



Crime Scene

Psychology Behind Bars and in Front
of the Bench



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CRIME SCENE IS BACK!

By Fiona Dyshniku

CONSIDER HOW
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CRIME SCENE

Email ideas &
submissions to
dyshnik@uwindSOR.ca

It is a great honour to take on the role of Managing Editor of *Crime Scene*! This is an especially exciting time for criminal justice as we are only a few weeks away from the Third North American Correctional and Criminal Justice Psychology Conference (NACCJPC). That is worth repeating: WE ARE ONLY WEEKS AWAY FROM NACCJPC 3!!!

If you have attended one of the NACCJPC conferences before, you are probably on edge with excitement, salivating at the opportunity to indulge in some of the latest and best research, workshops, and talks on the topic of criminal/correctional psychology. Maybe, you have even packed a survival bag, with enough water, energy bars, and notepads to last you through several talks a day.

If you have not attended a NACCJPC conference before, you are in for a treat! This year's program has been announced on the CPA website (www.cpa.ca/NACCJPC). The early registration fee is available until May 5th. If you have any interest in criminal justice, Ottawa is the place to be this summer.

See you all there!

Risk Assessment and Management of Group-Based Violence

Alana Cook, Ph.D.
Simon Fraser University

Group-based violence (GBV) may be defined as actual, attempted, or threatened physical injury that is deliberate and non-consensual, perpetrated by one or more individuals whose decisions and behaviour are influenced by a group to which they currently belong or with which they are affiliated. Although GBV represents a serious challenge to professionals around the world tasked with protecting public safety, there is lack of systematic, evidence-based procedures to aid decision-making. This dissertation reports the development and evaluation of a new set of structured professional judgment (SPJ) guidelines for assessing and managing GBV, called the *Multi-level Guidelines (MLG; Cook, Hart, & Kropp, 2013)*. The first part of the dissertation describes the development of the MLG based on a Campbell Collaboration review and expert feedback. The MLG was structured according to an ecological model of GBV comprising 20 risk factors in four nested domains: Individual, Individual-Group, Group, and Group- Societal. The second part of the dissertation reports on an evaluation of the MLG in two samples of criminal justice and mental health professionals who completed training and rated case studies. Consistent with predictions, the results of the evaluation indicated that professionals who completed the training: (1) reported significant increases in their confidence, competence, and knowledge concerning the assessment and management of GBV significantly; (2) appraised the MLG to be useful for their practice; and (3) made judgments concerning the presence of risk factors, as well as the nature and level of risks posed, with a degree of reliability comparable to that reported in evaluations of other SPJ guidelines. The professionals also provided feedback for improving the MLG. Overall, the findings suggest the MLG may aid decisions about GBV made by professionals working with diverse problems in a wide range of settings.

Recently
Defended
Dissertations
& Theses

Understanding Factors that Impact Responsivity Within Case Management Plans of Community-Based Offenders with and without Mental Health Needs

Ainslie McDougall, Ph.D.
University of New Brunswick

Many factors influence an offender's ability to respond to community intervention, such as the severity of mental health issues, motivation to change, quality of the case manager-offender alliance, and level of compliance/adherence to case management plans. Consistent with the Risk-Need-Responsivity (RNR) model (Andrews, Bonta, & Hoge, 1990), case plans should address factors that maximize treatment responsivity and positive outcomes. However, very little is known about the responsivity factors that influence community-based case plan compliance among offenders with and without mental health problems. Examining these mental health factors is essential given the overrepresentation of mental health disorders in the Canadian Criminal Justice System (Mental Health Commission of Canada, 2012). This dissertation assessed the case management plans of adult community-supervised offenders ($N = 111$) to identify responsivity factors (i.e., offender-case management relationship, motivation and/or therapeutic engagement, severity of mental health symptoms, and presence of psychopathic traits) that best predict dimensions of case plan compliance (i.e., lack of adherence to structure aspects of supervision as well as lack of engagement within the intervention process). Results showed that these responsivity factors partially mediated the hypothesized relationship between criminological predictors and case plan compliance, and therefore would be important targets for pre-intervention programming. Unfortunately, few conclusions can be drawn regarding whether case plan compliance fluctuates with varying levels of adherence to the principles of the RNR model because of insufficient information available to code adherence in case records. Collectively, this research provides insight into the development of more effective strategies for enhancing responsivity among offenders supervised in the community, especially for those suffering from mental health difficulties.

Recently Defended Dissertations & Theses [continued]

An Examination of the Professional Override in the Level of Service Inventory – Ontario Revision (LSI-OR) Laura Orton, M.A. University of Saskatchewan

Despite the overwhelming amount of research conducted on forensic risk assessments in the last twenty years there has been a distinct lack of information on the use of the professional override to adjust actuarial scores. The current study was designed to fill the gap in the research examining the effects from using the professional override in the Level of Service Inventory – Ontario Revision (LSI-OR). While there has been recent research conducted indicating that overrides or adjusted actuarial risk assessments are not as accurate as purely actuarial methods (Gore, 2007; Hanson et al., 2007; Hogg, 2011; Wormith, Hogg, & Guzzo, 2012) there is a lack of research conducted solely on the use of professional overrides in forensic risk assessment. This study analysed data from 40,539 provincial offenders in Ontario, Canada. The sample was primarily male (83.9%), White (63.0%), and was comprised of violent (53.0%), sexual (3.3%), and non-violent offenders (43.7%). Predictive validity analyses were conducted to determine the effects of the override for the total sample and then stratified by gender and ethnicity. Special attention was paid to the effects of the override compared between violent, sexual, and non-violent offenders.

Correlation analyses showed that the initial risk levels appeared to be better predictors of general, violent, and non-violent recidivism whereas the final risk levels appeared to be better predictors of sexual recidivism in some cases. For violent and sexual offenders, the initial risk levels were significantly stronger predictors of general, violent, and non-violent recidivism than the final risk levels yet the final risk levels were non-significantly stronger predictors of sexual recidivism. There were no significant differences between the initial and final risk levels' prediction estimates of the recidivism outcomes for non-violent offenders. Further, there were many more overrides used to increase risk levels than to decrease risk levels overall; sexual offenders had more overrides used to increase risk levels than violent and non-violent offenders combined. Risk level matrices indicated that there were many discrepancies between the number of offenders overridden and their corresponding recidivism rates. Regression analyses indicated additional discrepancies between the significant predictors of recidivism and the significant predictors of the override.

Though there were certain methodological limitations to the current study the results still provide important information on the use of the override in a sample of male and female Ontario offenders. The results showed that the override resulted in decreased predictive validity of multiple recidivism outcomes. The conflicting information between the prediction of sexual recidivism and general, violent, or non-violent recidivism prevents a clear message being drawn from this study, yet the equivocal results provide further doubt and criticism of the use of adjusted actuarial practices in forensic risk assessment. Training assessors for how to use the override and examinations of the effects of the override for various offender groups must be improved and more frequently monitored. Further research should also focus on the reasons why overrides are used and if there are any biases concerning certain offender types. Misuse of the override has far-reaching ethical and legal implications that must be limited to ensure the future of forensic risk assessment is as accurate and appropriate as possible.

Recent Publications

Corabian, G., & Hogan, N. R. (2014). Attitudes Towards Sex Offenders in Canada: Further Validation of the CATSO-R Factor Structure. *Psychiatry, Psychology and Law, (ahead-of-print)*, 1-8.

Attitudes towards sex offenders have been shown to impact upon treatment efficacy and are implicated in the successful reintegration of sex offenders into the community. The current study assessed the factor structure of the Community Attitudes Towards Sex Offenders-Revised (CATSO-R) scale, an 18-item questionnaire, in a Canadian sample. The CATSO-R was designed to measure attitudes and stereotypes towards sex offenders, and was intended for use with diverse populations. Although the results were broadly consistent with the developers' four-factor model, some inconsistencies were also noted. Further revision is warranted before the CATSO-R is widely adopted.

***Tough Crimes: True Cases by Top Canadian Criminal Lawyers*
Edited by C.D. Evans, Q.C. and Lorene Shyba, Ph.D.**

Tough Crimes is a collection of court cases penned by 19 of Canada's leading criminal lawyers including the late Eddie Greenspan, John Rosen, Joel Pink, C.D. Evans, Brian Beresh, and Marie Henein. The chapters describe Canada's most infamous crimes from an insider's point of view including the impact the cases had on lawyers. Also invited to contribute (he considers it a rose among the thorns arrangement) was forensic psychologist, Dr. Thomas Dalby. He describes his involvement in the Taber School shooting case from 1999. The Canadian case occurred only 8 days after the Columbine shooting in Colorado, which provided an obvious model. Dr. Dalby takes us through the case specific clinical and legal issues, the trial and aftermath of this important national case. Mass media reporting of crime, bullying, gun control and prediction of violence are reviewed.

Tough Crimes is available at national booksellers or directly from the publisher at www.duranceville.com. The publisher also plans a parallel book to be released in 2016 reporting a collection of cases/essays by a leading international cast of forensic psychologists and psychiatrists.

Writing Reports for Court: An International Guide for Psychologists Who Work in the Criminal Jurisdiction

Jack White, Andrew Day, Louisa Hackett and J. Thomas Dalby

Psychologists are increasingly being asked to give evidence in court as expert witnesses, yet for some it can be a harrowing experience. *Writing Reports for Court* provides essential support for psychologists when preparing a court report and giving evidence.

A well-prepared report underpins an effective court presentation. The credibility of a psychologist called upon to prepare a report for court will be questioned if the document presented is viewed poorly. The court will place little weight on the report and the psychologist's professional reputation will be placed at risk.

This book offers guidance on the content and structure of reports, highlights the importance of assessments that directly address the legal questions under consideration, and includes detailed descriptions of relevant law and practice in Australia, Canada, the United States, the United Kingdom, New Zealand and Singapore.

Featuring several comprehensive case studies, this book serves as an excellent resource for any working psychologist who may find themselves in a criminal court as well as any psychologist or student considering a career in forensic work.

Recent Publications

[continued]

Hanson, RK, Thornton, D, Helmus, L-M, & Babchishin, KM. (in press). What Sexual Recidivism Rates Should Be Associated with Static-99R and Static-2002R Scores? *Sexual Abuse: A Journal of Research and Treatment*.

Empirical actuarial risk tools are routinely used to assess the recidivism risk of adult sexual offenders. Compared to other forms of risk assessment, one advantage of actuarial risk tools is that they provide recidivism rate estimates. Previous research, however, suggests that there is considerable variability in the recidivism rates associated with the most commonly used sexual offender risk assessment tools (Static-99/R, Static-2002/R). The current study examined the extent to which the variability in the recidivism rates across 21 Static-99R studies ($n = 8,805$) corresponded to the normative groups proposed by the STATIC development group (routine, treatment, high risk/high need). We found strong evidence that routine (i.e., complete) samples were, on average, less likely to reoffend with a sexual offence than offenders in the high risk/high need samples (i.e., those explicitly preselected on risk-relevant variables external to STATIC scales). The differences between routine/complete and high risk/high need samples, however, were only consistently observed for offenders with low or moderate scores; for offenders with high STATIC scores, the 5-year sexual recidivism rates for these two groups were not meaningfully different. There was only limited evidence to support treatment samples as a distinct sample type; consequently, the use of separate normative tables for treatment samples is not recommended. The current results reinforce the value of regularly updating the norms for empirical actuarial risk tools. Options are discussed on how STATIC scores could be used to inform recidivism rates estimates in applied assessments.

Babshishin, KM, Hanson, RK, & Blais, J. (in press). Less is more: Using Static-2002R Subscales to Predict Violent and General Recidivism among Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*.

Given that sexual offenders are more likely to reoffend with a nonsexual offence than a sexual offence, it is useful to have risk scales that predict general recidivism among sexual offenders. In the current study, we examined the extent to which two commonly used risk scales for sexual offenders (Static-99R and Static-2002R) predict violent and general recidivism, and whether it would be possible to improve predictive accuracy for these outcomes by revising their items. Based on an aggregated sample of 3,536 adult male sex offenders from Canada, US, and Europe (average age of 39 years), we found that a scale created from age at release and the general criminality subscale of Static-2002R predicted nonsexual violent, any violent, and general recidivism significantly better than Static-99R or Static-2002R total scores. The convergent validity of this new scale (Brief Assessment of Recidivism Risk – 2002R; BARR-2002R) was examined in a new, independent dataset of Canadian high risk adult male sex offenders ($N = 360$) where it was found to be highly correlated with other risk assessment tools for general recidivism and the PCL-R, and demonstrated similar discrimination and calibration as in the development sample. Instead of using total scores from the Static-99R or Static-2002R, we recommend that evaluators use the BARR-2002R for predicting violent and general recidivism among sex offenders, and for screening for the psychological dimension of antisocial orientation.

Recent Publications

[continued]

Brouillette-Alarie, S, Babchishin, KM, Hanson, RK, & Helmus, L. (2015). Latent constructs of static risk scales for the prediction of sexual aggression: A 3-factor solution. *Assessment*. Advanced online publication.

The most commonly used risk assessment tools for predicting sexual violence focus almost exclusively on static, historical factors (e.g., characteristics of prior offences). Consequently, they are assumed to be unable to directly inform the selection of treatment targets, or evaluate change. In this article, we argue that this limitation can be mitigated by using latent variable models as a framework to link historical risk factors to the psychological characteristics of offenders. Accordingly, we conducted a factor analysis of the 13 non-redundant items from the two most commonly used risk tools for sexual offenders (Static-99R and Static-2002R) in order to identify the psychological information contained in these tools. Three factors were identified: 1) persistence/paraphilia, a construct related to sexual criminality, especially of the pedophilic type, 2) youthful stranger aggression, a construct centered on young age and offence seriousness, and 3) general criminality, a construct that reflected the diversity and magnitude of criminal careers. These constructs predicted sexual recidivism with similar accuracy, but only youthful stranger aggression and general criminality predicted non-sexual recidivism. These results indicate that risk tools for sexual violence are multidimensional, and support a shift from a focus on atheoretical risk markers to the assessment of psychologically meaningful constructs.

Hanson, RK. (2014). Risk assessment. In MS Carich & SE Mussack (Eds.), *The Safer Society handbook of sexual abuser assessment and treatment* (pp. 45-62). Brandon, VT: Safer Society.

[no abstract available]

Harris, G.T., & Rice, M.E. (2015). Progress in Violence Risk Assessment and Communication: Hypothesis versus Evidence. *Behavioural Sciences and the Law*, 33, 128-145.

We draw a distinction between hypothesis and evidence with respect to the assessment and communication of the risk of violent recidivism. We suggest that some authorities in the field have proposed quite valid and reasonable hypotheses with respect to several issues. Among these: that accuracy will be improved by the adjustment or moderation of numerical scores based on clinical opinions about rare risk factors or other considerations pertaining to the applicability to the case at hand; that there is something fundamentally distinct about protective factors so that they are not merely the obverse of risk factors such that optimal accuracy cannot be achieved without consideration of such protective factors; and that assessment of dynamic factors is required for optimal accuracy and furthermore interventions aimed at such dynamic factors can be expected to cause reductions in violence risk. We suggest here that, while these are generally reasonable hypotheses, they have been inappropriately presented to practitioners as empirically supported facts, and that practitioners' assessment and communication about violence risk runs beyond that supported by the available evidence as a result. We further suggest this represents harm, especially in impeding scientific progress. Nothing here justifies stasis or simply surrendering to authoritarian custody with somatic treatment. Theoretically motivated and clearly articulated assessment and intervention should be provided for offenders, but in a manner that moves the field more firmly from hypotheses to evidence.

Recent Publications

[continued]

Eke, A. W., Meloy, R., Brooks, K., Jean, L., & Hilton, N. Z. (2014). Threats, approach behaviour, and violent recidivism among offenders who harass Canadian justice officials. *Journal of Threat Assessment and Management, 1*, 188–202. doi:10.1037/tam0000016.

We examined the characteristics of offenders who harassed justice officials, comparing those who threatened or approached their victim with those who engaged in other problematic communications. We also explored predictors of subsequent violence. We identified 86 offenders from the files of a justice officials protection and investigation service in Ontario, Canada, who had used threatening, disturbing, intimidating, or harassing language (written or verbal) toward police, prosecutors, judges, defense attorneys, probation officers, or correctional workers. We conducted chi-squared tests and ANOVAs to compare offenders who did versus did not threaten or approach on criminal history, substance abuse, mental health, and other variables at the index offense, and tested predictors of future violence using the receiver operating characteristic (ROC) area under the curve. Using threats was associated with being male, a prior criminal history, substance abuse, and suicidality. Approaching the victim was associated with younger age, less previous offending, and absence of a prior acquaintance with the target. Post index criminal offending was common (55%), but typically nonviolent, and on only 3 occasions (4%) was the victim the original target of harassment. When violent recidivism did occur it was not toward the target; it was best predicted by younger age at index, criminal history, and using threats. Offenders who harass justice officials are rarely violent toward these victims, and their violence is predicted by well-established variables.

Harris, G. T., Lowenkamp, C. T., & Hilton, N. Z. (in press). Evidence for risk estimate precision: Implications for individual risk communication. *Behavioral Sciences and the Law*. (January-February 2015).

Actuarial risk assessment instruments using well-established predictor variables measured at the individual level (e.g., age, criminal history, and psychopathy) discriminate well between recidivists and non-recidivists across diverse samples. Data indicating the relative risk of recidivism can inform policy decisions about allocating resources according to risk within a correctional system, consistent with the first of the risk–need–responsivity (RNR) principles. Evidence for the precision of absolute risk as applied to an individual based on scores from many samples, however, has proven challenging. In this paper, we present a study examining the association of actuarial risk estimate precision with sample size using the Post-Conviction Risk Assessment (PCRA; Lowenkamp et al., 2013), in samples of up to 26,642 offenders. Results indicate that the precision of individual estimates can be demonstrated with sufficient sample size. We believe that the implications of absolute risk for the communication of an individual offender's risks have been poorly understood. We argue that the purpose of individual-level risk communication is to ensure the effective application of policy, which requires matching a new case to aggregate data. We illustrate how an offender's risk might thus be communicated, and conclude that this function is distinct from management of an individual's criminogenic needs and identification of effective and suitable treatments.

Recent Publications

[continued]

Hilton, N. Z. (2014). Actuarial assessment in serial intimate partner violence: Comment on Cook, Murray, Amat, and Hart. *Journal of Threat Assessment and Management, 1*, 87-92. doi:10.1037/tam0000013

Using Cook, Murray, Amat, and Hart's (2014, pp. 67–86) case history of Jean-Guy Tremblay, I present the scoring and interpretation of the Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2004) and the Domestic Violence Risk Appraisal Guide (DVRAG; Hilton, Harris, Rice, Houghton, & Eke, 2008). Both tools place Tremblay in the highest category of risk for repeated assault of an intimate partner at the time of arrest for assaulting his most recent victim, and would also have done so when he was released on bail for offenses against his previous victim. Implementation of a high-risk protocol at that time could have limited his development of a new abusive relationship. The ODARA and DVRAG interpretations with respect to risk assessment concur with conclusions drawn from the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) and the Guidelines for Stalking Assessment and Management (SAM) in this case. In the actuarial model, though, risk management depends on apportioning existing resources according to policy-level decisions informed by risk, and on individual-level assessment of criminogenic needs and responsivity.

Hilton, N. Z., & Ham, E. (2015). Cost-effectiveness of electronic training in domestic violence risk assessment: ODARA 101. *Journal of Interpersonal Violence, 30*, 1065-1073. doi:10.1177/0886260514539762

The need for domestic violence training has increased with the development of evidence-based risk assessment tools, which must be scored correctly for valid application. Emerging research indicates that training in domestic violence risk assessment can increase scoring accuracy, but despite the increasing popularity of electronic training, it is not yet known whether it can be an effective method of risk assessment training. In the present study, 87 assessors from various professions had training in the Ontario Domestic Assault Risk Assessment either face-to-face or using an electronic training program. The two conditions were equally effective, as measured by performance on a post-training skill acquisition test. Completion rates were 100% for face-to-face and 86% for electronic training, an improvement over a previously evaluated manual-only condition. The estimated per-trainee cost of electronic training was one third that of face-to-face training and expected to decrease. More rigorous evaluations of electronic training for risk assessment are recommended.

Recent Publications

[continued]

Hilton, N. Z., Ham, E., Lang, C., & Harris, G. T. (in press). Weight gain and its correlates among forensic inpatients. *The Canadian Journal of Psychiatry* (April 2015).

Objective: We investigated changes in weight, Body Mass Index, and other indices of the metabolic syndrome in forensic inpatients. Weight gain associated with newer antipsychotic medications is well established in the general psychiatric population.

Methods: We examined the medical records of 291 men admitted to a forensic hospital at admission and again at discharge or 365 days later if still in hospital. We also recorded diagnosis and smoker status on admission and quantified psychotropic medication treatment and adherence, physical activity, and daytime occupation during the hospitalization.

Results: On admission, 33% were obese and 22% of the 106 patients for whom sufficient data were available met criteria for metabolic syndrome. Of patients staying at least 30 days, 60% were weighed again before discharge but repeated blood pressure and waist circumference measures were uncommon, even among those at greatest risk. The 122 forensic inpatients with sufficient information gained an average of 12% of their body weight and 40% increased by at least one Body Mass Index (BMI) category, gaining an average 3.67kg per month. Weight gain was associated with duration of time and was not attributable to being underweight on admission, diagnosis of schizophrenia, atypical antipsychotic treatment, medication adherence, or having been a smoker.

Conclusions: Patients gained weight during forensic hospitalization independent of medication use. We recommend further research using consistent measurement and wider sampling of both metabolic syndrome indicators and its individual and systemic causes in forensic populations.

Hilton, N. Z., Scurich, N. & Helmus, L-M. (in press). Communicating the risk of violent and offending behavior: Review and introduction to this special issue. *Behavioral Sciences and the Law*. (January-February 2015). doi:10.1002/bsl.2160

How risk of recidivism should be communicated in correctional and forensic contexts has been a subject of scholarly discussion for two decades. This emerging literature, however, is sparse compared with studies on the assessment of risk for violent and offending behavior. We introduce this special issue with some lessons that can be drawn from non-forensic research, particularly the effects of risk framing, statistical illiteracy, and the use of graphs on the effectiveness of medical risk communication. How offender risks are framed, and how numerate assessors are, also affects the way in which the risk of violent and offending behavior is understood and applied; less is known about the effective use of graphs in forensic decision-making. We discuss conceptual, practical, empirical, and legal implications of the decision whether to use numerical or categorical risk communication formats. We suggest directions for future research on measuring and communicating change, understanding and managing the statistical literacy of those who use and communicate risk assessments, and developing a theoretical framework for forensic risk communication research. Existing literature, and the seven articles in this volume, also bear implications for practice (e.g., professional training), and policy (e.g., decision-making guidelines). We hope this volume will help integrate and invigorate research into forensic risk communication.



OMG, N3 is Here!

By Jim Cheston

June 4-6, 2015

Yes, after almost four years of waiting, the Third North American Correctional & Criminal Justice Conference (NACCJPC3, or N3) is upon us. If you have not registered yet, then hurry! The early registration fee of only \$237.30 for professionals, \$67.80 for students, inclusive of taxes, whether a member of CPA or not, is only available until May 5. If you miss the early registration deadline you will pay \$333.35 or \$118.65 for the professional or student fee, respectively; still a great deal for such an amazing conference. And remember that NACCJPC3 registration also registers you for the CPA convention.

Once again it is looking like one of the greatest challenges for those attending N3 will be deciding which of the many compelling presentations to attend over the three days of the conference. Each of the three days will have

four packed streams of presentations to choose from. Those who attended either of the first two conferences in 2007 and 2011 will remember repeatedly struggling to decide which of several interesting symposia to attend that were being offered at the same time. Go to the webpage at www.cpa.ca/naccjpc and follow the link, **N3 Program** at the top of the home page to see abstracts of all the symposium and poster presentations, as well as descriptions of the keynote speakers' presentations and the June 3 pre-conference workshops which will be awaiting you in Ottawa.

Psychological Services, the journal of APA's Division 18 (Psychologists in Public Service), is planning to develop a package or packages of articles from the original empirical research on correctional and criminal justice psychology topics stemming from presentations at NACCJPC3, including the provision of mental health services in correctional, criminal justice, and psycho-legal settings. The deadline for submission of articles is August 1, 2015. More information is available on the N3 Program link on the NACCJPC website, www.cpa.ca/naccjpc

Of course in addition to the

conference offerings there are a number of other reasons to attend N3. Connecting with colleagues, meeting and networking with correctional and criminal justice psychologists from around the world offers opportunities for inspiration and for planning future collaborations.

The beautiful capital city of Ottawa has so much to offer in early summer. The parliament buildings, many world class museums, art galleries and restaurants, as well as family fun destinations can also be discovered on the NACCJPC website. N3 is a wonderful opportunity to combine a remarkable professional development event with an enjoyable vacation for the family.

There are so many reasons to attend N3, both professional and personal, that you really do not want to miss it. Register now with the early registration fee and we will see you in Ottawa!

From Medical to Multidisciplinary: Psychology's Role in the Transformation of a Forensic Mental Health Service

By David Hill, Psy.D. & Sabrina Demetriooff, Ph.D.
University of Manitoba

Forensic mental health systems are organized in many different ways. Depending on the state or province, forensic services may be provided in settings such as psychiatric hospitals, outpatient forensic clinics, major medical centres, and psychiatry or psychology private practices (Melton, Petrila, Poythress, & Slobogin, 2007). In Manitoba, adult forensic mental health services historically utilized a psychiatric centered medical model to complete court ordered assessments and offer services to individuals under the jurisdiction of the Manitoba Criminal Code Review Board (CCRB) (Mackenzie, 2014). In 2013, however, the Winnipeg Regional Health Authority's adult forensic service underwent a significant transformation in terms of service provision and forensic mental health professionals. When four of five psychiatrists left the forensic service to pursue other endeavors, the service was stripped of its primary resources to conduct forensic mental health assessments. Long wait times for court ordered assessments resulted in many defendants spending extended periods of

time in pretrial custody. Defence lawyers, Crown attorneys, and judges expressed strong concerns about this problem (Editorial, 2013; McIntyre, 2013), which had been previously highlighted by the provincial ombudsman (Manitoba Ombudsman, 2010).

With the departure of the majority of the psychiatrists, maintaining a psychiatric centered practice was no longer possible. Although challenging at the time, these departures provided a unique opportunity to introduce changes in both personnel and procedures. As the new medical director of adult forensic services began to reshape the service, the role of psychology changed dramatically in a positive manner (in our humble opinion). Prior to July 2013, psychology performed a mainly consultative role for psychiatry and other disciplines. In particular, psychologists had minimal involvement in court ordered assessments of fitness to stand trial and criminal responsibility, and had no role in conducting violence risk assessments. Fortunately, systemic changes included developing a multidisciplinary approach to forensic mental health assessments and risk management. This offered a unique opportunity for psychologists to become involved as a critical piece of building a new (and improved) forensic mental health service.

The change process began with the addition of several new forensic mental health professionals to the adult forensic service. With the retirement of a clinical psychologist who had long

been the only psychologist on the service, two new psychologists with specialized training in clinical-forensic psychology were recruited and hired. In addition, forensic mental health professionals from several disciplines (social work, occupational therapy, nursing, etc.) were added to augment existing case management personnel. With so many new professionals and organizational changes, the process of defining new roles and responsibilities for each discipline began to take shape. As psychologists, we too wondered exactly what our role in the new system would be. Fortunately, we had both received training in settings in which psychologists were viewed as valued members of multidisciplinary forensic teams, and we were able to draw on those experiences to help define our roles.

Under the guidance of the new medical director, our first task was to develop a primary role for psychology in conducting violence risk assessments. This process was initiated by deciding that a comprehensive psychological risk assessment would be conducted for every initial disposition hearing for individuals found Unfit to Stand Trial (UST) or Not Criminally Responsible on account of Mental Disorder (NCRMD). These assessments now routinely include the use of specialized violence risk assessment tools (e.g., HCR-20, VRAG, RSVP) and psychological testing depending on the nature of the individual case. To simplify and streamline the report writing process, a multidisciplinary report format was adopted, with sections completed by psychology, psychiatry, and

community forensic mental health specialists. Although we initially wondered how these reports would be received by consumers, feedback from the CCRB and lawyers has generally been positive.

In criminal responsibility assessments, a similar interdisciplinary approach has been developed to provide more comprehensive, high-quality written reports to provincial courts in Manitoba. This novel practice includes a significant role for psychologists. For instance, we have provided second opinions on criminal responsibility in a number of cases. In addition, we often conduct psychological assessments to address questions of response style, diagnosis, and/or cognitive functioning depending on the specific aspects of the evaluation. To communicate assessment results to provincial courts, the need for a new report format also arose. As psychologists with extensive training in forensic report writing, we were instrumental in designing a standardized report template for these assessments.

In our opinion, psychology's role in the systemic changes in Manitoba has resulted in several important benefits for our specialty area. We have been given more responsibility and more respect as forensic mental health professionals, and have developed our scope of practice to extend far beyond a mainly consultative role. Becoming involved in different types of forensic assessments has also allowed us to showcase our expertise in clinical-forensic psychology. The multidisciplinary aspect of our program has provided us with excellent opportunities to

learn from forensic mental health professionals in other disciplines. In addition, psychologists now provide input into program development and future planning for the forensic mental health system, and are actively engaged in research relevant to our work with a forensic mental health population.

Despite the advantages described above, there are a variety of challenges that we have experienced or may face in the future. Working in an environment that is constantly in flux has at times left us with more questions than answers about how to proceed. As early career professionals, working in new assessment areas has tested the boundaries of our competence. Providing opinions on specific issues, such as criminal responsibility and violence risk, may mean our assessments are highly scrutinized by legal professionals and the public. Although the increasing role of psychology has generally been well received, we have occasionally had to educate other professionals about what psychologists do and how we can assist in providing forensic mental health services.

As psychologists, contributing to the transformation of a forensic mental health service has been a challenging, yet very rewarding process. Participating in the change process also makes us wonder: What does the future hold for psychology in provincial forensic mental health systems across Canada? Although the changes in Manitoba to date have been positive, there are still areas in which psychologists could be an asset to Canadian

forensic mental health systems. In Manitoba, fitness to stand trial assessments and mental health courts may offer future opportunities for increasing the role of clinical-forensic psychologists in the adult forensic system.

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Boomerang Submissions: A Threat to the Integrity of Publication in Criminal Justice Psychology

From time to time, peer reviewers come across off-putting behaviours by authors whose research and manuscripts are under review. For example, an author's response to a reviewer's suggestion for change might be simply the statement that, "This was done," and the reviewer has to search through the revised manuscript to ascertain whether and how a change was made in a revised manuscript. Sometimes, an author is annoyed by suggested improvements and fails to disguise this feeling in the response. Of more concern is the submission of manuscripts rejected from the "first-intent journal" (Calcagno et al., 2012) to a second journal without substantial revision. In this paper, we describe the problems created by such "boomerang submissions." We describe how they threaten the integrity of publications in criminal justice psychology making a comparison to piecemeal or fragmented publication (e.g., American Psychological Association, n.d.; Fine & Kurdek, 1994) and suggest steps that editors and reviewers can take to prevent them.

An Example of Boomerang Submission

A few years ago, one of us peer reviewed a manuscript describing an empirical study that was submitted to a principal journal in forensic psychology. The journal eventually rejected the manuscript and all reviewer comments were shared with the reviewers (a good practice, we believe, for its didactic benefits as well as showing how the journal values reviewers' efforts). The same one of us very soon received the manuscript again to review for a different journal, essentially unchanged. Over an informal conversation about how bothered the reviewer was to receive a manuscript in which a particularly flagrant flaw (noted by all three previous reviewers) had not been corrected, it became apparent that all three of us were currently reviewing the manuscript for the second journal. Although we maintained independence in writing our reviews, after submitting them we compared and discussed our comments. We had all identified two fundamental problems. First, it appeared that many of the cases had been reported in previous publications, but insufficient information about sample overlap was provided. Second, some conclusions were inconsistent with the reported results. The manuscript was again rejected by the journal. About a year later, we discovered that the article had appeared in a lower ranking forensic clinical journal. We were dismayed to see that the authors had not clarified their sampling and conclusions, and in fact the published version was less clear such that readers would be unable to notice these potential flaws.

The first problem, concerning previous publications with the same cases, developed as follows. When the manuscript was initially submitted to the first journal, the reported sample was an amalgamation of samples from two other papers and it was not clear what new insights the combined sample offered. One of the two other papers was still in preparation, so the initial review stated a preference for combining results in one more substantial paper. When the manuscript was submitted to the second journal, it referred to a related paper in the Method section, but did not clearly state that this was intended to indicate overlapping samples. All reviewers asked for clarification on the sample overlap. When the published article appeared in the third journal, the other papers were still cited but not with respect to their samples. Thus, the authors removed material that revealed a potential weakness in their method. It is possible that they had a good reason to report new results from a combined

Author Note

Grant Harris is now deceased but contributed to this article until its near completion.

We would like to thank Michelle Green for helpful comments on an earlier manuscript.

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sample, but rather than provide a good rationale for doing so, they appear to have failed to disclose an important limitation of their method.

The second matter pertained to drawing conclusions inconsistent with the study findings. The authors concluded that a certain element of an assessment used in their study was important for clinical practice, yet they did not analyze the relation of this element to their study outcomes despite their descriptive results showing the data were available. In the manuscript submitted to the second journal, the authors provided a reason for failing to do this analysis, which as reviewers we found to be untenable because it contradicted the assessment procedure. When the published article appeared in the third journal, the analysis was still not provided, but no reason for failing to do so was given. Thus, the authors again avoided problematic reviews by removing material that revealed potential weaknesses in their method. In this matter, we are less convinced that they had good reason for not responding to the reviewers' suggestions, because our calculation of the effect using data from descriptive tables in the published article indicates that the results would not support their conclusions.

Our point here is not that we must have been right about our concerns and the authors certainly wrong. Rather, we suggest that our concerns were at least relevant and addressing them explicitly would have strengthened the paper and much enhanced its contribution to research and practice in criminal justice psychology. We believe that the authors' choice to do otherwise raises practical and ethical problems.

Why are Boomerang Submissions a Problem?

We suggest that submission for publication entails entering into a form of social contract. Reviewers agree to give their time and energy to help improve the quality and value of the published literature. Authors implicitly agree to take seriously reviewers' constructive comments, even when rejection is the result. Simply ignoring comments (or hiding problematic details) and resubmitting the manuscript elsewhere violates the principles of honest inquiry to which we are all supposed to adhere.

The problem of boomerang submissions is, we think, at least as bad as "salami science," the practice of dividing a substantial project into a small collection of findings or even a single finding for piecemeal publication. Salami science undermines the integrity of the field, especially when it creates the impression that an empirical finding is larger and better replicated than it really is. The impact of salami science on the field is fundamental and obvious in that it creates difficulties for researchers gathering data for meta-analysis (e.g., American Psychological Association, n.d.). To the extent that the main effects of different variables are reported in different articles, it is also difficult to establish interaction effects or relative variance explained. This hampers both theoretical and empirical progress in the field. In the example we describe above, we believe that the authors pursued publishing multiple articles from the same data set as a higher priority than publishing fewer but much better ones, so had elements of salami science as well as boomerang submission.

The impact of boomerang submissions is more insidious as it all happens in a confidential relationship and behind closed doors. If reviewers feel that their efforts are not valued, it may become harder for editors to recruit reviewers. Having limited willing and able experts to review articles leads to lower quality work being published (e.g., Ozonoff, 2006; Sharpe, 2013). Editors are already under increased pressure to locate expert reviewers given the explosion in journals ("The cost of salami slicing," 2005), particularly online journals.

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The Pressure to Publish is Part of the Problem

As both reviewers and authors, we have been on both sides of peer review, and empathize with authors who feel frustrated by what may seem like unreasonable demands from reviewers. Sometimes, it must be said, reviewers do misunderstand the authors' methods and authors are justified in feeling annoyed. When this happens, the authors can address inaccuracies in reviewers' understanding by making sure the revised manuscript is clear and by explaining reviewers' inaccuracies in a letter accompanying the revision. Also, authors sometimes have a legitimate desire to release new findings quickly ("The cost of salami slicing," 2005) perhaps out of excitement over their results or fear of being scooped. Authors are also subject to the pressure to "publish or perish" (Caplow & McGee, 1958, cited by Sharpe 2013, p. 3) in order to obtain tenure or academic promotion. Academic competition requires, among other things, multiple publications in top journals (e.g. Sharpe, 2013). Authors submit most articles for peer review in their first five years of professional life (Bakanic, McPhail, & Simon, 1987), reflecting this pressure on young academics early in their careers. In forensic psychology, the proliferation of risk assessment tools and the concomitant opportunities for income from manuals, training, and expert testimony introduces potential additional pressure to demonstrate that such tools and training actually work, and hence to accumulate literature in their favour. While we understand these pressures, we decry the impact that boomerang submissions can have on the integrity of the criminal justice psychology field. In the example described above, especially, it seemed to us that the authors put their own integrity into question by pursuing an easy publication instead of one that was the best contribution to the field it could be.

Inadequate Peer Review is Also Part of the Problem

An important corollary of ongoing pressure to publish is that scientists may find they have less time to participate in the peer review process, as it draws time away from research and teaching ("The cost of salami slicing," 2005). For example, as authors we recently received an acknowledgement email from an editor saying that our manuscript would be sent to four reviewers in hopes of getting two reviews back. Our experience as editors has shown us how difficult it can be to recruit reviewers, particularly those who are experts in the field. The increasing practice of having authors suggest reviewers is further evidence that it is difficult to find reviewers who are willing to participate in the peer review process. It is possible that reviews are increasingly conducted by students or people with less experience and expertise, or by reviewers too pressed for time to return a thorough set of comments (e.g., Clapham, 2005).

The purpose of peer review is to refine the presentation of findings and help construct the scholarship of a field (Bakanic et al., 1987). Whereas the demands to publish can sway some researchers to use questionable and perhaps unethical practices (Sharpe, 2013), the peer review (and editorial) process should catch and correct such errors. In general, peer review is seen as valuable to improving the presentation of scientific findings (Morey, Garner, Faruque, & Yang (2011). Peer review helps experienced scientists teach each other and less experienced researchers (Clapham, 2005). Peer review is a "high calling" ("The cost of salami slicing," 2005, p. 1) that can have a positive impact on the citation rate of articles that are eventually published (Calcagno et al., 2012).

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What Should Criminal Justice Psychologists Do?

Psychologists have already attempted to improve publishing standards by requiring full disclosure (e.g., LeBel et al., 2013). Some current practices include statements in published articles indicating the institutional body that provided research ethics review, and disclosure of fiduciary or other actual or perceived conflicts of interest. Additional author disclosures were suggested by Simmons, Nelson, and Simonsohn (2011) after demonstrating the impact on false-positive rates of a related problem, termed "researcher degrees of freedom" (p. 1359), whereby researchers select conditions and variables to report without disclosing others actually used in their study. Furthermore, Simmons et al. recommended that peer reviewers could ameliorate the problem by holding authors to the requirements for disclosure, and in some cases even requiring additional research.

We use a similar approach in our suggestions for avoiding the boomerang submission problem. We do so in the belief that authors who take their time and publish well written and methodologically sound articles need not perish; in fact resubmissions to second journals can end up making more impact on the field as measured by citations (perhaps because higher impact journals are more likely to accept only after revision; Calcagno et al., 2012). Authors should undertake changes to respond to all reasonable comments from reviewers before submitting a manuscript to a second journal. They should inform the editor that the manuscript has been previously rejected and, we suggest, provide the reviews from the earlier journal (for the editor's use only). Authors could facilitate the process by providing, in addition, a confidential letter to the editor showing how they have responded to the previous peer reviews – perhaps not as detailed as if resubmitting to the original journal, but at least responding to major concerns, or saying why the concerns need not be addressed.

Reviewers can help the editorial process by informing journal editors if they have previously reviewed a manuscript. At a minimum, reviewers should state the same concerns as they had previously if they have not been addressed in a submission to a second journal. We further suggest that reviewers, when asked to review a rejected manuscript for a second journal, provide their previous reviews to editors and note which major concerns have not been attended to. It may be that the review was especially unhelpful (it is not unheard of to receive inappropriately personal or unprofessional comments from reviewers), and this gives the authors the opportunity to point out any reasons for not addressing previous concerns.

Editors may have the greatest ability to limit boomerang submissions. They could insist that authors declare whether their article has been rejected elsewhere. The editor then could ask to see the reviews from earlier submissions; it would be the editor's prerogative to give weight to or overlook previous reviews. It would also be helpful if editors not simply tell authors to "respond to all reviewers' comments" but help identify which issues raised by the reviewers (whose comments might conflict with each other's) ought to be addressed in a revision. Some journals are inviting authors to identify people they do not want to review (with an explanation) and this practice could be adopted more widely in an effort to limit potential professional conflict in the peer review process and comments that genuinely do not require response.

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Conclusion

We consider peer review to be both a privilege and a responsibility. In the great majority of cases when we have provided reviews, we are satisfied with the experience and pleased with the genuine efforts authors make to improve their manuscripts. We also are grateful, and occasionally quite indebted, to reviewers who give us thorough and constructive feedback. Our suggestions here are offered in response to some fortunately rare experiences. We believe all of us working as researchers and practitioners in the field of correctional psychology can help solve and prevent the problem of boomerang submissions. In this vein, we concur with the editor of *Nature* who argued that those in a position to judge their peers' empirical work should "make it plain that it is scientific rigor and not merely numerical output that will lead to success" ("The cost of salami slicing," 2005, p. 1). Our suggested remedies might decrease the total number of articles published (while increasing quality), but if such a policy is systematically applied it should not disadvantage any individual author, even in a publish-or-perish world.

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The Need for Effective Intervention Programs to Prevent Islamic Extremists and Terrorist Recruitment in Canada

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Increasingly over the last decade, the world has witnessed more frequent acts of terrorism, reaching a crescendo since the insurgency of the Islamic State of Iraq and the Levant. Although many Western and non-Western countries have suffered (e.g., Australia, Canada, Spain, the United States, England, France as well as Iraq, Syria, Israel), the impact is broader than the thousands of casualties and millions of refugees. Many other indirect victims are suffering from Post Traumatic Stress Disorder (PTSD) by witnessing horrendous acts through (social) media. French pharmacists have reported that the consumption of anxiety medication rose by 20% nationwide (Gurfinkiel, 2015) since France's latest terrorists attacks in January 2015. Recently, intelligence officials estimate that around 130 Canadians have traveled abroad to fight with groups like ISIS, of whom 80 have returned home (Canada; Valdmanis, 2014).

The recent terrorist attacks in Paris and other Western countries were committed by ex-offenders who were released from prison. Indeed, the entire ISIS command and control structure was formulated by ex-offenders, which includes emir Abu Bakr al-Baghdadi who was once incarcerated in Camp Bucca prison in Iraq. All were subsequently released when the prison was turned over to Iraqi officials (Dunleavy, 2015). Of particular concern to Canadians and other Western countries, is the research that indicates the prevalence of extreme Middle-Eastern ideologies among incarcerated offenders (Loza, 2010). Western prison administrators have also expressed concerns regarding the trend of radicalizing offenders who are serving sentences in Western prisons.

Given the above, it is clear that Canada is in need of comprehensive prevention and intervention/rehabilitation plans. However, a review of available information indicates that there are none. There are two known programs in existence in Canada today. The first one, CAN-Bridge, was designed by a convert to Islam (<http://www.jihadwatch.org/2009/02/canadian-mosque-offers-specialized-de-radicalization-intervention-program&cad=h>). The goal of the 3-step de-radicalization program for Muslim Canadians, "is to facilitate a more formal and successful relationship between Western governments and Muslim communities". The "12-step Extremist Detox Program" is being offered to young Islamic radicals who are sympathetic to the terrorist group Al Qaeda. The second program, developed by Mr. Amiruddin, is described as a psycho-spiritual rehabilitation therapy based on the Sufi approach (http://en.wikipedia.org/wiki/Sayyid_Ahmed_Amiruddin) and is described in testimony from the Special Senate Committee on Anti-Terrorism (Parliament of Canada, Ottawa, October 4, 2010). The developer applied his methodology to create a twelve-step radicalization prevention program, which reportedly uses the services of psychologists and psychiatrists to deal with issues related to "hyper-religiosity, which is a diagnosed system of Bipolar disorder treated with prescription drugs". Amiruddin asserted that his program works and is confident that it will save lives, benefiting all Canadians.

It is difficult to judge the efficacy of these programs in the absence of key rigorous and independent program evaluation results (e.g., how are candidates identified/ referred/ selected?; how was program content developed/ delivered?; and what are the professional qualifications of the program designer(s) and delivery staff?). One of these programs is administered by an Imam

who belongs to a minority Islamic sect not generally recognized or accepted by the majority of Middle-Eastern Muslims (Kareema, 2015, p 73). This explains the Imam's testimony that the radicalized Sunnis "of course would reject our arguments". This is not surprising given that ISIS fighters are Sunnis and would reject all other faiths.

In terms of prevention and intervention, recent reports indicate that the Royal Canadian Mounted Police (RCMP) is planning to implement a program called "Prevent" that is currently used in England. This program has unfortunately had a shaky history and numerous serious criticisms; however, it is premature to predict how effective it would be in Canada given the different profile for extremists between the two countries and the different socioeconomic backgrounds (Valdmanis, 2014). The committee used by Public Safety (the Cross-Cultural Roundtable on Security; CCRS; <http://www.publicsafety.gc.ca/cnt/ntnl-scrtr/crss-cltrl-rndtbl/index-eng.aspx>) consists of 15 citizens appointed by the Ministers of Public Safety and Justice to advise the Government of Canada on matters relating to national security. Surprisingly, none of the members of this committee could be considered a religious authority in Sunni Islam or an expert on extremism/ terrorism.

When it comes to designing effective intervention programs, personal experience and available information indicates that the Correctional Service of Canada (CSC) does not have a program specifically designed to rehabilitate incarcerated terrorists. Hindering progress towards designing and delivering effective programs is that, after 9/11, many Canadians started to venture in this field without having the adequate training, background or certified expertise (being of the faith does not make one an expert in the process of radicalization or prevention of extremism). The majority of these "experts" acquired their expertise through media and self-directed readings. Unfortunately, in my opinion, involvement of these "experts" has been, and will continue, to cause more harm than good. Many salient issues related to Middle-Eastern extremism are alien to Western culture and consequently not easily understood through theoretical means (e.g., understanding or knowledge of the history, culture, ideologies, values, language, religion, history, ethnicity, regions, customs, and political and social backgrounds of the dominant or minority Middle-East populations; Loza, 2012). Political correctness and over-sensitivity regarding addressing religious issues are factors that hamper serious contributions from concerned/ credible researchers.

Prevention

Those who are at risk of adopting a new faith usually do so because they are looking for acceptance, fulfillment or status, camaraderie, and self-actualization – they want to be different. They look for change, to try new things, and they want a way out of their routine life. The precipitating "need state" is often preceded by some disturbing or troubling event such as loss of a job, loss of a relationship, or other personal problems (Loza, 2007). Some of these individuals could be prevented from joining violent terrorist organizations if these needs were fulfilled through prevention programs. Additionally, Horgan and Braddock (2010) suggested encouraging youth at risk of joining violent groups to join a non-violent Islamic network, which would allow them to achieve the benefits they were seeking from group membership without the requirements to engage in violent jihad.

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The Internet has been playing an important role in the recruitment of new terrorists. Counter-recruitment/ prevention programs need to be proactive. For example, Internet sites can be developed to expose and challenge extreme ideologies and to help with early identification of possible terrorists and engage/ intervene with them.

Intervention and Rehabilitation

In 2007, Loza warned that extremism and terrorism were increasing and there was an urgent need for multifaceted, interdisciplinary research and rehabilitation programs to help develop solutions to this problem. Rehabilitation programs must deal with the motivations, risks, needs, and learning styles of each individual convicted terrorist (Andrews, 2001). There must be appropriate intervention for offenders who have been convicted of Islamist-related extremism/ terrorism that focuses on targeting their extremist beliefs, ideologies, attitudes, attributions, that promote Jihad such as the desire to establish a Kalifat political system, religious superiority, or attitudes towards the Western way of life. This could be done by countering extreme ideologies with other ideologies that are not religiously-based. The objective would be to balance out the terrorist's interests and views and promote loyalty to their current countries and the democratic political system.

It is vital that programs used with this population have two components: a group component (that will benefit all participants) and an individual counselling component (that is designed to cover the terrorist's specific needs). Individualized counseling that covers the specific needs of each terrorist/extremist is important. Each individual must complete an assessment process. This assessment will include information gathering regarding psychosocial history and an estimated level of risk for recidivism should the individual not receive treatment. This assessment is vital to the success of any program as it will allow the clinician to tailor the program to each individual terrorist/extremist as each of their circumstances will differ. The makeup of terrorists'/extremists' personalities, backgrounds, and circumstances differ thus no specific program can be a good fit for everyone.

Correctional staff need to be provided with training on Middle Eastern extremist ideologies that could help with the rehabilitations efforts. Experience from other countries indicates that the majority of religious programming did not produce the desired results. Treatment teams should include professionals including a Muslim cleric (Imam/Sheik) qualified to offer religious counselling and is well versed in the issues related to Middle-Eastern extremism/terrorism as well as a psychologist with expertise in the culture, language, ideologies, and religious background of these offenders who also has a good understanding of issues related to Middle-Eastern extremism/terrorism. New programs are needed with a larger focus on psychological intervention. However, Imams should not take a leading role in rehabilitation of those who have already become radicalized, (Fatah, 2014a) since many of those who are radicalized reject anti-jihadi Imams as heretics. According to Andrews (2001), the most important element in a successful program is the qualification and training of the people delivering the programs.

Follow up and maintenance programs would also be necessary. The Correctional Service of Canada (CSC) is a world leader in the development and implementation of correctional

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programming. Therefore, I suggest that CSC be given the resources and commitment needed to develop appropriate and targeted programming, different from current programs, that is absent of heavy religious components.

It would be difficult for staff designing and delivering programs to be thoroughly knowledgeable about the ideological contexts, history, culture, values, language, religions, ethnicities, regional customs, and political and social backgrounds of the population in question prior to undertaking assessments or designing interventions for extremists/terrorists. Besides acquiring the necessary knowledge about terrorism, it takes years of study and learning about program designs and counseling to become a qualified expert. Although many programs look good on paper, buyers beware.

Perhaps most fundamentally, we need to educate Western populations and politicians about the ideologies of extremists and the dangerous consequences of isolation, which promotes the notion of "them" vs. "us" through increasing and strengthening integration and assimilation policies. In practice, this will involve avoiding the notion of cultural uniqueness as a means to isolate groups through separate and exclusive school systems, cultural neighbourhoods, and the monitoring of teachings in religious institutions. Politically unpopular, it will be necessary to rethink immigration and refugee policies with the goal of (a) balancing the ratio of immigrants according to religion, (b) mandating total loyalty to their newly adopted countries, (c) countering the extremists' long term strategy of overwhelming Western countries through increasing their population numbers while using the democratic process to impose their views, and (d) educating the public and policy makers about the tactic of abusing freedom of expression to promote their ideas and ideologies in the West (Loza, 2007)

Program Evaluation

Prior to implementing any program, they must be subject to rigorous studies and peer reviewed to ensure their efficacy. These programs must also include strong periodic and end of program evaluation components for each participant to measure progress against program targets. In addition there must be follow-up components so progress of participants can be tracked over time post-release. Programs must be sensitive to the Canadian culture, values, beliefs, and community characteristics.

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By
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Mental Health Care

Using an Evidenced-Based Approach to the Treatment of Borderline Personality Disorder within a Maximum Secure Forensic Mental

Abstract

This case study examines Mr. D, a 34 year old male diagnosed with Substance Abuse Disorder: in remission in a controlled environment, Intermittent Explosive Disorder, Tic Disorder, Attention Deficit Hyperactive Disorder (ADHD), mild Mental Retardation and Personality Disorder with both Antisocial and Borderline traits. In 2003, he was charged with an index offence of assault with a weapon, assault of a police officer, and uttering threats (x2). Dialectical Behavioural Therapy (DBT) was chosen as a treatment for Mr. D, because it has the most promising evidence-based-as a treatment approach for an individual with this complex etiology and emotional dysregulation. However, it is not expected that the practical application of DBT within a maximum secure forensic facility will have the same outcome as what has previously been shown in research with other populations. This may have several implications for the implementation and overall effectiveness of DBT in this environment.

Patient Information

Mr. D is a 34 year old male diagnosed with Substance Abuse Disorder: in remission in a controlled environment, Intermittent Explosive Disorder, Tic Disorder, Attention Deficit Hyperactive Disorder (ADHD), mild Mental Retardation and Personality Disorder with both Antisocial and Borderline traits. These diagnoses were given by the psychiatrist currently in charge of this patient's care. In 2003 the patient was charged with an index offence of assault with a weapon, assault of a police officer, and uttering threats (x2). The patient has no further criminal charges.

Assessment information. Mr. D has been assessed with standard static actuarial risk measures consisting of the Violent Risk Appraisal Guide (VRAG), scoring in the 7th of 9 bins, suggesting a high probability of violent recidivism, and the Psychopathy Checklist Revised (PCL-R), scoring 21 out of 40, which indicates that this patient does not meet the criteria for psychopathy. Further assessments include intellectual testing at a previous facility which demonstrated him to be within the borderline mentally retarded range. One caveat to this finding was that it appeared that Mr. D's extreme impulsivity may have negatively impacted the accuracy of assessment of his intelligence. Mr. D presents as verbally aggressive, uttering threats of violence and sexual harassment towards female staff in addition to staff splitting. When in an elevated state of agitation he will self-harm, not follow direction, and engage in physical aggression towards objects and others during restraint. Staff has unanimously experienced difficulty with the aforementioned behaviors often exhibiting signs of burnout. Further he is critical of others and does not often follow direction.

Developmental History. Regarding the etiology of his difficulties, at age 3 Mr. D had a hearing test completed as he had begun exhibiting tantrums and was not responding to verbal commands. It is reported that his behavioral difficulties began at this time. The patient demonstrated an extreme degree of unpredictability, was emotionally labile, and had tendencies towards rage.

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In junior kindergarten, Mr. D was reported to have had extreme behavioral problems and did not get along well with other children and therefore was sent to a school specializing in the management of children with behavioral issues. He attended schools specializing in behavioral issues until the age of 18 years when he left school. Mr. D currently has the equivalent of a grade 5 education. Additionally, the patient started using drugs at age 18 (i.e., Dimenhydrinate [Gravol] and marijuana). The patient also has an extensive history of threats and assaults on others, and self-harming behavior: including burning himself with cigarettes, banging his head against cement walls, collecting medications in the attempt to overdose, cutting himself, and attempting to strangle himself. He previously was employed as a dishwasher at a large chain restaurant however it was noted that an interpersonal conflict escalated to the point where police had to be called and Mr. D was escorted out of work and his employment terminated. Mr. D has had no significant intimate relationships, has no known children, nor has he ever been married. Mr. D was 23 years of age at the time of the index offence.

Rationale for Treatment Approach

Dialectical Behavioral Therapy (DBT) was developed over two decades by Marsha Linehan (1993a, 1993b) as a community-based treatment for Borderline Personality Disorder (BPD). This approach was chosen as a treatment for Mr. D as it appears to be the most evidence-based treatment approach for an individual with such a complex etiology and a diagnosis of BPD. For example, DBT was developed in a community outpatient population suffering from BPD to improve quality of life and to reduce therapist burnout (Nee & Farman, 2005). Both of which are significant issues for Mr. D. DBT is a comprehensive cognitive-behavioral treatment that combines the basic strategies of behavior therapy with Eastern mindfulness practices (Berzins & Trestman, 2004). Although DBT has not been validated for use within a maximum secure forensic facility, according to Lipsey (1995) DBT would be a natural choice for such a forensic setting because of its foundation in Cognitive Behavioral Therapy (CBT) and the extant evidence supporting the use of CBT with offenders (Nee & Farman, 2007).

It appears that any treatment targeted to forensic inpatient males requires a unique set of components that are often missing from existing interventions, including traditional applications of DBT. The current approach may not encapsulate all of these needs especially with regards to the myriad of therapy interfering behaviours present.

Further, DBT is specifically designed to address the issues Mr. D presents with which are leading to staff burnout. The notion that treatment should be based on assisting the person to construct a 'good life' and a positive self-identity rather than focus exclusively on eliminating problems has importance beyond the forensic field (Howells, 2010) and again has applicability to Mr. D. This approach is consistent with the Risk-Needs-Responsivity Model (RNR) of offender treatment (Andrews & Bonta, 2010). The RNR model of effective offender treatment is an evidence-based approach utilized within correctional and forensic settings. Further, the effectiveness of DBT interventions is increased when treatment is matched to appropriate behavior problems (i.e. suicidal and parasuicidal behavior, extreme aggressiveness and non-compliant behavior) and implemented with intensive training (Trupin, Stewart, Beach, & Boesky, 2002).

Clinical rationales for utilizing DBT in forensic settings include: reducing staff burn out, specificity to treatment targets (anger, impulsivity, and violence), empirical validation, prosocial skill development, consistency with institutional goals, flexibility (ability to suit institutional needs), decreasing substance abuse, and supporting continuity of care. From a societal perspective, money can be saved if forensic patients can be transitioned from the hospital to the community quickly and safely (Vitacco & Rybroek, 2006).

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Application of DBT Treatment

Mr. D participated in a DBT group and received individual counselling but then dropped out of the group due to instability of emotional responses resulting in him being secluded. Prior to being discharged from the DBT group, Mr. D. attended two 1-hour sessions per week and also received an hour of individual counselling per week. Mr. D. appeared to be making progress in the DBT group and individual counselling. However, he was not completely stabilized and when he had an interpersonal conflict and an emotional outburst, he was secluded and therefore was unable to attend treatment sessions.

Mr. D has been prescribed a limited number of medications and will sporadically use medication as required (PRN). While these pharmacological interventions offer some temporary amelioration of his BPD symptoms, he needed further psychological treatment to address his tendency toward behavioral management problems. In the DBT group and individual sessions, he identified triggers, physical responses, and coping skills, for his anger problems. The skills and conditions he identified as ameliorating his anger are: going off the ward to common areas, listening to music, watching hockey, using an ice pack/elastic-band as a less injurious way to feel pain, talking to staff, being in his room to isolate himself from others, taking medications as needed, yelling in his room, having a good night's sleep, cleaning his room, showering, and engaging in physical activity. While he was following this risk management plan, his behavior management was markedly improved. However, when he was faced with invalidation of his emotional experiences, he acted out resulting in seclusion and the inability to continue psychological treatment.

Within a Maximum Secure Forensic Mental Health Centre, arguably the most difficult interpersonal interactions that clinicians have to face are with individuals with Borderline Personality Disorder. This paper will describe this challenge and make some suggestions about how to overcome this difficulty when providing treatment to individuals with BPD.

Within standard DBT there is pervasive dialectics or polar opposites that require synthesis to achieve balance in behaviour and mood (McCann, Ball & Ivanoff, 2000). Forensic dialectical dilemmas that often appear include:

- The freedom to participate in treatment versus the experience of treatment as coercion
- Acknowledging no responsibility for their crimes because they are deemed not criminally responsible versus being guilty, blame worthy, and required to take responsibility for their crimes in order to obtain a legal release
- Experiencing staff as jailers versus treatment providers who want to help them
- Living by the "con-code", which is known and predictable, versus taking the risk of trust, vulnerability, growth, and treatment alliance

These issues are particularly relevant in the case of Mr. D. The context and environment that this treatment modality takes place may be a significant factor in the success or failure of this individual.

McCann, Ball and Ivanoff (2000) consider the truth of both of these dialectics and recognize a synthesis of these truths into a useful whole is rather difficult. Forensic patients who are most effective in this environment are those who radically accept these incongruent and desperate realities.

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Staff often experiences these dialectics as well. Staff dialectical dilemmas include:

- Treatment versus security
- Acceptance versus change
- Liking versus disliking
- Hope versus burn out

These issues require synthesis as well (McCann, Ivanoff, Schmidt, & Beach, 2007). At times these can be resolved within the consultation team by synthesizing both extremes. The following interventions applied to staff, implemented in successive order to help build the motivation and skills to provide an environment of coaching:

- Inclusion of milieu skills coaching in staff job appraisal plans. Discipline territoriality and union regulations can interfere, affable and fair relations with other disciplines and support from administration is crucial
- Teaching and modeling of skills coaching to staff by high- status nursing or administrators.
- Skill of the week. Everyone coaches the same skill all week. Given the rates of aggressive incidents precipitated by staff request, staff are understandably reluctant to implement the protocol. The solution involves ensuring the patients are fully oriented to skills coaching prior to its use.
- Contests. Staff record their frequency of DBT skills coaching on a staff DBT diary card. These are reviewed by the DBT consult team. Whoever emits the highest frequency of coaching wins the prize.

In general, forensic staff members incline toward irreverent communication strategies and need encouragement to effectively increase their validation and reciprocal communication strategies. Patients are to have positive, not negative, consequences for honest reporting on diary cards so to shape and foster honest recording of behaviours. At times to increase daily completion of diary cards, some patients have their diary cards initialed daily by a ward staff member and chain analysis is completed as per standard DBT practice. As patients consider chain analyses aversive, it is important to manage contingencies around completion of chain analysis (i.e.: privileges may be withheld until the chain analysis is completed). Over time, with written feedback, this process helps patients better understand and change their behaviours; an unexpected and useful side effect of these independently completed chain analyses is increased honesty on the part of participants, as they were fully aware that the treatment team will compare renditions of the events (McCann, Ball & Ivanoff, 2000).

Outcome Evaluation of Intervention

Several difficulties with the Dialectical Behavioral Therapeutic structure have become apparent in our Maximum Secure Forensic Mental Health setting. The individual tailored approach, accentuating a balance of validation and change, was responded to positively by Mr. D as illustrated by his reduced sexually inappropriate, threatening, and aggressive behavior with his DBT treatment providers. However, consistency of approach has been noted to be of paramount importance in the literature on DBT and presented a significant challenge to the successful implementation of DBT in our setting. Mr. D evidenced differences in his interactions towards staff. That is, staff members who are validating of his emotional distresses have a positive relationship with Mr. D, whereas those staff members who are not validating of his emotional distress typically experience targeted hostility. As noted earlier, when Mr. D has an emotionally invalidating experience he tends to lose his ability to self-regulate his

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emotions and typically has behavior problems which results in him being secluded. This paper will describe problems observed with this issue and make suggestions for overcoming this problem in a maximum secure forensic setting.

The consistency of being able to run the DBT skills group was also somewhat problematic due to administrative and security-based lock-ups of patients, as well as staffing levels, which were sometimes insufficient to be able to safely run the DBT program. Further, of concern was that Mr. D was protected from the natural consequences of inappropriate behavior (in particular) by his being in a restrictive, punishment-focused environment. Oxyronically, the client was also often protected from natural consequences of good behavior due to the nature of the environment. Forensic facilities are often biased against reinforcing successive approximations of positive behaviors, which then result in the ideal behavior not being strengthened.

Ideally, in applying new contingencies to support new behaviours, DBT skills are taught, coached and actively reinforced, while old ineffective behaviours are put on an extinction schedule (Trupin, Stewart, Beach, & Boesky, 2002). Patients are reinforced for their participation in-group, for practicing the skills and for soliciting skills coaching from staff. Staff should also receive reinforcement for reading about and learning DBT, volunteering to co-facilitate skills groups, and for applying DBT interventions with residents. Through ongoing training and consultation with staff, efforts are made to continuously expand the application of Dialectical Behavioural Therapy-based interventions and experiences.

DBT can also be used as an alternative to seclusion and other punitive actions as primary behavioural management tools (Trupin, Stewart, Beach, & Boesky, 2002). Interestingly, punishment does not reduce recidivism and may even stimulate crime if one looks solely at recidivism (McCann, Ivanoff, Schmidt, & Beach, 2007), consistent with the proverbial cycle of violence.

Consistency of approach is a difficulty faced in any facility. The structure of DBT may not lend itself to this consistency given the amount of staff not trained within DBT and floating staff from different units.

Discussion

Given that DBT was created and validated in a non-forensic outpatient setting, there appear to be a number of limitations to the implementation of DBT in an inpatient forensic setting specifically that affect Mr. D. In an attempt to reduce the difficulties of implementing DBT in an inpatient forensic setting, Swales (2010) has outlined some strategies for clinicians:

- Identify organizational priorities with respect to the patient group and for mental health services
- Evaluate whether DBT is a genuine fit for these priorities
- Assess the readiness of the organization to implement DBT. On the basis of the assessment address any factors likely to interfere with implementation
- Comprehensively orient the system to the requirements for implementation
- Gain commitment for time to train, and necessary changes in working practice

To address staff concern, nursing staff, often charged with custodial, security and therapeutic roles often are victims of assaults and burn out (Coyne, 2002). Ignoring assaults can lead to poor staff morale and performance, which interferes with the therapeutic aims of the hospital (Norko, Zonana, & Phillips, 1991). These factors have been reported by staff to be present within this specific situation with this patient.

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On the note of homework assignments, these are for the purpose of reinforcing skill sessions through the weekly meetings and assist in generalizing DBT skills to daily life (Vitacco & Rybroek, 2006). Homework is not assigned weekly but assigned when it strengthens a skill that is relevant to identified treatment goals. Similarly, role-plays are intended to teach advanced social skills and conflict resolution. Role-plays often center on staff patient conflicts. This is encouraged providing the exercise is designed to bring resolution and not to split staff or provoke other patients.

In this situation many inpatient staff use the term “splitting” with the inference that Mr. D is doing something pathological, setting up one staff member against another (Swenson, Witterholt, & Bohus, 2007). In DBT the viewpoint is that it is natural for staff members to differ in their style and content of service delivery, and natural that a patient will have difficulties with one staff more than with another staff. It is recommended to help the patient deal effectively with all the others, staff members need to be helped to see the value of this stance and the consultation teams where they can work together within a DBT framework to support this type of work. This was not always consistently done.

Additionally, staff should “do for” the patient only what is required by hospital policy and unit policy, or when it is the only thing that can accomplish a vital outcome. Based on the consultation to the patient principle (Linehan, 1993 ab), the DBT therapist will not intervene unless it seems highly unlikely that the patient himself can take necessary action, or when the risk of suicide/ harm is too impending (van den Bosch, Hysaj, & Jacobs, 2012). Within the maximum secure forensic facility, again Mr. D. was protected from getting to this point.

Another issue present is that of boundaries. Specifically within the “Observing- Limits Agreement” in professional and institutional limits, therapists observing their own boundaries was concerning to staff, who fear that such flexibility would spin out of control, resulting in egregious boundary violations (McCann, Ball & Ivanoff, 2000). It is a fear that empathizing and validating an emotion may in fact reinforce behaviour. It was specified that validating the emotion is necessary; however acknowledging the need for change in the maladaptive behaviour was also necessary.

Regarding staff and patients, Swenson, Witterholt, and Bohus, (2007) state the importance of structuring the patient’s inpatient environment which involves establishing unit rules/ policies, daily and weekly schedules, the use of physical space, the organization of relationships and roles among the staff, DBT- based assumptions about patients and staff, and three sets of DBT agreements (patient, staff, and team agreements) that govern interaction among staff members. These rules should be in line with DBT principles, be few, clear, consistent, public and transparent as well as consistently observed and enforced. The rules and policies can shift over time as things change, and they can be more or less flexibly applied in the moment. Ambiguity and confusion in the control and definition of rules will invariably become a treatment- interfering or therapy-destroying behaviour by the unit leadership, and treatment will be adversely affected. This practice is just beginning at this facility due to the need being identified and subsequent move into an updated facility.

Further, some DBT units have used transition groups or discharge groups in which patients approaching discharge can work on their concrete plans, anticipate interpersonal and emotional challenges, and strengthen DBT skills assisting them navigate those challenges. A reliable and consistent approach to DBT within this environment would be for staff members to orient everyone to the schedule of the day, help patients define their goals, and always look for opportunities to encourage and positively reinforce adaptive behaviours. Such a unit does not exist at this facility presently.

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Supporting staff on an inpatient unit (i.e., nursing staff) are also valuable. They may know how to teach DBT skills in a long term group context but do not have the information on what, if any, aspects of DBT can be used in the short term to enhance patient outcomes (Fankboner, 2009). The question of patient outcome enhancement is important to nursing because many nurses training but do not have concrete and consistent guidelines on how to apply this knowledge in an inpatient setting (Fankboner, 2009). DBT skills can be taught and reinforced by direct-care staff daily to improve outcomes (Fankboner, 2009).

To improve the current treatment outcome for Mr. D, more education and training on Dialectical Behavioral Therapy must be available. In addition, education on the etiology of Borderline Personality Disorder to current and future staff, and hiring staff with DBT training, could reduce staff burnout and improve treatment outcomes for BPD clients. Higher staffing ratios may also assist to provide more therapeutic support when Mr. D and similar patients are experiencing emotional dysregulation. Funding is often sorely lacking in forensic facilities, yet DBT requires a great deal of time, resources, and training at the outset and ongoing.

It has been advised that providing enough training to make a real difference takes approximately 40 hours of training (McCann, Ivanoff, Schmidt, & Beach, 2007). It has been noted that it is difficult to maintain treatment effects when the whole environment is not informed by DBT principles (Morrissey & Ingamells, 2011). Training of the wider team and receiving services is necessary in order to increase generalization of skill. The cost of training for DBT is a long-term and exclusive commitment, as it is for other modes of cognitive behavioural therapy (Wix, 2003).

According to Ivanoff (1998) implementation of DBT by a service requires commitment and strong leadership, considering the demands for time and training. An organization may have to adopt a position of radical acceptance with the introduction of a therapy, one that requires wholesale multi-professional commitment, which may for some organizations rule out DBT as a viable proposal. Without strong leadership, organizations run the risk of the collapse of a DBT program, or at least a period of brief derailment.

Conclusion

In the instance for Mr. D, DBT would be the first choice of treatment given the complex interplay of his diagnoses and symptoms. The practical application of DBT within a maximum secure forensic facility, given the constraints and comprehensive structure of the treatment modality, will not have the same outcome as what has been validated. Progress would be slower as it may not be feasible to have a unit devoted to the training requirements that DBT provides.

This would be a good starting point to base further outcome studies on to add more power to the already growing body of research. Of particular interest within the literature are the newly added specific crime review (McCann, Ball & Ivanoff, 2000; Wix, 2003) and the modifications made to the emotion regulation skills piece (McCann & Ball, 1996b). These could be utilized in general forensic inpatient units to increase awareness of antisocial life styles

Further research should look into the interpersonal effectiveness module as it relates to psychopathy scores given the previous literature concerning interpersonal therapy (Rice, Harris, & Cormier, 1992). Previous literature showed this to produce "better psychopaths" however given the changes made to the emotion regulation module this may be a protective factor in exacerbating psychopathy.

Given that none of the original studies utilized the Psychopathy Checklist-Revised (PCL-R) with individuals with the diagnosis of Borderline Personality Disorder, this may also be an avenue to explore. This assessment is used within a

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forensic setting as a measurement of risk of recidivism; it is also used within heterogeneous samples (diagnosis aforementioned containing schizophrenia, bipolar disorder, anxiety and mood disorders, personality disorders, etc.) regardless of diagnosis. Several items from the PCL-R could specifically apply to the diagnosis and presentation of Borderline Personality Disorder such as Poor Behavioural Controls, Impulsivity, Promiscuous Sexual Behaviour, Many Short Term Marital Relationships, Early Behavioural Problems, etc. Whether or not this would or could have an influence on the work already completed may be unknown but could further clarify the implementation of DBT within a forensic context. Within the literature it has been hypothesized that interpersonal therapy could improve the social and emotional skills of patients with psychopathy making it easier for them to manipulate and exploit others (Rice, Harris, & Cormier, 1992). This could have important implications on the structure of the skills modules that may be contraindicated for high psychopathy scores (i.e., the interpersonal effectiveness module) thus clarifying this within a DBT lens would be highly imperative.

DBT work within a forensic context is preliminary at best; however, it has shown promise in this setting thus necessitating the need for further outcome data and exploration of the caveats within this heterogeneous population. For the treatment of Mr. D, preliminary gains have been seen however the application of this modality may require changes to be applied more effectively.

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New Forensic Facility Opens its Doors for Research

By Erin Shumlich

Research on individuals deemed Not Criminally Responsible on account of a Mental Disorder (NCRMD) is sparse. This is not surprising given that less than 1% of criminal court cases result in an NCRMD verdict — since 2005, this makes up 252–292 yearly adult cases (Statistics Canada). Canadian law mandates that individuals deemed NCRMD be given the “least onerous and least restrictive” disposition. On average, however, forensic psychiatric patients spend almost double the amount of time in custody than individuals convicted of similar charges (Perlin, 2002). Furthermore, the cost to hold a forensic psychiatric patient in a medium-security hospital is exorbitant — a daily average of \$747 per patient (Jacobs et al., 2014).

The need for research is clearly paramount, and the new forensic psychiatric hospital in St. Thomas, Ontario, embodies this philosophy.

A new forensic psychiatric hospital symbolizes the beginning of a new era, a new way of thinking about rehabilitation. The intersection

between law and mental illness has a long and storied past. The medical model of mental illness in the 1700s brought about the proliferation of mental institutions. The deinstitutionalization movement in the 1960s was a concerted effort by mental health practitioners to focus on community-based alternatives to psychiatric hospitalization.

Custody and outcomes models have evolved with continually progressive attitudes towards individuals with mental illnesses who have come in contact with the law. On June 14, 2013, the doors of the Southwest Centre for Forensic Mental Health Care opened and, with it, a commitment to a recovery model of care for patients. The new facility — replacing the old facility Regional Mental Health Care — St. Thomas — has 89 beds, reflecting a cutting edge approach to mental health treatment. A psychiatric hospital has been in the area for over 70 years and the progression to the Southwest Centre reflects the shift in mentality of mental health treatment over the years. A neighbourhood setting allows patients to grow and develop the skills necessary for successful reintegration back into the community. The new facility emphasizes safety, privacy, education, and skill building for patients, with open

and warm therapeutic space. The facility won the 2014 International Mental Health Design Award from the International Academy for Design and Health. This award puts a mark of prestige in Southern Ontario for patient healing.

In order to continually progress, the Southwest Centre emphasizes the need for cutting edge research. This research focus has opened up collaboration between the facility and Western University. Specific to psychology, individuals from the Forensic Research Laboratory at Western University are conducting research under the supervision of Dr. Peter Hoaken, Associate Professor, and under the auspices of Dr. Rod Balsom, Ph.D., C. Psych., and Dr. Craig Beach, psychiatric lead. Current research looks at the relationship between executive cognitive functioning and frequency and severity of aggression. Additional research evaluates the feasibility and effectiveness of dialectical behaviour therapy, the relationship of index offence and incidents of aggression, and the incidents of aggression at the new facility versus the old facility.



Photo credit:
<https://www.sjhc.london.on.ca/>

New Forensic Facility Opens its Doors for Research

[continued]

The research conducted in the Forensic Research Laboratory represent only a portion of a research being conducted at the facility. A monthly Research Interest Group Meeting is held at the Southwest Centre to discuss ongoing projects.

Although attitudes toward individuals deemed Not Criminally Responsible have progressed, there is still a long way to go to make sure everyone receives their due process under the law. The philosophy of the Southwest Centre for Forensic Mental Health Care and its emphasis on research is a big step on this long and sometimes bumpy road.

Further information about research collaboration or questions can be directed at Erin Shumlich: eshumlic@uwo.ca.

More information about the Research Interest Group can be found at:
http://www.schulich.uwo.ca/psychiatry/divisions_programs/forensic_psychiatry/research.html

Western University works in collaboration with the Southwest Centre, which offer practica to clinical psychology students. Additionally, internship opportunities are an option pending availability.

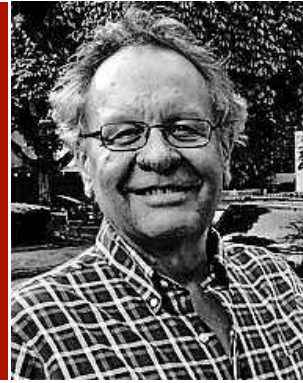
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Grant T. Harris (1950-2014)

Obituary by N. Zoe Hilton, Ph.D.



Grant Harris, Ph.D., former Director of Research at the Mental Health Centre Penetanguishene (now Waypoint Centre for Mental Health Care) died on October 4, 2014, after suffering a hemorrhagic stroke and falling into a coma the week before. He was 64.

Dr. Harris was a Fellow of the Canadian Psychological Association, Adjunct Associate Professor of Psychology at Queens University, and Associate Professor of Psychiatry at the University of Toronto. He completed his PhD in psychology at McMaster University with a thesis in memory research.

Grant is best known for his co-authorship of the Violence Risk Appraisal Guide (VRAG) and its related tools, the SORAG, VRAG-R, ODARA, & DVRAG, as well as his work on lifetime antisociality. During his 40-year career, he practiced and was a strong advocate for rigorously evaluated, empirically supported interventions for mental health clients and systems. In my travels with him for ODARA training sessions in Canada and the United States, I also got to know him as an authoritative and entertaining teacher.

Grant was predeceased by his beloved wife of 40 years, Emily, and is survived by his children Anne and Thom (Jillian). He was looking forward to celebrating his career with colleagues during a symposium, which was being planned in his honour at NACCJPC in Ottawa. All those going to this June's CPA convention are invited to this "Symposium in Appreciation of The Contributions of Grant T. Harris."

So much more can be said of Grant's contribution to psychology, his mentorship of other psychologists and researchers, and the wisdom and passion he applied to his work and relationships. Other tributes can be found here:

Quinsey, V. L. (2015). Grant Harris. *The ATSA Forum*, 27.

Rice, M. E. (2015). Grant T. Harris (1950-2014). *Behavioral Sciences & the Law*, 33, 146-147.

doi: 10.1002/bsl.2161

Grant Harris's Posthumous Publications

Harris, G. T., Lowenkamp, C. T., & Hilton, N. Z. (2015). Evidence for risk estimate precision: Implications for individual risk communication. *Behavioral Sciences and the Law*, 33, 111-127. doi: 10.1002/bsl.2158

Harris, G. T., & Rice, M. E. (2015). Progress in violence risk assessment and communication: Hypothesis versus evidence. *Behavioral Sciences and the Law*, 33, 128-145. doi:10.1002/bsl.2157

Harris, G. T., Rice, M. E., Quinsey, V. L., & Cormier, C. A. (2015). *Violent offenders: Appraising and managing risk*, Third Edition. Washington, DC: American Psychological Association.

Hilton, N. Z., Ham, E., Lang, C., & Harris, G. T. (in press). Weight gain and its correlates among forensic inpatients. *Canadian Journal of Psychiatry*, 60, 4.

Rice, M.E., & Harris, G.T. (in press). The Sex Offender Risk Appraisal Guide. In H. Hoberman & A. Phenix (Eds.). *Sexual Offending: Predisposing Conditions, Assessments and Management*. Hoboken, NJ: John Wiley & Sons.

UPCOMING CONFERENCES

Canadian Psychological Association 76th Annual Convention and the 3rd North American Correctional and Criminal Justice Psychology Conference (NACCJPC)
June 4-6, 2015 Ottawa, Ontario

<http://cpa.ca/Convention/>

<http://cpa.ca/NACCJPC/>

XV Annual Meeting of the International Association of Forensic Mental Health Services

June 16-18, 2015 Manchester, UK

<http://www.iafmhs2015.com/>

European Association of Psychology and Law Conference

August 4-7, 2015 Nuremberg, Germany

<http://www.eapl-conference2015.de/>

British Society of Criminology Conference

June 30 – July 3, 2015 Plymouth, UK

[https://www.plymouth.ac.uk/your-university/about-us/university-](https://www.plymouth.ac.uk/your-university/about-us/university-structure/faculties/business/british-society-of-criminology-annual-conference-2015)

[structure/faculties/business/british-society-of-criminology-annual-conference-2015](https://www.plymouth.ac.uk/your-university/about-us/university-structure/faculties/business/british-society-of-criminology-annual-conference-2015)

American Psychological Association Annual Convention

August 6-9, 2015 Toronto, Ontario

<http://www.apa.org/convention/>

Crimes Against Children Conference

August 10-13, 2014 Dallas, Texas

<http://www.cacconference.org/>

International Association for the Treatment of Sexual Offenders

September 7-10, 2016 Copenhagen, Denmark

<https://www.iatso.org/>

34th Annual Research and Treatment Conference, Association for the Treatment of Sexual Abusers

October 13-17, 2015 Montreal, Quebec

<https://www.atsa.com/conference>

National Organization for the Treatment of Abuser International Conference

September 16-18, 2015, Dublin, Ireland

<http://www.nota.co.uk/conference/>