



Crime Scene

Spring 2016

Psychology Behind Bars and in Front
of the Bench



The Official Organ of the
Criminal Justice Section of the
Canadian Psychological
Association

WHAT'S INSIDE

<i>Word From the Chair – By Jim Cheston</i>	3
<i>DBT and Corrections: A Thumbnail Sketch – By Michael Sheppard</i>	4
<i>iHuman: A Safe Place for High-Risk, Justice-System Involved Youth – By Roger Ogden</i>	8
<i>Fostering Positive Attitudes & Motivation Regarding Accessing Professional Services Through Assessments – By Rianne Spaans</i>	11
<i>Recipe for an Effective Conference Abstract – By Natalie Jones & Fiona Dyshniku</i>	14
<i>Predicting Recidivism of Aboriginal Youth Offenders: A Look At An Established Risk Assessment Tool And Culturally-Specific Predictors – By Holly Wilson</i>	17
<i>Research Lab Profile – By Kendra Nespoli</i>	18
<i>Ongoing Research Projects – By Alain Gautreau</i>	22
<i>Recent Publications</i>	23
<i>Predoctoral Internship Profile – By Tricia Teeft</i>	30
<i>Upcoming Conferences</i>	33

SECTION EXECUTIVE

CHAIR

JIM CHESTON, PH.D., C. PSYCH.
JIM.CHESTON@ONTARIO.CA

VICE-CHAIR

SANDY JUNG, PH. D., R. PSYCH.
SANDY.JUNG@MACEWAN.CA

PAST CHAIR

HOWARD BARBAREE, PH.D., C. PSYCH.
HBARBAREE@WAYPOINTCENTRE.CA

SECRETARY/TREASURER

KARL HANSON, PH.D.
KARL.HANSON@PS.GC.CA

MANAGING EDITOR, CRIME SCENE

& STUDENT REPRESENTATIVE
 FIONA DYSHNIKU, M.A.
DYSHNIK@UWINDSOR.CA

REVIEW EDITOR, CRIME SCENE

SHELBY AMOS, B.A.
SHELBY.AMOS@HOTMAIL.COM

DIRECTOR-AT-LARGE, WEB COORDINATOR

JOSEPH CAMILLERI, PH.D.
JCAMILLERI@WSC.MA.EDU

DIRECTOR-AT-LARGE,

FRANCA CORTONI, PH.D., C. PSYCH.
FRANCA.CORTONI@UMONTREAL.CA

DIRECTOR-AT-LARGE

DOROTHY COTTON, PH.D., C. PSYCH.
COTTONDH@CSC-SCC.GC.CA

DIRECTOR-AT-LARGE, CONFERENCE PROGRAMME

JOANNA HESSEN-KAYFITZ, PH.D.
JOANNA.KAYFITZ@IWK.NSHEALTH.CA

DIRECTOR-AT-LARGE, CLINICAL & TRAINING

MICHAEL SHEPPARD, PH.D., R. PSYCH.
M.SHEPPARD.PSYCH@GMAIL.COM

DIRECTOR-AT-LARGE, NAACJ

J. STEPHEN WORMITH, PH.D.
S.WORMITH@USASK.CA

MEMBERSHIP COORDINATOR

NATALIE JONES, PH.D.
NATALIE_CARLETON@HOTMAIL.COM

Crime Scene is published by the Criminal Justice Section of the Canadian Psychological Association. By submitting works to *Crime Scene*, authors grant the publisher the right of first publication. In subsequent reproductions of the work, the author and the original source (*Crime Scene*) must be acknowledged. All other rights rest with the author. Permission to reproduce articles should be obtained from the authors.

Word From the Chair

By Jim Cheston, Ph.D., C. Psych.

Well, as we are approaching the next CPA annual convention in beautiful Victoria, B.C. from June 9 to 11, it seems an opportune time to mention some of the activities of your executive committee. First I would like to express my appreciation to Dr. Sandy Jung for joining the committee as Vice Chair, and to Dr. Franca Cortoni, who has become our newest Director-at-Large. A warm welcome is extended to both of our new executive committee members. I am sure their expertise will add greatly to your Executive.

The CPA convention will provide another opportunity for members of our Section to meet, socialize, network and to discuss topics of interest. For those who have not been in Victoria in June, the experience of being in this west-coast capital city in early summer is reason enough to want to attend the CPA convention. The many excellent Criminal Justice presentations planned for the CPA convention provide added incentive for those in our Section. This year the Criminal Justice Psychology Section will be co-sponsoring an Invited Speaker with the Brain and Cognitive Science Section of CPA. The Invited Speaker, Dr. Geoff Loftus, from the University of Washington, will speak on the cognitive aspects of expert witness testimony provided by psychologists in homicide cases. Check when the schedule is made available to attend this address that will be sure to introduce new and unexpected lines of inquiry.

Our Section annual meeting is scheduled for Thursday June 9 from 4:30 to 5:30, with a reception to follow. Hope to see you there! One of our initiatives that will soon be launched is an effort to advance the position for qualified Correctional/Forensic Psychologists to be recognized as capable of



Victoria, BC

determining Fitness to Stand Trial. A survey has been developed and will soon be distributed to psychologists in the CPA who are likely to have relevant experience and an interest in this area. This is part of a larger effort to explore ways to advocate for greater recognition of the expertise held by Correctional/Forensic Psychologists and the many ways that expertise may be better applied.

You will be pleased to hear that the financial side of our Section is being very capably handled by our Secretary/Treasurer, Dr. Karl Hanson. Our financial house is in such good order that we are able to set aside a fund to finance future major conferences such as the next North American Correctional & Criminal Justice Psychology Conference. In addition, your Executive is in the process of exploring other ways to benefit our members. In the near future we will be canvassing members for proposals of types of grants to offer so we can make the best use of our Section funds.

Enjoy our transition into spring, however that is unfolding where you are. I look forward to reconnecting with many of you, and to meeting those with whom I have not yet had the pleasure of meeting yet, during the CPA convention in Victoria in early summer.

An early draft of the Conference Program is available at:

<http://bit.ly/1q2R3a0>

DBT and Corrections: A Thumbnail Sketch

By

**Michael
Sheppard,
Ph.D., R. Psych,**

DBT Centre of
Vancouver

Background

The base-rates of antisocial personality disorder and borderline personality disorder are higher in correctional settings than in the general public (APA, 2013). Dialectical behaviour therapy (DBT; Linehan, 1993; 2014) can help treat antisocial behaviour that is the result of antisocial attitudes, antisocial values, limited emotional regulation, and ineffective interpersonal skills. This can include criminal behaviour as well as self-injurious or suicidal behaviour. DBT is the most widely-researched treatment for borderline personality disorder and has also been shown to help with mood- and impulsivity-related problems such as binge-eating disorder and bulimia (Safer, Telch, & Chen, 2009), substance use (Dimeff & Linehan, 2008) and, with modified versions, with criminal behaviour (Eccleston & Sorbello, 2011; Shelton, Sampl, Keston, Zhang, & Trestman, 2009).

DBT is a comprehensive treatment, meaning it includes weekly individual psychotherapy as well as group skills training. In the community, patients are able to make use of telephone consultation to help generalize their skills outside of the consulting room; in institutions patients can consult with staff outside of treatment sessions. As well, clinicians take part in weekly peer supervision meetings to address specific patient concerns. A treatment program must have these four elements (individual therapy, skills training, phone consultation or equivalent, peer supervision) to be DBT; otherwise treatment is “DBT-informed” or “DBT-light.”

The theoretical underpinnings of DBT are mindfulness, behaviourism, and dialectics. Mindfulness skills help increase patients' reflective functioning and decrease reactive or impulsive responding. These skills help patients respond to reality as it is, rather than how they assume it is or will be. Behaviourism is emphasized in DBT through contingency management of ineffective behaviours (e.g., non-suicidal self-injury in borderline personality disorder, substance use in substance-related disorders, criminal behaviour in criminals). Therapy involves monitoring and managing contingencies to reinforce effective behaviours and extinguish ineffective behaviours. Dialectics involve the integration (synthesis) of opposite or different ideas. For example, the synthesis of “all” and “none” is “some.” Emotionally dysregulated patients often have difficulty synthesizing dialectics and so vacillate between extremes (e.g., love/hate, good/bad, rage/passivity, etc.). The failure to synthesize dialectics is called splitting in other disciplines (e.g., psychodynamic).

In DBT, all goal-directed behaviour is considered to be a solution intended to address a problem; ineffective solutions either do not address the problem successfully or create new problems. For example, if an inmate believes a correctional staff member has treated him disrespectfully in front

of his peers and feels humiliation and anger, the inmate would likely be motivated to reduce shame and express anger. If he decides to act aggressively toward the staff member, he will likely be further humiliated and angered and may face disciplinary action (an ineffective solution). Likewise, if he reduces his negative emotions by engaging in non-suicidal self-injury, for example by banging his head against his cell wall, he will not address the cause of his emotions and may face an institutional response (also an ineffective solution). However, if he doesn't act out immediately and instead later speaks with the staff member about the incident, the employee may apologize and adjust their behaviour (potentially an effective solution). Acting effectively requires skills from the domains of treatment in DBT: Mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

The skills

Mindfulness

Mindfulness has its roots in Zen Buddhism, but analogs exist in other religions (e.g., Christian contemplation, Muslim Sufism, etc.). Mindfulness is at its heart the purposeful direction of one's attention to the present moment without clinging to the moment or rejecting it (Linehan, 1993). Mindfulness skills emphasized in DBT include "wise mind" (the synthesis of one's emotions and logic), as well as the "what" skills of observation, description, and participation. These skills orient and engage one with one's present experience. They are called "what" skills because they are what one does when practicing mindfulness. The "how" skills include one-mindfully, non-judgmentally, and effectively. They are called "how" skills because they are how one does the "what" skills. For example, one can observe one-mindfully and describe non-judgmentally.

Distress tolerance

Distress tolerance skills are used when one has strong ineffective urges or intense unwanted emotional experiences. They do not change the situation or fix things; they do not regulate emotion or build other skills. The function of distress tolerance skills is getting through the emotion crisis without making the situation worse. There is a large variety of distress tolerance skills in DBT. Some distress tolerance skills help the individual stop before acting on ineffective urges so they can remember to use other skills. Some force changes in one's physical status (e.g., through temperature change, intense physical exercise or paced breathing). Some help shift one's focus from what is distressing to something that is not as distressing (e.g., self-soothing through the five physical senses, distracting, or improving the current moment somehow). In the skills training program, reality acceptance skills are included in the distress tolerance module. Reality acceptance skills include being mindful of one's current thoughts, aware of whether one is working with or working against reality, and practicing radical acceptance of unpleasant reality one cannot change (e.g., sentence length, criminal history, etc. for criminals). Distress tolerance are the skills used to replace non-suicidal self-injury, suicidal behaviour, and other ineffective behaviours occurring from the urge to reduce emotional pain.

For more
information on
the DBT Centre of
Vancouver, visit:
<http://dbtvancouver.com/>

Emotion regulation

Emotion regulation skills include four areas of focus. The first is psycho education about emotions, what they do, and why they occur. Emotionally dysregulated individuals often have little understanding of their emotions. Even naming emotions is difficult for some; emotional literacy helps frame one's experience and make it more understandable. This by itself can sometimes help reduce emotional intensity.

The second area of focus, once emotions and their prompts can be identified, is assessing whether an emotion fits the facts of a situation and whether its intensity and duration are justified by the situation. When the unwanted emotion fits the situation and is justified, the effective strategy is to solve the problem the emotion signals, for example by taking steps to achieve the desired outcome. In the example provided above, the inmate's goal is to reduce shame and anger. Using interpersonal skills (assertiveness) to address his concerns with the correctional staff member may be the most effective strategy for achieving this goal, and might have the added benefit of decreasing the likelihood that that staff member will disrespect the inmate in the future. When the emotion either does not fit the situation or is not justified, the effective strategy is either not to act on the urge or to do "opposite action." Opposite action is analogous to exposure and response prevention for OCD, phobias, exposure for PTSD, behaviour activation for depression, and de-escalation in anger management. It involves doing the opposite of the urge associated with the emotion.

Another focus of emotion regulation skills is reducing one's vulnerability to negative emotions and ineffective action urges. These skills include accumulating positive experiences (e.g., having fun, living according to one's values), building mastery in an area, coping ahead with stressors, and taking care of one's body (e.g., balanced sleep and diet, avoiding intoxicants, treating illness, exercise).

The final subset of emotion regulation skills involves managing extreme emotions. To the extent that the individual can refrain from acting on ineffective urges, this skill involves mindfulness of current emotions. Distress tolerance skills are encouraged when one has difficulty managing ineffective urges.

Interpersonal effectiveness

Interpersonal effectiveness skills include assertiveness (i.e., asking and setting limits effectively), maintaining and improving relationships, and maintaining and improving self-respect. Assertiveness skills in DBT are largely similar to assertiveness skills in other training programs. Skills used to maintain and improve relationships are organized around validation. Skills used to maintain and improve self-respect are organized around adhering to one's values and communicating with integrity.

Modifying DBT for correctional settings

The research supporting DBT is based on one year of treatment, which

includes doing the cycle of skills training twice. This is not always an option in correctional settings, where prisoners may be incarcerated for less than a year and identifying their treatment needs may take a month or more. However, the deficits the skills address are common among criminals. Criminal behaviour is often reactive, poorly planned, based on misunderstandings, and motivated by emotions that are disproportionate to the situation. It is sometimes the result of individuals trying to avoid or escape painful emotions. Further problems occur as the result of limited interpersonal effectiveness skills (e.g., not asserting one's needs or yelling at correctional staff).

Most prisoners are male. Linehan's 1993 and 2014 texts generally use the female pronoun and some of the skills practices assume options that are not available or unlikely to be desirable for most male prisoners (e.g., going to a café to have a cup of tea, having a bath with potpourri). Some of the language related to skills would need to take the reality of the lives of prisoners into account, often also including gender differences. The RUSH program (Eccelston & Sorbello, 2011) is an example of a modified DBT program for male prisoners.

If a correctional unit were to begin a DBT (or DBT-informed) service, the staff would need sufficient training. BehaviorTech, DBT developer Marsha Linehan's company, offers training as well as certification. If training is not available, supervision may be available from qualified DBT practitioners. A DBT program needs at least three staff in order to avoid polarization. As well, non-clinical staff should be trained in aspects of dialectical philosophy (e.g., non-judgmental language, validation). Correctional environments often include a significant amount of invalidation of the inmates' feelings, needs, and desires, if only because of institutional demands.

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual for Mental Disorders, 5th Edition*. Washington, DC: American Psychiatric Press.
- Dimeff, L.A., & Linehan, M.M. (2008). Dialectical behavior therapy for substance abusers. *Addiction Science and Clinical Practice, 4*, 39-47.
- Eccelston, L. & Sorbello, L. (2011). The RUSH program- Real Understanding of Self Help: A suicide and self-harm prevention initiative within a prison setting. *Australian Psychologist, 37*, 237-244. Doi: 10.1080/00050060210001706926
- Linehan, M.M. (1993). *Cognitive Behavior Therapy for Borderline Personality Disorder*. New York: Guilford.
- Linehan, M.M. (2014). *DBT Skills Training Manual, 2nd Edition*. New York: Guilford.
- Safer, D., Telch, C.F., & Chen, E.Y. (2009). *Dialectical Behavior Therapy for Binge Eating and Bulimia*. New York: Guilford.
- Shelton, D., Sampl, S., Keston, K.L., Zhang, W., & Trestman, R.L. (2009). Treatment of impulsive aggression in correctional settings. *Behavioral Sciences and the Law, 27*, 787-800. Doi: 10.1002/bsl.889

iHuman: A Safe Place for High-Risk, Justice-System Involved Youth

**By Roger Ogden,
Graduate of City University of
Seattle**

Edmonton's iHuman Youth Society provides arts-based programming for Edmonton's high risk/high needs, street-involved youth, age 12-24 years. iHuman's creative arts programming (i.e., music, art, fashion and drama) is supplemented with mental health, medical, addictions, and outreach support. The majority of youth attending iHuman are referred to as high-risk for compelling reasons; they have experienced physical abuse sexual abuse, alienation from their family systems, homelessness, poverty, addictions and substance abuse, prostitution, and involvement with the criminal justice system including incarceration.

As a population, these youth are indisputably living in imminent danger of a higher incidence of mental and physical morbidity (CDC, 2014a), and a mortality rate that is 11 to 12 times greater than that of their age peers in the community at large (Roy et al., 2004). This evidence, logically extended, also suggests that if this danger is ignored or inadequately addressed, the personal and social consequences will be very high. If these youth remain untreated, mortality for the most traumatized will stabilize in adulthood at a point that is 20% lower than mortality expectations for the broader, relatively un-traumatized adult population (CDC, 2014b). Because of their challenges, most of the youth seeking the services of iHuman are justice-system involved (i.e., criminalized) more by force of circumstance than by reason of criminal intent.

The LiNKS Clinic within iHuman is an initiative sponsored by Justice Canada to meet the mental health needs of justice-involved youth. LiNKS was established in 2013. It provides counselling (drop-in and by-appointment) and mental health-related group programming to iHuman youth.

I have worked in the LiNKS Clinic since its inception in the fall of 2013. I started working under supervision as a graduate practicum student of counselling psychology and, upon graduating, I have continued working, to the present as a contract counsellor. During this time, the clinic has grown from a service initially viewed by the youth for whom it was intended as incongruent with the established culture of iHuman, to a very busy integral part of the services offered by iHuman. The youth at iHuman, coming from a history of trauma, initially viewed counsellors with a great deal of caution. The introduction of professional, confidential counselling services into the predominantly arts-based and outreach-based programming of iHuman had elements that understandably triggered the anxieties of these iHuman youth. With the warm support of some of the trusted staff at iHuman, the counsellors, using a compassionate and relational approach to trauma treatment (Pearlman & Courtois, 2005), began the long process of alliance building.

The commitment and continuity of the management and supervision of LiNKS has been integral to its strong and continuous growth. The day-to-day operations of the clinic have been guided from the beginning by its dedicated manager, Laurie Ann Kovacs. Professional supervision has been provided, also from the beginning, by two experienced clinicians, Ann Marie Dewhurst and Karen Nielsen, each registered with their respective governing bodies and hold PhDs in their respective fields of psychology and clinical social work.

For more information on iHuman Youth Society: <http://ihumanyouthsociety.org/>

The Relational Approach to the Treatment of Trauma (Pearlman & Courtois, 2005), referred to above, has provided methodological guidance to counselling in LiNKS. This approach has defined an accessible and ethical path that starts with reaching out to youth who need counselling but are reluctant to access services in more conventional settings (e.g., hospitals, counselling practices). This path, in many cases, proceeds from meeting youth “where they are at” (Smyth & Eaton-Erickson, 2009) to youth participating in concentrated, confidential, effective counselling sessions.

There is some evidence that effective counselling with these youth involves trauma-informed work. Coates and McKenzie-Mohr (2010) find that trauma is both the cause and the consequence of the circumstances of high-risk youth:

“The cumulative impact of the various highly stressful events appears to have contributed to the large number of youth with very high clinically significant TSI scores. Over 50% of homeless youth were currently experiencing severe negative effects of trauma. Efforts by the youth to escape trauma experienced in their homes and home communities have mixed results. While some types of stress (bullying and various forms of family violence) decreased dramatically, it appears that the source of violence and stress had shifted from home to the street. After becoming homeless, youth continued to face highly stressful events, and the continued negative repercussions were revealed in their high scores on the TSI scales” (p. 85)

Rosenberg et al.'s (2013) findings confirm that interacting with trauma will be a predominant dynamic in therapeutic moments with high-risk youth and that healing trauma will be a fundamental, long-term therapeutic objective in working with them. This is also the conclusion of Coates and McKenzie-Mohr (2010):

“Accessible counselling services staffed by professionals with knowledge and training in responding to youths’ experiences of complex trauma (including advocacy and interventions

at the system level) is necessary” (p. 86).

Clearly defined principles of collaboration with the youth have been a natural extension the Relational Approach. At each stage of its development, the youth clientele of iHuman have been consulted about the administrative and programming details of LiNKS to ensure that these have been operationalized relevantly and understandably. One example of this consultative approach is the process out of which the informed consent process was developed. A public meeting of the iHuman youth was convened. Guided by the LiNKS’ manager and supervisors, these youths expressed the ethical issues related to informed consent that were of concern to them (e.g. confidentiality, reporting, accessibility of files) and suggested wording for the consent form that might make the form accessible and understandable to youth. These issues and suggested wording were then contextualized within the ethical and legal requirements of informed consent. A consent form was developed and approved by the youth. This form is the one that is still in use. Many other examples of this consultative approach can be readily found in the selection and delivery of LiNKS programs and in how the clinic is administered and maintained. Participation of youth in the operation of the clinic (e.g., ambassadors) is a unique and important part of the clinic’s success.

LiNKS serves an ethnically diverse population of variously gendered youth. Not surprisingly, the most frequent mental health issues still encountered among the iHuman youth are symptomatic of attachment, abuse, and/or neglect-based trauma, exacerbated by concurrent health issues; homelessness, poverty, and the lack of a healthy, adaptive support system. To date, LiNKS Clinic counsellors have had approximately 6500 therapeutic contacts with approximately 275 different youth.

My experience within the LiNKS Clinic over the last three years has been one of continuous learning and adaptation. The great benefit of working with this population of youth is that the

feedback on my performance in seldom sugar-coated. At the same time, these youth are a forgiving population who has provided me with many of the same opportunities we try to offer them, patience as I build skills, feedback on my errors, and an opportunity to try again. I have learned that youth who survive a history of repeated trauma do so because of deep, intrinsic strength and resiliency. Provided with a safe and nurturing setting like LiNKS, these intrinsic qualities become the forces facilitating adaptive growth.

At iHuman, I have had the opportunity/challenge, on almost any given day, of responding to events that range from crisis intervention to providing counselling sessions to youth committed to healthy development. By being called upon to collaborate with a variety of service providers, I have learned about the methods and languages of other disciplines dedicated to supporting suffering youth. This collaboration has also taught me the importance of differentiating and defining the unique and valuable contribution counselling psychology can make in serving the therapeutic needs of high-risk youth. My experience with the iHuman youth within the LiNKS Clinic, the multidisciplinary interactions with other professionals on their behalf, and my clinical supervisors has allowed me to build my identity as a counselling psychologist. For this I am deeply grateful.

- Centers for Disease Control and Prevention. (2014a). ACE study participant demographics. Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/demographics.html>
- Centers for Disease Control and Prevention. (2014b). Injury prevention & control: Division of violence prevention. Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/>
- Coates, J. S., & McKenzie-Mohr, S. (2010). Out of the frying pan, into the fire: Trauma in the lives of homeless youth prior to and during homelessness. *Journal of Sociology and Social Welfare*, 37(4), 65-96. Retrieved from <http://wmich.edu/socialwork/journal/index.htm>
- Pearlman, L. A., & Courtois, C. A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress*, 18, 449-459. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1573-6598](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1573-6598)
- Rosenberg, H. J., Vance, J. E., Rosenberg, S. D., Wolford, G. L., Ashley, S. W., & Howard, M. L. (2013). Trauma exposure, psychiatric disorders, and resiliency in juvenile-justice-involved youth. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. doi:10.1037/a0033199
- Smyth, P., & Eaton-Erickson, A. (2009). Making the connection: Strategies for working with high-risk youth. In S. McKay, D. Fuchs, & I. Brown (Eds.), *Passion for action in child and family services: Voices from the prairies* (pp. 119-142). Regina, Canada: Canadian Plains Research Center.

Fostering Positive Attitudes & Motivation Regarding Accessing Professional Services Through Assessments

By

Rianne Spaans

**PhD Candidate,
University of Alberta**

As a doctoral student in the School and Clinical Child Psychology program at the University of Alberta I had the opportunity to work with the iHuman Youth Society and specifically the LiNKS clinic. iHuman is a non-for-profit organization with a mission to work with traumatized youth (ages 12 to 24) who exhibit high-risk lifestyles with a goal to promote their reintegration to community living (www.ihumanyouthsociety.org). This is encouraged through social supports, mentorship and most importantly through artistic development and expression. The population that iHuman serves includes youth who struggle with homelessness, substance abuse issues, criminal involvement, and those who have experienced trauma in the past and/or continue to experience trauma in present day. The LiNKS clinic is part of iHuman and houses social workers, community nurses as well as mental health support workers such as a psychologist.

My role as a practicum student working in the LiNKS clinic was to provide support to the youth through mental health and psycho-educational assessments. I would like to reflect on this experience as I feel that this setting provided me with a unique opportunity to help youth. My practicum was organized in a way that allowed me to be on site for two afternoons per week. I spent my first month at iHuman connecting with the youth and providing explanations of my role as well as the nature and purpose of assessments. During this time, the staff also identified some youth who would benefit from an assessment and they would encourage these youths to come and discuss with me what an assessment for them would entail and what it would provide them with. The types of assessments I was able to conduct while at iHuman can be classified into two separate categories: community reintegration assessments and self-referred assessments. I will first talk about self-referred assessments, and then briefly discuss my experience with community reintegration assessments.

A large portion of the work that I completed was youth initiated, meaning that the youth themselves requested an assessment either because they identified a need for it (e.g. applying for funding) or simply because they were curious about their functioning. Based on my previous work experience, these types of self-referred assessments are arguably rare; most assessments involving adolescents and young adults are made by third party referrals, such as caregivers, teachers, and other involved professionals. It is important to consider the rates of self-referrals because the act of seeking help and the utilization of support systems by adolescents can create a "buffering effect on reactions to stress, resulting in better adjustment and less emotional and behavioral problems" (Raviv, Sills & Wilansky, 2000 p. 721). Previous research indicates that roughly 25 percent of young Canadians (ages 15-24) with mental health problems seek

help from professionals, which leaves 75 percent of young individuals not requesting and /or accessing professional services. Researchers have also looked at factors that increase the likelihood of help-seeking behaviours and they found that individuals are more likely to seek help when the benefits outweigh the psychological costs (i.e., cost being the potential threat to self as a result of seeking help; Raviv et al., 2000). In addition, individuals are more likely to access services when they hold positive views of the professionals, the place (e.g., mental health centre), or the event (e.g., therapy) for the requested service (Leong & Zacher, 1999). The fact that a large portion of the clients I worked with at iHuman came to me as self-referrals therefore speaks to the positive atmosphere that they have been able to create for these youth. The iHuman staff has invested time in cultivating positive views of service providers and I believe that the strong connection they have built with the youth there created positive expectancies around my role and my work with them. I was an outsider coming in to their established community; however, the youth viewed me with positive attitudes that allowed them to refer themselves for assessments.

In addition to the great work iHuman has done in promoting positive attitudes, I also believe that there might be something specific to assessments that allows for greater “buy-in” from individuals. An assessment might be a more concrete and visible service and might even be perceived as less threatening during the initial phase. This could make it easier for individuals to refer themselves for this type of support as compared with a service with a higher perceived potential for threat to self, such as counselling. For example, one youth I worked with stated that he valued the assessment more than the counselling because the assessment felt like a safer option; he completed tasks that appeared non-threatening and was able to control how much personal information he felt comfortable sharing. This same youth also illustrated the manner in which assessments can increase self-insight and motivation to change; he stated that prior to the assessment, he would often skip his counselling appointments. After receiving the result of his assessment, however, he reported giving greater priority to addressing his mental health needs. This therefore leads me to believe that when assessments are done from a strengths-based perspective, they might increase or encourage greater service access because the youth are now more targeted and potentially more motivated in their help-seeking behaviours.

The other category of assessments I completed during my practicum was community reintegration assessments. These clients had previous criminal involvement and were looking for supports on what to do now that they are in the community and off probation. I found these assessments very empowering to work on because they focused on allowing for successful participation of the youth in their communities. Most of these youth had had several assessments done in the past, often relating to their offending behaviours and probation requirements. Not surprisingly, the youth tended to view these assessments negatively because of their focus on problematic behaviours and deficits. The assessments completed at iHuman, however, were strengths-based and youth-driven, meaning that they focused on the needs and desires of the youth rather than on the expectations or requirements of a third party. As part of the assessments, some of the supports or requirements that

were outlined in the youth's initial reintegration plan were evaluated as to whether they should remain in effect or be removed now that the probationary period for these youth had ended. For example, counselling services are a mandated part of a youth's probation requirements, but once the probation period ends, this service is no longer mandatory and in fact, most youth are unlikely to seek counselling support once it is no longer required. The assessments at iHuman, however, often pointed out to youth a continuing need for these types of supports and allowed them to decide whether to seek counselling on a voluntary basis. After receiving the results of such assessments, the youth were more open to continuing counselling as it was no longer something that was required but rather something that was a choice on their part. This empowerment of being able to have a say in what services are accessed will also likely impact an individual's motivation to seek help in the future. Overall, I believe that these assessments allowed for a continuation of services and interventions that come from a strengths-based and youth-driven perspective as opposed to these being mandated services.

In summary, the practicum placement at iHuman has been very valuable as it has allowed me to realize how influential an assessment can be in terms of fostering positive attitudes of professional services as well as in terms of potentially impacting motivation for help-seeking behaviours. I am also very grateful to have been a part of an organization that continuously works on gaining respect and trust from high-risk youth rather than expecting or demanding this, which is something that I believe is crucial when working in a meaningful way with this population.

References

- Raviv, A., Sills, R., & Wilansky, P. (2000). Adolescents' help-seeking behaviour: the difference between self- and other-referral. *Journal of Adolescence*, 23(6), 721-740 20p. doi:10.1006/jado.2000.0355
- Leong, F. T., & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. *British Journal of Guidance & Counseling*, 27, 123-132. doi: 10.1080/03069889908259720

Recipe for an Effective Conference Abstract

By
Natalie J. Jones, Ph.D.
&
**Fiona Dyshniku, M.A.,
Ph.D. Candidate**

Summarizing a research project into a 150-250-word paragraph can be quite challenging. Bound by a strict word limit, you are faced with the daunting task of condensing an entire study into a succinct format that is both intelligible and enticing. With conference abstracts in particular, you are essentially preparing a sales pitch: first, to sell your ideas to the conference organizers, then to sell your ideas to the conference delegates. Unlike academic journal submissions, you cannot assume (or hope) that the details provided in your manuscript will compensate for a poorly constructed abstract. When preparing a conference submission, the abstract is generally the sole measure by which your research is evaluated and as such, it must be a fully self-contained and engaging description of your larger work.

With the exception of workshops, most conference submissions feature original empirical research. In general, the structure of the associated abstract assumes a logical chronology, mirroring the basic structure of an academic paper. Along with defining the essential content elements of an abstract, this article will provide some additional *dos and don'ts* that stem from our experience as abstract reviewers. We hope that these guidelines will help you refine your abstract writing skills, increase your chances of having your conference submission accepted, and attract a larger audience to your conference presentations.

- 1.** Briefly provide context for your work by linking it to previous research in the area. Keep this general! Do not waste half of your allotted space on literature review material; rather, limit your introductory text to a single sentence if possible.
- 2.** Succinctly identify the purpose/aim of the study in one sentence.
- 3.** Provide a brief outline of your methodology. This includes sample size (e.g., Who are your participants? How many participants will be recruited and from where?), relevant measures (mention at least those measures that capture key concepts/constructs included in your abstract; alternatively, and if space is limited, you can summarize the nature of measures), and procedural detail when possible (e.g., conditions, whether data is self-reported or otherwise, etc.). Depending upon their complexity, some study designs will require more explanation than others. Even with limited space and content, however, the reader should still have a sense of the more basic methodological elements of your study. Finally, try to include the analytic strategy you plan on using, especially if the kind of analysis you are conducting is part of the reason for undertaking the study (e.g., qualitative work, testing a particular model). If you have already analyzed your data, briefly state your analytic strategy before presenting your findings.

Many abstract writers tend to falter when writing the methodology portion of their abstract. Remember that as reviewers, we only have your abstract to go on. Given the typical 6 month delay between the submission deadline and the conference, we recognize that many abstracts will be promissory in nature. However, we need to have a sense that your data collection is at least well underway, even if it means providing an estimate of your final sample size.

4. At the very least, provide your hypothesized results. Assuming your data collection is ongoing, try to present some preliminary findings. Remember that you will only have a sentence or two, so don't get bogged down in statistical minutia. A clear sentence that summarizes your findings will suffice. If you have several results to report, select the one or two findings that most directly answer the study objective/aim/purpose you outlined at the beginning of your abstract.

5. Provide a statement around theoretical and/or practical implications. And *please, please, please* don't take the lazy default road by ending your abstract with "Implications and future research will be discussed". Rather, tell us (albeit briefly) what these implications actually are. Why are your results useful? What do your results contribute to the field? Can they be applied in some meaningful way? In explaining theoretical/practical implications, try to answer the answer "Why should anyone care about this study?"

Here are some further tips that should help you craft a successful conference abstract:

- Your abstract should be a stand-alone document. Beyond introducing only the most salient content, ensure that your language is clear and concise. Whenever possible, avoid technical jargon that only an expert in your specific area of study will understand. Your language should be within the grasp of a wide audience, including non-specialists. If key psychological constructs are unavoidable, briefly define them in your abstract.
- Because you are constrained by a word limit, reserve sufficient time for editing and trimming. Incorporate only the most essential elements into your abstract, simplify your language, and avoid superfluous words. It is also a good idea to have a friend or colleague read over your work. With a 150-250 word document, there is no excuse for typos, syntax errors, and run-on sentences!
- If at all possible, avoid writing your abstract in the future tense – particularly when it comes to presenting methodological detail. To a reviewer, the future tense makes it appear as though the study is still in the conceptual stages.
- *What about workshops?* Unlike a poster or symposium presentation that entails the introduction of novel empirical research, a workshop usually

involves the review of a specific content area and the demonstration of particular skills. As such, it should integrate experiential components (e.g., discussion, videos, scenarios, etc.). In an abstract associated with a workshop, outline (a) the content area and skill development involved, (b) the structure of the presentation, and (c) the role of the individuals on your panel (e.g., researchers, probation officers, judges, etc.). To illustrate structure, explain exactly how you will go about imparting your particular skill set. Will you have a live demonstration? Show video clips? Lead a group activity? Ultimately, the reviewer (and prospective audience member) should have a sense of what they can expect from your workshop.

Hopefully, these guidelines are a useful tool for honing your abstract-writing skills. Although you have likely been taught proper abstract writing at some point early on in your academic career, it never hurts to have a quick refresher. On that note, we hope to see many of you in Victoria, BC at the 2016 CPA convention!

Dr. Natalie J. Jones holds a Ph.D. and an M.A. in Psychology from Carleton University in Ottawa, Canada, both with a forensic specialization. Upon completing her doctoral work in 2011, she joined Orbis Partners as Director of Research. In this capacity, Dr. Jones is responsible for managing justice-related research projects including the validation of risk assessment tools, program evaluations, and the provision of research services to clients across the United States and Canada. Her specific research interests lie in the development of strengths-based and gender-informed risk assessment and intervention strategies for justice-involved populations. Dr. Jones has assumed the role of Membership Coordinator for the Criminal Justice Section of CPA since 2007, and has acted as a reviewer of CPA conference submissions on multiple occasions.

Predicting Recidivism of Aboriginal Youth Offenders: A Look at an Established Risk Assessment Tool and Culturally-Specific Predictors

By **Holly Wilson**

Ph.D. Candidate, Ryerson University

Dissertation Defended December 2015

The application of standard risk assessment tools with Aboriginal youth offenders has been a highly controversial practice. Criticisms are premised on the fact that risk/need tools are largely founded on the social and historical experiences of non-Aboriginal offenders. In turn, scholars and practitioners have recommended the use of culturally-relevant risk/need factors considering Aboriginal culture and the unique context of Aboriginal people in Canada. The current project consisted of two studies designed to contribute to our understanding of these concerns.

Study 1 examined the discrimination and calibration of the YLS/CMI with both male Aboriginal ($n = 839$) and non-Aboriginal ($n = 1038$) youth

offenders on community supervision in the province of Ontario. Results indicated that although the YLS/CMI provided adequate discrimination for Aboriginal offenders (AUCs from .555 to .606), it underestimated the absolute recidivism rates of low and moderate risk Aboriginal youth compared to their non-Aboriginal counterparts.

Study 2 explored the utility of Pre-Sentence Reports (PSRs) as sources of culturally-relevant information and examined the predictive validity of those factors included. To do so, Ontario PSRs and recidivism data for 292 male, Aboriginal youth offenders were identified and coded. Overall, there was a significant amount of missing data, suggesting PSRs are an inconsistent source of this information. Results

indicated that of the 13 culturally-relevant factors examined, 5 factors predicted general and/or violent recidivism: experiencing an out of home placement (e.g., foster care), problematic substance use in the family home, receiving spiritual support in the past 3 months, residing on a reserve, and poor community well-being, in addition to an overall measure of family breakdown. Additionally, 4 of 5 of these factors added incremental predictive validity to the YLS/CMI when tested with Aboriginal youth. In addition to a number of other individual risk factors, an aggregate measure of cultural involvement was not found to be predictive of re-offending.

The current findings suggest that the YLS/CMI can be used with Aboriginal youth offenders; however, the caution with which it should be used is highlighted by problems with calibration for a large proportion of the current sample. Results from Study 2 suggest that the predictive validity of the YLS/CMI with Aboriginal offenders may be improved with increased focus on family breakdown and home community. As this is one of the first studies to prospectively examine the predictive validity of culturally-relevant risk factors, it is clear that much more research is needed.

Research Lab Profile

By **Kendra Nespoli, M.A.**
University of Windsor

In the June 2014 edition of *Crime Scene*, Dr. Michael Sheppard made an important point about the demand for forensic psychologists exceeding the supply that can be produced by the existing forensic training programs in Canada. He suggested that students in generalist programs find ways to conduct forensic research outside of a forensically-focused training program or even a forensically-focused research lab. At the University of Windsor, we are doing just that. Although there is no official focus on forensics in the psychology graduate programs here, a number of faculty members and graduate students, in both the clinical and applied-social tracks, are performing important forensically-relevant research that is as diverse and multifaceted as the field of forensic psychology itself.

The following are just some examples of the work currently being done by students and faculty members.

Lauren Wysman, M.A.

Lauren began working in the Applied Memory Lab as an undergraduate student and has continued her important work in the areas of autobiographical memory, false beliefs, and interviewing techniques for eyewitnesses through the masters and doctoral level. For her master's thesis, Lauren tested the impact



Copyright: University of Windsor

of two suggestive interview techniques (repeated questioning and negative feedback) on interviewees' responses about a 'crime' they witnessed, using the Cognitive Interview (CI) model (Fisher & Geiselman, 1992). She found that using the CI model produced more correct responses to answerable questions as well as fewer errors to unanswerable questions at initial questioning. Additionally, the CI produced the highest consistency for answerable questions in the face of repeated questioning and in the absence of negative feedback. However, it resulted in the most changes in responses to answerable questions when negative feedback was applied.

Lauren's work demonstrates that the CI model protects against repeated questioning, but only in the absence of negative feedback. This type of research has important implications for law enforcement and the court system considering individuals who witness a crime are often interviewed multiple times about what they saw. The results of this study were published in *Behavioral Sciences and the Law* in 2014 (Wysman, Scoboria, Gawrylowicz, & Memon, 2004). Along similar lines, Lauren has also

performed studies looking at how the perceived credibility of suggested events influences participants' rates of reporting false beliefs. She is currently finishing up her doctoral dissertation, which looks at the process of social challenges of one's memory for incidences of intimate partner aggression.

Fiona Dyshniku, M.A.

Fiona's dissertation research explores the utility of rationalizations and their impact on an individual's self-concept. Also supervised by Dr. Alan Scoboria, Fiona is drawing from research into autobiographical memory to investigate how individuals experience and respond to autobiographical memories that threaten their self-concept, particularly memories of engaging in interpersonally violent acts.

Fiona has also been collaborating with Dr. James Cantor from the Centre for Addiction and Mental Health (CAMH) since 2013 to examine neurodevelopmental correlates of pedophilia (e.g., short stature, craniofacial anomalies, etc.). The results of their published work adds to a growing body of literature suggesting that pedophilia may develop prenatally and therefore, the approach used to identify and treat pedophilia may need to change accordingly. In addition to her interest in sexual offending, Fiona is also interested in treatment implications of trauma (both childhood trauma and offense-induced trauma) among forensic/correctional clients, therapeutic alliance in forensic/correctional treatment, and attachment patterns among offenders.

Lisa Pascal, M.A.

Inspired by a documentary she watched about individuals who were wrongfully convicted, Lisa decided to devote her research to reducing the likelihood of future wrongful convictions by examining police photo lineup methodology. Knowing that mistaken eyewitness identification is (1) the most common factor that contributes to wrongful convictions, (2) most often occurs

among witnesses and offenders of differing races, and (3) that racial minorities are the largest group of wrongfully convicted defendants, Lisa focused her master's thesis on examining the effectiveness of different lineup procedures for witnesses viewing a suspect from a different racial background.

For her doctoral dissertation, Lisa tied together aspects of her previous research to develop a new photo lineup procedure designed to reduce misidentification rates in eyewitness identification. The goal of her research is to compare the effectiveness of her newly developed lineup procedure to the effectiveness of the two main lineup procedures currently in use. She will also examine the effectiveness of each procedure with same-race and other-race identifications with the hope of informing effective lineup procedures and providing accuracy estimates in situations where witnesses identify suspects of a different race.

Kendra Nespoli, M.A.

Stemming from my previous crime prevention work with the government entity formerly known as the National Crime Prevention Centre (NCPC), I am investigating the effectiveness of various treatment components employed in the model crime prevention program SNAP®, or Stop Now And Plan. SNAP is an empirically-validated, gender-specific, behavioural intervention program for at-risk children and families that aims to decrease disruptive behaviour problems with a goal of preventing future offending behaviour. The program, developed by the Child Development Institute, uses a number of theoretical models, the primary one being cognitive-behavioural to

teach children and their parents effective behaviour and parent management strategies that focus on increasing emotion regulation, self-control and problem solving skills. SNAP has been successfully replicated at a number of sites in Canada and around the world. Past evaluation studies of SNAP support the effectiveness of the core program components (i.e., SNAP Boys Groups, SNAP Girls Groups and SNAP Parent Groups) at reducing problematic behaviours, namely delinquency and aggression. My investigation focuses on treatment intensity by looking at the effectiveness of additional program components (e.g., individual mentoring/counselling, school advocacy/support, family counselling), typically reserved for higher risk cases, at preventing future criminal justice involvement.

Alan Scoboria, Ph.D., C. Psych.

Lauren, Fiona, Lisa, and I are all members of the Applied Memory Lab, supervised by Dr. Alan Scoboria. His interests span a variety of topics such as suggestibility, false memory, best practices in witness interviewing, autobiographical remembering, and social influences on remembering. Since joining the Department in 2004, Dr. Scoboria has developed a research program (funded by NSERC, SSHRC, and others) that focuses on basic memory processes and applied extensions of memory. His early research examined effects of misinformation, hypnosis, and suggestive practices on memory accuracy. Through this work he became interested in metamemory processes, including memory regulation when witnesses respond "don't know" to questions; and attributional processes involved when people label mental experiences as 'genuine memories'. This work led to international collaborations working with the Cognitive Interview, a well-validated, best practice, interviewing model. He has argued for giving a more prominent role for belief in the occurrence of events, whether or not events are recollected, in theory and application. His most recent work focuses on the decision-making processes that result when vivid

memories are confronted by disconfirmatory social evidence.

Michelle Krieger, M.A.

Michelle is working towards her doctoral degree in Applied Social Psychology under the supervision of Dr. Charlene Senn, an award-winning researcher of sexual violence against women. Michelle's current research focus is on the use of technology in the commission of gender-based violence. She began investigating the manufacture and distribution of sexual images without consent (i.e., filming people without their consent, sharing private sexual images, and revenge pornography), and exploring the types of experiences students have with taking and sharing sexual images of others as well as having their own images taken and shared without their consent. She also asked students how technology could be used in positive ways to respond to sexual violence.

Through her work in this area, Michelle noticed that studies of sexting often included both consensual and non-consensual acts (some didn't even distinguish between the two!) which seemed to contribute to mixed results and confusion around the conceptualization of sexting. Based on these findings, Michelle is looking at non-consensual acts as a form of sexual violence. Her doctoral dissertation will extend this line of work by looking at the experiences of victims, "cyberbystanders", and offenders and how their behaviour relates to the equivalent groups involved in non-technological forms of sexual violence.

Calvin Langton, Ph.D. C. Psych.

Dr. Langton joined the Clinical Psychology faculty at the University of Windsor in 2015. He comes to us most recently from the faculty at Ryerson University and the Universities of Nottingham and Toronto before that. His research focuses on applied and theoretical issues related to interpersonal aggression, crime, and recidivism throughout the lifespan. Other areas of interest include causes and

correlates of sexually exploitative and assaultive behaviours, risk and protective factors for interpersonal aggression, as well as the assessment and treatment of youth and adults in the correctional and mental health systems.

Dr. Langton's research spans a wide range of topics from child maltreatment and attachment to callous-unemotional traits and psychopathy in both forensic and community populations. He is currently working on a book about desistance from violent crime and also serves on the editorial boards of *Sexual Abuse: A Journal of Research and Treatment* and *Criminal Justice and Behavior*. He is registered as both a clinical and forensic psychologist in Ontario. He will be welcoming new graduate students this fall so we're all excited to see the opportunities unfolding here in his lab.

These are just a few examples of forensically-related research currently being done at the University of Windsor. It is, by no means, an exhaustive list. Additional areas of research with forensic implications include violence against women, sexual assault prevention, and interpersonal/partner aggression. For more information on the exciting research that is happening at the University of Windsor, visit

<http://www1.uwindsor.ca/psychology/psychology> or
<https://www.facebook.com/uwindsorpsych/info/?tab=overview>

Fisher, R. P., & Geiselman, R. E. (1992). *Memory enhancing techniques for investigative interviewing: The cognitive interview*. Springfield, IL: Charles C. Thomas.

Wysman, L., Scoboria, A., Gawrylowicz, J., & Memon, A. (2014). The Cognitive Interview buffers the effects of subsequent repeated questioning in the absence of negative feedback. *Behavioral Science and the Law*, 32, 207-219. doi:10.1002/bsl.2115

References

Ongoing Research Projects

By
Alain Gautreau,
**Université de
Moncton**

Need for Closure (Webster & Kruglanski, 1994) is the tendency to search for quick answers, so long as they resolve any confusion or ambiguity that may surround the question. Individuals with a high Need for Closure prefer facts and solutions that bring about quick and easy conclusions consistent with their beliefs. Previous studies have suggested that high levels of Need for Closure moderate the perception of criminal cases among police investigators (Ask & Granhag, 2005). In order to examine this suggestion, a group of police officers and a group of students will each evaluate three vignettes involving moral dilemmas and will also complete measures of closure, moral foundation, personality, and environmental pressures. The objective of this study is to identify possible biases in the decision-making of police investigators.

Le besoin de clôture (Webster & Kruglanski, 1994) est le désir pressant d'arriver à une conclusion ferme et précise sur un sujet, et une aversion envers toute ambiguïté pouvant l'entourer. L'individu avec un fort besoin de clôture aura tendance à privilégier une solution et à sélectionner des faits qui mèneraient plus rapidement et plus facilement à une conclusion ferme et conforme à ses croyances. Certaines études suggèrent qu'un haut niveau de besoin de clôture peut modérer la perception des policiers lors de l'enquête d'un crime (Ask & Granhag, 2005). Afin d'étudier ce besoin, les mesures du besoin de clôture, des fondations morales, de la personnalité et des pressions environnementales seront corrélées à la perception de trois scénarios présentant un dilemme moral chez un groupe d'étudiants et un groupe de policiers. Cette étude vise une meilleure compréhension des facteurs pouvant influencer la prise de décision chez les enquêteurs.

Alain Gautreau is in his fourth and final year of his honours degree in psychology at the Université de Moncton. He intends to pursue his graduate studies in forensic psychology in the United Kingdom.

Hermann, C, McPhail, I, Helmus, L-M, & Hanson, RK. (2015). Emotional congruence with children is associated with sexual deviancy in sexual offenders against children. *International Journal of Offender Therapy and Comparative Criminology*. Advance online publication. doi:10.1177/0306624X1560830

Emotional congruence with children is a psychologically meaningful risk factor for sexual offending against children. The current study examines the correlates of emotional congruence with children in a sample of 424 adult male sex offenders who started a period of community supervision in Canada, Alaska, and Iowa between 2001 and 2005. Consistent with previous work, we found sexual offenders against children high in emotional congruence with children were more likely to be sexually deviant, have poor sexual self-regulation, experience social loneliness, and have more distorted cognitions about sex with children. Overall, our findings are most consistent with a sexual deviancy model, with some support for a blockage model.

Hilton, N. Z. & Eke, A. W. (in press). Non-Specialization of Criminal Careers among Intimate Partner Violence Offenders. *Criminal Justice and Behavior*.

Many men arrested for intimate partner violence (IPV) commit other types of criminal offenses as well. We examined IPV offenders' general offending in more detail than previous studies, and tested the ability of criminal career trajectory and an IPV-specific risk assessment (the Ontario Domestic Assault Risk Assessment; ODARA) to predict post-index recidivism. We retrieved police reports and criminal records of 93 men shortly after an IPV index assault and again 7.5 years later. Most (71%) had pre-index criminal charges, and most (62%) had post-index criminal recidivism although fewer (24%) committed post-index IPV. Pre-index criminal career (defined as none, non-violent, violent, IPV) did not predict post-index IPV whereas the ODARA predicted post-index IPV, $AUC = .67$, as well as other offenses with a moderate or large effect size, including stalking ($AUC = .78$), sexual assault ($AUC = .67$), and nonviolent offenses ($AUC = .74$). In line with prior research findings, we conclude that many men arrested for IPV do not specialize in their criminal careers and that risk assessment in these cases should include risk of both IPV and other offenses; furthermore, an existing IPV risk assessment tool, the ODARA, holds promise for assessing general risk of recidivism among IPV offenders.

Lee, SC, & Hanson, RK. (in press). Recidivism risk factors are correlated with a history of psychiatric hospitalization among sex offenders. *Psychological Services*.

Sexual offenders are more likely to have a history of psychiatric hospitalization compared with the general population. This finding suggests that a history of psychiatric hospitalization is a plausible risk factor for the initiation of sexual crimes. It is less clear, however, whether psychiatric hospitalization is associated with risk factors for criminal recidivism. Consequently, the current study examined the correlates of psychiatric hospitalization and its relevance for risk assessment in a sample of sexual offenders on community supervision ($N = 947$). In this sample, a history of psychiatric hospitalization significantly increased the rate of sexual recidivism (hazard ratio = 1.95). After controlling for well-established risk factors, however, the association was no longer statistically significant. Consequently, this study supported an indirect effect of a history of psychiatric hospitalization, such that the association between psychiatric symptoms and recidivism was mediated by criminogenic needs (e.g., poor general self-regulation, loneliness, and social rejection). Replication studies are needed to confirm this association, and to further understand the link between mental illness and recidivism for sexual offenders.

Hanson, RK, Helmus, L, & Harris, AJR. (2015). Assessing the risk and needs of supervised sexual offenders: A prospective study using STABLE-2007, Static-99R and Static-2002R. *Criminal Justice and Behavior*, 42(12), 1205-1224. doi:10.1177/0093854815602094

Effective intervention with offenders requires accurate identification of their risk-relevant propensities. In this prospective study, 139 Canadian community supervision officers were trained to assess the risk factors and criminogenic needs of adult, male sexual offenders using structured risk tools. Recidivism outcomes were recorded for 768 offenders (average age of 41 years, approximately half had child victims, 14% Aboriginal) during an average 7 year follow-up period. All forms of recidivism (sexual, violent, any) were predicted by sex crime specific risk tools based on static, historical factors (Static-99R, Static-2002R) and by tools designed to assess psychologically meaningful risk factors of sexual offenders (STABLE-2000; STABLE-2007). Professional overrides of the Static-99 scores did not improve predictive accuracy. STABLE-2007 scores added incrementally over STATIC scores for all recidivism outcomes, but only for complete cases, suggesting meaningful variation in the extent to which community supervision officers can assess psychologically meaningful risk factors for sexual offenders.

Recent
Publications

Hogan, N. R., & Olver, M. E. (2016, February 1). Assessing risk for aggression in forensic psychiatric inpatients: An examination of five measures. *Law and Human Behaviour*. Advance online publication. <http://dx.doi.org/10.1037/lhb0000179>

The present study examined risk for inpatient aggression, including treatment-related changes in risk, using a battery of 5 forensic instruments. The relative contributions of different types of risk factors to the assessment of risk for inpatient outcomes were also assessed. The Historical-Clinical-Risk Management-20V3, Short-Term Assessment of Risk and Treatability, Violence Risk Scale, Violence Risk Appraisal Guide–Revised, and Psychopathy Checklist–Revised were rated from archival information sources on a sample of 99 adult forensic inpatients from a Canadian psychiatric hospital. Pretreatment and posttreatment ratings were obtained on all dynamic study measures; associations between risk and change ratings with inpatient aggression were examined. Significant pretreatment-posttreatment differences were found on the HCR-20V3, START, and VRS; pretreatment scores on these measures each demonstrated predictive accuracy for inpatient aggression (AUC .68 to .76) whereas the PCL-R and VRAG-R did not. HCR-20V3, VRS, and START dynamic scores demonstrated incremental predictive validity for inpatient aggression to varying degrees after controlling for static risk factors. Dynamic change scores from these 3 measures also demonstrated incremental concurrent associations with reductions in inpatient aggression after controlling for baseline risk. Several instruments demonstrated predictive validity for inpatient aggression and clinical/dynamic risk and change scores had unique associations with this outcome. The present findings suggest that risk assessments using the HCR-20V3, START, and VRS may inform the management and reduction of inpatient aggression, as well as assessments of dynamic risk more generally.

Shaffer, C., Cook, A. N., Connolly, D. (2016). A conceptual framework for thinking about physician-assisted death for persons with a mental disorder. *Psychology, Public Policy, & Law*. Online First Mar 10, 2016. doi: 10.1037/law0000082

Physician-assisted death (PAD) has been enacted in a number of international jurisdictions, with several extending access to PAD for persons whose condition is not terminal, including those with a mental disorder. We argue that based on the state of the literature, it is too early to make well-defined recommendations on how relevant fields can proceed legally, ethically, and clinically, particularly with regard to PAD for persons with a mental disorder. The aim of this paper is to introduce a framework for further discussions on PAD for persons with a mental disorder to stimulate thoughtful and considered debate in our

field. We provide a brief discussion of the principles that guide regulatory frameworks on PAD practices worldwide, including a discussion of jurisdictions in Europe and North America that allow PAD for those suffering from an incurable nonterminal disease, illness, or disability. Next, we present a conceptual framework as a series of questions that address legal, ethical, and clinical dilemmas arising from this trend. We conclude with a summary of guidelines on the practice of PAD from international jurisdictions to assist in the development of potential legal and professional regulations.

Shaffer, C., Gatner, D., Gray, A. L., Douglas, K. S., Viljoen, J. L., Tweed, R., ... Gagnon, N. (2016). Incremental and predictive validity of the Antisocial Process Screening Device in a community sample of male and female ethnic minority and Caucasian youth. *Journal of Abnormal Child Psychology*. Advance online publication. doi:10.1007/s10802-016-0130-3

The Antisocial Process Screening Device (APSD) is a well-supported tool for assessing psychopathic features in youth. However, most research with the APSD has been derived from clinical and forensic samples comprised mainly of male Caucasian and African American adolescents. In this prospective study, the incremental and predictive validity of the self-report APSD for violent and non-violent offending was examined in an ethnically diverse community sample of male and female youth ($N = 335$) aged 12 to 14. High-school students from a moderate sized city in Western Canada completed the self-report APSD and then completed the Self-Report of Offending 6 months later. Receiver Operating Characteristics analysis indicated that APSD total and subscale scores were predictive of violent and non-violent offending at 6-month follow-up with moderate to large effect sizes. In addition, total scores on the APSD added incremental predictive utility above and beyond traditional criminogenic predictors of youth offending (i.e., prior offending, delinquent peer affiliation, poor school achievement, substance use, low parental monitoring). Although sex differences emerged in the predictive utility of the Impulsivity subscale of the APSD vis-à-vis violent offending, sex did not moderate the relationship between APSD total, Narcissism, or Callous/Unemotional scores and offending. In addition, the predictive utility of the APSD did not vary as a function of the youth's ethnic background. These findings suggest that: (1) the self-report APSD may have utility for risk or threat assessment with normative school populations, (2) APSD findings from higher risk samples generalize to a lower risk sample of high-school youth, and (3) predictive utility of APSD total scores do not differ across male and female Caucasian and ethnic minority youth.

Recent Publications

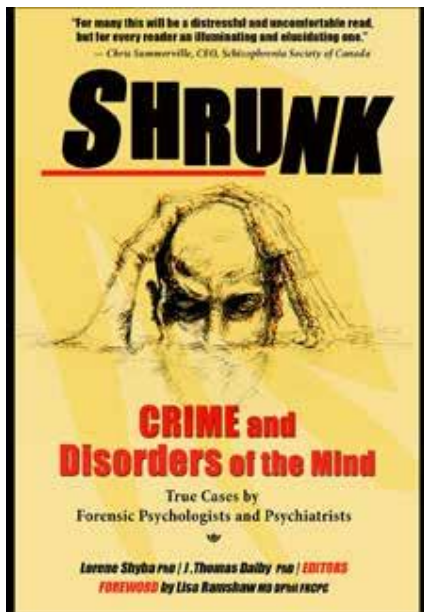
Recent Publications

Penney, S. R., Marshall, L. A., & Simpson, A. I. F. (2016, February 25). The Assessment of Dynamic Risk Among Forensic Psychiatric Patients Transitioning to the Community. *Law and Human Behavior*. Advance online publication. <http://dx.doi.org/10.1037/lhb0000183>

Individuals with serious mental illness (SMI; i.e., psychotic or major mood disorders) are vulnerable to experiencing multiple forms of adverse safety events in community settings, including violence perpetration and victimization. This study investigates the predictive validity and clinical utility of modifiable risk factors for violence in a sample of 87 forensic psychiatric patients found Not Criminally Responsible on Account of Mental Disorder (NCRMD) transitioning to the community. Using a repeated-measures prospective design, we assessed theoretically based dynamic risk factors (e.g., insight, psychiatric symptoms, negative affect, treatment compliance) before hospital discharge, and at 1 and 6 months postdischarge. Adverse outcomes relevant to this population (e.g., violence, victimization, hospital readmission) were measured at each community follow-up, and at 12 months postdischarge. The base rate of violence (23%) was similar to prior studies of discharged psychiatric patients, but results also highlighted elevated rates of victimization (29%) and hospital readmission (28%) characterizing this sample. Many of the dynamic risk indicators exhibited significant change across time and this change was related to clinically relevant outcomes. Specifically, while controlling for baseline level of risk, fluctuations in dynamic risk factors predicted the likelihood of violence and hospital readmission most consistently (hazard ratios [HR] = 1.35–1.84). Results provide direct support for the utility of dynamic factors in the assessment of violence risk and other adverse community outcomes, and emphasize the importance of incorporating time-sensitive methodologies into predictive models examining dynamic risk.

Hanson, RK, & Bourgon, B. (in press). Advancing sexual offender risk assessment: Standardized risk levels based on psychologically meaningful offender characteristics. In FS Taxman (Ed.), *Handbook on corrections and sentencing: Volume 1: Risk and need assessment: Theory and Practice*. Routledge.

The high social deviance of sexual offenses often leads evaluators to consider whether sexual offenders have distinctive psychological problems. This chapter reviews the empirically validated risk factors for sexual offending, along with the tools commonly used to assess the risk of sexual recidivism. Our perspective is that offender risk assessment should be considered within the broader field of psychological assessment. In particular, there are benefits to appreciating the distinction between test scores and the latent constructs the test is intended to assess. Furthermore, we describe how the degree of riskiness can be described using a standardized metric, which is independent of any particular risk tool. Adoption of a common language for risk communication would do much to ensure that correctional interventions are both cost-effective and appropriately tailored to the diverse individuals in our criminal justice systems.



Following the immense success of *Tough Crimes: True Cases by Top Canadian Criminal Lawyers*, **SHRUNK** is the second book in Durville Publications' 'True Cases Series'.

The workings of the criminally disordered mind has always been a fascinating subject for experts and lay persons alike. How do trials play out for individuals with mental health issues? ... is it worthwhile to attempt to rehabilitate such persons?

— Earl Levy Q.C.

For media inquiries contact:
Lorene Shyba | 403 818-4808
lorene.shyba@gmail.com

ISBN: 978-0-9947352-0-1 | \$29.95
Quality Paperback, 288 Pages
Book release date, May 5, 2016
e-book also available by June 2016



DURVILLE publishes books that demystify the professions for professionals and the informed general public. Coming soon: UpRoute Imprint, Bright Books with Bite.

SHRUNK

Crime and Disorders of the Mind

Lorene Shyba PhD and J. Thomas Dalby PhD, Editors

Foreword by forensic psychiatrist Lisa Ramshaw MD DPhil FRCPC

SHRUNK: Crime and Disorders of the Mind is a collection of powerful chapters by eminent Canadian and international forensic psychologists and psychiatrists who write about mental health issues they face and what they are doing about it. Unlike any other book within the genre of True Crime, **SHRUNK** is the first book that delves deeply into the disturbed human psyche to help build a solution to the problem of understanding mental illness within the criminal justice system. We asked our forensics experts to tell stories about cases that still haunt them. Among the stories in the book are: **Dr. Joel Watts** on Luka Magnotta; **Dr. J. Thomas Dalby** on serial killer Clifford Olson; **Dr. Jeffrey Waldman** on Vince Li and the Greyhound Bus tragedy; **Mr. Justice Richard D. Schneider** on a typical day in Mental Health Court; **Dr. Sven Å. Christianson** on a Swedish case of psychopathic personality and media manipulation; **Dr. Jack White** on the most notorious Australian serial killing of all time; **Dr. Louise Olivier** on a case of dissociative fugue in South Africa; **Dr. Donald Dutton** on an American case of mind-control and *folie à deux*; **Dr. Stephen Porter and Tianna Dille** on brain damage and extreme amnesia; **Dr. Barry Cooper and Jacqueline Kanipayur** on malingering; **Dr. Marc Nesca** on catathymic murder and necrophilia; **Dr. Patrick Baillie** on David Milgaard's wrongful conviction; **Dr. Lawrence Ellerby** on deviance to rehabilitation; and **Dr. David Dawson** finds moments of warmth and shared humanity with psychiatric patients. Criminal defence lawyer **William Trudell** writes about working with forensic experts and their contributions in the defence of those suffering from mental disorders.

SHRUNK is scheduled for release on **May 5, 2016**. Pre-order from duranceville.com or at Indigo.ca. Excerpts are available on request. Partial proceeds of the book go to the Schizophrenia Society of Canada.

YOU ARE INVITED — BOOK LAUNCH RECEPTIONS

CALGARY. Exclusive Canadian Release Party. **May 5, 2016.**
5:00 to 8:00 pm | Chapters Books, 9631 Macleod Trail S.W.

WINNIPEG. June 14, 2016.
5:00 - 8:00 pm | Chapters Polo Festival, 695 Empress Street

TORONTO. June 16, 2016.
5:00 - 8:00 pm | Simcoe Chambers, 116 Simcoe Street, Suite 100
June 17, 5:00 - 7:00 pm | Signing Event: Bay & Bloor Indigo Books

Excerpts from

Shrunk: Crime and Disorders of the Mind

Reprinted here with permission

“The Case of Luka Rocco Magnotta” by Dr. Joel Watts

In the various media reports on Magnotta up to that point, I had heard that he might have a mental illness. As such, I was somewhat sceptical of the information provided by Dr. Barth. I was likely also biased in this way due to the seemingly organized and planned nature of Jun Lin's murder, the video's production and Magnotta's escape to Europe. I knew that psychotic individuals are capable of planning and organized behaviour, but my forensic training had taught me to consider the possibility that he was faking 'mad', especially given the seriousness of his case and charges. My scepticism was on high alert when I met him, despite his presentation being just like Dr. Barth had said. I was surprised by how dramatically unwell Magnotta appeared. I thought that perhaps he was skilfully putting on 'a show'. Nagging at the back of my mind, however, was the fact that he would have had to be an exceedingly good actor to pull off such a convincing presentation of psychosis.

The Tina Eisnor Murder Case”

by Dr. Stephen Porter and Tianna Dilley

A troubling aspect of this case is that the Wayne Eisnor who was convicted of first-degree murder is not the 'old' Wayne Eisnor. It appears, ironically, that Eisnor's self-sustained brain injury had a therapeutic effect by somehow transforming him into a nicer, more gentle individual. In the field of psychology, there have been many documented cases of major personality changes due to brain injury, although not usually in the direction of naughty to nice. One well-documented case is that of Phineas Gage, who improbably survived an accident in which a large iron rod was driven completely through his head, destroying much of his brain's left frontal lobe. Phineas, who had once been a dependable, pleasant man, reportedly changed into an impulsive, irresponsible, aggressive individual. In the case of Eisnor, we theorize that his personality shifted in the reverse direction. This begs the question: if a person's long-standing personality characteristics are suddenly and drastically altered are they still considered the 'same person' as before? Should this 'new' person be subjected to punishment for criminal actions he or she perpetrated when they were the 'old' person?



Predoctoral Internship Profile

By **Tricia Teeff, Psy.D. Candidate**
Memorial University

Available Clinical-Forensic Predoctoral Internship

The British Columbia Mental Health & Substance Use Services (BCMHSUS) Clinical-Forensic Psychology Internship Program is **CPA-accredited** (through 2017-18), with **one available position beginning in September 2016**. This program, through the Forensic Psychiatric Services Commission, is intended to prepare students for professional practice with a variety of patient populations.

The internship requires 1700 hours over the course of the year, with 37.5 hour-working weeks. The intern will complete two major rotations, one at the **inpatient Forensic Psychiatric Hospital** in Port Coquitlam, BC, and the second at one of the **outpatient community clinics** in either Vancouver and Surrey, or Victoria (on Vancouver Island). A willingness to relocate from Victoria to Port Coquitlam/Vancouver area between rotations is required (i.e., one of the two interns must relocate).

Interns complete assessment and treatment for a variety of complex client presentations. The clinical population typically presents with multiple comorbid diagnoses, including mood, anxiety, and psychotic disorders, personality disorder, cognitive impairment or developmental delay, and difficulties with substance abuse. There are opportunities to work with males and females from diverse backgrounds. Interns may be able to provide individual and group treatment from diverse frameworks around specific issues such as anger management, anxiety, psychosis, and trauma. Clinical assessments often involve the need for diagnostic clarification and consideration of risk for violence and suicide (using structural professional judgment tools such as the HCR-20, RSVP, SARA, SAM, etc.). Interns are

*Students are **NOT** required to have registered for the APPIC match this year. Post-match vacancy positions are available to any students meeting APPIC eligibility requirements. Students from accredited Canadian doctoral training programs are preferred, although applicants from the United States will be considered.*

provided with both broad and specialized training experiences and access to high-quality supervision tailored to individual need. The internship is highly flexible, striving to meet the interns' specific training goals wherever possible. For more information about the internship site, supervisors, and rotations, see the program brochure at: <http://www.bcmhsus.ca/pdfs/BCMHSUS%20Internship%20Brochure%202015.pdf>

Interested applicants are encouraged to contact Dr. Shauna Darcangelo via phone (250-213-4509) or email (sdarcangelo@forensic.bc.ca) for more information. In addition to a cover letter and vita, applicants may be asked to submit additional materials (e.g., treatment case summary, psychological evaluation report, letters of reference, etc.) once his or her cover letter and vita have been reviewed.

Contact
Dr. Shauna
Darcangelo via
phone (250-213-
4509)
or email
(sdarcangelo@forensic.bc.ca)
for more
information



Current Intern Testimony

Having long been interested in forensic psychology, being matched with BCMHSUS was a dream come true. I trained at a generalist PsyD program, taking opportunities to complete forensic placements and workshops where possible; however, my internship with the service has given me breadth within the specialized forensic population I have been seeking. I began my internship on beautiful Vancouver Island in Victoria, at the outpatient clinic. While there, I enjoyed diverse supervision by Drs. Dugbartey, Darcangelo, and Scott. I was able to benefit from their varied areas of expertise, from assessment of sexual offenders, to treatment of trauma, to rural clinical practice. I completed court-ordered Pre Sentence Assessments, encountering issues of complex differential diagnosis and risk assessment, utilizing a number of structured professional judgment measures (i.e., SARA, SAM, HCR-20, CPORT, RSVP).

While my outpatient experience focused primarily on assessment, my current rotation at the Forensic Psychiatric Hospital in Port Coquitlam is focused on treatment. Here, I am working with patients ruled NCRMD (not criminally responsible due to mental disorder) or certified under the Mental Health Act. My supervisor, Dr. Jack, offers a wonderful balance of support and independence, and I have been able to provide treatment for diverse issues such as psychosis, aggression, sexual concerns, mood disorder, anxiety, and personality disorders. My co-intern and I are co-facilitating an Anger Management group, and have ample opportunities for consultation and training. In both sites, the multidisciplinary teams offer a collegial

environment for collaborative, client-focused treatment planning. Psychology interns are treated as a valuable part of the team, and I always feel that my input is received with respect.

BCMHSUS promotes an internship with autonomy and support, and my supervisors have done everything possible to provide me with referrals tailored to my interests and areas for growth. The service promotes a work-life balance, and I leave my work on my desk every evening. Having never lived in British Columbia, I came to enjoy the quaint, hip neighborhoods of Victoria, quickly feeling at home after finding my neighborhood bakery, coffee shop, farmer's market, and yoga studio. The relocation to Vancouver-area was relatively painless. I am now enjoying the lush green spaces and bustling urban life of the Vancouver area. The internship has been a wonderful chance to experience a much-coveted piece of our beautiful country, which receiving top-notch training in my area of passion. While enjoying a picnic lunch on a 20-degree April day under the cherry blossom trees, I can't imagine training anywhere else for my internship.

Interested applicants are
welcome to contact me at:

tricia.teeft@bcmhs.bc.ca

Upcoming Conferences

Canadian Psychological Association 77th Annual Convention

June 9-11, 2016, Victoria, British Columbia

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

16th Annual Meeting of the International Association of Forensic Mental Health Services

June 20-24, 2016, New York City

<http://www.iafmhs.org/Conference>

European Association of Psychology and Law Conference

July 5-8, 2016, Toulouse, France

<http://eapl2016.sciencesconf.org/>

British Society of Criminology Conference

July 6-9, 2016, Nottingham, UK

<http://criminologyconference.com/>

American Psychological Association Annual Convention

August 4-7, 2016, Denver, Colorado

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

28th Annual Crimes Against Children Conference

August 8-11, 2016, Dallas, Texas

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

14th International Association for the Treatment of Sexual Offenders

September 7-10, 2016 Copenhagen, Denmark

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

35th Annual Research and Treatment Conference, Association for the Treatment of Sexual Abusers

November 2-5, 2016, Orlando, Florida

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

26th National Organization for the Treatment of Abusers – Annual International Conference

September 2016, Brighton, England

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



Victoria, British Columbia



Toulouse, France



New York City