Juvenile Justice (Salon I - Second Level) - Symposium

Dr. Keith Cruise 1, Ms. Angela Glover 1, Ms. Joanna Kramer 1, Mr. Steven Curto 1
1. Fordham University

High rates of lifetime traumatic event exposures and posttraumatic stress disorder among adolescents experiencing juvenile justice system contact, in the US and internationally, have reinforced calls for universal trauma screening. The evidence-base for trauma screens and their clinical utility in juvenile justice settings is limited. Papers in this symposium will explore use of three different trauma tools in different contexts. Papers will examine the impact of gender on screening results, challenges in integrating findings from multiple informants, and consistency in youth reports over time. Findings will highlight challenges and opportunities to inform practice and policy.
Trauma Screening Results for Adolescents with Juvenile Justice Involvement: Gender Differences and Case Management Implications

Wednesday, 19th June - 15:05: Session 36 [Symposium]: Trauma Screening in Juvenile Justice (Salon I - Second Level) - Symposium

Ms. Angela Glover ¹, Dr. Keith Cruise ¹
1. Fordham University

Despite calls for universal trauma screening in juvenile justice settings, there is a lack of research supporting the use of validated, culturally responsive trauma screening tools in these settings. The current study examined utility of the Child Trauma Screen (CTS) in a sample of 1,186 adolescents on probation. Gender (across sample) and race/ethnicity (within gender) comparisons were conducted. Overall, screening results were consistent with other reported prevalence of trauma exposure and symptoms among adolescents with justice involvement and reflect the known dose/response effect between trauma exposure and symptom severity. Nonetheless, findings regarding gender-specific, race-based screening differences warrant further exploration.
Evaluating Caregiver and Youth Agreement on Reported Traumatic Event Exposure and PTSD Symptoms in a Juvenile Justice Sample

Wednesday, 19th June - 15:20: Session 36 [Symposium]: Trauma Screening in Juvenile Justice (Salon I - Second Level) - Symposium

Ms. Joanna Kramer ¹, Mr. Steven Curto ¹, Dr. Keith Cruise ¹, Dr. Julian Ford ²

¹. Fordham University, ². University of Connecticut Health Center

Adolescents with juvenile justice involvement have disproportionately high levels of traumatic event exposure (TEE) and post-traumatic stress disorder (PTSD). However, little is known about caregiver/child agreement on reported TEE and PTSD symptoms on common measures. This study examined caregiver/child agreement on reported lifetime TEE and past month PTSD symptoms. Interrater agreement on lifetime TEEs was poor-moderate, but higher for past month PTSD symptom scores. These findings are inconsistent with caregiver/child PTSD symptoms and TEE agreement in other settings and raise questions on how to best use multi-informant trauma tools in juvenile justice settings.
This study investigated the temporal stability of reported lifetime traumatic event exposures (TEEs) and PTSD symptoms over a 6-month time-period in a sample of adolescents experiencing justice system involvement (AJSI). As trauma screening becomes routine practices in juvenile justice settings, it is critical to examine consistency in youth report over time. Utilizing data from a treatment study that involved repeated trauma assessments, findings indicate temporal consistency that generally aligns with research support in other settings. The results emphasize the utility of two trauma screening tools and potential use in juvenile justice settings.
The use of e-health and mobile applications in mental health settings is getting increasingly common and could be an interesting addition to treatment as usual. Despite the potential, there is still a gap in our knowledge in forensic settings specifically. This includes the daily use of apps, such as done with experience sampling methods (ESM). The use of ESM in forensic settings is potentially useful for self-monitoring in outpatient populations. This symposium will cover the current use of mobile applications in the forensic setting, the specific challenges for patients with intellectual disabilities and a guide to co-creating applications.
The Use of Smartphone Apps in Assessing, Treating and Preventing Mental Health Issues and Delinquency: A Scoping Review on Justice-involved Youth and Adults.

Wednesday, 19th June - 15:02: Session 37 [Symposium]: E-Health and Experience Sampling in Forensic Settings (Salon II - Second Level) - Symposium

Mrs. Elyan Aarts¹, Dr. Eva Billen¹, Dr. Bruno Verschuere¹, Dr. Arnold van Emmerik¹
1. University of Amsterdam

Smartphone applications offer unique opportunities for offender assessment and treatment. While mental health apps have gained popularity in supporting and treating psychiatric patients, little research focuses on forensic patients specifically. This presentation aims to overview current evidence on mobile apps for mental health and delinquent behaviour in justice-involved youth and adults, both in residential and non-residential settings. The discussion will cover the quality and gaps in current research, app usability, and acceptability, as well as their efficacy in treating, assessing, or preventing mental health problems and delinquency within forensic groups. Implications for future research and clinical practice will be discussed.
Co-creation of an Experience Sampling Application in a Forensic Outpatient Setting

Dr. Eva Billen 1
1. University of Amsterdam

Qualitative research emphasizes the pivotal role of design and usability in mobile apps for forensic populations. Current ESM apps in the Dutch setting fall short of meeting the specific needs of forensic patients due to system constraints and lacking intuitiveness. Co-creation is crucial in developing apps tailored to forensic settings, ensuring simplicity and appeal for a vulnerable population. This presentation outlines the process of co-creation of an ESM app in a forensic outpatient population. The focus is on the initial stages of designing an ESM app for monitoring risk factors and self-regulation in forensic outpatients.
The perceived applicability of the m-path app: overcoming challenges in forensic psychiatric research?

Doing research in forensic practice is challenging. Patient motivation is low, and the study population is heterogeneous with a variety of (co-morbid) psychiatric disorders and types of offences. Also, being in a court-ordered treatment setting can also have an impact. Often, specific groups of patients are excluded from studies due to added complexities (e.g., individuals with intellectual disabilities). A new approach utilizing experience sampling and e-health applications is discussed, with results from the M-Path app’s use in an ESM study revealing valuable patient feedback.
Mobile apps have the potential to enhance care for forensic patients by delivering evidence-based interventions independently of time and place. They can result in increased treatment and data collection on risk factors or treatment. However, researchers, professionals and developers need to pay attention to data ownership, storage, and legal certifications. Accessibility for illiterate patients and smartphone use in closed inpatient settings are important issues. As are the obligatory nature of treatment, patient autonomy, and ‘dark sides’ of persuasive design. It is important to set-up co-creation with patients, professionals, ethicists, and legal experts to ensure responsible app usage in this setting.
An Investigation into the Effectiveness of Dog-Assisted Interventions at Improving Mental Health among Incarcerated Individuals

Wednesday, 19th June - 14:50: Session 38 [Papers]: Innovative Intervention Services (Sculptor - Third Level) - Oral Paper

Ms. Nadya Nabi 1, Dr. Kareena McAloney-Kocaman 1, Dr. Mairi Fleming 1, Dr. Stella Bain 1
1. Glasgow Caledonian University

Background: The Mental Welfare Commission stipulates that 76% of incarcerated individuals within Scotland’s prisons have a history of mental illness.

Aims: To conduct a comprehensive evaluation of an animal-assisted intervention (AAI) that is currently being delivered within a Scottish prison.

Methodology: Stage 1 is a within-subject pre-test/post-test repeated measures design which is being used to examine the immediate/longer term outcomes of the intervention programme. Stage 2 is a qualitative design, where one-to-one semi-structured interviews are being conducted post-intervention.

Significance: This study will provide empirical evidence and recommendations to forensic institutions regarding the effectiveness of AAIs at improving mental health.
Emotional dysregulation and it’s related to aggression: Vagus Nerve stimulation as treatment intervention?

Wednesday, 19th June - 15:05: Session 38 [Papers]: Innovative Intervention Services (Sculptor - Third Level) - Oral Paper

Dr. Josanne van Dongen ¹
1. Erasmus University Rotterdam

Previous studies have shown that emotional dysregulation is related to reactive aggression. Because the vagus nerve is found to play a role in the regulation of emotions, we tested the hypothesis that emotion regulation might be increased using a neuromodulation technique called transcutaneous auricular vagus nerve stimulation (taVNS). Using an adult sample (N = 76) from the general population, we found that emotional dysregulation was positively related to reactive aggression, and that taVNS seemed successful in increasing emotion regulation and decreasing self-reported reactive aggression.
Resilience enhancing intervention for forensic inpatients

There is an urgent need for identification of resilience enhancing interventions without side-effects for forensic inpatients suffering from personality disorders and post-traumatic stress symptoms (PTSS) due to early childhood trauma. Vitamin D supplementation might be one resilience-enhancing strategy with multiple implications. The present randomized control trial investigated the effects of vitamin D supplementation on cognitive mechanisms underlying resilience. Possible effects of vitamin D supplementation in forensic inpatients with PTSS and effects of vitamin D supplementation on cognitive tasks associated with hippocampal-dependent learning (e.g., Tower of London), but not on tasks measuring pure working memory (e.g., N-back tasks) will be discussed.
Say G’Day Framework

Wednesday, 19th June - 15:35: Session 38 [Papers]: Innovative Intervention Services (Sculptor - Third Level) - Oral Paper

*Mrs. Lavinia Mau-Pohiva* ¹, *Dr. Athony Barker* ¹, *Ms. Elyce Norton* ¹, *Ms. Tara Field* ¹, *Ms. Peta Kleinig* ²

¹. Forensicare, 2. Dhulwa Secure Mental Health Unit

Say G’Day framework was designed for a nursing quality improvement project that is currently used in the Dhulwa Mental Health Unit as a nurse to patient and shift to shift handover tool for a forensic mental health nursing adaptation of the process of nursing bedside handover. Say G’Day incorporates Australian, Tongan, New Zealand indigenous and mental health values that encourages patients’ involvement.

The Say G’Day framework is an acronym based on how Australian’s say hello and it’s a prompting for nurses to encourage patient to have a say in their nursing care, treatment, healing, recovery and ensuring safety for all.
Exploring the Impact of Incarceration on Identity Formation among Emerging Adults and the Mediating Role of Psychological Functioning

Identity formation is a crucial developmental task during adolescence, extending into emerging adulthood. Existing literature suggests that incarceration not only has adverse effects on mental health but can also hinder psychosocial moratorium. This study aims to investigate the influence of different aspects of incarceration on the ongoing process of identity formation. By examining the identified correlation between extended periods of incarceration and identity incoherence, the research explores the mediating role of psychological functioning problems. The discussion highlights the challenges of incarcerated youth in shaping their identities, amidst prolonged exposure to contrasting systems, including internal prison regulations and the criminal subculture.
Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody (Phase 2)

Dr. Arlene Kent-Wilkinson 1, Dr. Bryce Stoliker 2, Dr. Lisa Jewell 2, Dr. Christie Tetreault 2, Dr. Krista Lagimodiere 2, Ms. Lindsay Reddick 3

1. University of Saskatchewan, College of Nursing, 2. University of Saskatchewan, 3. Correctional Service Canada, Regional Psychiatric Centre

Older persons in custody represent a vulnerable population in Canada. Both the number of older persons and the number of Indigenous persons in custody is expected to grow in the coming years, which poses a significant public health cost. This three-phase study screens for dementia and other age-related cognitive disorders, and assesses the prison’s effectiveness in accommodating older offenders’ health needs in the facility and after release. Prospective participants include non-Indigenous persons aged 50 years and over and Indigenous persons aged 45 years and older (as Indigenous persons may be at risk earlier).
In 231 non-forensic patients with psychosis we investigated violence trajectories and developmental adversity. We used the Brown-Goodwin Scale to define violence trajectories and relate these to developmental factors including childhood trauma and personality traits. We identified three different violence pathways (childhood onset, adulthood onset, persistent lifetime). Using a prediction model of childhood trauma and personality traits, we found those with violence in both childhood and adulthood differed (p<0.001) from the non-violence group. Those with violence only in childhood also differed from the non-violence group (p=0.001), but those with violence only in adulthood did not differ from the non-violence group.
A qualitative examination of registered persons’ perceptions and experiences of registration and community case management in New Zealand

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Mackenzie Auld 1, Dr. Nichola Tyler 2, Dr. Louise Dixon 1, Ms. Margaret-Anne Laws 3
1. Victoria University of Wellington, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology, 3. New Zealand Police

Although the New Zealand Register is underpinned by international best practice, how registered persons experience this unique case management approach is yet to be explored. In-depth, semi-structured interviews were conducted with 41 registered persons in New Zealand to gain a more thorough understanding of their experiences and perceptions of both being on the Register and receiving community-based case management. Reflexive thematic analysis (Braun & Clarke, 2006, 2019) was used to analyse the data. Findings are discussed in terms of their implications for policy and practice for the management and rehabilitation of registered persons in the community.
Metabolic syndrome significantly contributes to premature mortality in severe mental illness, particularly schizophrenia spectrum disorders. Antipsychotic-induced weight gain is a well-known phenomenon. Weight gain observed in incarcerated non-psychiatric populations during prison terms further highlight the issues facing the forensic psychiatric population. Existing longitudinal studies on metabolic syndrome in forensic settings are limited by small sample sizes and brief follow-up periods. This poster presents an extensive follow-up on the body mass index of 3,389 forensic psychiatric patients in Sweden from 2009-2020. It also includes insights from a scoping review of metabolic syndrome in forensic psychiatric care.
Pretrial Defendants’ Perceptions of Behavioral Health Needs During the Pretrial Period

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Evan Lowder 1, Ms. Peyton Frye 1, Ms. Sydney Ingel 1, Dr. Janani Umamaheswar 1
1. George Mason University

Individuals in pretrial detention experience high rates of behavioral health problems. Although prior studies have documented the prevalence of behavioral health problems in jail populations, few studies have examined how defendants perceive their own behavioral health problems and need for services. We conducted surveys and semi-structured interviews with pretrial defendants recruited from 12 local pretrial services agencies in Indiana (United States). Findings showed that pretrial defendants experience behavioral health problems along-side other risk factors and criminogenic needs, underscoring their complex needs. Pretrial services may serve as one avenue to connect individuals to needed services when such services are not court-ordered.
Associations between generalized shame and emotional processing difficulties among individuals seeking mental health care: Implications for corrections

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Alicia Spidel 1
1. KPU

Emotional processing has a significant impact on one’s mental health and is an important variable to understand in a correctional population. The current study examined associations between generalized shame and several forms of impaired emotional processing among 99 outpatients seeking mental health care. Correlation and regression analyses found that after controlling for depressive symptoms, shame accounted for unique variance in these emotional processing domains: suppression, avoidance, unprocessed emotion, and unregulated emotion. A high level of trait-like susceptibility to shame may be implicated in impaired emotional processing among individuals seeking mental health care. Clinical intervention for correctional populations will be discussed.
Impact of early Child Emotional and Behavioural Disorders on later Educational Outcomes: A population-based cohort study in Ethiopia

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Habtamu Kurmane ¹, Prof. Charlotte Hanlon ²

¹ Jimma University, 2. Addis Ababa UNI

Habtamu Mekonnen¹, Girmay Medhin³, Mark Tomlinson⁴, Atalay Alem², Martin Prince⁵ and Charlotte Hanlon², ⁵

1. Department of Psychology, College of Education and Behavioral Science, Jimma University, Jimma.
2. Department of Psychiatry, School of Medicine, College of Health Sciences, Addis Ababa University.
3. Centre for Global Mental Health, Institute of Psychiatry, King's College London.
5. Department of Psychology, Stellenbosch University, Stellenbosch, South Africa.
Music Therapy for Psychosocial Rehabilitation in Forensic Psychiatric Populations

Dr. Maryana Kravtsenyuk, Ms. Shaista Goel

1. University of Alberta

Anger, anxiety, depression, and social interactions are characteristics influencing behavioural alterations among forensic psychiatric patients. The neurobiological mechanisms of music and its enhancement effect on memory and cognition remain a mystery from psychiatric and neurological standpoints. In recent years, music therapy is being used to treat these precursors in forensic psychiatric hospitals and correctional facilities. Music therapy offers the mentally disordered accused multifaceted recovery-oriented care through reducing aggression, anxiety, and depression, and building therapeutic relationships with caregivers. Within the narrow breadth of literature available, the methods of administration and effects on patients' rehabilitation are measured in many different ways.
In A Perfect World: AI Generates an Ideal Criminal Justice System

Dr. Landon Hester 1, Dr. Melissa Piasecki 1
1. University of Nevada Reno School of Medicine

In the United States, there are multiple indications that the criminal justice system is unacceptably flawed: county jails have replaced hospitals as the primary providers of mental health inpatient care, recidivism rates are high and racial disparities are pervasive. Generative AI provides an opportunity to generate a model for an idealized system, with the advantages of less ideological impact. This poster presents an AI-generated model of an ideal criminal justice system.
Community to Corrections: A county-level correlational analysis of social, demographic, health and economic factors

For decades, researches have noted the inverse relationship between mental health resources and correctional populations. The incarceration of mentally ill people has wide-spread impact on individuals, families, and communities, and prevention approaches are inconsistent. In this poster we complete a county-level correlational analysis of demographic, economic and health factors with regards to crime, death and incarceration rates. Identifying predictors of incarceration rates may guide policy makers towards county-level interventions.

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Samuel Matthew¹, Dr. Stephen Hart¹, Dr. Gina Vincent², Dr. Jodi Viljoen¹

1. Simon Fraser University, 2. University of Massachusetts Medical School

Historically, the practice of assessing risk has almost exclusively relied on a deficits-focused approach. However, a number of professionals have argued that including strengths-oriented attributes in risk assessments allows for a more balanced determination of risk. Research examining protective factors is ongoing, however little is known about how risk assessors are considering these factors in their work. The present study used a survey design to examine professionals’ risk assessment practices and their attitudes regarding the inclusion of protective factors in risk assessments. Our findings indicate that forensic professionals see protective factors as a necessary and important part of risk assessments.
Examining the effects of social stability on psychotic symptoms in a sample of inmates

The aim of the present study is to examine how two factors related to social functioning, relationship stability and housing stability, may be linked with psychotic symptom dimensions in a sample of incarcerates. This study was conducted using a sample of inmates (n= 2552), who were administered the Jail Screening Assessment Tool. Results from four two-way ANOVAs revealed that relationship stability had a significant main effect for all symptom dimensions of psychosis. These findings hold implications for the role of relationship stability in predicting psychotic symptoms and/or risk in individuals involved in the criminal justice system.
System Redesign to Address Solitary Confinement – Toolkit for Healthcare Providers

Dr. Austin Lam 1, Dr. Claire Bodkin 2, Mr. Michael Menconi 3, Dr. Baijayanta Mukhopadhyay 4, Dr. Jenna Webber 5, Dr. Nooshin Nikoo 6, Prof. Ruth Martin 7

1. UBC, 2. Department of Family Medicine, McMaster University, 3. Center for Bioethics, Columbia University, 4. Department of Family Medicine, McGill University, 5. Project Renewal, Inc., 6. Family Practice, University of British Columbia, 7. Clinical Professor Emerita, University of British Columbia

Solitary confinement (SC) in carceral settings can contribute to worsened mental and physical health. There have been calls for the addressing SC in Canada and internationally. However, there are currently no available compiled resource(s) for healthcare providers (HCPs) who work in carceral environments. We collaboratively reviewed available literature and sought expert feedback from diverse external reviewers on SC to create such a resource. This toolkit aims to provide information on SC to HCPs working in federal/provincial/territorial carceral settings. The toolkit is part of an effort to support HCPs in contributing to the system redesign and reform activities addressing SC.
Danish Mental health staff experience with Decision-making regarding the least restrictive alternative principle and use of restrictive interventions – an interview study

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster

Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Camilla Lindekilde ¹, Prof. Frederik Gildberg ¹, Prof. John Baker ², Dr. Jacob Hvidhjelm ³, Prof. Søren Birkeland ¹

¹. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark, 2. School of Healthcare, University of Leeds, 3. Mental Health Center Sct. Hans, Mental Health Services in the Capital Region of Denmark

Internationally, restrictive interventions (RI) are used within mental health care settings as a last resort for staff to prevent or reduce the risk of mental health patients harming themselves or others. Staff members' judgment forms the basis of the utilization of RI and makes the issue of decision-making around the use of RI of significant importance. Therefore, this study interviewed mental health staff regarding their perception of decision-making about the use of RI and which factors influence their decision-making to uphold the LRA principle. Data collection is ongoing, and preliminary results will be presented at the conference.
Predictability of Screening Tools for the Assessment and Diagnosis of Dementia Among Older Persons in Custody

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster
Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Arlene Kent-Wilkinson ¹, Dr. Bryce Stoliker ², Dr. Lisa Jewell ², Dr. Christie Tetreault ², Dr. Krista Lagimodiere ², Ms. Lindsay Reddick ³

1. University of Saskatchewan, College of Nursing, 2. University of Saskatchewan, 3. Correctional Service Canada, Regional Psychiatric Centre

Older persons in custody represent a vulnerable population in Canada. Both the number of older persons and the number of Indigenous persons in custody is expected to grow in the coming years, which poses a significant public health cost. This three-phase study screens for dementia and other age-related cognitive disorders, and assesses the prison’s effectiveness in accommodating older offenders’ health needs in the facility and after release. Prospective participants include non-Indigenous persons aged 50 years and over and Indigenous persons aged 45 years and older (as Indigenous persons may be at risk earlier).
Peer support work is important in (forensic) mental health care. However, the implementation is currently scattered and isn’t embedded in an explicit framework concerning the different aspects of peer support work at macro-, meso- and micro-level. The project in this poster focuses on how to structurally implement peer support work in forensic mental health care. A first phase within the project is, gaining insight into the different perspectives and expectations of patients, peer support workers, family members and professionals on peer support work. Getting to know these perspectives is a first step towards a structural implementation and will be presented.
The Knowledge Exchange on Reader Boards (KERB) Project: An Integrated Knowledge Translation and Exchange (KTE) Initiative to Engage Patient and Family Partners, Clinicians, and Researchers in Bridging Knowledge and Practice Gaps

Wednesday, 19th June - 10:15: Poster Session 1 (Prefunction Lobby - Second and Third Levels) - Poster

Wednesday, 19th June - 16:00: Poster Session 1 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Miriah Hodgins 1, Ms. Courtney Pankratz 1, Dr. Tonia Nicholls 2, Ms. Charis Lai 1

1. BC Mental Health and Substance Use Services, 2. University of British Columbia

BC Mental Health and Substance Use Services (BCMHSUS) provides health care services to people with complex mental health and substance use (MHSU) needs, as well as conducts research and KTE to promote knowledge sharing and evidence-based practice.

The KERB Project is an integrated KTE initiative that engages patient and family partners, clinicians, and researchers to produce accessible infographics on new MHSU and justice relevant research, positioning patients as partners in the interpretation and sharing of research results. The poster will provide an overview of project goals, design, and next steps for readers interested in replicating a similar initiative.
Many practitioners assert that, in assessing violence and reoffense risk, there may be certain exceptional cases (i.e., broken leg scenarios) in which numerical scores cannot be relied on and discretion is needed. In this prospective field-based study, we tested this claim. Youth probation officers assessed two samples of adolescents on probation (N = 920) using the Structured Assessment of Violence Risk in Youth (SAVRY). We examined how often probation officers used discretion in making risk judgments with the SAVRY, and whether discretion improved the accuracy of such judgments. Implications for assessors using structured professional judgment tools will be discussed.
Examine the needs and trajectories of subgroups of people admitted to custody in provincial correctional centres: Substance use, Suicide, Sexually motivated offending and Women

Wednesday, 19th June - 16:30: Session 39 [Symposium]: JSAT (Artisan - Third Level) - Symposium

Dr. Tonia Nicholls ¹, Dr. Austin Lam ², Mr. Liam Gorsuch ²

¹. University of British Columbia, ². UBC

We will provide an in-depth examination of three subgroups of all people (N>166,000) admitted to provincial correctional centers in British Columbia, Canada over nearly a decade. Paper 1 contrasts the needs of 5,229 women and 38,191 men and explores trajectories. Paper 2 compares 4,519 men with sexually-motivated offences to 36,730 men with strictly non-sexually-motivated offences focusing on substance use, mental health and risk-related variables. Paper 3 tracks lifetime rates and characteristics of suicide in all new admissions and the association with substance use. Findings shed light on policy and practice priorities. Implications for research and systems-level planning will be discussed.
Time Trends and Gender Distinctions among People Admitted to Provincial Custody: Implications for Systems-Level Planning

Wednesday, 19th June - 16:45: Session 39 [Symposium]: JSAT (Artisan - Third Level) - Symposium

Dr. Tonia Nicholls 1, Dr. Amanda Butler 2, Ms. Sirui Wu 1, Dr. Maureen Olley 3, Dr. Leigh Greiner 4
1. University of British Columbia, 2. Simon Fraser University, 3. BC Corrections, Ministry of Public Safety and Solicitor General, 4. B.C. Corrections, Ministry of Public Safety and Solicitor General

Experts have long advocated for gender-informed mental health (APA, 2018), substance use (SAMHSA, TIP51), and correctional interventions (Bangkok Rules, 2011) to address the specific needs of women. We contrast needs and trajectories of 5,229 women and 38,191 men admitted to BC provincial correctional centres 2009-2017. Data sources included the Jail Screening Assessment Tool and the BC Corrections records. Consistent with calls for gender-informed services, women had distinct profiles from men, reflecting more prevalent and more severe mental health and psychosocial needs (e.g., any MHSU need: women = 87%; men = 76%). Implications for practice and systems-level planning will be discussed.
We compared 4,519 men with sexual offences (SO) to 36,730 men with strictly non-sexual offences (NSO) across several domains, including substance use, mental health needs, as well as sociodemographic and risk-related variables. Our sample consists of new admissions to eight BC provincial correctional centres from January 2009 to September 2017. Data sources included the Jail Screening Assessment Tool (JSAT; Nicholls et al., 2005) and the BC Corrections Operations Network (CORNET). The SO and NSO groups had distinct clinical profiles, with alcohol and marijuana use associated with sexual offences, albeit weakly, and the SO group having greater mental health needs.
To elucidate the relationship between substance use and suicide attempts among people entering jail, we performed a secondary analysis of $N=91,938$ screening interviews from 9 jails in British Columbia, Canada. Ever attempting suicide/self-harm was significantly more likely among those reporting any substance use. Cannabis, cocaine, and methamphetamine displayed weak but substantive relationships with suicide/self-harm. Finally, between the first and last year of study, the prevalence of self-reported community-based suicide attempts increased from 11.70% to 23.87% of respondents. These findings shed light on this comorbidity and reinforce the need for relevant suicidality supports within jails.
The missing links to improving physical health care in Forensic Mental Health

Wednesday, 19th June - 16:30: Session 40 [Symposium]: Prevention, Intervention, and Implementation (Atelier I - Third Level) - Symposium

Mx. Law Edwards¹, Dr. Kirsty MacDonald¹, Dr. Alexander Leroux¹, Mrs. Oleen George-Posa¹

¹. Justice Health NSW

It is well known that people living with serious mental illness have poorer physical health than the general population. Barriers exist to implementing the recommended physical health guidelines in a high secure forensic mental health setting; these barriers exist at the patient, staff, and organisational level. Utilising clinical data, we have translated best practice guidelines into a model of care addressing physical health needs of patients in The Forensic Hospital (Sydney, Australia). The development of the Forensic Hospital Metabolic Clinic is a compelling solution to a predicament shared in equivalent institutions globally.
The universal challenges of providing physical health care in forensic mental health

Wednesday, 19th June - 16:42: Session 40 [Symposium]: Prevention, Intervention, and Implementation (Atelier I - Third Level) - Symposium

**Dr. Kirsty MacDonald**

*1. Justice Health NSW*

Poor cardiometabolic health is a grave issue for patients with serious mental illness (SMI). There are a number of challenges when accessing physical health care within a high-secure forensic mental health hospital. These barriers include restricted access to physical health care and problematic models of care; difficulties with clinical governance and scope of practice; and challenges with service provision. These issues limit both access and integration of physical health care to patients in this setting. Ideally, solutions include adequate systemic changes, fully integrated physical health teams and improved models of care.
The absence of physical health intervention in a forensic mental health service is a major issue that is often an afterthought for clinicians and patients alike. Addressing this issue gave rise to the ‘It’s All in the Action’ project which investigated the service level limitations in practice, policy and procedures. The opportunity to develop and design a specific service-level change that focused on addressing the physical health needs of patients in the Forensic Hospital has successfully altered the service’s approach and acknowledgment of physical health in all governance forums, procedures and referral pathways.
There is extreme disparity between life expectancy of people with serious mental illness (SMI) and the general population. There are high rates of metabolic syndrome in patients with SMI and cardiovascular disease is the number one cause of death in patients with SMI. Given this, a quality improvement project was undertaken at the Sydney Forensic Hospital, examining screening and intervening of cardiometabolic health. This worked synergistically with the implementation of the Forensic Hospital Metabolic Clinic, and the dramatic results have prompted a strategic response from clinical and executive directors to improve access to physical health care for our patients.
A compelling solution to poor physical health in forensic mental health services

Wednesday, 19th June - 17:18: Session 40 [Symposium]: Prevention, Intervention, and Implementation (Atelier I - Third Level) - Symposium

Mx. Law Edwards 1
1. Justice Health NSW

It is well known that people living with serious mental illness (SMI) have poorer physical health than the general population. However, barriers exist to implementing the recommended physical health guidelines in a high secure forensic mental health setting; these barriers exist at the patient, staff, and organisational level. The Metabolic Clinic is a defined physical health pathway to intervention in the form of a physical health multidisciplinary team (MDT), atypical in the Forensic Mental Health setting. Development of the Forensic Hospital Metabolic Clinic is a compelling solution to a predicament shared in equivalent institutions globally.
To screen or screen with caution: A case report highlighting the inherent inaccuracies in point-of-care urine drug tests (UDT)

Wednesday, 19th June - 16:30: Session 41 [Papers]: Response Style and Screening Limitations (Atelier II - Third Level) - Oral Paper

Dr. Tara O'Brien 1, Ms. Brid Kirwan 1, Ms. Carol Kavanagh 1
1. National Forensic Mental Health Services

Immunoassays are currently the most common methodology for UDT. A key characteristic of UDT is cross-reactivity, the degree to which any compound can produce a positive signal on testing. A false positive signal on an inpatient random urine sample obtained in the National Forensic Service prompted a review of cross-reactivity studies and current literature available. A patient experience survey on urine drug testing was also conducted. These results highlighted the inherent inaccuracies in point-of-care urine drug tests. A positive test is a presumptive positive and requires further confirmatory testing and the result to be judged in a clinical context.
Investigating Alternative Scoring Procedures for the M-FAST in a Pre-Trial Forensic Sample

Wednesday, 19th June - 16:45: Session 41 [Papers]: Response Style and Screening Limitations (Atelier II - Third Level) - Oral Paper

Dr. Maria Aparcero, Dr. Tiffany N. Truong, Mr. Patrick McGonigal, Mr. Minqi Pan, Dr. David Glassmire

1. Patton State Hospital

The recommended screening cutoff of ≥6 on the M-FAST has been found to produce high false positive (FP) rates in forensic populations. However, comprehensive testing of feigned symptomatology may be unfeasible. This study examined the classification accuracy of alternative M-FAST scoring systems with forensic psychiatric patients. Results identified that removing six items that did not discriminate between honest and feigning patients reduced FP error rates while maintaining similar sensitivity across cutoff scores. The 19-item alternative M-FAST score can increase confidence in assertions about the presence of feigning while reducing the need for additional testing in some situations.
The Impact of Distorted Response on Offender Treatment Needs and Improvement

Wednesday, 19th June - 17:00: Session 41 [Papers]: Response Style and Screening Limitations (Atelier II - Third Level) - Oral Paper

Ms. Fiya Rivers ¹, Ms. Perry Callahan ¹, Dr. Barry Rosenfeld ¹

¹ Fordham University

The role of deception is crucial for developing evidence-based interventions and prevention strategies in offender populations. This study examined the impact of defensive responding on a range of self-reported and clinician-rated variables in a sample of stalking and/or IPV offenders referred to a court-mandated treatment program. Using the Paulhus Deception Scale (PDS) to assess defensiveness, we observed significant associations with many self-report personality characteristics (e.g., aggression, impulsivity, empathy), criminal history variables (e.g., prior arrests) and clinician-rated variables (e.g., clinical diagnosis, psychopathy). Multivariate analyses are expected to unveil more nuanced models.
Assessing Feigned Psychosis with the Inventory of Problems-29 (IOP-29) in Mexico City

Wednesday, 19th June - 17:15: Session 41 [Papers]: Response Style and Screening Limitations (Atelier II - Third Level) - Oral Paper

Dr. Alicia Nijdam-Jones¹, Ms. Katérine Aminot¹, Ms. Libertad Merchan-Rojas², Ms. Ana Ruth Díaz Victoria³, Dr. Eric García-López⁴

¹ University of Manitoba, 2. Asociación Iberoamericana de Psicología Jurídica, 3. Instituto Nacional de Neuropsicología, 4. Universidad de Castilla-La Mancha

This simulation design study aims to examine the accuracy of the self-reported Inventory of Problems-29 (IOP-29) among 128 participants in Mexico City, including an honest community control group, a community group instructed to feign psychosis, and a genuine clinical control group of individuals receiving inpatient and outpatient mental health services. Results reveal significant differences in IOP-29 scores, with the feigning group (M=0.75) scoring higher than both the honest community (M=0.14) and clinical (M=0.26) samples. The conservative ≥.65 cutoff demonstrated adequate sensitivity (.71) and higher specificity (0.93 clinical, 0.97 community). Clinical and research implications are discussed.
Absolute and relative risk of violent victimisation and perpetration following onset of mental illness: a Danish register-based study

Wednesday, 19th June - 16:30: Session 42 [Papers]: Aggression and Violence (Salon I - Second Level) - Oral Paper

Dr. Kimberlie Dean 1, Dr. Carey Marr 1

1. UNSW

People with severe mental illness are known to be at greater risk of both violent victimisation and violence perpetration, than those without mental illness. However, few studies have examined both outcomes within the same sample, and the limited available evidence shows mixed findings. This study used population-level data (>1 million individuals) from linked Danish registers to examine both the absolute and relative risks of police-reported violent victimisation and violence perpetration in young adults with mental illness. Overall, we found that the absolute and relative risks of these two outcomes depend on key variables such as sex and diagnosis.
Understanding Aggression in the Enhanced Treatment Program: An Analysis of Motivations of Aggression in a New High-Security Forensic Psychiatric Unit

Wednesday, 19th June - 16:50: Session 42 [Papers]: Aggression and Violence (Salon I - Second Level) - Oral Paper

Ms. Olivia Koppel 1, Mr. Jared Williams 2, Dr. Maria Ventura 3, Mrs. Tine Woebbe 1, Dr. Katherine Warburton 3, Dr. Andrea Bauchowitz 3


The Department of State Hospitals developed a unique treatment environment called the Enhanced Treatment Program (ETP) for severely mentally ill patients at highest risk for violence. This study extends the work of Quanbeck and colleagues (2007) by investigating the typology of 196 incidents categorizing them as impulsive, organized or psychotically motivated. Impulsive aggression emerged as the most common motivator for violence, aligning with previous research (Quanbeck et al., 2007; McDermott et al., 2008). Understanding the nuances of aggressive behaviors allow health care providers to tailor treatment strategies on specialized units like the ETP to increase patient and staff safety.
Grievous violent crimes often elicit intense reactions of shock and confusion from the public. In a generally low-crime state like Singapore, the recent rise in reports of serious violent crimes attracted greater media coverage, with mental illness becoming a popular explanation. A qualitative study of 10 offenders with mental health disorders who committed serious violence was conducted in the Singapore Prison Service. Findings indicate a predominant diagnosis of Schizophrenia with struggles in interpersonal relationships where victims were often a family member. Finally, there was a prominent feature of supernatural beliefs, suggesting some degree of command hallucination as a violence-enhancing factor.
A Qualitative Approach: Psychological Obstacles Women Experience During Community Reintegration After Incarceration

Wednesday, 19th June - 16:30: Session 43 [Papers]: Women and Older Clients (Salon II - Second Level) - Oral Paper

Ms. Jordyn Monaghan 1, Ms. Meg Ternes 1
1. Saint Mary's University

As the fastest-growing prison population worldwide, women face distinct barriers to successful community reintegration after incarceration. Mental and emotional wellness is substantially impacted by gender disparities that women experience at significantly high rates, such as abuse, poverty, systemic oppression, and substance use. Through conducting semi-structured interviews, this study examined how psychological barriers, such as stigma, loneliness, and self-esteem issues, may impact women's reintegration after incarceration. If our findings indicate an association between specific psychological barriers and prosocial reintegration, further resources and inclusive services may be suggested as a way to contribute to a decrease in recidivism upon release.
Mental Health Challenges Among Women on Probation and Parole in Canada: Prevalence and Implications

Wednesday, 19th June - 16:45: Session 43 [Papers]: Women and Older Clients (Salon II - Second Level) - Oral Paper

Ms. Madison Hardman ¹, Ms. McKenna Claeys ², Dr. Kasimira Sobkow ³, Dr. Alicia Nijdam-Jones ²

¹. Department of Psychology, University of Manitoba, Winnipeg, MB, Canada, ². University of Manitoba, ³. Department of Clinical Health Psychology, University of Manitoba, Winnipeg, MB, Canada

Over the past two decades, the number of women involved with the Canadian criminal legal system has rapidly increased. Despite this, little is known about the mental health experiences of women on probation or parole in Canada. This study investigates the prevalence of anxiety, depression, and post-traumatic stress symptoms among women on probation and parole across Canada, in addition to differences in symptom profiles between women on probation or parole. A minimum of 128 participants will be recruited to complete an online survey between January to April 2024. Findings will identify the mental health needs of this underserved Canadian population.
Second half of life – challenges and difficulties in working with elderly patients

Wednesday, 19th June - 17:00: Session 43 [Papers]: Women and Older Clients (Salon II - Second Level) - Oral Paper

Ms. Christiane Blöcher

1. Vitos Haina

Working with elderly patients differs from working with younger patients. This holds especially true in the context of forensic psychiatric settings. Therefore, the forensic psychiatric hospital in Haina established a specialized ward for the treatment of elderly patients and patients with comorbid somatic diseases. To discover challenges and difficulties in the treatment as well as in the discharge management of those patients, expert interviews were conducted with the staff. This presentation shows the results of these interviews and discusses possible approaches and solutions.
Designing health and cognitive assessments to meet the needs of older people in the justice and corrections systems

Prof. Adrienne Withall 1, Dr. Jane Hwang 1, Prof. Tony Butler 1, Prof. Peter Schofield 2

1. University of New South Wales, 2. Hunter New England Health

Older people are the fastest growing population in prison worldwide, increasing in number due to a combination of population ageing, prosecutions for historical offences and also due to an increase in older first offenders. They are a diverse population and it has been suggested this group are at risk of accelerated ageing. As such, age-related conditions such as dementia are increasingly becoming an issue in the justice and corrections space. This presentation will discuss the development and initial test results of a novel app-based assessment tool to collect information on age-related conditions as well as a serious game-based cognitive assessment.
The structure of mindfulness in prison populations

Wednesday, 19th June - 16:30: Session 44 [Papers]: Cognitive, Emotional, and Volitional Functioning (Sculptor - Third Level) - Oral Paper

Dr. Eva Billen¹, Dr. Carlo Garofalo², Dr. Steven Gillespie³

¹. University of Amsterdam, ². University of Perugia, ³. University of Liverpool

The measurement of mindfulness as a construct is still debated, and research in prison populations is scarce. The current study used data from two offender samples from the UK (N = 360) and Italy (N = 318) to examine the factor structure of the Five Factor Mindfulness Questionnaire (Baer et al., 2006), using a Bass-Ackwards analysis. We investigated the construct validity of the resulting factor solutions, through associations with anger, well-being, self-esteem, emotion regulation, dissociation, impulsivity, and aggression. The usefulness of the FFMQ as a tool in correctional settings, as well as implications for research and practice will be highlighted.
Clarifying the concept of self-control in forensic psychiatry: A scoping review

Ms. Carlijn Serno ¹, Dr. Yvonne Bouman ², Dr. Saskia Kelders ¹, Mrs. Marileen Kouijzer ¹, Dr. Hanneke Kip ¹

¹. University of Twente, ². Stichting Transfore

Self-control is an important predictor of offending behaviour. This scoping review aims to broaden our understanding of this multifaceted concept in forensic psychiatry by providing an overview of the conceptualization of self-control across domains. Employing a comprehensive systematic search strategy, we identified definitions and aspects of self-control across domains, ranging from motivation to values and from personality to biological and neurological factors. We also describe the role of the identified aspects in self-control and discuss the implications for forensic research and practice.
Cognitive-executive-emotional deficits of empathy in subclinical psychopathy

Wednesday, 19th June - 17:10: Session 44 [Papers]: Cognitive, Emotional, and Volitional Functioning (Sculptor - Third Level) - Oral Paper

Dr. Lukasz Barwinski
1. Institute of Forensic Research in Krakow. Andrzej Frycz Modrzewski Krakow University

Numerous reports indicate the role of cognitive-emotional-executive deficits in the mechanism explaining psychopathy, directly related to reduced empathy. Presented research project was carried out in a group of 133 noncriminal participants. The obtained results showed that subjects with a higher level of psychopathy revealed a reduced ability to recognize emotional expressions of distress and demonstrated smaller interference effect in the emotional Stroop task but performed better in the classic Stroop task. It suggests that deficiency in emotional processing, including executive control based on this type of signals, may be the basis of the empathy deficit connected to psychopathy.
Examining the Impact of Early Pornography Exposure on the Sexual Development of Sexual Offenders: Contextual Factors Considered

Thursday, 20th June - 09:00: Session 45 [Papers]: Persons Who Have Committed Sex Offenses (Artisan - Third Level) - Oral Paper

Dr. Sarah Schaaf, Ms. Anniken L W Laake, Dr. Georgia Winters

1. Fairleigh Dickinson University, 2. Oslo Metropolitan University

The impact of early pornography exposure on psychosexual development, sexual self-regulation and offending is poorly understood, and extant research is characterized by contrasting findings. Some argue there is a causal link between pornography exposure in childhood and perpetration of sexual offenses, whereas others have found no association between early pornography exposure and deviant sexual behavior. This study aimed to explore the relationship between the characteristics of early pornography exposure and sexual maladjustment in a representative sample of convicted sexual offenders (N=389) exposed to pornography as a child (n=141) or teenager (n=248). Findings and implications are discussed.
Crucial elements of long-term back-door supervision of (mentally ill) sex and violent offenders

Thursday, 20th June - 09:15: Session 45 [Papers]: Persons Who Have Committed Sex Offenses (Artisan - Third Level) - Oral Paper

Ms. Tessa van den Broek, Dr. Marleen Nagtegaal

1. Research and Data Centre of the Dutch ministry of justice and security, 2. Research and Data Centre

Since the implementation of the Long-Term Supervision Act (LTSA) in the Netherlands, it is possible to prolong the supervision of (mentally ill) sex and violent offenders. Sometimes, this can lead to life-long supervision. While the crucial elements of effective supervision of (mentally ill) sex and violent offenders in generality are well known, the evidence on effective long-term back-door supervision and treatment programs is less readily available. We set up a meta-review on this niche. All reviews and meta-analyses published between 2000-2021 were retrieved in a systematic meta-review. In this presentation, the results are presented.
Empathic Concern and Mental Health on Perceptions of Individuals who have Committed a Sexual Offense

Thursday, 20th June - 09:30: Session 45 [Papers]: Persons Who Have Committed Sex Offenses (Artisan - Third Level) - Oral Paper

Ms. Mallory Coish¹, Ms. Bridget Barry¹, Ms. Danyelle Fields¹, Ms. Payton McPhee¹, Ms. Jordyn Monaghan¹, Ms. Meg Ternes¹

¹Saint Mary's University

It is understood that individuals who have committed sexual offenses are a highly stigmatized population. Similarly, individuals with mental health disorders also face societal stigma, negatively impacting their management and recovery. Because of this, the current study explored the interplay of empathy and mental illness in shaping perceptions of those convicted of sexual offenses. Results showed that participants high in empathic concern had more positive perceptions of individuals who have committed a sexual offense and more positive beliefs towards mental illness, highlighting the need for understanding these dynamics in shaping public attitudes and promoting prevention strategies for offender populations.
In the summer of 2022, a 14-year old girl was murdered in Germany. The perpetrator was soon identified as a known sexual offender who spent a decade in various forensic psychiatric units including nearly seven years in our clinic in Haina. The investigation showed that the institutions involved had exhausted their possibilities of preventing the reoccurrence of violence. He was convicted to a life sentence with extended term of imprisonment in September 2023. Using the example of this patient's diagnosis, course of treatment and attempted re-integration into society, this presentation will discuss the limitations of our forensic system.
Supporting Juvenile Mental Health Assessment and Intervention Reforms Through Consultation, Quality Assurance, and Continuous Quality Improvement

Thursday, 20th June - 09:00: Session 46 [Round Table]: Supporting Juvenile Mental Health Assessment and Intervention Reforms Through Consultation, Quality Assurance, and Continuous Quality Improvement (Atelier II - Third Level) - Round Table

Dr. Keith Cruise ¹, Dr. Ivan Kruh ², Dr. Kathleen Kemp ³, Dr. Michele Galietta ⁴

¹. Fordham University, ². National Youth Screening and Assessment Partners LLC, ³. Warren Alpert Medical School of Brown University, ⁴. John Jay College of Criminal Justice

This roundtable will bring together four forensic psychologists who have been contracted as expert consultants and trainers to a state juvenile justice system responsible for delivering an array of juvenile court support services across multiple assessment contexts and treatment service delivery. Within their respective service delivery area each panelist will: (1) address the evidence-base and implementation science principles supporting reforms; (2) building staff competencies and supervisor training; and (3) challenges, at the youth, family, and system level. Across contexts, panelist will address innovative use of risk/needs assessment tools and application of evidence-based treatments in support system level innovation and reform.
Youth with legal involvement (YILS) experience higher rates of posttraumatic stress and learning/cognitive issues than peers without legal involvement. While evidence-based trauma treatments exist for YILS and for youth with learning, cognitive, and intellectual disabilities and disorders (LCID), there is no published synthesis examining such interventions for legally involved youth with LCID. The current scoping review searched seven literature databases and performed backward citation searching using previously published articles on trauma treatments for youth; the search yielded 406 articles, with 30 for data extraction. Results show a paucity of research on trauma-focused treatments for YILS with cognitive difficulties.
Development of an Evidence-Based Violence Rehabilitation Program for Offenders with Intellectual Disability

Thursday, 20th June - 09:20: Session 47 [Papers]: Neurodevelopmental and Neurocognitive Disorders (Curator - Third Level) - Oral Paper

Dr. Joseph Sakdalan
Forensicare

There is a paucity of research on evidence-based violence prevention programs developed for individuals with an intellectual disability (ID). Existing offence-specific programs are grounded in adapted Cognitive Behaviour Therapy (CBT) programs primarily designed for the mainstream offender population. This paper discusses the development of a violence rehabilitation program for offenders with an Intellectual Disability. The focus of the paper is on the exploration of the empirically supported risk factors associated with violent offending and the incorporation of these dynamic risk factors into the program modules. A case study example will be used to demonstrate the application of this program.
Headmatters: Acquired Brain Injury (ABI) in forensic psychiatric inpatients

Thursday, 20th June - 09:40: Session 47 [Papers]: Neurodevelopmental and Neurocognitive Disorders (Curator - Third Level) - Oral Paper

Ms. Sterre de Geus¹, Ms. Siri Noordermeer¹
¹ Vrije universiteit Amsterdam

ABI is a considerable problem within adult forensic populations, with estimated prevalence between 40-60% compared to 8-12% in general adult populations. Comorbidity with psychiatric disorders and neuropsychological impairments are common. Both can contribute to the risk of offending, but also have influence on treatment adherence and outcomes, which subsequently contributes to recidivism. However little is known about these precise associations. This study looked into forensic psychiatric inpatients (N=123). Data collection consisted of several neuropsychological tasks, questionnaires and file research. The goal was to examine whether there are certain (combinations of) factors that are predictive of more or less favourable outcomes.
Supporting Forensic Mental Health Nurses in their Day-to-Day Clinical Practice

Thursday, 20th June - 09:00: Session 48 [Symposium]: Supporting Forensic Mental Health Nurses in their Day-to-Day Clinical Practice (Salon I - Second Level) - Symposium

Ms. Mary-Lou Martin¹, Dr. Helen Walker², Prof. Cindy Peternelj-Taylor³

1. St. Joseph’s Healthcare Hamilton, 2. Forensic Mental Health Services Managed Care Network, 3. University of Saskatchewan, College of Nursing

The work of forensic nursing can be extremely arduous, traumatic, and professionally isolating – often under a cloud of moral distress, which can impact on the care of forensic clients, working relationships, and retention of staff members. The importance of supporting nurses in their day-to-day practice is critical to nurse well-being, and improving nursing practice in the forensic milieu. This symposium addresses issues critical to forensic nursing practice – the importance of cultivating resilience through a personal action plan; the significance of reflective practice groups essential to safe and sustainable practice; and strategies addressing prevention and management of boundary violations.
Resilience is the ability to respond to adversities of life by adapting or changing course and continue moving towards your goals. This presentation will equip you to develop an action plan to promote resilience. The key components and process of building and fostering resiliency in yourself and others will be described. Five themes of resilience including: overcoming adversity; adaptation/adjustment/ ability to bounce back; good mental health; and right environment and relationships will be discussed. The six domains of organizational resiliency and clinical well-being will be described. Resources for resilience will be available.
Staff Perceptions of Reflective Practice Groups

Thursday, 20th June - 09:30: Session 48 [Symposium]: Supporting Forensic Mental Health Nurses in their Day-to-Day Clinical Practice (Salon I - Second Level) - Symposium

Dr. Helen Walker
1. Forensic Mental Health Services Managed Care Network

Reflective Practice Groups (RPG) are deemed essential for the safe and sustainable running of forensic hospitals (Craissati et al., 2015; Patrick et al., 2018; RCPsych CCQI, 2012; Russell et al., 2017, 2018). Given the importance of this activity, it seems logical to capture staff’s perception following engagement in RPGs. A qualitative study was conducted across four Scottish sites, capturing data from facilitators and participants who had engaged in RPGs for the duration of one year. Themes and sub-themes generated from the data analysis will be presented.
The creation and maintenance of therapeutic boundaries has been described as one of the most important competencies required by clinicians working with clients under forensic purview. Clinicians are often warned about getting “too close” to their clients, yet navigating therapeutic boundaries is particularly challenging given the clients psychopathology and treatment needs, the seductive pull of helping, professional isolation, and the failure of ethical reasoning by professionals. Strategies to address boundary violations before, during, and after they arise will be presented and contribute to effective risk management and a safe and supportive working environments for all concerned.
Factors Contributing to Recidivism in High-security Forensic Psychiatric Patients

Thursday, 20th June - 09:00: Session 49 [Symposium]: Predictors of Repeated Criminal Behavior (Salon II - Second Level) - Symposium

Ms. Sophie Verschueren\(^1\), Ms. Marija Jankovic\(^2\), Prof. Stefan Bogaerts\(^2\), Ms. Manon Kleijn\(^2\)

\(^1\) Forensic Psychiatric Center Antwerp, \(^2\) Tilburg University & IVigoor

This symposium presents recent studies regarding factors contributing to recidivism in high-security forensic psychiatric patients. The first presentation studies trajectories of dynamic risk factors during treatment, aiming to identify differences between patients’ profiles, prior offences and positive discharge. The second presentation addresses the role of adverse childhood experiences in the recidivism risk of forensic patients with an intellectual disability. In the third presentation the role of addiction is added and network analyses are performed. Finally, the fourth presentation reviews individual, interpersonal, and contextual characteristics of online and offline child sex offenders to better understand possible risk factors and intervention opportunities.
Trajectories of Dynamic Risk Factors During Treatment in High-Security Forensic Psychiatry

Thursday, 20th June - 09:12: Session 49 [Symposium]: Predictors of Repeated Criminal Behavior (Salon II - Second Level) - Symposium

Ms. Sophie Verschueren¹, Prof. Inge Jeandarme¹, Prof. Stefan Bogaerts²

¹. Forensic Psychiatric Center Antwerp, 2. Tilburg University & Fivoor

Changes in risk factors of 471 high-security forensic psychiatric patients in Flanders were investigated, using latent growth curve modeling. Annually assessments of the risk assessment instrument Historical Clinical Future - Revised at four time points were taken into account. Significant improvement was found on half of the clinical factors and almost all future factors. On the clinical subscale, different trajectories were found for different patient profiles based on psychopathology and offence, as well as for patients with or without positive discharge. These findings support the current treatment and can help clinicians to pinpoint the risk factors where improvement is desirable.
Violent Recidivism and Adverse Childhood Experiences in Forensic Psychiatric Patients With Impaired Intellectual Functioning

Thursday, 20th June - 09:24: Session 49 [Symposium]: Predictors of Repeated Criminal Behavior (Salon II - Second Level) - Symposium

Ms. Marija Jankovic ¹, Dr. Geert van Boxtel ², Prof. Stefan Bogaerts ¹

¹. Tilburg University & Fivoor, ². Tilburg University

This study investigated whether the Historical, Clinical, and Future-Revised risk assessment instrument could predict violent recidivism over a 2-year follow-up period in forensic psychiatric patients with an intelligence quotient (IQ) < 80. We refer to these patients as intellectually disabled (ID) and patients with IQ ≥ 80 as non-ID. Additionally, the study investigated the associations between the 14 clinical HKT-R factors and ID versus non-ID group membership, with a focus on the possible moderating role of adverse childhood experiences (ACE) in these associations. This study contributes to the understanding of risk assessment and treatment of forensic psychiatric patients with ID.
Childhood Adversity, Addiction, and Crime Related Factors in Forensic Patients: Insights from Admission to Discharge Networks

Thursday, 20th June - 09:36: Session 49 [Symposium]: Predictors of Repeated Criminal Behavior (Salon II - Second Level) - Symposium

Prof. stefan Bogaerts, Dr. Elien De Caluwé, Ms. Marija Jankovic

1. Tilburg University & Fivoor, 2. Tilburg University

The relationship between childhood adversity and adult addiction has been extensively studied, with e.g., self-medication and inadequate coping mechanisms as potential explanations. However, the impact of addiction on the relationship between childhood adversity and recidivism at the admission and discharge from forensic institutions remains unexplored. A study of 468 male forensic patients in the Netherlands found high rates of childhood neglect and abuse. Network analyses demonstrated strong associations between addiction, risk factors, and abuse at admission, diminishing at discharge. Addiction had a central position in the network at admission emphasizing its importance in forensic psychiatric treatment for better outcomes.
A Systematic Review on the Individual, Interpersonal and Contextual Characteristics of Online and Offline Child Sexual Offender Groups

Thursday, 20th June - 09:48: Session 49 [Symposium]: Predictors of Repeated Criminal Behavior (Salon II - Second Level) - Symposium

Ms. Manon Kleijn\textsuperscript{1}, Prof. Erik Masthoff\textsuperscript{1}, Dr. Carlo Garofalo\textsuperscript{2}, Prof. stefan Bogaerts\textsuperscript{1}

\textsuperscript{1}. Tilburg University & Fivoor, \textsuperscript{2}. University of Perugia

Debate persists on whether online child sexual offenders constitute a distinct group or share characteristics with those committing offline child sexual offenses. Identifying similarities and differences between both groups can help us better understand their motives for identifying risk factors and intervention opportunities. Therefore, a systematic review will be conducted on individual, interpersonal, and contextual characteristics of online and offline CSO groups in all available databases in Web of Science from 1990 until 2024. The findings will be presented.
While the history of preventive psychiatry is longstanding and can be traced back to the early 1900's. The field of prevention specific to Forensic psychiatry is developing and moving beyond court-ordered assessments and tertiary prevention. Prevention in forensic psychiatry is essential because forensic psychiatry has a vantage position in having access to a high-risk and ultra-at-risk population and is thus perfectly positioned to intervene early. e.g., Intervene in the vicious circle from victim to perpetrator, young people at risk for antisocial behavior, in the children and families of patients found NCR-MD, incarcerated individuals.
This presentation will highlight Systemic interventions utilized.
Preventing Forensic Patient Readmission with Nurse-led Medication Groups!

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Nils Klinnert 1
1. Vitos Haina

Message: Patients often return to forensic facilities shortly after their discharge, and the lack of long-term medication adherence, in particular, plays a significant role. How can nursing contribute to addressing this issue? The answer from Vitos forensic hospital Haina: A medication group conducted by nurses and linked with therapeutic content!

In order to reduce the risk of readmission of forensic patients after discharge, nursing staff have started to provide medication information to patients early in forensic therapy through a medication group, which presents the information in an easy to understand way. Medication adherence continues to improve with education.
Patients with migration background in forensic psychiatry in Germany - A comparison of quality of life and discrimination experiences of migrants and non-migrants

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Camie Montana Inge Eggert \(^1\), Prof. Birgit Völlm \(^1\)

\(^1\) Clinic for Forensic Psychiatry, Rostock University Medical Center

Migration flows lead to an increase in the number of patients with a migratory background in forensic psychiatric settings in Germany. The WHOQOL-BREF and DISC-12 questionnaires measure the quality of life among patients with a migratory background (compared to non-migrants) and investigate whether migrants are confronted with any kind of discrimination or stigmatization during their stay at the forensic psychiatric hospital in Rostock. Furthermore, qualitative individual interviews will be conducted with migrant patients. The results can provide important information on the experiences of patients with migrant backgrounds and identify possible improvements in patient care and quality of life.
The majority of state hospitals in the United States maintain bed waitlists for defendants who have been court-ordered for treatment to competency to stand trial. During the pandemic, these wait times significantly, resulting in thousands of people waiting in jail for a hospital bed. These are pre-trial defendants, sometimes charged only with misdemeanor offenses. Due to the prolonged wait times, many defendants spend longer in jail than if they had pleaded guilty or were convicted of the charged offense. This poster will discuss the ongoing competency crisis and compares the response to the competency crisis between two Nevada counties.
The Practice of Forensic Psychotherapy in the Care of Forensic Patients in Zimbabwe

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

**Dr. Gwirera Javangwe**

1. Forensic Psychology Programmes Coordinator, Department of Applied Psychology, University of Zimbabwe

This abstract describes the current provision of forensic psychotherapy and the role of forensic psychotherapy in the management of forensic patients in Zimbabwe. I argue that forensic psychotherapy should not only be solely limited to treatment provision. I describe the forensic psychotherapist's supervisory role, which I found to be useful for both staff and institutions. The presentation also helps us to understand the dynamic processes that arise from the effects of managing forensic patients. I also look at how forensic psychotherapy can contribute towards risk assessment. I also provide some areas that should be of concern for the forensic psychotherapist.
A qualitative systematic review of service users’ perceptions of carer involvement and support in adult mental health inpatient settings

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Ellen Tingleff¹, Dr. Sara Rowaert², Prof. Jason Davies³, Mr. Martin Locht Pedersen¹

¹. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark.
². Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium.
³. Swansea University

Numerous studies have investigated carers’ perceptions of carer involvement and support in mental health settings, including forensic. However, the wishes and perceptions held by service users are not well understood. Consequently, this qualitative systematic review aims to review research literature concerning service users’ perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings. We conducted systematic searches in CINAHL with Full Text, PubMed, APA PsycInfo, Scopus, and ProQuest Dissertations & Theses Global resulted in the inclusion of 11 studies. The poster presentation will encompass results from data extraction, critical appraisal, and content analysis.
The association between mood disorders, comorbid substance use, and firearm-associated violence

Mr. Raymond Ho¹, Mr. Samuel Freeze¹, Prof. Kevin Douglas², Dr. Adam Blanchard¹, Dr. Catherine Shaffer-McCuish¹

¹ Simon Fraser University, 2 Centre for research and education in forensic psychiatry, Oslo University Hospital

The associations between mental illnesses and gun violence is a critical issue in psychology and politics that has been long investigated. This relationship is also highly moderated by comorbid substance use. Studies found that mood disorders such as anxiety and depression had a weak association with violence. However, this was rarely investigated with potential comorbid substance use, which could increase the likelihood of gun violence. Our study finds that the presence of mental health problems alone, including mood disorders can predict gun violence. However, this was not moderated by substance use.
Enhancing a family-oriented culture in forensic psychiatry: What can we learn from the experiences of a forensic psychiatric hospital in Flanders?

Dr. Leen Cappon¹, Dr. Sara Rowaert², Dr. Femke Hanssens³

¹. ScienceForCare, ². Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium, ³. PC Sint-Jan-Baptist

The attention towards the role of family as a partner in forensic mental health care has recently grown in Flanders. To realize a family-oriented culture, the following four aspects should be addressed: (1) paying attention to them (first contact), (2) informing them, (3) supporting them and (4) letting them participate in the treatment process. This isn’t easy and promising examples are lacking. In this poster, the experiences of a forensic psychiatric hospital in Flanders on these four aspects are shared. For example, the development of a children’s book explaining forensic mental health treatment to young children will be discussed.
The Erowid Experience Vault: Is self-reporting of substance use a reliable tool for clinicians and patients?

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Rachael Lambin ¹, Dr. Ashley Maestas ¹, Ms. Elizabeth Phelan ², Dr. Melissa Piasecki ¹

¹. University of Nevada Reno School of Medicine, ². Northwestern University

Novel psychoactive substances are widely used and their effects are poorly understood. Clinicians and forensic evaluators do not routinely assess for novel substance use in patient histories, and standard lab testing often fails to detect these substances.

First-hand, online testimonials of individuals who have used novel psychoactive substances are a potential resource for assessment and education related to these substances. The website Erowid Vault, is a not-for-profit organization with an emphasis on education and harm reduction about psychoactive substances. This poster explores the reliability and applications of Erowid vault narratives.
This poster examines the link between violent ideations and subsequent violent behaviour across various populations. It analyzes existing aggression theories and evaluates the prevalence and characteristics of violent fantasies in the general population, clinical and forensic groups. It further critiques the current tools used to assess violent ideations, identifying gaps in their ability to predict future violence. It highlights the complexities in distinguishing fantasy from potential violent action. The poster concludes that while violent ideations are a noted risk factor, their predictive role requires further research and more refined assessment methods to effectively guide assessment, interventions and treatments.
Perceptions of threat regarding stalking behaviours typically flow from stalking stereotypes involving male perpetrators and female victims, and few studies have examined threat perceptions of non-heteronormative stalking dyads. This study will investigate whether stalking behaviours by females and between non-heteronormative gender dyads are perceived as less threatening than male-to-female dyads. 198 undergraduate students will complete a vignette survey involving three manipulations: perpetrator gender, victim gender, and type of relationship, and will complete the Stalking Attitudes Questionnaire (SAQ) and a 5-item Stalking Scale designed to assess perceived threat. ANOVA and regression analyses will examine associations between manipulations and perceived threat.
Advancing nursing - the future is the past Prevention starts at the point of admission!

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Dirk Schremmer
1
1. specialist psychiatric nursing

Abstract

Message
The success of treatment and prevention depends on the commitment and professionalism of the people who provide forensic care. An experience report.

Introduction
If the question is about the further development of forensic psychiatric care, then the question is; what makes forensic psychiatric care and nursing an indispensable necessity in the professional treatment of people with a psychiatric illness who have committed criminal offences?

Conclusion
Giving answers, even when they seem clear, is not simple and one-dimensional. Depending on where, with whom and in what context, the answers must be simple and understandable.

Welcome to the asylum!
From Admission to Discharge: A Scoping Review on the Scientific Foundations for implementation of the DUNDRUM Toolkit in Danish Forensic Psychiatry

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Christian Delcomyn¹, Dr. Jacob Hvidhjelm², Dr. Lisbeth Hybholt³, Dr. Per Balling⁴, Dr. Lene Laug Berring⁵

¹. Department for Forensic Psychiatry, Region Zealand Psychiatry, ². Senior Researcher, RN, Clinical Mental Health and Nursing Research Unit, Mental Health Center, Sct Hans, Copenhagen University Hospital - Mental Health Services CPH, ³. Senior Researcher, Psychiatric Research Unit, Region Zealand Psychiatry RN, Associated Professor, Department of Regional Health Research, University of Southern Denmark, ⁴. Consulting Psychiatrist and Department Head, Department for Forensic Psychiatry, Region Zealand Psychiatry, ⁵. Research Leader, Psychiatric Research Unit, Region Zealand Psychiatry RN, Associated Professor, Department of Regional Health Research, University of Southern Denmark

This scoping review addresses the challenges in Denmark's admission, referral, transfer, and discharge of forensic psychiatric patients. Currently, it relies on individual psychiatrists' assessments, leading to inconsistent decisions. The study focuses on the DUNDRUM Toolkit's scientific foundations and its potential impact on forensic psychiatry in Denmark. Given the complexity of forensic patients and the demand for secure placements, waiting lists grow, hindering timely care. Following the JBI Manual, the scoping review aims to explore evidence on the DUNDRUM Toolkit, incorporating diverse methodologies and consultations. Results are pending but aim to inform improvements in forensic psychiatric practices in Denmark.
There have been suggestions concerning a lack of standardized risk assessment in Thai forensic setting and an insufficient application of the START in different contexts and populations. This present study investigated the reliability and validity of the START-Thai version in 118 Thai forensic inpatients and included a different follow-up periods from short-term (2 weeks) to long-term timeframes (42 weeks). The inter-rater reliability was excellent. The construct validity as extracted by EFA supported a multidimensional construct of the Thai START. Finally, some subscales of the Thai START showed moderate to strong predictive validity across follow-up periods.
The effect of a de-escalation training on aggression and the use of seclusion in a female-only high security unit in Flanders

Dr. Leen Cappon 1, Dr. Femke Hanssens 2
1. ScienceForCare, 2. PC Sint-Jan-Baptist

De-escalation is recommended in forensic psychiatry as a first answer to potential aggression. To embed de-escalating techniques in the thinking and the behaviour of the staff, education and training are a must. The aim of this study is to measure the effect of a de-escalation training on aggressive incidents and on the use of seclusion. Therefore, a pre-post design was set up within a female-only high-security unit. The impact on aggression was limited, but the duration of seclusion dropped significantly in the post-measurement period. Contextual factors, such as the COVID-19 pandemic, affected the results and will be further discussed.
PTSD Treatment Guidelines in Civil Law Cases

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Priya Khalsa¹, Prof. Graham Glancy²

¹ University of Calgary, ² University of Toronto

PTSD is a critical concern in civil law cases. Effective treatment of PTSD involves a multifaceted approach, including psychotherapy, pharmacotherapy, and supportive interventions. This presentation will focus on current guideline recommendations for evidence-based psychotherapy approaches, including treatment length, as well as patient factors to consider in determining treatment plans.
Evaluation & Outcomes Following Integration of Self-management Support into Schizophrenia Case Management

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Mary-Lou Martin ¹, Dr. Susan Strong ², Dr. Heather McNeely ², Dr. Lori Letts ³

¹ Forensic Psychiatry Program, St. Joseph's Healthcare Hamilton, Canada, ² St. Joseph's Healthcare Hamilton & McMaster University, ³ McMaster University

Self-management is a feasible, effective intervention to manage illness impact. A mixed methods study involving nine case managers trained in SM offered the program to 40 clients. Significant improvements were found concerning client illness severity, social and occupation functioning, illness management and functional recovery with reduction in ER visits and hospital days. Cost savings of $51,309 pp or $1,949,727 in the first-year. SM can be successfully adopted by clients with schizophrenia regardless of age, gender, education illness severity or duration. We are currently engaged in a study to evaluate virtual training to deliver SM to out-patient staff (including forensic staff).
There is a dearth of knowledge and practice regarding evidenced-based correctional treatment of incarcerated violent offenders in Zimbabwe. I present the roadmap for development, implementation and evaluation of evidenced-based correctional treatment of incarcerated violent offender intervention entailing training and capacity building of correctional officers, pilot testing of intervention and scale up. The study touches on how stakeholders were engaged including family of offender, victims, and family of victims and other criminal justice players to lead to successful reintegration of the offenders back into the society. There are implications for evidence-based correctional treatment services, crime prevention and increasing public safety.
This presentation will review how institutional and public policies affect individual and community-level outcomes. The presentation will first provide a brief overview of policy types and levels and how policies may enhance mental health and safety outcomes. Then, the presentation will consider contemporary challenges in developing and implementing evidence-informed policy in the forensic mental health context, including recent shifts in the perceptions of science among policymakers. The presentation will conclude with a discussion of strategies to overcome these challenges and a call to action for forensic mental health professionals to engage with policymakers in meaningful ways through research and education.
Development Of A Machine Learning Based Tool Predicting Difficult Treatment Courses In Offenders With Schizophrenia

Thursday, 20th June - 13:00: Session 51 [Symposium]: Using Artificial Intelligence in Forensic Psychiatry (Artisan - Third Level) - Symposium

Prof. Johannes Kirchebner ¹, Dr. Lena Machetanz ¹, Dr. Sven Krimmer ², Dr. Phil Klassen ³

¹. University Hospital of Psychiatry Zurich, ². Vitos Clinic for Forensic Psychiatry, ³. Ontario Shores Centre for Mental Health Sciences

Court-ordered inpatient treatment for offenders with mental illness is often lengthy and prolonged institutionalizations hinder reintegration into society. Certain events such as repeated aggressive behavior during said treatment can negatively influence the duration of such treatment courses. Using machine learning as statistical method whose strength lies in the analysis of a large number of influencing factors and their interaction, the authors aim to develop a screening tool predicting certain negative treatment events (aggression, self-harm, substance use, escape, direct coercion, prolonged duration of treatment) in an international multi-institutional research project on offenders with schizophrenia spectrum disorders.
A considerable proportion of offenders in forensic psychiatric treatment is affected by a schizophrenia spectrum disorder (SSD). These patients tend to show a high risk of certain behavior that negatively influences the course of treatment, such as aggression or self-harm. Using Machine Learning we investigated predictors of said behavior.
Development Of RIPTOSO, An AI-based Predictive Model in Switzerland

Thursday, 20th June - 13:24: Session 51 [Symposium]: Using Artificial Intelligence in Forensic Psychiatry (Artisan - Third Level) - Symposium

Dr. Lena Machetanz
1
1. University Hospital of Psychiatry Zurich

The vision of this project was the development of an easy-to-use screening tool for adverse treatment events in inpatient treatment of offenders with schizophrenia in order to allow for better resource allocation and establishment of preventive measures. For this purpose, the results from the preliminary research presented earlier were merged into one statistical model and retested regarding its statistical power and performance measures on a Swiss sample. The presentation provides insight into the process of the tool development and presents and discusses first results.
Development Of A Predictive Tool For Adverse Treatment Events in Germany

Thursday, 20th June - 13:36: Session 51 [Symposium]: Using Artificial Intelligence in Forensic Psychiatry (Artisan - Third Level) - Symposium

Dr. Sven Krimmer¹, Dr. Lena Machetanz²

¹. Vitos Clinic for Forensic Psychiatry, ². University Hospital of Psychiatry Zurich

The German Vitos Clinic for Forensic Psychiatry Haina retested an adapted version of the Swiss predictive model for adverse treatment events (ATE) on a different population of offenders with mental disorder in a different judicial system, different admission process and different culture. The presentation shows the preliminary Haina model and discusses future directions and steps in finding common ground for a screening tool for ATE in forensic psychiatric inpatient treatment.
Development Of An Adapted AI-based Predictive Model in Canada

Thursday, 20th June - 13:48: Session 51 [Symposium]: Using Artificial Intelligence in Forensic Psychiatry (Artisan - Third Level) - Symposium

Dr. Lena Machetanz¹, Dr. Phil Klassen²

¹. University Hospital of Psychiatry Zurich, ². Ontario Shores Centre for Mental Health Sciences

The forensic program at Ontario Shores in Canada provides assessment, treatment, rehabilitation and reintegration services to patients who have come in contact with the law. This includes treatment for a large population of offenders with schizophrenia spectrum disorders. Based on a variety of easily accessible variables, including characteristics of the offense leading to the forensic hospitalization and the results of the Brief Psychiatric Rating Scale (BPRS), a model for the prediction of adverse treatment events is built using machine learning algorithms, and (preliminary) results are presented in this presentation.
In Quebec, Intimate Partner Violence (IPV) represents a third of crimes against the person, yet no IPV specific risk assessment was used by correctional services (Ministry of Public Security, 2017). To rectify the situation the *Risks, Needs and Clinical Analysis of Intimate Partner Violence* measure was developed. To validate the measure, 222 men having committed IPV throughout the province evaluated. Data was be analysed using factor analysis, item-response theory, and classical test theory, including a 1-year follow-up establishing the measure's predictive validity. Results so far indicate that the measure possesses good psychometric properties and adequately inform case management.
Structured Professional Judgement in Intimate Partner Violence Risk Assessment – A Systematic Review of the Spousal Assault Risk Assessment.

Thursday, 20th June - 13:15: Session 52 [Papers]: Intimate Partner Violence (Atelier I - Third Level) - Oral Paper

Ms. Victoria Allard¹, Ms. Maëva Slight¹, Dr. Tamsin Higgs¹
¹. University of Montreal

Intimate partner violence (IPV) prevalence ranges from 14% to 93% in populations with severe mental health diagnosis (Howard et al., 2010). Nevertheless, most clinicians still use their unstructured judgement when assessing IPV risk and a validated measure has yet to be wildly implemented in mental health settings (Arkins et al., 2016). This systematic review of 28 studies presents the psychometric properties (i.e., predictive validity, convergent validity, internal consistency, inter-rater, etc.) of the Spousal Assault Risk Assessment (SARA: Kropp et al., 1995) to better inform clinicians of its strength and weaknesses and guide its use in a forensic mental health context.
Mandatory reporting of intimate partner violence (MR-IPV) is controversial, characterized by strong attitudes and limited research. The current study investigated how different groups of service providers evaluate whether MR applies in a vignette concerning a victim of IPV seeking help from two different help services. 374 participants from 6 different help services were asked to consider 18 statements regarding relevant factors (i.e., children in the household; immigration status; presence of physical injury) and their impact on the application of MR. Preliminary results indicate that the evaluations were predicted by participants' professional groups, attitudinal factors and experience with MR-IPV.
Mandatory Reporting of Intimate Partner Violence: Attitudes Among Help-Seekers Subjected to Intimate Partner Violence

Thursday, 20th June - 13:45: Session 52 [Papers]: Intimate Partner Violence (Atelier I - Third Level) - Oral Paper

Ms. Astrid Vølstad ¹, Prof. Kevin Douglas ², Prof. Solveig Karin Bø Vatnar ²

¹. Volda University College, ². Centre for research and education in forensic psychiatry, Oslo University Hospital

To prevent intimate partner violence (IPV), several countries have adopted mandatory reporting (MR-IPV) laws that require people to avert or report suspected or known IPV. We examined help-seekers’ attitudes toward MR-IPV, drawing on quantitative data from 86 participants subjected to IPV. Previous research has tended to categorize help-seekers as either supporting or opposing MR-IPV. Our preliminary findings suggest that there are pivotal nuances regarding help-seekers’ attitudes, highlighting that MR-IPV is a complex topic. We also examined associations between attitudes and sociodemographic variables, IPV experience measured by the Conflict Tactics Scale Version 2, and awareness of and experience with MR-IPV.
Corrections and Forensic Psychiatry

Thursday, 20th June - 13:00: Session 53 [Symposium]: Corrections and Forensic Psychiatry (Atelier II - Third Level) - Symposium

Dr. Kiran Patel ¹, Prof. Graham Glancy ¹, Dr. Robert McMaster ¹, Dr. Jeffry McMaster ¹

¹ University of Toronto

Providing mental health care in Correctional environments is challenging and complex and interfaces with Forensic Psychiatry services located in hospitals and the community, as well as criminal justice systems. We are presenting on three areas of related interest. Work being done towards developing a model of ethics in Correctional Mental Health, an international review of self-induced automatism, and the use of innovative pathways to access mental health care from Correctional settings.
Towards a Model of Ethics in Correctional Mental Health

Thursday, 20th June - 13:15: Session 53 [Symposium]: Corrections and Forensic Psychiatry (Atelier II - Third Level) - Symposium

Prof. Graham Glancy ¹, Dr. Kiran Patel ²

1. University of Toronto, 2. CAMH & University of Toronto

Traditional medical ethics are based on the principles of patient beneficence and non-maleficence. It has been recognized that practitioners of forensic mental health straddle two different ethical worlds. This complicates their relationship with the core principles of medical ethics. Correctional mental health is a field that has features of general mental health delivery, but also forensic psychiatry. We discuss the development of the ethics related to the delivery of mental health and the ethics of forensic psychiatry and discuss issues that are distinct to correctional mental health.
Self-induced intoxication causing automatism is a complex legal issue that straddles the border of psychiatry, the law, and social policy. The legal systems in Canada, the United States, and the UK have dealt with these issues, sometimes inconsistently and sometimes coming into conflict with the public discourse and subsequent legislation. We present a comparison of case law and legislation between these three countries.
In Canada, provincial correctional facilities cannot treat the mentally ill patient against their will, and informed consent is necessary. Ontario, the biggest Province, has no secure beds for remand prisoners who require psychiatric treatment in a secure hospital setting. One correctional centre has developed a pathway using a less common criteria of the Mental Health Act to send patients to the hospital. We discuss the goals, procedure, and ethics of this procedure. We include commentary on the success of this program thus far, which we hope may become a model across the Province.
Trajectories and outcomes of racialized groups within the Ontario forensic mental health system

Thursday, 20th June - 13:00: Session 54 [Papers]: Fitness and Criminal Responsibility (Curator - Third Level) - Oral Paper

Dr. Stephanie Penney¹, Ms. Susan Curry², Ms. Shruti Patel², Dr. Michael Seto³

1. Centre for Addiction and Mental Health, 2. Royal Ottawa Healthcare Group, 3. Royal Ottawa Health Care Group

This study investigates the effects of country-of-origin, language proficiency, and immigration and ethnoracial status on the forensic mental health trajectories for 283 people found Not Criminally Responsible on account of Mental Disorder (NCRMD) in Ontario, Canada. A review of health record information showed that 41.1% of the sample was born outside of Canada, but that most (93.6%) were fluent in either of Canada's official languages (English and/or French). Those who were born outside of Canada, did not have Canadian citizenship, or were not fluent in either English or French had longer stays in the forensic system than their counterparts.
Persons with a migration background who are labelled Not Criminally Responsible: Characteristics and perceived barriers in their forensic care trajectories

Thursday, 20th June - 13:15: Session 54 [Papers]: Fitness and Criminal Responsibility (Curator - Third Level) - Oral Paper

Ms. Marjolein De Pau ¹, Prof. Stijn Vandeveld ², Prof. Freya Vander Laenen ²

¹. Ghent University, Department of Special Needs Education, ². Ghent University, Department of Criminology, Criminal Law and Social Law

Our societies are rapidly becoming (super)diverse and this is reflected in our forensic mental health services. This study sheds light on first generation migrants labelled Not Criminally Responsible (NCR), and aims to understand the size and characteristics of this group in Belgium and the factors which interact with their trajectories within forensic care. The quantitative data shows that 22,3% of all persons labelled NCR in Belgium are first generation migrants. Moreover, they reside significantly more in high-secure facilities. Barriers to access lower-secure facilities are, among others, the mastery of a Belgian lingua franca and having residency rights.
Fitness to Stand Trial in Canada - A National Survey of Forensic Mental Health Services

Thursday, 20th June - 13:30: Session 54 [Papers]: Fitness and Criminal Responsibility (Curator - Third Level) - Oral Paper

Mr. Brandon Burgess¹, Dr. David Hill¹, Dr. Alicia Nijdam-Jones¹
¹ University of Manitoba

Fitness to stand trial (FST) evaluations are one of the most common forensic assessments in North America. While the US is facing a “competency crisis,” the situation in Canada is unclear due to the fragmented nature of the mental health care system. The present study uses a mixed-methods design to survey Canadian forensic mental health (FMH) service providers to a) capture a snapshot of FMH services available in each province and b) determine each province’s current demand and capacity to meet the demand for FST evaluations. The results of this study may have implications for policy and resource allocation.
IQ Thresholds and Influence of the Assessor’s Professional Discipline on Fitness to Stand Trial Assessment Outcomes in Aotearoa New Zealand

Thursday, 20th June - 13:45: Session 54 [Papers]: Fitness and Criminal Responsibility (Curator - Third Level) - Oral Paper

**Dr. Joseph Sakdalan¹, Ms. Sabine Visser²**

¹. Forensicare, ². Regional Forensic Psychiatry Service Te Whatu Ora

The variability in fitness to stand trial (FST) findings between assessors may influence the courts' decisions for defendants with intellectual disability (ID). This study aims to determine the influence of the defendant's intelligence quotient (IQ) score and the assessor's professional discipline on FST findings and court outcomes for ID defendants in New Zealand. The study findings revealed that psychologists find defendants unfit to stand trial at a higher IQ score than psychiatrists. NZ court case judgements that involved mild to moderate ID defendants will be discussed.
Factors Influencing Patient Participation in Inpatient Forensic Psychiatric Care: A Systematic Review

Thursday, 20th June - 13:00: Session 55 [Papers]: Engaging and Supporting Clients (Salon I - Second Level) - Oral Paper

Mrs. Valentina Vidaurrezaga Aras

1. Center for Ethics, Law, and Mental Health (CELAM), Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

In this presentation, we examine the key factors that impact patient participation in inpatient forensic psychiatric care. Our findings highlight the crucial role of establishing a safe care relationship, while also identifying barriers such as stigmatization and the individual rehabilitation pathway within the FPC environment. Patient engagement is central to preventive strategies, ensuring optimal outcomes and upholding humanistic and ethical care principles. Our study uncovers the complexities, barriers, and opportunities inherent to this unique setting, ultimately contributing to the ongoing mission of enhancing preventive approaches and promoting person centered care in forensic mental health.
Staff supported community outings among forensic psychiatric patients: patient characteristics, rehabilitative goals, and adverse outcomes

Thursday, 20th June - 13:12: Session 55 [Papers]: Engaging and Supporting Clients (Salon I - Second Level) - Oral Paper

Dr. Christian Farrell 1, Dr. Karen Petersen 2, Ms. Peri Hanzouli 3, Dr. Tonia Nicholls 2

1. University of Alberta, 2. University of British Columbia, 3. BC Mental Health and Substance Use Services

Staff supported community outings (SSCOs) are considered a critical aspect of treatment for forensic psychiatric patients. This study reviewed SSCOs that occurred during a one-year period at a forensic psychiatric hospital and explored the characteristics of patients attending these outings, rehabilitative purpose, and occurrence of adverse events. During the year, 1144 SSCOs occurred, and most patients participated successfully, despite over half the sample having elevated risk for violence and elopement. Staff comments highlighted skill development for patients in areas of daily living, vocation, and leisure. Overall, SSCOs can help patients develop skills for successful reintegration while also supporting public safety.
The FSI forensic project: Family Support and Involvement in forensic mental health settings

Thursday, 20th June - 13:24: Session 55 [Papers]: Engaging and Supporting Clients (Salon I - Second Level) - Oral Paper

Dr. Ellen Tingleff¹, Dr. Jens Peter Hansen², Dr. Rikke Jørgensen³, Dr. Sara Rowaert⁴

1. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark, 2. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, Faculty of Health Science, University of Southern Denmark, 3. Unit for Psychiatric Research, Psychiatry, Aalborg University Hospital, Aalborg, Denmark and Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, 4. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium

A range of interventions have been developed in general mental health settings, but few interventions have been developed or adapted into forensic mental health settings (FMHS). Therefore, the aim of the FSI forensic project is to adapt, test and evaluate targeted interventions aiming to provide support and facilitate involvement of family members in FMHS based on research-based knowledge. The project includes a range of different methods, including systematic review, surveys and interviews. The project design is inspired by the new framework for developing and evaluating complex interventions from the Medical Research Council and the National Institute for Health Research.
Within the recovery paradigm, forensic patients should be supported to be active participants in their mental health and forensic recovery. However, due to the organisation's need to manage risk and the coercive institutional context, forensic services' efforts to involve patients in care planning can feel superficial and tokenistic. It is crucial to understand how to do this meaningfully. A systematic scoping review was undertaken to map the extant literature on forensic patient involvement in care planning, including the processes involved, the experiences of those involved, the impact on the care decisions, and to identify priorities for future research.
Goals and Plans Card Sort Task: A Tool to Measure and Support Life Goal Pursuits in Forensic Mental Health and Criminal Justice Settings

Thursday, 20th June - 13:48: Session 55 [Papers]: Engaging and Supporting Clients (Salon I - Second Level) - Oral Paper

Prof. Jason Davies ¹, Dr. Aisling O’Meara ², Dr. Laura Broome ¹

1. Swansea University, 2. HMPPS

Frameworks such as The Good Lives Model (Ward, 2002) provide a strengths-based approach to building individual capabilities and reducing risks. However, structured ways for forensic mental health and criminal justice staff to engage those they work with to identify and move towards pro-social/healthy goals are lacking. This paper describes the development and initial validation of the Goals and Plans tool created to provide a simple, structured and engaging way for staff to work with service users to identify and prioritize goals in life domains; detail how a goal can be attained, and consider obstacles to attainment.
Gender Differences in the Interplay Between Serious Mental Illness and Substance Use Disorders on Violence

Thursday, 20th June - 13:00: Session 56 [Papers]: Gender Differences (Salon II - Second Level) - Oral Paper

Ms. Margaret Ardesia\textsuperscript{1}, Ms. Perry Callahan\textsuperscript{1}, Dr. Barry Rosenfeld\textsuperscript{1}

\textsuperscript{1} Fordham University

This study investigates the interplay of severe mental illness (SMI) and substance use disorders (SUD) on violence, with a focus on gender differences. Previous research has established the combined effect of SMI and SUD on violence risk, however, the impact of gender on this relationship remains understudied. Preliminary analyses of an acute psychiatric sample indicated no significant 2-way interaction between SMI and substance abuse in predicting either history of serious violence or risk of future violence. However, more nuanced findings suggest possible gender differences in these underlying variables.
Trajectories of offending and mental health service use: Similarities and differences by gender and Indigenous status in an Australian birth cohort

Thursday, 20th June - 13:15: Session 56 [Papers]: Gender Differences (Salon II - Second Level) - Oral Paper

Dr. James Ogilvie 1, Dr. Carleen Thompson 1, Dr. Troy Allard 1
1. Griffith University

**Background:** The aim of this research is to examine whether mental health outcomes vary across trajectories of criminal legal system contact.

**Method:** Using linked administrative data from an Australian birth cohort, we estimate trajectories of criminal legal system contact. We then examine whether types of mental illness diagnoses and mental health service contacts varied across trajectory groups, and whether this was consistent across gender and Indigenous status.

**Results:** Findings point to important differences in mental health system contact across offending trajectory groups that vary at the intersection of gender and Indigenous status.

**Discussion:** Implications of these patterns are discussed.
Navigating Shadows: A Comprehensive Analysis of Women in the German Forensic Psychiatric System Over The Last Three Decades

Thursday, 20th June - 13:30: Session 56 [Papers]: Gender Differences (Salon II - Second Level) - Oral Paper

Ms. Mariana Plumbohm
1
1. Forensic Psychiatry Haina

This paper aims to take a look into the complex terrain of women within the largest forensic psychiatric hospital in Germany, observing their trajectory over the past 30 years. We examine the evolving demographics by comparing the details of the stay of female inmates to their male counterparts, providing insights into the changing patterns of this rapidly growing population within the German forensic psychiatric system.
A prospective assessment of sex differences in the predictive accuracy of violence risk screening for institutionalized youth

Thursday, 20th June - 13:45: Session 56 [Papers]: Gender Differences (Salon II - Second Level) - Oral Paper

Ms. Anniken L W Laake 1, Dr. John Olav Roaldset 2, Dr. Tonje Lossius Husum 1, Dr. Øyvind Lockertsen 1

1. Oslo Metropolitan University, 2. Centre for research and education in forensic psychiatry, Oslo University Hospital

The Violence Risk Assessment Checklist for Youth aged 12-18 (V-RISK-Y) is a 12-item violence risk screening instrument for youth in acute settings designed to be self-explanatory and brief to administer. This prospective, observational naturalistic multicenter study took place in four mental health and four child protective services institutions for youth and assessed the predictive accuracy of V-RISK-Y for girls (n=362) and boys (n=153) with institutional stays. Sex differences in predictive accuracy of V-RISK-Y, as well as in effect sizes of risk factors are presented. Implications for practice and research are discussed.
Hidden In the Shadows: The Case for Primary Prevention & Intervention

Thursday, 20th June - 13:00: Session 57 [Papers]: Holistic Risk and Needs (Sculptor - Third Level) - Oral Paper

Mr. Isaac Daramola

1. Employee - Victorian Institute of Forensic Mental Health

Many individuals come into contact with the Criminal Justice System after incarceration for crimes induced by severe mental illness. The gravity of their crimes and the severity of their illnesses can often translate to very assertive pharmacological regimen, with minimal notice given to the physical health consequences and the physical health profiles of individuals in custody. This presentation highlights the double-layered overshadowing that offending stigma and mental health diagnostic stigma casts upon the physical health care and calls for primary prevention mechanisms for physical health in the forensic context.
A Welsh secure psychiatric inpatient study: Are Adverse Childhood Experiences (ACEs) to blame for secure inpatient obesity?

Dr. Joseph Davies 1, Mr. Daniel Lawrence 1, Dr. Ruth Bagshaw 2, Dr. Andy Watt 1, Mr. Shane Mills 3, Dr. Catherine Heidi Seage 1

1. Cardiff Metropolitan University, 2. NHS Wales, 3. National Collaborative Commissioning Unit Wales

The prevalence of obesity within secure psychiatric inpatient services is notably high, particularly in Wales. Secure inpatients in Wales also experience greater levels of early psychological trauma compared to the Welsh general population. There is a dearth of literature that highlights the association between ACEs and poor physical health. Despite this, and the high prevalence for obesity and ACEs in secure inpatients, there is a gap in the literature regarding the role of ACEs in secure inpatient obesity. We present a study conducted with 243 Welsh secure inpatients, exploring this association and potential underlying mechanisms.
Assessing the use of attentional bias methodology to explore the association with dysregulated eating and weight gain in secure psychiatric inpatient settings.

Thursday, 20th June - 13:30: Session 57 [Papers]: Holistic Risk and Needs (Sculptor - Third Level) - Oral Paper

Dr. Joseph Davies 1, Dr. Catherine Heidi Seage 1

1. Cardiff Metropolitan University

This study explores the connection between attentional bias, dysregulated eating, and obesity in Welsh secure psychiatric inpatients. Participants showed similar cognitive task accuracy to non-clinical samples but were slower in responding to high-calorie food stimuli. Body Mass Index changes over three months revealed positive correlations with pre-test hunger, uncontrolled eating, and emotional eating. The findings may indicate impaired conflict control in secure psychiatric inpatients when exposed to high-calorie food stimuli. The study highlights the need for further research in this complex patient group.
Association of cholesterol with risk of violence to others in forensic patients

Thursday, 20th June - 13:45: Session 57 [Papers]: Holistic Risk and Needs (Sculptor - Third Level) - Oral Paper

Prof. Piyal Sen¹, Prof. Veena Kumari¹, Ms. Mehr-un-Nisa Waheed², Ms. Rebecca Mottram², Ms. Fern Taylor²

¹. Brunel University, Uxbridge, Middlesex, London, ². King’s College, London

An association between low total cholesterol (TC) and violence in schizophrenia has been demonstrated in many studies. Here, we examined this link in forensic inpatients diagnosed with schizophrenia alone, personality disorder alone, or co-morbid diagnosis. Results showed lower mean TC levels across the whole sample (4.57 mmol/l, SD=1.09) compared to the UK average (5.7 mmol/l). Results also show the link between Low TC and patients on higher levels of observations due to violence. No link was found between low cholesterol and suicidality. Low TC shows promise as an item for inclusion in violence risk assessment instruments across schizophrenia and PD.
The Allied Health impact in a Forensic Mental Health Setting

Thursday, 20th June - 14:20: Session 58 [Symposium]: Prevention Through Connection (Artisan - Third Level) - Symposium

Mrs. Oleen George-Posa¹, Mx. Law Edwards¹, Mrs. Danielle Cooke¹

¹. Justice Health NSW

Allied Health services individually provide effective, therapeutic service focused on improving patient outcomes; but collectively lead to a better patient experience, improve reintegration into the community and consider the patient holistically. Considering the high rates of social isolation experienced by those residing in high-secure, heavily controlled settings, environmental enhancements are required. Allied health counter hopelessness and prevent relapse through a structured rehabilitation program that promotes skill development, well-being and occupational enriching activities. Allied Health develop social connection and take on therapeutic risk to reduce restrictive practices and enhance individualised patient outcomes.
Gathering of People within the Walls

Thursday, 20th June - 14:35: Session 58 [Symposium]: Prevention Through Connection (Artisan - Third Level) - Symposium

Mrs. Oleen George-Posa
1. Justice Health NSW

Within the high secure walls of the Forensic Hospital is a therapeutic programme that delivers structure and aligns itself with the evidence-based risk assessment tools and measures. Mana-Yura's aim is to centralise the service of therapeutic intervention to alleviate pressure on clinicians and any bed block issue that may be apparent in the service. The prevention of relapse and hopelessness for our patients is through our well-structured and defined rehabilitation programme that aligns itself with CRAM frameworks such as DUNDRUM tools.
Occupational therapy’s role in providing access to meaningful vocational rehabilitation and social connection within a high secure setting

Thursday, 20th June - 14:50: Session 58 [Symposium]: Prevention Through Connection (Artisan - Third Level) - Symposium

Mrs. Danielle Cooke ¹, Ms. Laura Rodgers ¹  
¹. Justice Health NSW

The occupational therapy role within the Forensic mental health setting requires the implementation of creative vocational programs which provide occupationally enriching environments. As part of Sydney's Forensic Hospital Mana Yura centralised group program 3 unique occupational therapy vocational interventions are outlined including a barista training program, a patient facilitated op shop, and an onsite TAFE education program. The programs have empowered Forensic patient participants with the opportunity to build essential vocational skills and a strong sense of community connection.
Exercise Physiology and environmental “nudges” to reduce metabolic disease and social isolation

Thursday, 20th June - 15:05: Session 58 [Symposium]: Prevention Through Connection (Artisan - Third Level) - Symposium

Mx. Law Edwards
1. Justice Health NSW

The prevalence of metabolic syndrome in patients with serious mental illness is almost double that reported for the general population. Forensic psychiatric patients also experience higher rates of social isolation, associated with increased risk for all-cause mortality. Forensic Mental Health facilities have a duty to prevent physical deterioration and social isolation and return healthier patients to their communities. Interventions developed by an Exercise Physiologist in the Forensic Hospital (Sydney, Australia) provide a contextual adaptation to the environment that has the ability to positively influence both metabolic disease risk and social isolation.
Patients attending Forensic Mental Health Services have much in common across jurisdictions. They typically present with high rates of psychosis, multiple co-morbidities including substance misuse and complex trauma and a history of violence. Recovery in forensic mental health settings prioritises reduction in symptoms of major mental illness, reduction in violent recidivism and supporting patients across a wide range of recovery focused domains. However, it is unclear if recovery in forensic settings has much in common internationally and therefore the use of internationally validated models for assessment of recovery and outcome measures has much to offer forensic clinicians and patients alike.
Examining the challenges of translating forensic mental health recovery measures for different jurisdictions: A view from four countries

Thursday, 20th June - 14:32: Session 59 [Symposium]: Examining the Challenges of Translating Forensic Mental Health Recovery Measures for Different Jurisdictions: A View from Four Countries (Atelier I - Third Level) - Symposium

Dr. Petra Habets¹, Dr. Claudia Pouls², Dr. Laura Bex², Dr. Ingeborg Jeandarme³

1. Knowledge Centre for Forensic Psychiatric Care, OPZC, Rekem, Belgium and Tilburg University, Tilbury, The Netherlands (KeFor), 2. Knowledge Centre for Forensic Psychiatric Care (KeFor), OPZC Rekem, Rekem, Belgium, 3. KU Leuven

This conference presentation focuses on the extensive validation and implementation research conducted in Flanders over recent years on the DUNDRUM Toolkit, a structured professional judgment tool designed to assess the need for security in forensic mental health settings. The primary objective of this talk is to elucidate the intricate processes, legal frameworks, translation challenges, and implementation procedures involved in these studies. The validation studies will be presented to give insight into on the processes that have contributed to its reliability and applicability in assessing the security requirements for individuals undergoing forensic treatment.
Danish perspective on translation of the Dundrum Toolkit

Thursday, 20th June - 14:44: Session 59 [Symposium]: Examining the Challenges of Translating Forensic Mental Health Recovery Measures for Different Jurisdictions: A View from Four Countries (Atelier I - Third Level) - Symposium

Prof. Lisbeth Uhrskov Sørensen ¹, Prof. Harry Kennedy ², Dr. Morten Deleuran Terkildsen ³

¹. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry, 2. Trinity College Dublin, Ireland, 3. Department of Forensic Psychiatry, Aarhus University Hospital Psychiatry; Department of Clinical Medicine, Faculty of Health, Aarhus University; 3.DEFACTUM – Public Health Research, Central Denmark Region, Aarhus

In this presentation, we provide examples of the challenges encountered when translating the Dundrum toolkit to a Danish forensic psychiatric health care system and how they were accommodated accordingly to raise cross-country reflections and discussions to the broad application of a joint model of forensic psychiatric care.
The implementation of the Dangerousness Understanding Recovery and Urgency Manual (DUNDRUM) in Quebec (Canada) presents multiple challenges. The DUNDRUM is a suite of structured assessment tools designed in Ireland for forensic populations. The purpose of this presentation is to illustrate the process used implemented to increase fidelity of the toolkit during it's implementation in Quebec and to present preliminary data on external validity.
Assessing need for therapeutic security in Sussex, England using the DUNDRUM tool

Thursday, 20th June - 15:08: Session 59 [Symposium]: Examining the Challenges of Translating Forensic Mental Health Recovery Measures for Different Jurisdictions: A View from Four Countries (Atelier I - Third Level) - Symposium

Dr. Mary Davoren 1, Dr. Ross Goslin 2, Dr. Olumide Oluwole 2, Mx. Mark Bolstridge 3, Mx. Keren Teichmann 3, Mx. Moustafa Saoud 3


Secure forensic hospital settings provide care and treatment to mentally disordered offenders. It has long been clinically considered that patients in low secure forensic settings are a heterogeneous group, and the role and function of low secure units can be at times unclear. We aimed to utilise a structured assessment for need for therapeutic security to compare the security needs of those admitted to a medium and low secure hospital in Sussex, England.
What service models and processes lead to the best outcomes for people with an intellectual disability who are at risk of offending?

Thursday, 20th June - 14:20: Session 60 [Symposium]: Forensic Disability Services (Atelier II - Third Level) - Symposium

Prof. Stuart Thomas 1, Prof. Michael Daffern 2, Ms. Julie Daniell 3, Dr. Mhairi Duff 4

1. RMIT, 2. Centre for Forensic Behavioural Science, Swinburne University of Technology, 3. Department of Families, Fairness and Housing, 4. Forensic Intellectual Disability Secure Services, Mason Clinic

This symposium seeks to explore development and innovation in forensic disability services provision and encourage dialogue about developing and evaluating integrated models of care services for people with an intellectual disability at risk of offending. Four papers are included. They explore new evidence arising from initiatives in forensic disability services in Australia and Aotearoa, New Zealand. Collectively, they raise important questions about balancing risk, need and benefit and the need to develop responsive, integrated services.
Remarkably little has been written about models of care of forensic disability services. This paper explores the different models of care across all Australian states and territories and reflects on what models lead to the best outcomes for people with an intellectual disability who are at risk of offending.
In Victoria, Australia, the Disability Act (2006) provides a legislative scheme for people with a disability which affirms and strengthens their rights and responsibilities and provides a mechanism to protect people's rights in relation to the use of restrictive practices and compulsory treatment. This paper considers the implementation of supervised treatment orders for people with an intellectual disability who are at risk of offending, and the outcomes of individuals who have been detained and treated under this order since the Act came into effect at the start of July 2007.
Best practice risk assessment in forensic disability: What does the evidence tell us?

Thursday, 20th June - 14:56: Session 60 [Symposium]: Forensic Disability Services (Atelier II - Third Level) - Symposium

Prof. Stuart Thomas¹, Prof. Michael Daffern²

¹. RMIT, ². Centre for Forensic Behavioural Science, Swinburne University of Technology

The utility and applicability of established risk assessment tools remains unclear with forensic disability populations. While some efforts have been made to develop population specific risk assessment tools, their utility and accuracy remains limited and the available evidence base difficult to navigate. This paper considers what best practice in risk assessment in forensic disability looks like, drawing upon risk assessments and outcomes of individuals subject to supervised treatment orders in Victoria, Australia.
What factors predict the need for high intensity relational security in a forensic disability service?

Thursday, 20th June - 15:08: Session 60 [Symposium]: Forensic Disability Services (Atelier II - Third Level) - Symposium

Prof. Stuart Thomas¹, Dr. Mhairi Duff²

¹. RMIT, ². Forensic Intellectual Disability Secure Services, Mason Clinic

Drawing from admissions to a forensic intellectual disability secure service in Aotearoa, New Zealand, this paper explores a pragmatic model for predicting whether a proposed admission to the service will require higher levels of staff resources. It is proposed that where increased staff resources are indicated, this should equate to one or multiple ‘bed’ equivalents allowing greater stability of staff resources and enabling optimal focus on rehabilitation, positive risk taking, and quality of life. In turn, this focus has the potential to lead to a reduced use of restrictive practices, as well as reduced risks of staff turnover and burnout.
Using DBT in Custodial Settings

Thursday, 20th June - 14:20: Session 61 [Symposium]: Using DBT in Custodial Settings (Curator - Third Level) - Symposium

Ms. Laura Coat¹, Dr. Amber Fougere²
1. Student Researcher, 2. Presenter

Dialectical Behaviour Therapy (DBT) is a widely utilised therapy initially designed to address self-harming behaviour associated with personality dysfunction. Since its inception, DBT has been used more broadly, including in some custodial settings. The Moroka Program is a 3-month DBT-informed residential treatment program run within the prison system in Victoria, Australia. The Program was designed for individuals who present with complex mental health presentations and associated challenging behaviours (i.e., self-harm, aggression). This symposium provides an explanation of the Moroka Program, including adjustments to better fit a custodial setting. Outcome data from participants and staff will be presented.
The Moroka Program is a residential treatment program for individuals with complex mental health presentations and associated challenging behaviours incarcerated in the men's prison system in Victoria, Australia. The Program first operated using a DBT-informed approach between 2017 and 2020, when it was forced to close due to the impact of COVID-19. This paper provides a description of the original Program, characteristics of the participants who undertook the Program, pathways through the Program, and preliminary outcome data.
New Directions in working with complex and challenging behaviours in custody

Thursday, 20th June - 14:44: Session 61 [Symposium]: Using DBT in Custodial Settings (Curator - Third Level) - Symposium

Ms. Laura Coat
1. Student Researcher

The Moroka Program is a residential treatment program for individuals with complex mental health presentations and associated challenging behaviours incarcerated in the men's prison system in Victoria, Australia. Following an interruption to the Program due to COVID-19, a comprehensive review of the Program was undertaken, leading to a re-design of the Program. This paper will describe the re-development of the second iteration of the Moroka Program, which began operating in November 2022.
The Moroka Program is a residential treatment program for individuals with complex mental health presentations and associated challenging behaviours incarcerated in the prison system in Victoria, Australia. The Moroka Unit reopened in November 2022 incorporating a comprehensive DBT model. Since then, over 30 incarcerated individuals have undertaken the full Program. This paper focuses on quantitative outcome measures collected since the Program reopened, including pre-post-intervention psychological measures, counts of challenging behaviours (i.e., self-harm and violence), and the frequency of use of DBT skills. We explore what DBT-informed programs, such as the Moroka Program, may be used to address in custodial populations.
A Qualitative Investigation of Participant and Staff Experiences of the Moroka Program

Thursday, 20th June - 15:08: Session 61 [Symposium]: Using DBT in Custodial Settings (Curator - Third Level) - Symposium

Ms. Laura Coat 1
1. Student Researcher

Program evaluations often rely heavily on quantitative information to judge efficacy. However, people who undertake and work in treatment programs can provide meaningful information about the programs’ successes and challenges. This is particularly important in a clinical-custodial team environment, where staff can have varying experiences of the Program. The Moroka Program is a DBT-informed residential treatment program for individuals incarcerated in Melbourne, Victoria. This paper provides information from interviews with group participants and surveys with clinical and custodial staff. Their perspectives provide information about what they found useful and recommended improvements for future DBT-informed treatment programs in custodial environments.
Ten years on from the Forensic Network Inpatient Census: Who were these patients, what were their needs, and what happened?

Thursday, 20th June - 14:20: Session 62 [Symposium]: Ten years on from the Forensic Network Inpatient Census (Salon I - Second Level) - Symposium

Prof. Lindsay Thomson ¹, Dr. Lindsey Gilling McIntosh ¹, Dr. Helen Walker ², Ms. Cheryl Rees ¹

¹. Division of Psychiatry, University of Edinburgh, ². Forensic Mental Health Services Managed Care Network

On 26th November 2013 a national census of all forensic psychiatric inpatients in Scotland was conducted, collecting comprehensive data on patients' personal, clinical, and forensic presenting needs and histories. Every year since, the census was completed on a where-abouts basis, facilitating study of this national cohort's movement within the forensic estate. The census has been an invaluable resource for national cohort research studies in Scotland and facilitated international research comparisons. This symposium will feature findings from three unique research studies examining the characteristics, needs, and outcomes for groups within the 2013 cohort.
More alike than different? Identifying the salient personal, clinical and forensic factors distinguishing high, medium, and low secure patients using the Forensic Network inpatient census

Thursday, 20th June - 14:35: Session 62 [Symposium]: Ten years on from the Forensic Network Inpatient Census (Salon I - Second Level) - Symposium

Dr. Lindsey Gilling McIntosh ¹, Prof. Lindsay Thomson ¹

I. Division of Psychiatry, University of Edinburgh

In Scotland, as in many countries across Europe, forensic patients are treated in hospitals stratified by conditions of security provided (high, medium, low). In such systems, patients (mostly) progress down the security latter toward the community. Although there is some homogeneity as a forensic cohort, forensic patients’ treatment needs (mental, physical, offending) and risk are assumed to differ by level of security. This study examined the Scottish forensic inpatient census data to identify the most salient factors distinguishing patients across levels of security, defined as the individual’s current level of security and also the highest level they had ever reached.
A national census of forensic inpatients with Intellectual Disability and five year follow up

Thursday, 20th June - 14:50: Session 62 [Symposium]: Ten years on from the Forensic Network Inpatient Census (Salon I - Second Level) - Symposium

Dr. Helen Walker

1. Forensic Mental Health Services Managed Care Network

A national census was undertaken in 2013, to establish number of patients with Intellectual Disability in Scottish secure forensic in-patient services, and identify treatment needs. Initial results revealed 89 patients (83 male, 6 female). This is 17% of the overall forensic in-patient population (n = 522). The majority (67.75%) were located in low secure services. Key characteristics include average age 22 at first admission, history of violent offending, drug and alcohol abuse and self-harm. Patients in high secure services had significantly higher risk and total HCR-20 scores. 41.46% were discharged/ moved to lower level of security within five years.
All cause and avoidable deaths across the Scottish Forensic estate

Thursday, 20th June - 15:05: Session 62 [Symposium]: Ten years on from the Forensic Network Inpatient Census (Salon I - Second Level) - Symposium

Ms. Cheryl Rees\(^1\), Prof. Lindsay Thomson\(^1\), Dr. Lindsey Gilling McIntosh\(^1\)

1. Division of Psychiatry, University of Edinburgh

The annual Scottish Forensic Network Inpatient Census commenced in 2013 and at baseline collected a comprehensive dataset for every inpatient. This cohort is utilised within a wider data-linkage study exploring patient pathways and mortality.

In contrast to previous examination of a Scottish cohort over a 20-year period, high levels of unnatural deaths were observed. The profile of deceased individuals is presented prior to focusing on those who succumbed to unnatural deaths or suicide, particularly while inpatients or within a month of discharge. Under discussion is how forensic services can identify and better support those most at risk from unnatural death.
Examining the Relationship Between Protective Factors and Violence Risk Assessment: A Study on HCR-20V3 and SAPROF

Thursday, 20th June - 14:20: Session 63 [Papers]: Structured Professional Judgment (Sculptor - Third Level) - Oral Paper

**Mr. Steven Curto**, **Ms. Perry Callahan**, **Dr. Barry Rosenfeld**

1. Fordham University

Recent research underscores the importance of considering protective factors in violence risk assessments. This study explored the association between HCR-20V3 risk ratings and internal, motivational, and external protective factors as measured by the Structured Assessment of Protective Factors (SAPROF). Correlations reveal that internal and motivational protective factors are associated with lower summary risk ratings on the HCR-20V3. However, no significant associations were identified with respect to external protective factors. Findings shed light on how assessments of risk and protective factors might be integrated in the context of violence risk formulation and risk management strategies.
Three year longitudinal study of DUNDRUM 3 and 4 ratings: risk profiles and clinical progress

Thursday, 20th June - 14:40: Session 63 [Papers]: Structured Professional Judgment (Sculptor - Third Level) - Oral Paper

Prof. Sandy Simpson¹, Dr. Stephanie Penney², Dr. Roland Jones³, Dr. Ibrahim Mohammad³

¹ University of Toronto, ² Centre for Addiction and Mental Health, ³ CAMH/University of Toronto

This study investigates the inter-relationships between three structured professional assessment measures currently used across a large forensic service in Ontario, Canada. The DUNDRUM-3 and 4 scales offer an evidence-based way to assess patient engagement in treatment and progress in recovery, and, importantly, provide space for both clinician- and patient-based ratings. We will examine DUNDRUM scores in relation to established measures of risk (HCR-20) and protection (SAPROF). A repeated-measures design will permit an investigation of change in scores over time, and whether increasing concordance between patient- and clinician-rated DUNDRUM scales predict corresponding reductions in risk and increases in protection.
To ensure a high standard in the identification of risk factors related to violent behavior, their management, and the treatment of forensic patients, Haina utilizes, among other tools, the globally recognized prognostic instrument HCR-20 v3. Trained personnel use a structured scale for comprehensive risk evaluations, emphasizing the instrument's dynamic nature. The HCR-20 v3 not only identifies risk factors but also aids in developing targeted strategies for risk reduction and therefore prevention. The presentation highlights the implementation's benefits in Haina, showcasing its contribution to enhanced risk assessment and safety measures for patients, staff, and society.
Message: Patients often return to forensic facilities shortly after their discharge, and the lack of long-term medication adherence, in particular, plays a significant role. How can nursing contribute to addressing this issue? The answer from Vitos forensic hospital Haina: A medication group conducted by nurses and linked with therapeutic content!

In order to reduce the risk of readmission of forensic patients after discharge, nursing staff have started to provide medication information to patients early in forensic therapy through a medication group, which presents the information in an easy to understand way. Medication adherence continues to improve with education.
Patients with migration background in forensic psychiatry in Germany - A comparison of quality of life and discrimination experiences of migrants and non-migrants

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Camie Montana Inge Eggert, Prof. Birgit Völlm
1. Clinic for Forensic Psychiatry, Rostock University Medical Center

Migration flows lead to an increase in the number of patients with a migratory background in forensic psychiatric settings in Germany. The WHOQOL-BREF and DISC-12 questionnaires measure the quality of life among patients with a migratory background (compared to non-migrants) and investigate whether migrants are confronted with any kind of discrimination or stigmatization during their stay at the forensic psychiatric hospital in Rostock. Furthermore, qualitative individual interviews will be conducted with migrant patients. The results can provide important information on the experiences of patients with migrant backgrounds and identify possible improvements in patient care and quality of life.
The majority of state hospitals in the United States maintain bed waitlists for defendants who have been court-ordered for treatment to competency to stand trial. During the pandemic, these wait times significantly, resulting in thousands of people waiting in jail for a hospital bed. These are pre-trial defendants, sometimes charged only with misdemeanor offenses. Due to the prolonged wait times, many defendants spend longer in jail than if they had pleaded guilty or were convicted of the charged offense. This poster will discuss the ongoing competency crisis and compares the response to the competency crisis between two Nevada counties.
The Practice of Forensic Psychotherapy in the Care of Forensic Patients in Zimbabwe

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Gwirera Javangwe

1. Forensic Psychology Programmes Coordinator, Department of Applied Psychology, University of Zimbabwe

This abstract describes the current provision of forensic psychotherapy and the role of forensic psychotherapy in the management of forensic patients in Zimbabwe. I argue that forensic psychotherapy should not only be solely limited to treatment provision. I describe the forensic psychotherapist's supervisory role, which I found to be useful for both staff and institutions. The presentation also helps us to understand the dynamic processes that arise from the effects of managing forensic patients. I also look at how forensic psychotherapy can contribute towards risk assessment. I also provide some areas that should be of concern for the forensic psychotherapist.
A qualitative systematic review of service users’ perceptions of carer involvement and support in adult mental health inpatient settings

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

**Dr. Ellen Tingleff**, **Dr. Sara Rowaert**, **Prof. Jason Davies**, **Mr. Martin Locht Pedersen**

1. Forensic Mental Health Research Unit Middelfart (RFM), Department of Regional Health Research, University of Southern Denmark & Psychiatric Department Middelfart, Mental Health Services in the Region of Southern Denmark, Denmark, 2. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium, 3. Swansea University

Numerous studies have investigated carers’ perceptions of carer involvement and support in mental health settings, including forensic. However, the wishes and perceptions held by service users are not well understood. Consequently, this qualitative systematic review aims to review research literature concerning service users’ perceptions of carer support and involvement in care and treatment in adult mental health inpatient settings.

We conducted systematic searches in CINAHL with Full Text, PubMed, APA PsycInfo, Scopus, and ProQuest Dissertations & Theses Global resulted in the inclusion of 11 studies. The poster presentation will encompass results from data extraction, critical appraisal, and content analysis.
The association between mood disorders, comorbid substance use, and firearm-associated violence

Mr. Raymond Ho, Mr. Samuel Freeze, Prof. Kevin Douglas, Dr. Adam Blanchard, Dr. Catherine Shaffer-McCuish

1. Simon Fraser University, 2. Centre for research and education in forensic psychiatry, Oslo University Hospital

The associations between mental illnesses and gun violence is a critical issue in psychology and politics that has been long investigated. This relationship is also highly moderated by comorbid substance use. Studies found that mood disorders such as anxiety and depression had a weak association with violence. However, this was rarely investigated with potential comorbid substance use, which could increase the likelihood of gun violence. Our study finds that the presence of mental health problems alone, including mood disorders can predict gun violence. However, this was not moderated by substance use.
Enhancing a family-oriented culture in forensic psychiatry: What can we learn from the experiences of a forensic psychiatric hospital in Flanders?

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster

Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Leen Cappon 1, Dr. Sara Rowaert 2, Dr. Femke Hanssens 3

1. ScienceForCare, 2. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Gent, Belgium, 3. PC Sint-Jan-Baptist

The attention towards the role of family as a partner in forensic mental health care has recently grown in Flanders. To realize a family-oriented culture, the following four aspects should be addressed: (1) paying attention to them (first contact), (2) informing them, (3) supporting them and (4) letting them participate in the treatment process. This isn’t easy and promising examples are lacking. In this poster, the experiences of a forensic psychiatric hospital in Flanders on these four aspects are shared. For example, the development of a children's book explaining forensic mental health treatment to young children will be discussed.
The Erowid Experience Vault: Is self-reporting of substance use a reliable tool for clinicians and patients?

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Rachael Lambin ¹, Dr. Ashley Maestas ¹, Ms. Elizabeth Phelan ², Dr. Melissa Piasecki ¹

¹. University of Nevada Reno School of Medicine, 2. Northwestern University

Novel psychoactive substances are widely used and their effects are poorly understood. Clinicians and forensic evaluators do not routinely assess for novel substance use in patient histories, and standard lab testing often fails to detect these substances.

First-hand, online testimonials of individuals who have used novel psychoactive substances are a potential resource for assessment and education related to these substances. The website Erowid Vault, is a not-for-profit organization with an emphasis on education and harm reduction about psychoactive substances. This poster explores the reliability and applications of Erowid vault narratives.
This poster examines the link between violent ideations and subsequent violent behaviour across various populations. It analyzes existing aggression theories and evaluates the prevalence and characteristics of violent fantasies in the general population, clinical and forensic groups. It further critiques the current tools used to assess violent ideations, identifying gaps in their ability to predict future violence. It highlights the complexities in distinguishing fantasy from potential violent action. The poster concludes that while violent ideations are a noted risk factor, their predictive role requires further research and more refined assessment methods to effectively guide assessment, interventions and treatments.
Ms. Abby Vovchuk, Dr. Brianne Layden, Dr. Alicia Nijdam-Jones

1. University of Manitoba, 2. Simon Fraser University

Perceptions of threat regarding stalking behaviours typically flow from stalking stereotypes involving male perpetrators and female victims, and few studies have examined threat perceptions of non-heteronormative stalking dyads. This study will investigate whether stalking behaviours by females and between non-heteronormative gender dyads are perceived as less threatening than male-to-female dyads. 198 undergraduate students will complete a vignette survey involving three manipulations: perpetrator gender, victim gender, and type of relationship, and will complete the Stalking Attitudes Questionnaire (SAQ) and a 5-item Stalking Scale designed to assess perceived threat. ANOVA and regression analyses will examine associations between manipulations and perceived threat.
Advancing nursing - the future is the past Prevention starts at the point of admission!

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Dirk Schremmer 1
1. specialist psychiatric nursing

Abstract

Message
The success of treatment and prevention depends on the commitment and professionalism of the people who provide forensic care. An experience report.

Introduction
If the question is about the further development of forensic psychiatric care, then the question is; what makes forensic psychiatric care and nursing an indispensable necessity in the professional treatment of people with a psychiatric illness who have committed criminal offences?

Conclusion
Giving answers, even when they seem clear, is not simple and one-dimensional. Depending on where, with whom and in what context, the answers must be simple and understandable.

Welcome to the asylum!
From Admission to Discharge: A Scoping Review on the Scientific Foundations for implementation of the DUNDRUM Toolkit in Danish Forensic Psychiatry

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Mr. Christian Delcomyn¹, Dr. Jacob Hvidhjelm², Dr. Lisbeth Hybholt³, Dr. Per Balling⁴, Dr. Lene Lauge Berring⁵

¹. Department for Forensic Psychiatry, Region Zealand Psychiatry, 2. Senior Researcher, RN, Clinical Mental Health and Nursing Research Unit, Mental Health Center, Sct Hans, Copenhagen University Hospital - Mental Health Services CPH, 3. Senior Researcher, Psychiatric Research Unit, Region Zealand Psychiatry RN, Associated Professor, Department of Regional Health Research, University of Southern Denmark, 4. Consulting Psychiatrist and Department Head, Department for Forensic Psychiatry, Region Zealand Psychiatry, 5. Research Leader, Psychiatric Research Unit, Region Zealand Psychiatry RN, Associated Professor, Department of Regional Health Research, University of Southern Denmark

This scoping review addresses the challenges in Denmark’s admission, referral, transfer, and discharge of forensic psychiatric patients. Currently, it relies on individual psychiatrists’ assessments, leading to inconsistent decisions. The study focuses on the DUNDRUM Toolkit’s scientific foundations and its potential impact on forensic psychiatry in Denmark. Given the complexity of forensic patients and the demand for secure placements, waiting lists grow, hindering timely care. Following the JBI Manual, the scoping review aims to explore evidence on the DUNDRUM Toolkit, incorporating diverse methodologies and consultations. Results are pending but aim to inform improvements in forensic psychiatric practices in Denmark.
The validity and reliability of Thai START (Short-Term Assessment of Risk and Treatability) in the forensic psychiatric population.

There have been the suggestions concerning a lack of standardized risk assessment in Thai forensic setting and an insufficient application of the START in different contexts and populations. This present study investigated the reliability and validity of the START-Thai version in 118 Thai forensic inpatients and included a different follow-up periods from short-term (2 weeks) to long-term timeframes (42 weeks). The inter-rater reliability was excellent. The construct validity as extracted by EFA supported a multidimensional construct of the Thai START. Finally, some subscales of the Thai START showed moderate to strong predictive validity across follow-up periods.
The effect of a de-escalation training on aggression and the use of seclusion in a female-only high security unit in Flanders

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Leen Cappon 1, Dr. Femke Hanssens 2
1. ScienceForCare, 2. PC Sint-Jan-Baptist

De-escalation is recommended in forensic psychiatry as a first answer to potential aggression. To embed de-escalating techniques in the thinking and the behaviour of the staff, education and training are a must. The aim of this study is to measure the effect of a de-escalation training on aggressive incidents and on the use of seclusion. Therefore, a pre-post design was set up within a female-only high-security unit. The impact on aggression was limited, but the duration of seclusion dropped significantly in the post-measurement period. Contextual factors, such as the COVID-19 pandemic, affected the results and will be further discussed.
PTSD is a critical concern in civil law cases. Effective treatment of PTSD involves a multifaceted approach, including psychotherapy, pharmacotherapy, and supportive interventions. This presentation will focus on current guideline recommendations for evidence-based psychotherapy approaches, including treatment length, as well as patient factors to consider in determining treatment plans.
Evaluation & Outcomes Following Integration of Self-management Support into Schizophrenia Case Management

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Ms. Mary-Lou Martin 1, Dr. Susan Strong 2, Dr. Heather McNeely 2, Dr. Lori Letts 3

Self-management is a feasible, effective intervention to manage illness impact. A mixed methods study involving nine case managers trained in SM offered the program to 40 clients. Significant improvements were found concerning client illness severity, social and occupation functioning, illness management and functional recovery with reduction in ER visits and hospital days. Cost savings of $51,309 pp or $1,949,727 in the first-year. SM can be successfully adopted by clients with schizophrenia regardless of age, gender, education illness severity or duration. We are currently engaged in a study to evaluate virtual training to deliver SM to out-patient staff (including forensic staff).
Treating Violent Offenders in Low Resource Correctional Settings: Insights from Zimbabwe Violent Offender Treatment Programme (ZiVOP)

Thursday, 20th June - 10:15: Poster Session 2 (Prefunction Lobby - Second and Third Levels) - Poster
Thursday, 20th June - 15:30: Poster Session 2 Cont. (Prefunction Lobby - Second and Third Levels) - Poster

Dr. Gwairera Javangwe 1

1. Forensic Psychology Programmes Coordinator, Department of Applied Psychology, University of Zimbabwe

There is a dearth of knowledge and practice regarding evidenced-based correctional treatment of incarcerated violent offenders in Zimbabwe. I present the roadmap for development, implementation and evaluation of evidenced-based correctional treatment of incarcerated violent offender intervention entailing training and capacity building of correctional officers, pilot testing of intervention and scale up. The study touches on how stakeholders were engaged including family of offender, victims, and family of victims and other criminal justice players to lead to successful reintegration of the offenders back into the society. There are implications for evidence-based correctional treatment services, crime prevention and increasing public safety.
Innovations in measurement based care: the impact of psychosis on routine outcome measurements – are we considering this in our research?

Dr. Mary Davoren ¹, Dr. Umer Waqar ², Dr. Lia Parente ³, Dr. Claire Smith ⁴, Dr. David Martin ⁴, Dr. Fulvio Carabellese ⁵, Dr. Donatella La Tegola ⁵, Prof. Alan R Felthous ⁶, Prof. Felice Carabellese ⁵, Prof. Harry Kennedy ²

¹. Trinity College Dublin and Sapienza Università di Roma, ². Trinity College Dublin, Ireland, ³. Sapienza Università di Roma, ⁴. National Forensic Mental Health Service, Dublin, Ireland, ⁵. University of Bari, Aldo Moro, Italy, ⁶. St Louis University, USA.

High rates of treatment resistant psychoses seen among forensic patient cohorts and this may be a barrier to engagement in both research and clinical assessments. In secure forensic hospitals significant research is undertaken using such structured measures. Is this approach appropriate and sufficient to meet the needs of assessing our patients risk and recovery? Are we biasing our outcomes in certain research by defacto excluding the most unwell patient group? The results of assessments of treatment resistant psychoses and engagement with self and informant rated GAF, PANSS and DUNDRUM from Italy and Ireland will be discussed in this symposium.
Treatment resistant and ultra-treatment resistant psychoses in forensic mental health settings

Thursday, 20th June - 16:10: Session 64 [Symposium]: Innovations in Measurement-Based Care (Artisan - Third Level) - Symposium

Dr. Umer Waqar¹, Dr. Hania Amin², Dr. Eimear Ni Muircheartaigh², Prof. Harry Kennedy¹, Dr. Mary Davoren³

¹. Trinity College Dublin, Ireland, 2. National Forensic Mental Health Service, Dublin; Trinity College Dublin, 3. Trinity College Dublin

Treatment resistant psychoses are believed to be over-represented in secure forensic hospitals. True rates of treatment resistant and ultra-treatment resistant psychoses, in which remission is not achieved despite the use of clozapine and additional antipsychotic agents, remains unclear. This study aimed to test criteria and prevalence of treatment resistant and ultra-treatment resistant psychoses, in a complete national forensic mental health cohort.
Italian Evaluation and Excellence in REMS (ITAL-EE-REMS): Appropriate placement of forensic patients in REMS forensic facilities

Thursday, 20th June - 16:20: Session 64 [Symposium]: Innovations in Measurement-Based Care (Artisan - Third Level) - Symposium

Dr. Lia Parente¹, Dr. Fulvio Carabellese², Dr. Donatella La Tegola², Dr. Mary Davoren³, Prof. Harry Kennedy⁴, Prof. Felice Carabellese²

¹. Section of Criminology and Forensic Psychiatry, Department of Internal Medicine, University of Bari Aldo Moro, Policlinico Universitario, ². University of Bari, Aldo Moro, Italy, ³. Trinity College Dublin, ⁴. Trinity College Dublin, Ireland

We set out to assess the appropriateness of current placement of mentally disordered offenders allocated by the courts in Italy to REMS or to forensic community residences. We hypothesised that as in other countries, the match between a standardised assessment and the decision of the court would be imperfect.
Self-ratings of measures of overall functioning: self-ratings of the Global Assessment of Functioning (GAF)

Thursday, 20th June - 16:30: Session 64 [Symposium]: Innovations in Measurement-Based Care (Artisan - Third Level) - Symposium

**Dr. Claire Smith¹, Dr. David Martin¹, Dr. Umer Waqar², Prof. Harry Kennedy², Dr. Mary Davoren³**

1. National Forensic Mental Health Service, Dublin, Ireland, 2. Trinity College Dublin, Ireland, 3. Trinity College Dublin

The Global Assessment of Functioning (GAF) is widely used in forensic and general adult mental health services. Self-rating measures of risk and recovery have gained much traction in recent years, however we no of no previous study offering patients the opportunity to self-rate their own functioning. In this study the MIRECC GAF was offered to all patients attending a National Forensic Mental Health Service in Dublin, Ireland. Patients were offered to complete their own ratings on functioning in three domains, symptomatic, social and overall functioning using the GAF.
Informant rated measures of Positive and Negative Syndrome Scale for Schizophrenia (PANSS)

Thursday, 20th June - 16:40: Session 64 [Symposium]: Innovations in Measurement-Based Care (Artisan - Third Level) - Symposium

Dr. Umer Waqar¹, Dr. Hania Amin², Dr. Eimear Ni Mhuircheartaigh², Prof. Harry Kennedy¹, Dr. Mary Davoren³

¹. Trinity College Dublin, Ireland, 2. National Forensic Mental Health Service, Dublin; Trinity College Dublin, 3. Trinity College Dublin

Treatment resistant psychosis is very common among forensic patient cohorts. Interview measures are often used for research purposes in forensic and other mental health settings, which can at times include relatively lengthy interviews such as for PANSS. This can lead to patients who are most unwell declining to engage with these measures, or being unable to complete such measures. We therefore set out to validate an informant rated PANSS using SCI-PANSS in the National Forensic Mental Health Service, Ireland.
Patients residing in forensic psychiatric hospitals are a vulnerable population, often presenting with multi-morbidity, including mental health, substance use needs, and poor physical health. As such, they are at risk for negative mental and physical health outcomes from COVID-19 and associated restrictions. We engaged in semi-structured interviews with patients and staff at two Canadian forensic psychiatric hospitals and subsequently conducted a deductive-inductive thematic analysis. Patients and staff alike, reported patients felt less connected to others during the pandemic but generally understood the necessity of restrictions. Establishing clear guidelines for future potential lockdowns is crucial to support patients’ continued recovery.
There is limited literature relating to the transition of newly qualified practitioners in forensic mental health services (Martin et al., 2007; Hopper et al., 2016; Sorenson et al., 2020). This project seeks to address this gap and aims to explore the experiences of newly qualified practitioners in a high secure setting, during their first few years of clinical practice. Findings from semi-structured interviews with fourteen members of staff, across a range of disciplines, will be provided. Early findings indicate a desire for control and structure.
Harassment, Gendered Abuse and Stalking of Parliamentarians Post COVID: Findings and implications for intervention

Thursday, 20th June - 16:30: Session 65 [Papers]: COVID-19 (Atelier II - Third Level) - Oral Paper

**Dr. Justin Barry-Walsh**, **Prof. Susanna Every-Palmer**, **Dr. Oliver Hansby**

1. Fixated Threat Assessment Centre New Zealand, 2. University of Otago, 3. Regional Forensic Psychiatry Service Te Whatu Ora

Fixated Threat Assessment Centres were established following research demonstrating high rates of harassment of Public Figures and the importance of Mental Health in those who harass. This includes a survey in New Zealand in 2014. COVID had a disruptive effect in the threat space. In order to understand these changes and how services need to adapt a further New Zealand survey was conducted in 2022, including exploration of a perceived growth in gendered abuse. This research is presented, in the context of experience internationally and explore the significance of the findings for threat assessment and intervention.
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