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Table 3 Treatment

	Non-Empirical	Empirical	Total
Treatment	54	54	108
Pharmacological	3 ^(S)	1 ^(T)	4
Non-Pharmacological	20	14	34
CBT ²	4 ^(U)	5 ^(V)	9
CBT Plus ³	5 ^(W)	2 ^(X)	7
Non-CBT ⁴	12 ^(Y)	7 ^(Z)	19
Theoretical/Conceptual	36 ^(AA)	39 ^(BB)	75

3. S) Treatment – Pharmacological – Non-Empirical

Citrome, L., & Volavka, J. (2000). Pharmacological treatments for psychotic offenders. In S. Hodgins & R. Muller-Isberner (Eds.), *Violence, crime and mentally disordered offenders: Concepts and methods for effective treatment and prevention* (pp. 153-176). New York: John Wiley & Sons.

Annotation: The authors review treatment using pharmacological options for psychotic offenders. They suggest that the first step in treatment for violent patients with psychotic disorders begins by examining potential explanations for this behaviour, including co-morbid substance use disorder, co-morbid personality disorder, anti-social personality traits, where the patient resides e.g.) a structured psychiatric intensive care unit. The authors discuss underlying causes of violent behaviour in various populations of offender including, patients with schizophrenia, schizoaffective patients, anti-social patients and manic patients. They state that patient assessment and differential diagnosis are critical in addressing the needs of psychotic offenders. The authors also discuss various reviews that give practical clinical information and advice on the management of violent patients. They conclude by noting that treatment of the underlying mental disorder by pharmacological interventions often leads to a reduction in violent behaviour. However,

² Cognitive-Behavioural Treatment

³ Cognitive-Behavioural Treatment and another form of non-pharmacological treatment intervention

⁴ A non-pharmacological treatment that does not involve a CBT-based program

they caution that an antipsychotic alone will not stabilize the disturbed mood of a patient with bipolar disorder or major depression. This article contributes to the evidence base on treatment interventions for mentally disordered offenders and is therefore relevant to our report.

Maier, G. J., & Fulton, L. (1998). Inpatient treatment of offenders with mental disorders. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 126-167). New York: Guilford Press.

Annotation: The purpose of this article was to discuss many of the theoretical and practical issues surrounding the treatment of mentally disordered offenders (MDOs). It covers diverse issues such as different models of treatment and management, staffing dilemmas, major mental disorders, commonly seen types of patients, and a number of different types of treatment. This article is valuable to the current project in that it discusses many of the topics to be found in the main report.

Rice, M. E., & Harris, G. T. (1997). The treatment of mentally disordered offenders. *Psychology, Public Policy, and Law*, 3, 126-183.

Annotation: The authors review available and effective treatment methods for mentally disordered offenders (MDOs). They suggest that, "knowledge of the empirical and scientific literature on effective service for offenders and for persons with mental disorders can greatly guide intervention for mentally disordered offenders." (p. 129). They argue that the traditional diagnostic approach is of limited value in determining the appropriate treatment for this population. The authors advocate a more direct approach to determining the cognitive, behavioural, and psychosocial strengths and weaknesses of MDOs as it will produce more effective treatments. They note that for MDOs, the treatment often depends on the system to which that person is attached (correctional or forensic mental health). The authors subsequently review various studies that have assessed the relationship between mental disorder, crime and violence. They review empirical evidence on treatments/programs for various populations/problems (e.g. active psychotic symptoms, depression, life skills deficits, social withdrawal, substance abuse and treatment for sex offenders). The issue of assuring therapeutic integrity is also examined. Obstacles to implementing treatment programs are reviewed, as are the methods in overcoming them. This comprehensive review is relevant to our report in that it deals with treatment intervention methods and potential programming for MDO's.

3. T) Treatment – Pharmacological – Empirical

Bains, J. J. S., & Nielssen, O. B. (2003). Combining depot antipsychotic medications with novel antipsychotics in forensic patients: A practice in search of a principle. *Psychiatric Bulletin*, 27, 14-16.

Annotation: This survey was performed to examine combination therapy in three Australian forensic hospitals. Combination therapy (CT) is defined as prescribing a combination of recent atypical medication with conventional depot anti-psychotic medication. The medical records of forensic patients were reviewed to assess the prevalence of CT. A brief questionnaire was administered to participating psychiatrist to assess the rationale behind this treatment. A comparison group including patients living in the community was also assessed. Findings suggest that 22% of the patients were receiving CT. Treatment resistance (87%), non-compliance with medication (61%) and assisting in the transfer of patients to lower security (30%) were cited as the rationale for CT use. In the community sample, 20% of patients were receiving CT. Treatment resistance was cited as the main reason. According to the authors, CT is a common practice with forensic and community settings. However, they note that the APA discourages combination therapy calling it poor practice, and indicating that monotherapy is an agreed upon practice. This study contributes to the evidence base by highlighting the fact that combination therapy is prevalent in a sample of Australian forensic patients despite being a practice that is unfounded in the literature. Reasons cited for this practice reflect the realities of working within a forensic mental health system that is under pressure to move patients to lower levels of security. Replication in a North American forensic mental health setting would further contribute to the evidence base on treatment of forensic mental health patients.

3. U) Treatment – Non-Pharmacological – CBT – Non-Empirical

Clarke, A., & Ndegwa, D. (2006). Forensic personality disorder in an MSU: Lessons learnt after two years. *British Journal of Forensic Practice*, 8, 29-33.

Annotation: The purpose of this article was to describe the violence reduction programme (VRP) and the results found from employing it within a medium secure unit (MSU). The VRP, which is a cognitive behavioural, social learning approach, involves three stages of treatment that can be individually tailored for each patient. The authors discuss several lessons they have learned from implementing the VRP program. These range from how many psychopaths or patients with emotional modulation control problems should be allowed on a unit at any given time, to the responsibilities of the staff in ensuring the success of the program. They also state that while the program is cognitive-behavioural in nature, the VRP needs to be driven primarily by the behavioural aspects, with the cognitive aspects appearing later in the treatment regime. This article will be of some use to the current project when discussing inpatient risk management, and inpatient treatment of mentally disordered offenders.

Glassmire, D. M., Welsh, R. K., & Clevenger, J. K. (2007). The development of a substance abuse treatment program for forensic patients with cognitive impairment. *Journal of Addictions and Offender Counseling*, 27, 66-81.

Annotation: Due to the high comorbidity rates between substance abuse and severe psychiatric disorders, patients in forensic setting are often provided intensive substance abuse treatment as a condition of discharge to less restrictive environments. The purpose of this article was to examine The Substance Abuse and Mental Illness (SAMI) program in terms of its development and implementation. This article also provides a preliminary outcome analysis of the SAMI program in a forensic hospital. SAMI program was developed to provide intensive skills based substance abuse treatment to a forensic population with severe mental illness and limitations in cognitive and social functioning. The findings provide preliminary evidence for the efficacy of the SAMI program at improving the relapse-prevention knowledge of patients with cognitive limitations.

Maden, A., Williams, J., Wong, S. C. P., & Leis, T. A. (2004). Treating dangerous and severe personality disorder in high security: Lessons from the Regional Psychiatric Centre, Saskatoon, Canada. *Journal of Forensic Psychiatry and Psychology*, 15, 375-390.

Annotation: The purpose of this article was to outline a new approach to risk reduction that was developed at the Regional Psychiatric Centre (RPC) in Saskatoon. The RPC leans towards cognitive-behavioural treatments (CBT), in both group and individual formats. The approach recommends that treatments follow the needs principle and the responsibility principle. In addition to CBT, the RPC relies on standardized risk assessment tools as an adjunct to clinical judgment and as a way of measuring progress. The authors state that there is a wealth of research to support the effectiveness of these approaches, especially in their ability to reduce the risk of recidivism. For a typical length of stay at the RPC being a year or less, outcome data has shown a 50% reduction in

violent and sexual recidivism in the 10-years after discharge. This is a very good outcome, as the RPC tends to treat the highest-risk offenders. As for staffing goals, the RPC maintains a clear distinction between correctional and mental health service staff. This division of labour reduces strain on nurses, and makes more funds available for treatment of patients. An additional goal of the program is an effective transition to community living. This article is useful to the current project as it yields information on balancing client-centered care with protection of the public, as well as treatment for underlying mental disorder.

Miller, N. S., & Sheppard, L. M. (2000). Addiction treatment and continuing care in forensic populations. *Psychiatric Annals*, 30, 589-596.

Annotation: This paper discusses the role of substance abuse within forensic and correctional populations and outlines treatment programs for these and other addicted subpopulations. Alcohol is connected with murder, rape, assault, and child abuse more than any other illegal drug. Over 80% of offenders in state or federal prisons are involved with alcohol or drugs. Approximately 70% had used drugs in the month prior to their arrest and more than 50% of murders are committed while under the influence. In addition, 59% of offenders involved with alcohol are imprisoned for violent offenses, compared to 47% of the overall state prison population. Interestingly, up to 89% of wife abusers are addicted to drugs or alcohol. However, addiction treatment is generally not included as part of rehabilitation. The author discusses characteristics of successful programs, such as matching offenders to treatment, addressing co-occurring mental health disorders, using cognitive behavioral techniques, and using a psycho-educational approach etc. The author states that crimes related to substance use and abuse, cost society in many ways and failure to treat these disorders may result in a cycle of criminal activity. However, this cycle can be broken through treatment during incarceration, even for those who do not voluntarily participate. This article is not particularly relevant to our topic, as it deals more with correctional populations rather than forensic, however it does outline the importance of drug and alcohol addiction treatment within secure community settings.

3. V) Treatment – Non-Pharmacological – CBT – Empirical

Becker, M., Love, C. C., & Hunter, M. E. (1997). Intractability is relative: Behaviour therapy in the elimination of violence in psychotic forensic patients. *Legal and Criminological Psychology, 2*, 89-101.

Annotation: The goal of this paper is to describe the treatment and effects of a behavioural therapy programme for four chronically psychotic, habitually violent, forensic inpatients. The four men ranged in age from 23 to 45 years old and had an average hospital stay of 9.5 years. All four had remained persistently violent despite several treatment attempts. The treatment programme was designed for each individual and included re-motivation treatment; contingent positive reinforcement; classical conditioning; behaviour chain development or modification; specific skill training; relationship development; milieu alteration; and extensive work with staff to ensure consistency and effectiveness of treatment. The results from the four case studies showed that intensive, non-punitive, and ability-enhancing behavioral interventions can eliminate chronic violent behaviours even while psychotic symptoms, diverted sexuality and/or personality disorder remain. By teaching patients to manage their violent outbursts, violence was successfully replaced. In the end, each patient was able to attain violence-free discharge criteria. The authors note that these types of treatment require strong administrative support.

Heilbrun, K., & Griffin, P. A. (1993). Community-based forensic treatment of insanity acquittees. *International Journal of Law and Psychiatry, 16*, 133-150.

Annotation: The authors review the results from various outcome studies on community-based forensic treatment (CBFT). These studies were conducted in eight different states (Illinois, Oregon, Maryland, California, Connecticut, Florida, New York, Oregon) from the late 1970s-1990s. Findings indicate that better adaptive functioning prior to hospitalization and at the time the patients began the CBFT predicted successful outcomes with regards to re-hospitalization and re-arrest. Results also indicate that higher rates of re-hospitalization were associated with lower rates of re-arrest, particularly in the states using PSRB. The authors list the advantages of having a psychiatric security review board suggesting that the PSRB model, "appears to have successfully incorporated considerations of public safety, appropriate external control, and facilitation of research and evaluation" (p.146). They outline the core planning principles that should form the foundation of conditional release programs and discuss the recurring themes that have emerged from the CBFT literature. They also and devise a set of principles for effective CBFT. Finally, the authors emphasize the importance of further research in the development and shaping of CBFT programs. This article gives a thorough overview on CBFT and is relevant to our report as CBFT is an important component of FMHPS.

Hilton, N., & Frankel, A. (2003). Therapeutic value of anger management programmes in a forensic setting. *British Journal of Forensic Practice, 5*, 8-15.

Annotation: The authors describe a pilot anger management program (based on cognitive behavioural therapy) that has been developed for forensic patients residing at

Kemple View Psychiatric Services. The objectives of this program were: "(1) to reduce the frequency and severity of aggressive incidents on the units at Kemple View; (2) to equip the patients with new skills to respond in a more appropriate manner; (3) to treat anger as a primary symptom of the patient's presenting forensic and mental health difficulties" (p. 9). An anger management group was selected and pre- and post-treatment psychometric assessments were conducted. Qualitative analyses indicated that all patients benefited from the anger management group. However, quantitative results revealed that some of the participants showed positive results while others did not (the authors provide case studies to illustrate these results). Based on their findings, the authors suggest revisions to the pilot program and one of the authors (N. Hilton) has begun to implement the revised program at Kemple View. This article is very valuable to our report as it provides a thorough description of this particular program as well as its theoretical basis. Preliminary results from this study have yielded positive outcomes; therefore the authors note that both clinicians and researchers should remain alert to future outcome studies based on this program.

Hornsveld, R. H. J., & Nijman, H. L. I. (2005). Evaluation of a cognitive-behavioral program for chronically psychotic forensic inpatients. *International Journal of Law and Psychiatry*, 28, 246-254.

Annotation: This study was designed to test the effectiveness of a cognitive-behavioural program for forensic inpatients with chronic psychotic symptoms. The Psychotic Disorders program is carried out in a group therapy format, and consists largely of 90-minute sessions spanning the course of one year. It contains sessions on stress management, skills training (functional, social, domestic, and self-care), coping with psychotic symptoms, among other topics. The authors note that all results must be interpreted with caution, due to the small sample size, and high dropout rate. However, in general, they did not find large improvements over the control group, except in the social skills, negative coping behaviour, positive coping behaviour, and negative psychotic symptoms categories. This article may be of some use when discussing treatment programs for forensic inpatients.

Kunz, M., Yates, K. F., Czobor, P., Rabinowitz, S., Lindenmayer, J. P., & Volavka, J. (2004). Course of patients with histories of aggression and crime after discharge from a cognitive-behavioral program. *Psychiatric Services*, 55, 654-659.

Annotation: The authors outline a cognitive skills-building program based at the Manhattan Psychiatric Hospital. The program, System for Treatment and Abatement of Interpersonal Risk (STAIR) was first introduced to inpatients in 1997. Its primary goal was to break the cycle of recidivism and re-hospitalization for mentally disordered offenders. The purpose of this article was to examine various outcomes, such as: rearrest, re-hospitalization, and hospital tenure, by conducting a follow-up on patients who completed STAIR. The sample consisted of former patients who were sub-divided into three groups (1) stable (2) re-hospitalized and (3) rearrested groups. The results showed that 33 patients remained stable, 35 were re-hospitalized, and 17 were rearrested. The findings also showed that patients diagnosed with antisocial personality disorder or a learning disorder were much more likely to belong to the rearrest group, as were those

who had significantly higher scores on the Hare Psychopathy Checklist: Screening Version (PCL:SV). The authors conclude that their data supports past research, in that they found that psychopathy scores, noncompliance, and a diagnosis of antisocial personality were predictive of group membership (stable, re-hospitalized, rearrested). They recommend that, given these findings, the program will be able to target which individuals are in the most need of more specialized and intensive care once released into the community. This article deals with treatment programs for aggressive and criminal behaviour in pre and post release. It is therefore relevant to the current project in terms of risk assessment, community management and supervision of forensic outpatients.

3. W) Treatment – Non-Pharmacological – CBT Plus – Non-Empirical

Beck, A., & Morrison, T. (2002). Barriers to using early signs monitoring in a forensic population. *Journal of Mental Health (UK)*, 11, 501-509.

Annotation: The authors describe previous literature and discuss why cognitive-behavioural psychosocial interventions (that have been proven effective) are often not implemented in clinical settings. The authors also outline their own experience with an attempted implementation of the Early Sign Scale (ESS, Birchwood et al, 1989) at a forensic psychiatric service. They attempted to implement strategies that other authors had written about (e.g. providing substantial training to all involved and support from the researchers throughout (weekly presence on the ward to assist with completing the forms, etc.), providing practical help to make the process easy (e.g. providing pre-addressed envelopes to keep the data in, etc.), ensuring that managers were on-side, and providing regular feedback to the team). However despite these attempts they failed to successfully implement the ESS. They identify potential barriers that may have contributed to the unsuccessful implementation. This article yields information on both strategies and impediments to implementing evidence-based practices. This article is useful to the current project in terms of treatment effectiveness, evaluation and outcomes; as well as rating types of EBP.

Bjorkly, S. (2004). Risk management in transitions between forensic institutions and the community: A literature review and an introduction to a milieu treatment approach. *International Journal of Forensic Mental Health*, 3, 67-75.

Annotation: The goal of this article was three-fold: 1) to present a brief literature review on structured approaches to the rehabilitation of violent forensic patients; 2) describe the progression ladders (ProLad) milieu approach; and 3) to present a case-study illustrating the ProLad strategy. The author gives a comprehensive overview of previous literature on violence risk assessment and states that the current outlook has brought to light three problem areas: (1) which clinical, interactional, or contextual factors are associated with increased violence risk? (2) Which management strategies reduce the violence risk? and (3) how can the appropriate risk management strategies be implemented and reliably maintained for each individual? The author claims that third generation researchers have not conducted enough studies on ways to enhance the transition of violent psychiatric patients from forensic facilities into community living. In addition, he points out that the literature is lacking in risk management interventions. The author suggests adopting the validation procedure outlined by Douglas and Kropp (2002) for prevention-based risk assessment models. The author discusses the ProLad approach in violence risk management and outlines its four theoretical foundations. The author then provides an in-depth case study of Tom, illustrating the ProLad approach. The author concludes that the 15 years of ProLad usage has been positive, but has been marked by several limitations. Recommendations include implementing in different situations to assess its generalized potential. This article is useful to the report in terms of yielding information for case management and outpatient treatment.

Phillips, S. D., Burns, B. J., Edgar, E. R., Mueser, K. T., Linkins, K. W., Rosenheck, R. A., Drake, R. E., & McDonel Herr, E. C. (2004). Moving assertive community treatment into standard practice. In R. E. Drake & H. H. Goldman (Eds.), *Compendium of articles from Psychiatric Services* (pp. 47-55). Arlington, VA: American Psychiatric Association.

Annotation: This article describes the Assertive Community Treatment (ACT) model for community-based psychiatric care for individuals with severe mental illness. It summarizes the results from 25 randomized controlled trials. The findings suggest that the ACT model is effective in reducing hospitalization, is no more expensive than traditional care, and is more satisfactory to consumers and their families than standard care. The authors discuss the principles of ACT, critical program components, and various issues that are relevant to its implementation. This article is a prelude to detailed guidelines and strategies that are being developed as an implementation toolkit in the Evidence-Based Practices Project. Table 1 in the report lists the services, which are provided by ACT team members (see p. 48). This is a very useful article to our report as it provides a thorough review of the model's effectiveness along with a detailed description of the program components. Evidence-based community treatment models/programs are essential to forensic mental health programs. Future research needs to investigate this model in terms of treatment components that will need to be modified or added to ensure that it is beneficial to the forensic patient population.

Rice, M. E., & Harris, G. T. (1997). The treatment of mentally disordered offenders. *Psychology, Public Policy, and Law*, 3, 126-183.

Annotation: The authors review available and effective treatment methods for mentally disordered offenders (MDOs). They suggest that, "knowledge of the empirical and scientific literature on effective service for offenders and for persons with mental disorders can greatly guide intervention for mentally disordered offenders." (p. 129). They argue that the traditional diagnostic approach is of limited value in determining the appropriate treatment for this population. The authors advocate a more direct approach to determining the cognitive, behavioural, and psychosocial strengths and weaknesses of MDOs as it will produce more effective treatments. They note that for MDOs, the treatment often depends on the system to which that person is attached (correctional or forensic mental health). The authors subsequently review various studies that have assessed the relationship between mental disorder, crime and violence. They review empirical evidence on treatments/programs for various populations/problems (e.g. active psychotic symptoms, depression, life skills deficits, social withdrawal, substance abuse and treatment for sex offenders). The issue of assuring therapeutic integrity is also examined. Obstacles to implementing treatment programs are reviewed, as are the methods in overcoming them. This comprehensive review is relevant to our report in that it deals with treatment intervention methods and potential programming for MDO's.

Van der Laan, M. C., & Janssen, M. G. P. (1996). Addressing drug abuse in a Dutch forensic hospital. *Criminal Behaviour and Mental Health*, 6, 157-166.

Annotation: The goal of this paper was to describe a drug abuse program in a forensic hospital in The Netherlands. The program supports realistic goals, such as reducing drug use, rather than stopping it all together. The authors state that any conclusions about the effectiveness of the program are premature, as, at the time of writing, it had only been in operation for a year. However, there are certain indicators that the program has been successful. For instance, since the introduction of the program, staff cohesion has increased on the issue of drug use. In addition, the patients seem more willing to accept the no drug policy of the staff. Finally, of those that have completed the program, they appear to have seen some benefit. This article is of some use to the current project in that it describes a treatment program for dual diagnosis forensic psychiatric patients.

3. X) Treatment – Non Pharmacological – CBT Plus – Empirical

Donnelly, J. P., & Scott, M. F. (1999). Evaluation of an offending behaviour programme with a mentally disordered offender population. *British Journal of Forensic Practice, 1, 25-32.*

Annotation: The purpose of this article was to present the evaluation of a treatment program for mentally disordered offenders. The Reasoning and Rehabilitation (R&R) program is a multi-modal program, although primarily cognitive-behavioural, it also draws on social learning theory and cognitive theory. The program teaches patients problem solving and other cognitive skills that are needed for social conduct (e.g. self-control, etc). There were 12 patients who agreed to act as a control group, and an additional 12 patients who formed the experimental group. All patients were involuntarily detained at the State Hospital as per the *Mental Health (Scotland) Act (1984)*. In addition, each patient had a criminal for at least one violent offence, and they all had a history of antisocial behaviours. The results suggest that there was a significant difference between the pre and post scores of the two groups on the Rosenzweig Picture-Frustration and on the Means-End Problem Solving measures. Both groups showed higher than average problem-solving skills. However, there were no significant differences on any other measure (The Culture-Free Self-Esteem Inventory, 2nd Edition; The Social Comparison Scale; and The Nowicki-Strickland Internal/External Scale). Finally, both groups had below average levels of self-esteem, showed some improvement in self-esteem over time and exhibited a more external locus of control. The authors conclude that, based on the results, the R&R group improved their social and problem-solving skills, relative to the control group. This article is relevant to our report in terms of addressing criminogenic needs and program evaluation.

Greeven, P. G. J., & De Ruiter, C. (2004). Personality disorders in a Dutch forensic psychiatric sample: Changes with treatment. *Criminal Behaviour and Mental Health, 14, 280-290.*

Annotation: The purpose of this study was to determine the effectiveness of the personality disorder (PD) treatment used in forensic psychiatric hospital, Dr. Henri Van der Hoeven Hospital, in the Netherlands. The authors found that, after two years of compulsory treatment, any treatment program showed positive effects for personality disordered inpatients. However, they do acknowledge that the cluster B personality disorders showed the least improvement. In addition, those that displayed personality-disordered traits known to be associated with violence (e.g. impulsivity, narcissistic rage and sadistic traits) did not show any significant change. The authors conclude that treatment of underlying personality disorders in forensic institutions is necessary. This article may be of some use in discussions surrounding inpatient treatment and the need to address the underlying mental disorder rather than offending behaviours.

3. Y) Treatment – Non-Pharmacological – Non-CBT – Non-Empirical

Adshead, G. (2002). Three degrees of security: Attachment and forensic institutions. *Criminal Behaviour and Mental Health*, 12, S31-S45.

Annotation: The purpose of this article was to discuss the possible therapeutic uses for Bowlby's attachment theory within forensic institutions. The author reviews the literature on attachment styles. She suggests that evidence exists indicating that attachment style may have an affect on likelihood for violence. The association between violence in adulthood and an insecure attachment style is fairly strong, especially for those with an avoidant/dismissing attachment style, as they lack empathy for the emotions of themselves and others. The author suggests that being admitted to a forensic psychiatric institution may be a stressful event, likely to trigger difficulties for a patient with an insecure attachment style. She outlines how insecurely attached patients may be expected to fair in psychotherapy once admitted. She also suggests that while it is important to consider the attachment styles of the patients and their psychological security needs, it is also important to consider the attachment styles and needs of the staff. Some staff may be drawn to working in secure settings because they have attachment issues of their own. Individuals with a disorganized attachment style in childhood may crave control over others, and thus be drawn to working in secure environments. The author concludes by stating that it is important to maintain appropriate boundaries in relationships within forensic institutions. She reminds the reader that attachment theory has much to offer in forensic psychiatry. This article is of moderate use to our current report.

Baron, R. C. (2000). Employment policy. Financial support versus promoting economic independence. *International Journal of Law and Psychiatry*, 23, 375-391.

Annotation: The purpose of this article was to address relevant public policy developments and conflicts regarding the employment of persons with mental illness in the United States. The author states that it is beneficial, for rehabilitation purposes, for persons with mental illness to have employment. The author argues that nations such as the United States need to move beyond ambiguous policies, and begin to create policies that maximize the provision of necessary supports for persons with mental illness, and minimize unnecessary dependence on the government. The author concludes that making policies that encourage persons with severe mental illnesses to find fulfilling and challenging jobs allows for more independence on the part of the individual, and less financial dependence. This article may be of some use when considering the issue of finding jobs in the community for mentally disordered offenders.

Evans, N. (2000). Working with families of forensic patients. *Nursing Times*, 96, 40-41.

Annotation: The purpose of this article was to describe how the families might be useful in therapeutic situations with mentally disordered offenders. The author argues that the inclusion of family members in the therapeutic process is beneficial. They are in a unique position to offer developmental information to clinicians. Overall, family involvement may be to the benefit of both the individual and the family. This article may be of some

use to the current project when discussing therapeutic strategies for mentally disordered offenders in both inpatient and outpatient settings.

Gralton, E., Udu, V., & Ranasinghe, S. (2006). A solution-focused model and inpatient secure settings. *British Journal of Forensic Practice*, 8, 24-30.

Annotation: The purpose of this article was to present both a model and a philosophy of forensic treatment. The treatment that comes out of this is solution-focused therapy, which relies on building patient insight in order to help them generate solutions to problems. These solutions are to be based on a patient's own resources and future goals. The authors feel that this therapy program will help redefine patient and staff relationships in a positive way. This article may be of some use to the current project in discussion of treatment programs for forensic inpatients.

Hakvoort, L. (2002). A music therapy anger management program for forensic offenders. *Music Therapy Perspectives*, 20, 123-132.

Annotation: The author, a music therapist at the Dr. F. S. Mijers clinic, describes a music therapy program that has been designed and implemented for forensic patients in the treatment/management of anger. While this program is still under development, the author reports that music therapy is a fully recognized part of the therapeutic program in many forensic clinics located in the Netherlands. Hakvoort explains how music therapy can assist the forensic patient in their anger management and states that a successful music therapy anger management program should meet at least five conditions: "(1) a short-term treatment period; (2) a musical surplus value; (3) attention to three polarities of forensic patients; (4) flexibility; (5) clear-cut criteria for indication" (p. 6). The author provides an in-depth discussion of each of these conditions along with case examples to illustrate how the music therapy program works. While studies on its effectiveness are not available at this point, this article is important to our report as it informs us of what might be described as an innovative practice in the treatment of anger management. Further investigation into this type of program is required, particularly with forensic patients.

Love, C. C., & Hunter, M. (1999). The Atascadero State Hospital experience. Engaging patients in violence prevention. *Journal of Psychosocial Nursing*, 37, 32-36.

Annotation: The purpose of this article was to highlight some of the violence prevention initiatives jointly undertaken by Atascadero State Hospital (ASH) staff and patients. Traditionally, violence has been viewed as a natural part of any forensic setting and in the late 1980s, violence had reached an all-time high at ASH. Therefore steps were taken to reduce and prevent violence. The Clinical Safety Project (CSP) an applied-research program was designed exclusively for ASH to help prevent violence. What is unique about this program is that it involves collaboration between the clinical staff and the patient government. The Violence Abatement Committee (VAC) is made up of patient representatives, a staff liaison officer, and members of the clinical staff. VAC surveyed patient opinions regarding the causes of violence and potential prevention and presented

their findings in a report. The main results suggest that close quarters such as shower time and TV time pose problems e.g.) everyone wants to shower or watch T.V and as a result, the more disabled patients ended up getting bullied. In addition, frustration-induced violence resulted from patient-staff interactions (e.g. cutting smoke breaks because there was not enough staff) and threats about changing medications (e.g. patients report that any attempt by them to speak up for themselves was met with the staff requesting a medication change). However, with the implementation of the CSP, violence has been reduced by 60% and has been maintained over the past 5 years. The authors conclude that involving patients in violence prevention programs can be beneficial and effective in many respects. This article adds to the evidence base on violence prevention within forensic settings and is therefore relevant to the report.

Maier, G. J., & Fulton, L. (1998). Inpatient treatment of offenders with mental disorders. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 126-167). New York: Guilford Press.

Annotation: The purpose of this article was to discuss many of the theoretical and practical issues surrounding the treatment of mentally disordered offenders (MDOs). It covers diverse issues such as different models of treatment and management, staffing dilemmas, major mental disorders, commonly seen types of patients, and a number of different types of treatment. This article is valuable to the current project in that it discusses many of the topics to be found in the main report.

McGauley, G. (2002). Forensic psychotherapy in secure settings. *Journal of Forensic Psychiatry*, 13, 9-13.

Annotation: This article examines the clinical role of forensic psychotherapy in secure settings and assesses how it has evolved in the UK. The author discusses the role of psychodynamic therapy in this setting as the "...examination of the patients internal world by repeated psychodynamic mental state examinations provides a valuable monitoring process" (p. 11). This therapeutic process also helps clinicians make sense of a patient's actions. Overall, psychodynamic treatment can yield information for needs assessment, risk assessment, treatment planning and strategies for patient care. The author also notes that psychodynamic therapy can be undertaken with pharmacological treatment. According to the author, an area that needs attention is the continuity of psychodynamic treatment for patients that have been transferred from high to medium secure units. Often these patients have interrupted or even curtailed treatment. The accessibility of this treatment needs to remain constant across secure units and also in the community. For this to occur, co-operation is required between secure and non-secure services and programs. While this article is not particularly relevant to our report, it does offer information on one form of psychotherapy that is offered within secure settings.

Menditto, A. A., Valdes, L. A., & Beck, N. C. (1994). Implementing a comprehensive social-learning program within the forensic psychiatric service of Fulton State Hospital. In P. W. Corrigan & R. P. Liberman (Eds.), *Behavior therapy in psychiatric hospitals* (pp. 61-78). New York: Springer.

Annotation: The authors describe the adoption and implementation of the Social Learning Program at Fulton State Hospital. The hospital has two maximum-security wards, a medium-security ward and two group homes. The population of patients at the time of the study was, for the most part, males who had been found NGRI. The re-training of staff emphasized the principles of operant and associative learning as well as modeling and direct instruction (see Table 3.1 for the components of the program). The program is structured around a fixed-token economy. The authors indicate that inpatient token economies have generally been criticized for their lack of generalizability into the community. However, Fulton State Hospital's SLP enhances the maintenance of skills by gradually fading and replacing program-based concrete reinforcers with naturally occurring community-based supports and contingencies. Assessment procedures guide the clinical decision-making and discharge/transfer decisions. The Clinical Frequencies Recording System (CFRS) continually measure changes in patient functioning. The Time-Sample Behavioral Checklist (TSBC) is employed as an additional measure of patient functioning and The Staff-Resident Interaction Chronograph (SRIC) "provides objective measures of staff activity and staff-patient interactions" (p. 69). Preliminary results have been positive (Beck et al., 1991; Menditto et al., 1991; Baldwin et al., 1992). The authors conclude by discussing some of the special issues or forensic-driven program modifications related to implementing the SLP within a forensic setting.

Miller, N. S., & Sheppard, L. M. (2000). Addiction treatment and continuing care in forensic populations. *Psychiatric Annals*, 30, 589-596.

Annotation: This paper discusses the role of substance abuse within forensic and correctional populations and outlines treatment programs for these and other addicted subpopulations. Alcohol is connected with murder, rape, assault, and child abuse more than any other illegal drug. Over 80% of offenders in state or federal prisons are involved with alcohol or drugs. Approximately 70% had used drugs in the month prior to their arrest and more than 50% of murders are committed while under the influence. In addition, 59% of offenders involved with alcohol are imprisoned for violent offenses, compared to 47% of the overall state prison population. Interestingly, up to 89% of wife abusers are addicted to drugs or alcohol. However, addiction treatment is generally not included as part of rehabilitation. The author discusses characteristics of successful programs, such as matching offenders to treatment, addressing co-occurring mental health disorders, using cognitive behavioral techniques, and using a psycho-educational approach etc. The author states that crimes related to substance use and abuse, cost society in many ways and failure to treat these disorders may result in a cycle of criminal activity. However, this cycle can be broken through treatment during incarceration, even for those who do not voluntarily participate. This article is not particularly relevant to our topic, as it deals more with correctional populations rather than forensic, however it does outline the importance of drug and alcohol addiction treatment within secure community settings.

Morrison, E., Morman, G., Bonner, G., Taylor, C., Abraham, I., & Lathan, L. (2002). Reducing staff injuries and violence in a forensic psychiatric setting. *Archives of Psychiatric Nursing, 16*, 108-117.

Annotation: Despite the attention given to the issue of violence in psychiatric literature, few studies have been aimed at prevention. The purpose of this paper was to describe the efforts made by staff at a maximum-security psychiatric facility to address an alarming increase in violence and serious staff injury. Strategies included a more lenient definition of emergency for the use of seclusion and restraint. In addition, the development of new restraint products, a Security Management Team (SMT), an Aggression Management Plans (AMPs), was made as well as the addition of a nurse consultant. The nurse consultant served to listen and respond to staff concerns, and improve communication between the different levels. AMPs were developed for violent patients, which allowed for early physical interventions. The major purpose of the SMT, who were outfitted with protective clothing, was restraining at-risk patients when necessary. Nursing administration changes were also made, two new nurse managers were hired and all staff positions were effectively clarified. As a result of these efforts, aggressive and violent incidents decreased and stabilized. In addition, staff moral showed great improvements. The authors discuss the implications of these strategies for nursing staff in forensic settings.

Ousley, L., & Robinson, D. (2002). Supervision as an intervention with mentally disordered offenders: Some observations. *British Journal of Forensic Practice, 4*, 31-37.

Annotation: The purpose of this article was to review the literature on the supervision of mentally disordered offenders who are at risk of harming themselves or others. This article reviews the present state of evidence base on effective supervision practice for nursing staff. The authors state that supervision is an ambiguous concept in the literature. For the purposes of this article, supervision was defined as "any increased level of observation that is of greater intensity than that normally received by a psychiatric patient that involves the allocation of a nurse or other for this responsibility" (p. 32). Past research suggests that supervision is often used as an intervention for suicidal patients. However, there is little indication of how and when supervision should be used for potentially violent patients (despite the fact that supervision is often used for this purpose). The authors report that previous studies have found that nurses limit their supervision to observation and assessment, and make no effort to interact with patients. This finding does not surprise them. According to the authors, the literature provides little to no information for nurses on how to develop relationships with the patients they are supervising. The authors conclude that the present state of literature tends to be long on opinion and short on evidence. Therefore additional research is needed to inform nursing staff of best practices for effective supervision.

3. Z) Treatment – Non-Pharmacological – Non-CBT – Empirical

Ahmed, A. G., & Lepnurm, M. (2001). Seclusion practice in a Canadian forensic psychiatric hospital. *Journal of the American Academy of Psychiatry and the Law, 29*, 303-309.

Annotation: The purpose of this study was to examine patterns of seclusion and its associated factors over a 30-month period. The study was conducted at the Regional Psychiatric Centre (RPC) in Saskatchewan between August 1996 and February 1999. There were 660 admissions during the study period. Overall, the findings suggest that seclusion is a well-established and commonly practiced intervention for acutely disturbed and aggressive patients. The authors note that this study did not support the finding in the literature that patients with psychotic disorders have more seclusion episodes than patients without psychotic disorders. They conclude that, regardless of the moral and ethical debate surrounding the use of seclusion, there is no other viable alternative at present. The authors suggest that research be directed towards exploring possible alternatives. This article yields information that may be useful to the report in terms of policy and procedure that may be used for certain patients within forensic settings.

Andersen, H. S., Sestoft, D., Lillebaek, T., Gabrielsen, G., & Hemmingsen, R. (2003). A longitudinal study of prisoners on remand: Repeated measures of psychopathology in the initial phase of solitary versus nonsolitary confinement. *International Journal of Law and Psychiatry, 26*, 165-177.

Annotation: The purpose of this article was to investigate the appearance, nature and duration of psychopathology in patients after imprisonment, and particularly to compare the psychopathology of those in solitary confinement (SC) and those that were not placed in SC. The study is part of the Copenhagen Solitary Confinement Study, and was conducted in the largest prison in Denmark. The authors found that there were differences between the SC and non-SC groups. In particular, the non-SC group was higher functioning and had a decrease in psychopathology, whereas the psychopathology of the SC group remained stable. For those that were moved from SC to non-SC, there was a corresponding reduction in psychopathology and general functioning. The authors argue that these results indicate that SC should be abolished in order to improve the mental health conditions of the prisoners. This article is of some use to the current project, as it discusses a treatment method used in prisons similar to seclusion in hospitals. However, the study was not conducted on a sample from a forensic psychiatry population.

Beck, N. C., Menditto, A. A., Baldwin, L., Angelone, E., & Maddox, M. (1991). Reduced frequency of aggressive behavior in forensic patients in a social learning program. *Hospital and Community Psychiatry, 42*, 750-752.

Annotation: The purpose of this article was to replicate the findings from a previous study (Paul & Lentz, 1977). The form of social learning therapy presented in this study was shown to be effective, particularly for highly aggressive psychiatric patients (Paul & Lentz, 1977). In the Beck et al., (1991) study, the sample was comprised of 19 male patients from a psychiatric facility in the Midwestern US. The patients had diagnoses

involving psychotic disorders. Baseline observational data was not available. A social learning program was introduced on the ward over a 3-month period. By the final 3-month period, a 92% decrease in aggressive behaviours was found. Beck et al notes that during the course of the study, 3 patients were moved to another ward. However, none of these patients committed any intolerable acts in their new ward during the study period. The authors state that it is difficult to draw many strong conclusions from the study, as there was no control/matched group(s). However, they conclude that their findings support Paul and Lentz's (1977) data. Both studies provide support for social learning treatment programs and as a result yields information that could potentially be used for treatment of aggressive behaviour in forensic populations within hospital settings.

Geelan, S., & Nickford, C. (1999). A survey of the use of family therapy in medium secure units in England and Wales. *Journal of Forensic Psychiatry, 10*, 317-324.

Annotation: This study examined the use of family therapy (FT) in medium secure hospitals in England and Wales. A telephone survey was administered which focused on the availability of FT, what factors limited its use, and the problems encountered by its use. The results showed that in both national health services (NHS) and private settings there were little to no trained family therapists- a variety of disciplines including social workers, psychologists, and nurses made working with families the focus of their work. Within many of these facilities, FT was not considered beneficial. In four hospitals, less than 10% of patients received FT and in 5 hospitals only 10-30% of patients received FT. The findings also suggest that factors limiting the availability of FT include lack of trained staff and professional time, and non-compliance of family members. Some of the main problems encountered with establishing/using FT include family members having to travel long distances, and enforced separation of patients from family.

Goodness, K. R., & Renfro, N. S. (2002). Changing a culture: A brief program analysis of a social learning program on a maximum-security forensic unit. *Behavioral Sciences and the Law, 20*, 495-506.

Annotation: This study analyses a social learning program implemented at the North Texas State Hospital. The program stemmed from complaints of staff and patient injuries, and complaints of abuse and neglect were on the rise, also there was a lack of quality programming. The Behavior Management Treatment Program (BMTP) implemented the Social Learning Diagnostic Program. A major component of the program was to use "positive reinforcement through contingent points, differential privilege levels, and social reinforcement to shape and maintain pro-social behaviors" (p. 498). Variables of interest (e.g. admission and discharge, restraint/seclusion and client abuse/neglect) were measured for the year prior to the implementation of the program and for the two years following. Results showed that the number of admissions increased dramatically. Increases in levels of discharge were also noted. The first year of the program showed the most discharges of patients who had been hospitalized for three or more years, suggesting that program changes were especially beneficial to patients who had been there for extended periods of time. The study period saw an increase in patients no longer deemed dangerous. Also, the timeliness with which patients were prepared for discharge greatly

improved. There has also been a steady decline in the use of seclusion and restraints and incidents of abuse and neglect have also shown dramatic decreases, despite more patients being served.

Menditto, A. A., Baldwin, L. J., O'Neal, L. G., & Beck, N. C. (1991). Social-learning procedures for increasing attention and improving basic skills in severely regressed institutionalized patients. *Journal of Behavior Therapy and Experimental Psychiatry*, 22, 265-269.

Annotation: The purpose of this article was to describe a social learning program, based on the principles outlined by Paul and Lentz (1977), designed for severely regressed psychotic inpatients in a maximum-secure forensic hospital. The program was designed to increase the patient's ability to attend to tasks and improve general academic skills. The authors found that the patients enrolled in the program significantly improved across all desired domains. Their results were consistent with those of Paul and Lentz (1977). They argue that these results indicate that even severely mentally and/or behaviourally impaired patients may be able to benefit from social learning programs designed to meet their specific constellation of needs. This article is important to include in the project as it deals specifically with an inpatient forensic population, and outlines a type of program that has been shown to be effective for improving patient outcomes.

Rice, M. E., Harris, G. T., & Cormier, C. A. (1992). An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders. *Law and Human Behavior*, 16, 399-412.

Annotation: The purpose of this article was to determine the effectiveness of a therapeutic community treatment program for both psychopathic and non-psychopathic mentally disordered offenders (MDOs). In particular, the authors were interested in determining if the program had an impact on criminal and violent recidivism ten years after the completion of the program. Psychopaths were distinguished from other MDOs through the use of the PCL-R. The authors found that there were different effects for the psychopaths and non-psychopaths: non-psychopaths had lower recidivism rates after completing the program when compared to matched patients who received no treatment. However, compared to the control group, psychopaths actually had higher rates of violent recidivism. They speculate that this is because the psychopathic patients may have used their new skills (perception of others feelings, increased social skills, delay of gratification, etc) for undesirable outcomes. This article is important for the current project because it outlines a treatment program in Ontario that was intended for decreasing MDOs future contact with the criminal justice system.

3. AA) Treatment – Theoretical/Conceptual – Non-Empirical

Barnum, R. (1993). An agenda for quality improvement in forensic mental health consultation. *Bulletin of American Academic Psychiatry Law*, 21, 5-21.

Annotation: The purpose of this article was to review the current literature on quality assurance as it applies to forensic mental health care. In addition, the author suggests some ways in which services can be improved. Typically, forensics has relied on clinical standards (the developing of standardized approaches). However, there is also the Total Quality Management approach (standardized service delivery with critical input from all levels), which has many benefits to offer the forensic mental health care system. The author then goes into some detail describing the consultation and quality improvement processes for this approach. The author concludes by stating that this new approach would be beneficial at all levels of the forensic system, from the courts to treatment providers. This article may be of some use to the current project in that it discusses methodologies with which to assess the efficacy of treatment programs, among other things.

Coffey, M. (2006). Researching service user views in forensic mental health: A literature review. *Journal of Forensic Psychiatry and Psychology*, 17, 73-107.

Annotation: The purpose of this literature review was to emphasize service users' perspectives on forensic mental health care. The position of the service user is important to consider in research and treatment. The author found that there was a good range of methodology being used in studies of service users. These included pure quantitative, mixed methods, and pure qualitative. The author notes that, while the diversity in methodology is a positive aspect of this literature, the choice of methodology is often (or at least presented as being) made in an uncritical fashion. The perspective of the service users was found to be similar to that of others in the literature. Most importantly, inadequate preparation for discharge is thought to be of great concern. The findings from this study would be an extremely important addition to the current project, as service users perspectives can help point to areas that are working well, and those that are not.

Drake, R. E., Morrissey, J. P., & Mueser, K. T. (2006). The challenge of treating forensic dual diagnosis clients: Comment on "Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders". *Community Mental Health Journal*, 42, 427-432.

Annotation: The purpose of this article was to provide a critique of the article appearing previous to this one in the same issue, by Chandler and Spicer. The authors critique the previous article on numerous aspects of its methodology. Due to the quantity of methodological errors and the nature of these errors, the authors argue that the results of the study are highly problematic. This article is of little use to the current project, beyond providing a concise, well-thought out critique of the article it is commenting on.

Dvoskin, J. A., & Patterson, R. F. (1998). Administration of treatment programs for offenders with mental disorders. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 1-43). New York: Guilford Press.

Annotation: This chapter gives a comprehensive overview of the administration of treatment programs for mental health offenders. Philosophical and political issues that define treatment settings as well as the difficulty of the dual mandate are discussed. The authors point out various weaknesses of forensic systems and note various limitations that are indicative of many treatment programs. Some of the influences that affect the funding of forensic treatment services are examined e.g.) fear of litigation. The authors also discuss release decision-making and provide a list of valuable data that aid in this process e.g.) severity of risk, likelihood of risk, changes in the person. They note four principles that are considered to be valuable in decision-making. Practical administrative considerations are also discussed. They recommend four steps that should be taken to maximize the effectiveness of treatment plans/programs. Handling interagency relationships successfully and handling public relations crises are also examined. This in depth text covers the limits and constraints that forensic mental health administrators face in terms of treatment programs and various suggestions are made regarding risk prediction and release decision-making. This text adds to the evidence base on the topic of dangerousness and violence risk among forensic patients. This chapter will also fit nicely into the treatment of forensic patients section of our report.

Fine, C., & Kennett, J. (2004). Mental impairment, moral understanding and criminal responsibility: Psychopathy and the purposes of punishment. *International Journal of Law and Psychiatry*, 27, 425-443.

Annotation: The authors criticize the notion that psychopathy should be considered an aggravating rather mitigating factor in determining criminal responsibility. They are concerned with a few common perceptions about psychopathic individuals e.g.) they are not relevantly impaired etc. The authors argue that these individuals fail to pass through a crucial phase of moral development, and are thus unable to form genuine moral concepts. They suggest that, due to this lack of moral development, psychopathic individuals do not meet the requirements of criminal responsibility. They discuss issues in regards to the treatment of this population. This article yields information that pertains to criminal responsibility and the treatment of forensic populations.

Frese, F. J. I., Stanley, J., Kress, K., & Vogel-Scibilia, S. (2001). Integrating evidence-based practices and the recovery model. *Psychiatric Services*, 52, 1462-1468.

Annotation: The purpose of this article was to highlight the strengths and weaknesses of the evidence-based practices and the recovery models of mental health services. In addition, the authors wished to present a hybrid model, combining the strengths of each approach. Evidence-based practices are approaches that are grounded in scientific theory and research. Evidence in support of these programs may come from biological, psychological and sociological findings. In addition, there is considerable stress within these approaches to meet the needs of the consumers rather than the providers. However,

this approach is based on the medical model - it is paternalistic, and focuses on illness, weakness and limitations rather than strengths and potential for growth. Some have warned that this approach makes consumers adopt an external locus of control, making them dependent on others and not responsible for their actions or outcomes. The Recovery Model approach emphasizes that, ultimately, the control over and responsibility for recovery lies in the hands of the consumer. These programs are not grounded in scientific evidence; they rely on subjective data from consumers. Some mental health professionals have questioned the reliability of these programs: if some disorders (such as those with psychoses) can cause a person to lose their sense of self, how can we be sure that they are providing accurate feedback, etc. This approach has found a great deal of support in the mental health field, as well as with consumer advocate groups. The authors suggest the following approach is better. Early treatment should follow a traditional medical model system: the staff makes treatment decisions for the consumer. However, as they begin to recover, their growing capacity for autonomy needs to be respected. Therefore, as they gain the capacity, consumers should be encouraged to make more and more decisions for themselves regarding their own treatment. The authors feel that this will balance the two approaches: grounding treatment in scientific evidence and respecting the human rights of the consumers. This article may be useful to the current project when discussing evidence-based practices, as support or critique, as well as for inpatient treatment.

Gough, K. (2005). Guidelines for managing self-harm in a forensic setting. *British Journal of Forensic Practice*, 7, 10-14.

Annotation: The purpose of this article was to provide a literature review of the available material on managing self-harm in inpatient settings. The author states that the literature on treatments for self-harm is scarce. However, they present, based on the review, twelve guidelines for staff who are working with and treating patients who engage in self-harm. This article will be useful for discussions of staff responsibilities for inpatient risk management, as well as treatment programs.

Gralton, E., Udu, V., & Ranasinghe, S. (2006). A solution-focused model and inpatient secure settings. *British Journal of Forensic Practice*, 8, 24-30.

Annotation: The purpose of this article was to present both a model and a philosophy of forensic treatment. The treatment that comes out of this is solution-focused therapy, which relies on building patient insight in order to help them generate solutions to problems. These solutions are to be based on a patient's own resources and future goals. The authors feel that this therapy program will help redefine patient and staff relationships in a positive way. This article may be of some use to the current project in discussion of treatment programs for forensic inpatients.

Greenwood, A. (1995). Forensic mental health treatment: Do we really know what we are talking about? *Forum on Corrections Research*, 7, 27-29.

Annotation: The author suggests that confusion exists from multiple definitions of the word *treatment*. He distinguishes between these definitions based solely on the context in

which it is used. For example, *psychiatric treatment* is defined, as "responding to mental disorder with medication," *correctional treatment* is defined as "altering antisocial attitudes...." and *forensic treatment* is referred to as reducing recidivism where "it is assumed that offenders' mental disorders are connected with their offences...." (p. 26). The author suggests that this confusion raises two important questions: (1) Is the goal of treating MDO's to reduce recidivism or mental illness? (2) Will the treatment of mental illness reduce criminal behaviour? The author discusses the assumption that mental disorder leads to violent or criminal behaviour and suggests that the link between mental disorder and violent behaviour is not cut and dry; it is actually very complex. For example, "positive symptoms of schizophrenia may be associated" with increased violence, whereas "negative symptoms may be associated with a reduction in such tendencies" (p. 27). He also states that mental health treatment may not equal reduction in recidivism. He concludes by stating "It is crucial to clarify which definition of treatment (correctional or psychiatric) is being used when prescribing treatment.... it is only then that we will truly be able to measure the effectiveness of various mental health treatment programs" (p. 29). This paper yields information on criminogenic needs and forensic mental health treatment. Therefore it bears some relevance to our report.

Grubin, D. (2001). Editorial: Treatment for mentally disordered offenders. *Criminal Behaviour and Mental Health, 11, 109-112.*

Annotation: The purpose of this article was to provide a short discussion on the concept 'evidence-based', specifically evidence-based treatment programs in forensic mental health, and to review some recent books on the topic. The author concludes that perhaps accreditation requirements are too strong an approach, as approaches may live up to the 'What Works' principles, but fail to provide enough evidence-based information (e.g. Psychoanalytic approaches, rather than the evidence-based cognitive-behavioural approaches). In addition, the author recommends that achieving evidence-based status is dependant on determining the purpose of the treatment program: reducing offending, or finding and treating the underlying causes of the offending. Each of these types of programs will come from different approaches, and have different outcomes. This article is of some use to the project, as it adds to the discussion on evidence-based practices in FMHPS.

Hafemeister, T. L. (1998). Legal aspects of the treatment of offenders with mental disorders. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 44-125). New York: Guilford Press.

Annotation: The purpose of this chapter was to review the treatment of mentally disordered offenders from a legal perspective in the United States. The authors outline the law prior to the civil rights movements, the changes during the 1960s and 1970s, the changes during the 1980s and 1990s, and finally, the current state of the law. This review covers a wide array of topics, including burden of proof, commitment and retention, right to treatment, treatment refusal and treatment program options (e.g. aversive therapies, intrusive therapies, experimental techniques, etc). This article also covers topics including informed consent, facility transfers, privileges and restrictions and conditional release. While this article provides an excellent overview of the treatment of offenders

with mental illnesses in the United States, it does not focus solely on individuals that would meet this projects' definition of a forensic patient. However, the article does contain ample descriptions of important issues related to inpatient and outpatient treatment (e.g. passes and privilege levels) and services for a variety of individuals, including those that would meet the definition of a forensic patient according to this project.

Heilbrun, K., & Peters, L. (2000). Community-based treatment programmes. In S. Hodgins & R. Muller-Isberner (Eds.), *Violence, crime and mentally disordered offenders: Concepts and methods for effective treatment and prevention* (pp. 193-215). New York: John Wiley & Sons.

Annotation: Heilbrun and Peters review the literature on community-based mental health treatment of mentally disordered offenders. The goal of the review was to determine the efficacy of various forms of treatment in preventing violence and other kinds of criminal behaviour. The focus of this review was on mentally disordered offenders who have been found NGRI, as well as those who are on parole and probation. Often studies are categorized into one of two design types. In addition, the authors note that research typically takes one of two forms, namely, effectiveness studies and efficacy studies. The authors discuss the design of empirically based community programs, stating that the forensic patient should receive individualized assessment. They advocate the use of a two-stage process of risk assessment, which entails assessing both static and dynamic risk factors, and can be seen in both the HCR-20 (Webster et al., 1995a) and the Violence Prediction Scheme (Webster et al., 1995b). Second, in order for the community program to reduce crime and violence, it must function effectively and be based on certain principles. While Heilbrun and his colleagues have discussed some of these principles in previous works, Heilbrun and Peters have added a few from this current review (see p. 209 for full list). In conclusion, Heilbrun and Peters discuss the implications of this review on practice, policy, and research. They note that while these implications are limited by the lack of evidence on empirically validated treatments, they are still identifiable (see p. 210 for full discussion). This article will be very useful to the current project when discussing community-based programs.

Heilbrun, K., & Griffin, P. A. (1998). Community-based forensic treatment. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 168-210). New York: Guilford Press.

Annotation: This chapter expands on an earlier discussion on community-based forensic treatment (CBFT) as it applies to four categories of individuals to which the term mentally disordered offender applies, including IST, NGRI's, mentally disordered sex offenders, and mentally ill inmates. The authors examine the existing literature on CBFT and characterize each source as either descriptive or evaluative. They also contact researchers and clinicians in the field in order to "identify relevant reports and presentations" (p. 170). Finally, the authors draw upon their experiences as researchers, clinicians, and administrators. The descriptive and evaluative literature on the community treatment of NGRI patients came from Illinois, Oregon, Maryland, California, Connecticut, Florida, New York, and Oklahoma. The findings clearly indicate the need

for a balanced integration of treatment services on a continuum from jail to maximum-security hospital, medium-security regional hospital, and to outpatient CBFT facilities. It also underscores the need for further development of outpatient forensic services, which were the least adequate. They draw several conclusions from their review. According to the authors, the research performed in the area of CBFT has been methodologically weak. They note the important role that future research will play in the development, shaping and refining of CBFT. This article contributes to the evidence base on CBFT. In terms of decisions regarding the return of forensic patients from the hospital to the community, and their behaviour while in the community, this article yields important insight into the importance of a PSRB. It also discusses important information in terms of the ongoing monitoring of forensic patients in the community.

Hodgins, S. (2000). Conclusion. In S. Hodgins & J. R. Muller-Isberner (Eds.), *Violence, crime and mentally disordered offenders* (pp. 217-228). New York: John Wiley & Sons.

Annotation: The purpose of this concluding chapter was to briefly summarize the other chapters and draw conclusions and recommendations from them. The authors state that, in forensic psychiatry, empirical evaluations of treatment programs are fairly new. They state that it is in the best interest of all concerned (practitioners, patients, administrators and politicians) for empirical studies to continue to add to and inform decisions, at a legislative, organizational, and practical level. It is also useful to help create realistic benchmarks and guidelines for service delivery, as well as professional ethical guidelines. In terms of future directions for research, the authors suggest that more effort is needed to help identify mentally retarded offenders, and to develop treatments that are tailored for this specific sub-population. In addition, more research attention needs to be devoted to the special needs of female mentally disordered offenders (MDOs). A third important area for research is tailoring substance abuse programs to meet the needs of special sub-populations of MDOs. Finally, more research must be done to determine which types of living situations increase the risk of recidivism, and which do not. This article is useful for the current project as it gives a concise summary of what areas of forensic psychiatry need additional research, as well as providing sound arguments for why these are important.

Hodgins, S. (2001). The major mental disorders and crime: Stop debating and start treating and preventing. *International Journal of Law and Psychiatry*, 24, 427-446.

Annotation: The author states that the link between major mental disorder (MMD) and crime (particularly violent crime) has been well established. As such, it is our duty to move away from this line of research and begin to study, in earnest, ways to effectively and humanely prevent crime and recidivism by mentally disordered individuals. Therefore, the purpose of this paper was to provide a theoretical framework with which to "unravel the etiology of criminal and violent behaviour of persons who develop major mental disorders" (p. 428). The author provides an overview of the relevant MMD research, noting both its strengths and weaknesses. She also identifies an important starting point for further research (see article). The author concludes that more effective

and more humane treatment programs are required. Two challenges must first be met by researchers: 1) better and earlier identification of persons with MMD and provision of treatment; and 2) identify commonalities in development in order to increase chance of successful early intervention.

Holmes, A., Hodge, M., Lenten, S., Fielding, J., Castle, D., Velakoulis, D., & Bradley, G. (2006). Chronic mental illness and community treatment resistance. *Australasian Psychiatry, 14*, 272-276.

Annotation: The purpose of this article was to discuss the impact of the deinstitutionalization movement on high-needs patients in Victoria, Australia. The authors describe the current state of community care, and the problem of treatment resistance and non-adherence. They discuss the need for the development of better services for high-needs patients, and the ethical implications of these developments (e.g. restrictions to freedom and personal autonomy). They suggest starting to improve service delivery by looking at the patterns of service use by these individuals. In addition, they advocate for collaborative models that focus on issues beyond mental health. This article will be very useful to the current project when discussing community treatment models, and the ethics of community treatment and supervision.

Kazarian, S. S. (1997). Assessment and treatment of children and adults. In D. R. Evans (Ed.), *The law, standards of practice, and ethics in the practice of psychology* (pp. 173-199). Toronto: Emond Montgomery Publications.

Annotation: The purpose of this article was to discuss the legislation and guidelines surrounding the practice of psychology in Canada and, more specifically, in Ontario. It covers those standards, guidelines and regulations put in place by the Canadian Psychological Association (CPA). In addition, it also covers the relevant legislation from Canada and particularly in Ontario. The discussion is applicable to both children and adults. This article may be valuable to the current project, as it goes into some depth on the current practice guidelines and benchmarks set in place for psychologists, particularly in Ontario.

Kirby, S. D. (2001). The development of a conceptual framework of therapeutic alliances in psychiatric (nursing) care delivery. In G. Landsberg & A. Smiley (Eds.), *Forensic mental health: Working with offenders with mental illness* (pp. 25-1-25-8). Kingston, NJ: Civic Research Institute.

Annotation: This chapter outlines a program for the delivery of nursing care. The author describes the program as a conceptual framework of therapeutic alliances between psychiatric professional and people with psychiatric problems within a practical setting. The program is written for forensic nurses as well a wider psychiatric audience and aims to provide guidelines that will "expand alternative knowledge bases to the currently dominant biomedical explanations as well as to enhance the psychiatric nurse's understanding of the etiology and causation of mental disorder" (p. 25-1). This article is useful to the current project as it outlines the need for collaborative models that operate

on a practical level within forensic mental health programs and psychiatric/mental health programs in general.

Lindqvist, P., & Skipworth, J. (2000). Evidence-based rehabilitation in forensic psychiatry. *British Journal of Psychiatry*, 176, 320-323.

Annotation: The purpose of this article was to examine the features of forensic rehabilitation systems, risk assessment tools and their impact on risk level. The authors suggest that future clinical research should be directed towards identifying and validating dynamic risk factors. They argue that therapies and treatment programs should be designed to target factors that can be changed. Therefore, rehabilitation should focus on four areas: 1) the disorder itself; 2) family problems or poor socio-cultural circumstances; 3) substance abuse; and 4) anti-therapeutic system dynamics. The authors state that the most paramount concern in treatment is the rehabilitation culture. There are certain beliefs, values and goals inherent in this culture. If the patient does not share these views, outcomes may be jeopardized. In addition, rehabilitation systems must be able to provide a wide variety of staff in order to ensure the trust and cooperation of the patients. Trust, according to the authors, is the most basic building block of the therapeutic relationship. The authors conclude that, through program development evaluation and natural experimentation, a more objective account of treatment programs may be reached. They believe that this will allow practitioners to determine what is good practice, and what practices need to be discarded. This is a useful article to our report as it examines the features of forensic rehabilitation systems, risk assessment tools and their impact on risk level. Evidence-based rehabilitation programs are essential to forensic mental health patients. Future research needs to investigate rehabilitation modalities as they apply to forensic patients specifically and which treatment components need to be modified or added to current models to make them beneficial to this specific patient population.

Lloyd, C. (1995). Trends in forensic psychiatry. *British Journal of Occupational Therapy*, 58, 209-213.

Annotation: The purpose of this article was to discuss some of the issues facing occupational therapists in forensic psychiatry, and potential future developments in the field. Some of the issues discussed include staff recruitment and retention. Other issues include difficulties with clients, the attitudes of occupational therapists towards patients with mental disorders who have committed violent acts and violence risk. The authors also discuss areas for future growth include developing multidisciplinary educational opportunities for students to take in forensic psychiatry, practicums in forensic settings for students, post-qualification and training programs for staff to continue learning, and assessments specific for occupational therapist use with a client. Other areas for future growth include more research to be done by occupational therapists, the development of outcome measures for occupational therapy and the publication of ideas and research by occupational therapists. This article also provides very brief reviews of literature in certain areas, such as: treatment programs, models of practice, and education.

Long, P. W. (2005, September). Poor treatment = Increased criminality. *Prelapse Magazine*.

Annotation: The author quotes statistics from a current Danish investigation in regards to schizophrenia sufferers and their link to criminality. The investigation showed that criminality among this population has risen 6.8 % per year during the past decade. In addition, suicide and drug use involving people suffering from schizophrenia is on the rise. Potential reasons for these current trends have been outlined by Peter Cramp, the senior consultant at the Ministry of Justice's forensic psychiatry clinic and the author of the Danish investigation. Long also describes the "serious gaps in the psychiatric treatment system" (p. 2) and notes that similar gaps in psychiatric treatment are also being seen in other countries e.g.) Denmark and the United States. This article may be of use to the current project in terms of international FMHPS.

Maier, G. J., & Fulton, L. (1998). Inpatient treatment of offenders with mental disorders. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 126-167). New York: Guilford Press.

Annotation: The purpose of this article was to discuss many of the theoretical and practical issues surrounding the treatment of mentally disordered offenders (MDOs). It covers diverse issues such as different models of treatment and management, staffing dilemmas, major mental disorders, commonly seen types of patients, and a number of different types of treatment. This article is valuable to the current project in that it discusses many of the topics to be found in the main report.

Mason, T. (1999). The psychiatric "supermax"?: Long-term, high-security psychiatric services. *International Journal of Law and Psychiatry*, 22, 155-166.

Annotation: The purpose of this article was to discuss the political situation in the UK as it came to bear on mental health services. Additionally, the author discusses some of the specific problems relating to long-term high-security (LTHS) patients in the UK. The author gives a historical context on the origin of mental health services in the UK. These services commenced shortly after the attempted assassination of King George III by a mentally disturbed man named James Hadfield (*R. v. Hadfield*) in 1800. As a result of this case, the British Parliament passed the *Criminal Lunatics Act* in 1800 which gave the court authority to commit an accused found to be not guilty by reason of insanity (NGRI). Soon after many asylums were created in the following years to house mentally disordered offenders. Those that were still functioning in the 1960s were converted into Special Hospitals under the direction of the newly formed Department of Health and Social Security. Under the conservative government (1979-1997), hospitals became trusts which were to manage themselves in the best interests of their own institution. The author discusses the overall influence of this government on LTHS and also discusses the particular challenges faced by the LTHS psychiatric patients. The author concludes by describing the quality of life (QOL) of LTHS patients. He suggests that QOL must become a large focus in treatment; facilities should be designed to be as pleasing and unobtrusive as possible. This article is useful to the current project in terms of yielding

information on international FMHPS as well as its comprehensive discussion of the history of FMHPS.

Mohan, R., & Fahy, T. (2006). Is there a need for community forensic mental health services? *Journal of Forensic Psychiatry and Psychology, 17*, 365-371.

Annotation: The purpose of this editorial was to discuss the development of, and need for community services for forensic patients. The authors briefly discuss how community forensic services have been developed and implemented, as well as possibilities for future directions. The authors state that a stronger evidence base needs to be accumulated before ultimately deciding on the efficacy of these programs. However, they do believe that community forensic services should be focusing on providing specific treatments to carefully chosen patients, instead of giving referrals generic treatments. This article will be of some use to the current project when discussing community-based treatment, community risk management, and theoretical issues surrounding community treatment.

Moran, M. J., Sweda, M. G., Fragala, M. R., & Sasscer-Burgos, J. (2001). The clinical application of risk assessment in the treatment-planning process. *International Journal of Offender Therapy and Comparative Criminology, 45*, 421-435.

Annotation: The authors begin by describing the state of risk assessment in both clinical and research settings. They state that, even though the courts have upheld clinicians risk assessment decisions, studies have consistently shown that actuarial tools with static factors alone invariably outperform clinical judgment. The authors then discuss the Violence Risk Assessment Guide (VRAG), one of the most well validated actuarial risk assessment tools. In addition, they describe the newly constructed HCR-20, and Steadman's decision-tree for assigning patients to high or low risk categories. However, the authors caution that it has yet to be shown that risk assessments are useful in a clinical setting. They feel that, at present, the most obvious use is the identification of risk factors that can be directly treated or managed. In this way, risk assessments can be viewed as a guide for treatment planning and community placement. Secondly, they can be used to monitor long-term symptoms of mental disorders, such as delusions. The authors note that sometimes long-term patients can appear to be stable (especially when staff changes), however they may have continuing, underlying issues that may resurface in the right context. Thirdly, the authors feel that risk assessments can be used to clarify diagnoses, particularly for Axis II disorders. Additionally, the tools may provide insight into patients' maladaptive thinking patterns. Also, risk-levels and risk assessment procedures may be used as a tool to help educate communities about forensic patients. Finally, risk assessments can help hospitals manage funds, become more efficient and therefore be able to receive more funding in return.

Ogloff, J. R. P., & Davis, M. R. (2004). Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. *Psychology, Crime and Law, 10, 229-242.*

Annotation: The authors state that this article will address many issues, including: psychology of criminal conduct, risk-needs-responsivity model, the 'good lives' model, and implications for practice (assessment/treatment) and research. Monitoring of risk and needs should be ongoing in order to produce the best results. The authors state that treatment programs built around a risk-needs-responsivity model, which has a clear focus on offender rehabilitation, should be empirically based to ensure better outcomes. A useful assessment tool in under this model is the Level of Service Inventory - Revised (LSI-R), or it's newest revision, the Level of Service/Case Management Inventory (LS/CMI). The authors remind the reader that, while risk-needs assessment and management is necessary for any program, it is not sufficient. The responsivity principle is required as well, and is especially advantageous for treatment matching. The good lives model, offered as an alternative by critics of the risk-needs-responsivity model, has a slightly different focus. It is primarily concerned with improving the psychological well being of the offender, rather than on recidivism risk. The authors feel that, even though the focus of the risk-needs-responsivity model is very much on reducing risk, it also combines many elements that help improve psychological well being (e.g. non-criminogenic needs, such as family relations, education and employment, etc). The authors conclude that the responsivity principle needs to be included to achieve better outcomes for patients. They suggest that further research into developing tools to measure responsivity is required. This article is important for the current project as it provides an excellent overview and argument for the risk-needs-responsivity model, which is important for the discussion surrounding risk and treatment planning.

Petrila, J. (2004). Emerging issues in forensic mental health. *Psychiatric Quarterly, 75, 3-19.*

Annotation: The purpose of this article was to address some of the important emerging issues in the forensic mental health system. In particular, four topics are addressed: "1) the need to integrate risk and treatment; 2) the need to understand and address the impact of the emergence of special courts... on treatment and system planning; 3) the need to address assessment and treatment issues that continue to flow from the criminalization of the juvenile justice system and broader but related social policy trends; and 4) the need to better understand from a research, policy and practice perspective the use of coercion and mandates in the provision of community treatment..." (p. 5). The author concludes that all of the issues are relevant and in need of attention from forensic practitioners, researchers and policy makers alike. This article is very useful as it directly discusses many of the themes to be explored in the current project. However, the political aspect of this article deals with the forensic mental health system in the United States, not Canada.

Petrila, J., & Douglas, K. S. (2002). Legal issues in maximum security institutions for people with mental illness: Liberty, security, and administrative discretion. *Behavioral Sciences and the Law*, 20, 463-480.

Annotation: The purpose of this article was to discuss four key legal issues surrounding treatment in secure hospitals in the United States. These are: "the current state of right to treatment litigation, developments under the Americans with Disabilities Act, the process by which decisions regarding risk are made, and new developments in the laws regarding restraint and seclusion" (p. 464). The author concludes that, while advances have been made in granting rights to mentally disordered offenders, that the enforcing of these rights has not been good. The authors point to the diminished ability of the federal court system to ensure that rights are being adhered to as being a large part of the problem. This article is very useful as it directly discusses many of the themes to be explored in the current project. However, the political aspect of this article deals with the forensic mental health system in the United States, not Canada.

Phillips, P. (2000). Substance misuse, offending and mental illness: A review. *Journal of Psychiatric and Mental Health Nursing*, 7, 483-489.

Annotation: The author reviews several reasons that have previously been suggested to explain drug and alcohol use among the mentally ill. The first is that it represents an opportunity to move away from the mental patient label. The second is that it facilitates social interaction. Thirdly, it may be to self-medication. And finally, it may be to counteract the effects of their prescribed medications. It has been noted that there is an increased risk of violence in individuals with a dual diagnosis of mental illness and substance misuse. The evidence of this link has been used to inform clinical practice in forensic mental health and substance misuse services in the UK. The Reed Report highlights the need for more effective joint working practices and liaisons between substance misuse and forensic psychiatric services. However, the psychiatric nursing domain has yet to act on these recommendations. The author suggests that an evidence-based approach to the care of these patients is essential. Nursing research should now focus on motivations for drug use among mentally disorder offenders to provide new ways of understanding and reaching this difficult group.

Rice, M. E., & Harris, G. T. (1997). The treatment of mentally disordered offenders. *Psychology, Public Policy, and Law*, 3, 126-183.

Annotation: The authors review available and effective treatment methods for mentally disordered offenders (MDOs). They suggest that, "knowledge of the empirical and scientific literature on effective service for offenders and for persons with mental disorders can greatly guide intervention for mentally disordered offenders." (p. 129). They argue that the traditional diagnostic approach is of limited value in determining the appropriate treatment for this population. The authors advocate a more direct approach to determining the cognitive, behavioural, and psychosocial strengths and weaknesses of MDOs as it will produce more effective treatments. They note that for MDOs, the treatment often depends on the system to which that person is attached (correctional or forensic mental health). The authors subsequently review various studies that have

assessed the relationship between mental disorder, crime and violence. They review empirical evidence on treatments/programs for various populations/problems (e.g. active psychotic symptoms, depression, life skills deficits, social withdrawal, substance abuse and treatment for sex offenders). The issue of assuring therapeutic integrity is also examined. Obstacles to implementing treatment programs are reviewed, as are the methods in overcoming them. This comprehensive review is relevant to our report in that it deals with treatment intervention methods and potential programming for MDO's.

Spiers, S., Harney, K., & Chilvers, G. (2005). Editorial: Service user involvement in forensic mental health: Can it work? *Journal of Forensic Psychiatry and Psychology*, 16, 211-220.

Annotation: The purpose of this article was to discuss recent reports in the UK that have suggested that service user and service user representatives should be involved, where possible, in design, conduct, analysis and reporting of research. In addition, the authors describe several obstacles to this in forensic mental health, including the need for protecting the public. However, they conclude that, while research involving service users is a new development for forensic mental health, it has been executed well up to the time of writing the article. They caution that more work still needs to be done in this area, but significant strides have been made. This article may be of some use to the project when discussing risk management and treatment programs.

Vess, J. (2001). Implementation of a computer assisted treatment planning and outcome evaluation system in a forensic psychiatric hospital. *Psychiatric Rehabilitation Journal*, 25, 124-132.

Annotation: The purpose of this article was to argue for the need to introduce computer assisted treatment planning and evaluation. The article covered what the implementation of the program, the process of creating an individualized treatment plan, outcome evaluation, and the impact on and implications for the organization (Atascadero State Hospital). This article is of use to the current project in that it describes a unique approach to treatment planning and outcome evaluation for forensic psychiatric patients.

Vivian-Byrne, S. E. (2001). What am I doing here? Safety, certainty and expertise in a secure unit. *Journal of Family Therapy*, 23, 102-116.

Annotation: The purpose of this article was to discuss the application of systemic practice within a forensic unit. According to the author, the medico-legal narrative is not beneficial for patients and does not aid in their rehabilitation. Instead, she proposes a systems approach, where mental health professionals must consider the context of the individual patient for treatment. The author discusses the ideas put forth by Mason (1993) in terms of safety and certainty within secure units. She argues that using this approach enable professionals to use expertise without being forced to take the position of expert. This approach will also encourage a contextual outlook, encourage practitioner-patient cooperation, and provide opportunities for patients to take responsibility for themselves.

Weinstein, H. C. (2002). Ethics issues in security hospitals. *Behavioral Sciences and the Law*, 20, 443-461.

Annotation: The purpose of this article was to discuss the ethical issues within security hospitals e.g.) forensic and prison hospitals. A 'security hospital' is under the authority of either the state department of correction and/or the state mental health agency and therefore has unique security measures. According to the author, professionals in this setting are placed under considerable risk of ethical violation due to the populations they serve, the nature of their work and their 'dual loyalties' - between administrative obligations and professional obligations. The ethics principles that are at risk are confidentiality and informed consent. The author states that to counteract these risks, "a security hospital should create an ethical climate and develop means to anticipate, prevent, and deal with ethical violations..." such as "...detailed and specific policies and procedures, programs of orientation, education...." (p. 443). This article highlights various ethical issues within secure settings and yields useful information in terms of the challenges of coordinating separate systems and balancing policies and procedures with client rights.

Wiertsema, H. L., Feldbrugge, J. T. T. M., & Derks, F. C. H. (1995). Money: An important but neglected topic in forensic mental hospitals. *Therapeutic Communities: International Journal for Therapeutic and Supportive Organizations*, 16, 153-162.

Annotation: In a forensic psychiatric hospital in Utrecht, Netherlands, the role of money has been incorporated into treatment programs. "Disregarding what financial behaviour or misbehaviour could mean in terms of a patients identity will usually result in a financial handicap at the time of rehabilitation. This may be a precipitant of reoffending, thus forensic patients need help to develop a healthy financial behaviour pattern..." (p. 153). For example, personality disorders may be exhibited in the way patients deal with money e.g.) "frequent thefts and gambling debts may indicate borderline disorder" (p. 155). Treatment directed at financial problems and skills may be one potential aspect in treatment progress for certain populations. The hospital has built financial education into its treatment practice. Most of the patients earn their income at hospital workshops. These provide professional training in an array of fields e.g.) carpentry and metal work. To determine the amount earned, a merit rating system was developed based on job performance. The way patients spend their money often becomes evident and certain treatment modalities are implemented for various manifestations (the authors illustrate this by using case studies). The authors note that money is an important part of real life. Therefore, financial management should be an integral part of the therapeutic approach. Although this article does not bear particular relevance to our report, it is an important topic that has not been systematically addressed in professional journals. This warrants future research to assess the role of money in treatment models and practices in forensic hospitals.

Williams, P., & Dale, C. (2001). The application of values to professional forensic mental health work in secure settings. In G. Landsberg & A. Smiley (Eds.), *Forensic mental health: Working with offenders with mental illness* (pp. 14-1-14-4). Kingston, NJ: Civic Research Institute.

Annotation: The purpose of this chapter was to outline a framework of values for forensic professionals working with mentally disordered offenders. The authors list several professional values, and discuss the issue of respect for cultural values. The authors conclude by stating that developing values-oriented policy for forensic psychiatric inpatient services may be difficult, however it is important for all involved. This article will be of limited use to the current project, except when discussing inpatient situations, such as staff-patient relationships.

3. BB) Treatment – Theoretical/Conceptual – Empirical

Beauford, J. E., McNeil, D. E., & Binder, R. L. (1997). Utility of the initial therapeutic alliance in evaluating psychiatric patients' risk of violence. *American Journal of Psychiatry*, 154, 1272-1276.

Annotation: In previous research, the quality of relationship between therapist and patient has been recognized as a major factor in intervention outcomes. The authors suggest, "The usefulness of previous research in guiding clinical decisions about violence risk has been limited because of the narrow range of predictor variables that have been studied" (p. 1272). Therefore, at the time this study was conducted it was the first to assess the initial quality of therapeutic/working alliance between the patient and the therapist, as a situational indicator of violence potential. Over 300 patients' medical records were reviewed for violent behaviour and quality of initial therapeutic alliance between 1990-1992. The findings suggest that a weak initial therapeutic alliance was associated with increased risk of physical attacks or fear inducing behaviour by patients in their first week of hospital admission. An important limitation to this study was that the quality of the therapeutic alliance was rated by a researcher and research assistant and focused solely on the level of the patients' active collaboration with the treatment process. The authors recommend that their preliminary findings warrant further investigation of this situational predictor from other perspectives (e.g.) ratings by patients, ratings by clinicians, and ratings by neutral evaluators. This study provides useful to our report on the topic of risk assessment and management in terms of the therapeutic relationship as a potentially changeable risk factor.

Brunt, D., & Rask, M. (2005). Patient and staff perceptions of the ward atmosphere in a Swedish maximum-security forensic psychiatric hospital. *Journal of Psychiatry and Psychology*, 16, 263-276.

Annotation: The purpose of this article was to analyze patient and staff perspectives on ward atmosphere. The study was conducted in a maximum-security Swedish forensic psychiatric hospital in 2002. The authors found that the patients perceived a lack of autonomy, whereas the staff's perceptions of ward atmosphere were greatly influenced by the general orderliness. The authors note that there was a very low response rate on the part of the patients. However, they felt that the lack of correlation between staff and patient perceptions of ward atmosphere was congruent with other similar studies. The authors state that further research is needed to determine at what point the incongruence between staff and patient perspectives becomes problematic for treatment. This article will be of use when discussing inpatient treatment, living conditions in maximum-security facilities, and staff-patient relationships.

Carlin, P., Gudjonsson, G., & Yates, M. (2005). Patient satisfaction with services in medium secure units. *Journal of Forensic Psychiatry and Psychology*, 16, 714-728.

Annotation: The purpose of this article was to explore patient satisfaction levels in a medium secure unit (MSU) and to determine what demographics were correlated with

level of satisfaction. The study took place at two units in south England: the Dennis Hill Unit and the Trevor Gibbens Unit at Cane Hill Hospital. The survey used in this study was the Bethlem and Maudsley NHS Trust In-patient Satisfaction Survey. The survey results indicated that patients were very satisfied "with the information provided to them, with the level of care from staff, with the ward environment, and with the privacy and dignity allowed by the care offered" (p. 725). In general, the patients found the wards to be clean and safe. However, the results also indicated that the patients felt that the standards of care in the MSUs could be improved. They reported that they would like to be more involved in their treatment and discharge plans. This article is an extremely important addition to the current project, in that it discusses service users' perspectives on forensic mental health care. However, it must be noted that the sample only included patients from the south of England in MSUs.

Carroll, A., Pantelis, C., & Harvey, C. (2004). Insight and hopelessness in forensic patients with schizophrenia. *Australian and New Zealand Journal of Psychiatry*, 38, 169-173.

Annotation: The purpose of this article was to describe a study that measured insight in a group of schizophrenic patients that had been in a high-security forensic hospital. In addition, the researchers attempted to determine how insight was related to hopelessness. It was found that insight was similar in forensic inpatients and psychiatric outpatients with schizophrenia. Level of insight was found to be unrelated to history of violent offending before the index event. There was no relationship between hopelessness and insight. However, there was a relationship between awareness of the disorder and hopefulness: those that were unaware of their diagnosis had more hope for the future. This article has limited use for the current project. It may, however, be beneficial to include in discussions of treatment.

Daffern, M., Howells, K., Ogloff, J., & Lee, J. (2005). Individual characteristics predisposing patients to aggression in a forensic psychiatric hospital. *Journal of Forensic Psychiatry and Psychology*, 16, 729-746.

Annotation: This paper examines the relationships between characteristics that predispose psychiatric patients to aggressive behaviour within a forensic setting. The sample consisted of patients admitted to the Thomas Embling Hospital (TEH) in Melbourne Australia in 2002. Demographic, clinical characteristics and history of aggression were obtained via patient records. In addition, 110 patients completed a battery of psychological tests that measured "anger expression" and psychotic symptoms. The results suggest that a recent history of substance abuse and an "entrenched history of aggression" (p. 729) contribute to aggressive behaviour. Results also indicate that antisocial behaviour and certain symptoms of psychosis also contribute to aggression. Inpatient aggression is a frequent and problematic aspect within FMHPS; therefore this article is quite relevant to the report.

Durand, M. A., Lelliott, P., & Coyle, N. (2006). Availability of treatment for substance misuse in medium secure psychiatric care in England: A national survey. *Journal of Forensic Psychiatry and Psychology, 17, 611-625.*

Annotation: The purpose of this article was to describe a survey about substance misuse conducted in medium secure forensic psychiatric units in England. The results indicated that substance misuse is perceived to be a problem in all of the surveyed medium secure units (MSUs). Cannabis and alcohol appeared to be the most problematic substances. The survey also indicated that most MSUs are ill-equipped to deal with patients who have substance misuse problems, and that the available treatment programs are inadequate in many respects. The authors conclude that this is a problem that requires attention. They recommend that MSUs begin to employ substance misuse workers. This article will be of some use to the current project when discussing substance abuse/misuse, dual diagnoses and inpatient treatment programs.

Farnworth, L. N. L., & Fossey, E. (2004). Being in a secure forensic psychiatric unit: Every day is the same, killing time or making the most of it. *British Journal of Occupational Therapy, 67, 430-438.*

Annotation: The purpose of this article was to describe the ways in which patients on a secure forensic unit in Australia used their time. The authors stress that they were using a natural inquiry approach to the study, allowing the activities of the patients to be understood within their context and the meaning the patients prescribe to them. The results indicated the following themes were present in the patients' responses: "killing time; making the most of it; creating challenges; and finding meaning within an occupation" (p. 434). The theme of 'doing groups' was also noted by patients. In addition, the authors found that patients experienced many barriers to using their occupational opportunities, such as limited choices, resources or space to engage in meaningful occupation. The authors state that their results reflect the difficult in offering challenges, choice and control to patients in a forensic setting. They feel that this information could help occupational therapists construct better programs for their clients. This article may be useful to the current project when discussing preparations for reintegrating mentally disordered offenders into the community in terms of occupational skills building, and also for treatment.

Gerber, G. J., Prince, P. N., Duffy, S., McDougall, L., Cooper, J., & Dowler, S. (2003). Adjustment, integration, and quality of life among forensic patients receiving community outreach services. *International Journal of Forensic Mental Health, 2, 129-136.*

Annotation: The purpose of this study was to assess the quality of life, adjustment and integration of forensic patients in a community setting. The authors tracked 15 patients released from Brockville Psychiatric Hospital on conditional release into the Brockville community. Quality of life (QOL) was measured by an adaptation of the Quality of Life Interview (QOLI), which assesses such variables as life circumstances, activities, and experiences. Several aspects of community integration were also measured via the Physical Integration Scale, the Social Integration Scale, and the Psychological Integration

Scale respectively. The authors found that forensic outpatients did not differ from psychiatric outpatients on measures of QOL, although they did score slightly higher on a few of the subjective scales; forensic outpatients exhibited less physical integration than a sample of community residents, and also exhibited some degree of social integration (they interacted with neighbours, etc). However, social integration scores were lower than those of a sample of community residents. Results also showed that psychological integration was average for forensic outpatients, with adequate levels of perceived self-competency, self-esteem, emotion-focused coping, and less behavioural problems. These results were reasonably consistent with previous studies. The authors conclude that the results indicate a fairly stable environment and positive outcome for forensic outpatients. However, the authors feel that due to the low levels of physical and social integration, the findings are consistent with previous results indicating poor community integration.

Greenberg, W. M., Shah, P. J., & Seide, M. (1993). Recidivism on an acute psychiatric forensic service. *Hospital and Community Psychiatry, 44, 583-585.*

Annotation: The purpose of this article was to determine how many patients on an acute psychiatric forensic unit became recidivists upon release. In addition, the authors felt that the recidivists would likely have more serious psychiatric diagnoses, and were admitted more often to psychiatric facilities than non-recidivists. The authors found that the revolving-door phenomenon is quite common in acute forensic units. They concluded that these results support the idea that forensic units should provide a broader range mental health services (assessment, treatment and continuing community treatment linkages). This article is of some use to the current project in that it lends empirical support to the revolving-door phenomenon in forensic mental health.

Hadley, D. C., Reddon, J. R., & Reddick, R. D. (2001). Age, gender, and treatment attendance among forensic psychiatric outpatients. *Journal of Offender Rehabilitation, 32, 55-66.*

Annotation: The purpose of this study was to examine the effects of age and gender on absenteeism in a forensic psychiatry program. The results indicated that age, for both genders, was significantly related to missed appointments, with younger clients missing more appointments. In addition, female outpatients were found to have a higher rate of absenteeism across all age groups than male outpatients. According to the current study, younger people are more likely to miss, perhaps as a result of lack of maturity. Also, females are more likely to miss therapy sessions, perhaps as a result of being caretakers for young children. It was speculated that perhaps treatment programs do not meet the needs of women and it should be investigated which programs would better meet the needs of female clients. This article may be of some use to the current project when discussing community treatment programs, and treatment noncompliance.

Heap, M. (2003). Differences in the progress of discharged and undischarged patients in a medium secure unit: A pilot study. *Journal of Psychiatric and Mental Health Nursing, 10*, 534-542.

Annotation: The purpose of this article was to determine which, if any, demographic or behavioural indices were related to lack of progress in a medium-secure unit. The authors compared patients who had not been discharged after a two-year stay to those that had been discharged. The results indicated that the undischarged group was, on average, younger than the discharged group. In addition, the authors state that signs of progress were visible after one year. They found that the discharged group were more often transferred to lower security wards, achieved higher levels of leave status, had fewer reversals of unit transfers and leave status, had less recorded incidents of either self-harm or violence towards others. The authors state, despite the small sample size, that the results warrant further exploration, especially on demographic variables. This article may be of some use to the current project when discussing transfers in security level, inpatient violence, and release decision-making.

Heilbrun, K., Hart, S., Hare, R. D., Gustafson, D., Nunez, C., & White, A. (1998). Inpatient and postdischarge aggression in mentally disordered offenders: The role of psychopathy. *Journal of Interpersonal Violence, 13*, 514-527.

Annotation: The purpose of this article was to determine if the Hare Psychopathy Checklist (PCL) was a predictor of violence in mentally disordered offenders (MDOs). The authors report that there was a clear relationship between PCL scores and violence within the first 2 months of hospitalization, as well as postrelease crimes against other people. In both cases, the higher the PCL score, the more likely the violent outcome became. In addition, PCL scores were also positively correlated with frequency of seclusion and restraint measures. The authors suggest that these results indicate a strong relationship between psychopathy and MDOs committing violent acts. This article is useful for the project, in that it relates one of the main risk assessment measures to both inpatient and outpatient outcomes for MDOs.

Heyman, B., Shaw, M. P., Davies, J. P., Godin, P. M., & Reynolds, L. (2004). Forensic mental health services as a risk escalator: A case study of ideals and practice. *Health, Risk and Society, 6*, 307-325.

Annotation: The purpose of this article was to explore obstacles to ideal patient treatment through patient and staff perceptions. Topics covered include the organizational structure, patient collaboration in risk management and collaboration of multi-professional teams. The findings include: a lack of specified role for forensic nurses, risk is often assessed through treatment compliance, and that patients often have their risk level reduced, not because they earned it, but because they need to be taken away from other patients. This article may be useful in discussions of inpatient risk assessment, and for staffing issues in forensic facilities.

Hillbrand, M., Waite, B. M., & Young, J. L. (1998). Restricting TV access by forensic patients. *Psychiatric Services*, 49, 107.

Annotation: The purpose of this letter was to describe a small-scale study, which was meant to determine if having less access to TV increased time spent doing therapeutic activities. The study took place in a long-term unit of a maximum-secure facility. There were 23 males in the ward. For a period of 62 weeks, TVs were kept off for 6 hours during the day (not consecutively). Prior to the study, patients spent, on average, 22.8 hours a week doing therapeutic activities. During the study, this increased to 23.8 hours a week, which represents a statistically significant increase. The authors argue that, even though the increase is small, it is a clinically significant outcome, as one hour a week represents a significant increase in time over the course of a year. They feel that the benefits of this study far outweighed any possible detrimental effects. They note that there was no increase in violence during this time. The authors conclude by stating that careful research is needed into the effects of TV watching in forensic units.

Hodgins, S., & Muller-Isberner, R. (2004). Preventing crime by people with schizophrenic disorders: The role of psychiatric services. *British Journal of Psychiatry*, 185, 245-250.

Annotation: The purpose of this article was to determine if it was possible to prevent violence from men with schizophrenic disorders by developing interventions based on offending history and hospital admissions. The study was designed to compare men diagnosed with schizophrenic disorders that were being released from psychiatric prisons in Canada, Finland, Germany and Sweden to those being released from general psychiatric wards ($N = 232:158$ patients from forensic psychiatry and 74 from general psychiatry). Data were obtained from patient records and family members. The results show that 77.8% of forensic patients had previously been in a general psychiatric facility and 24% of patients from general psychiatric facilities had previous criminal records. In addition, 39.8% of forensic patients had their first offence prior to being admitted to a general psychiatric facility and 17.1% afterward, but before entrance to a forensic facility. Forty-three percent had their first offence after leaving a general psychiatric facility which lead to commitment in a forensic facility. Finally, three categorical variables were identified that distinguished the crime vs. no crime groups: antisocial personality disorder, being institutionalized prior to the age of 18, and a diagnosis of alcohol abuse or dependence at first admission. The authors conclude that interventions addressing these issues in general psychiatric facilities are urgently needed. This article yields important information on addressing criminal needs and crime prevention and is therefore useful to the report.

Hodgins, S., Tengstrom, A., Eriksson, A., Osterman, R., Kronstrand, R., Eaves, D., Hart, S., Webster, C., Ross, D., Levin, A., Levander, A., Tuninger, E., Muller-Isberner, R., Freese, R., Tiihonen, J., Kotilainen, I., Repo-Tiihonen, E., Vaananen, K., Eronen, M., Vokkolainen, A., & Vartiainen, H. (2007). A multisite study of community treatment programs for mentally ill offenders with major mental disorders: Design, measures, and the forensic sample. *Criminal Justice and Behavior, 34*, 211-228.

Annotation: The purpose of this article was to determine what aspects of a community treatment program are necessary for overall efficacy. In addition, the authors wished to assess if these components were the same for all types of patients with major mental disorders (MMDs). In order to do this, participants were chosen from both forensic and general psychiatric hospitals in four countries (Canada, Finland, Germany, Sweden). Finally, the authors aimed to determine if the HCR-20 had predictive validity for patients discharged into the community. Participants were followed for 24-months post-discharge for the purposes of this study. They found that the forensic patients were similar across all four sites for most demographic variables. They argue that this will enable them to effectively evaluate community treatment programs across the four sites. In addition, they found that the HCR-20 and PCL-R scores varied widely, with participants from Canada and Sweden scoring the highest. This article will be of limited use to the current project; however it is believed that future articles from the project will yield highly beneficial information.

Jones, N. T., Menditto, A. A., Geeson, L. R., Larson, E., & Sadewhite, L. (2001). Teaching social-learning procedures to paraprofessionals working with individuals with severe mental illness in a maximum-security forensic hospital. *Behavioral Interventions, 16*, 167-179.

Annotation: Psychiatric-security aides (paraprofessionals) working in a maximum-security facility were trained in social-learning principles and procedures. Prior to the training and post-training staff behaviour was monitored through systematic direct observation using the Staff-Resident Interactive Chronograph (SRIC). The SRIC is an objective measure of staff activity and staff-resident interactions that comprise treatment programs on psychiatric inpatient units. The training consisted of didactic instruction in the program's principles and concepts. The main finding suggests that training paraprofessionals leads to significant improvements in the application of social-learning procedures. Additional findings indicate dramatic increases in the rate of overall staff activity (by more than 100%), the amount of time staff interacted with clients (by more than 200%), and concurrent decreases in the amount of time spent by staff in job-irrelevant activities (by more than 85%). The results demonstrate that paraprofessionals working in forensic facilities are able to execute therapeutic learning-based procedures when provided with adequate training and supervision. In light of these findings, the authors recommend an integrated/technical training model in which didactic instruction is combined with in vivo observation and supervised application of social-learning techniques. As paraprofessionals spend the most time with clients, the authors state, "one key to the success of social-learning programs is the involvement of paraprofessional

staff in the delivery of differential reinforcement procedures" (p. 168). This article applies to our report in terms of treatment for the mentally disordered in forensic settings.

Knecht, G., Schanda, H., Berner, W., Morawitz, I., & Haubenstock, E. (1996). Outpatient treatment of mentally disordered offenders in Austria. *International Journal of Law and Psychiatry, 19, 87-91.*

Annotation: As per the criminal code reforms in Austria (1975), treatment of mentally disordered offenders (MDOs) is paid for by the Ministry of Justice. Treatment is conceived of as an inpatient service within the Austrian legal and medical systems. Once given conditional release (a term of 5-10 years), MDOs are transferred to outpatient services. Court orders may be issued for the patient to continue therapeutic treatments while in the community. Failure to comply with the conditions of discharge results in the conditional release order being revoked (after an official warning) and the patient returned to inpatient status. Records show that of the 157 patients discharged between 1975 and 1992, only 6 (4%) had no court order for continuing therapeutic treatment. The remaining 93% of the sample had at least one court order placed on them for continuing treatment. Other orders included: abstinence from alcohol, specified living arrangements, and meeting with a parole officer, among others. Questionnaires were sent to all of the psychiatric hospitals in Austria (88% return rate). The findings suggest that only one hospital had specialized forensic outpatient services, one hospital had no outpatient care services, and most hospitals had no exclusion criteria for outpatient programs. In addition, two hospitals vaguely talked about certain exclusion criteria (severe personality disorders, drug-dependent patients, and mentally handicapped patients). The majority of hospitals cited lack of motivation and inadequate court orders as reasons for noncompliance of outpatients. The authors discuss a clinic that was opened in Vienna (1992), due to the lack of outpatient treatment resources for MDOs. This article deals with outpatient treatment. As a result it is relevant to our report in terms of community management and supervision of forensic outpatients. This article will be useful to the current project in that it describes the state of forensic mental health services in the community in Austria.

Lee, D. T. (2003). Community-treated and discharged forensic patients: An 11-year follow-up. *International Journal of Law and Psychiatry, 26, 289-300.*

Annotation: The purpose of this article was to present a detailed account of treatment outcomes for patients found not guilty by reason of insanity (NGRI) or mentally disordered sex offenders (MDSOs) who were enrolled in a community treatment program. The author found that for all patients, re-offending decreased over time; however there were variations by group. In general, those that had been treated the longest showed the least amount of re-offences. The seriousness of the re-offences was also reduced. The author concluded that patients with a long criminal history can show positive outcomes if their treatment is 4 to 5 years in duration. This article is useful to the current project as it contributes to the discussion of community treatment programs, and treatment outcomes, especially for specific sub-populations.

Luetngen, J., Chrapko, W. E., & Reddon, J. R. (1998). Preventing violent re-offending in not criminally responsible patients. An evaluation of a continuity of treatment program. *International Journal of Law and Psychiatry*, 21, 89-98.

Annotation: This study was conducted to look at an in-hospital NCR treatment program with a strong community-based component. It was conducted within the Forensic Service of Alberta Hospital Edmonton, which is a psychiatric facility that offers a wide range of professional rehabilitation services. The Forensic Service's treatment approach has been described as a 'total team approach' and is based on the tenets of the Training in Community Living Model (Stein & Test, 1985) which is now referred to as Assertive Community Treatment (ACT). The sample was comprised of all NCR patients (109) who received treatment for a minimum of 30 days in the Alberta Forensic Service Hospital between September 1982 and Sept 1993. Demographic, follow-up, and re-offense data were gathered and interviews were also conducted. The findings suggest "one of the lowest violent re-offense rates and one of the highest readmission rates reported in the literature" (p.95). As the Alberta Review Board and the Alberta Forensic Services Hospital has been progressive in granting unsupervised privileges and returning patients to the community, the low rate of violent re-offense cannot be attributed to the patients' lack of opportunity. Luetngen et al. (1998) suggest that the low re-offense rate "can be attributed to the use of a team approach, continuity of care and monitoring through program overlap and re-admission to prevent re-offense" (p.96). Therefore, effective patient follow-up, rather than a failure to plan proper reintegration may result in the simultaneous findings of high readmission rates and low re-offense rates. This article was of particular relevance to our report because of its discussion of an NCR treatment program, which incorporates a strong community-based component. The findings from this study are similar to those found with Oregon's PSRB (see: Bigelow, Bloom, Williams, & McFarland, 1999 for review).

MacIntyre, D., McNamara, N., Irwin, D., Gray, C., & Darjee, R. (2004). Substance misuse in a high security hospital: Three years of urine drug testing at the State Hospital, Castairs. *Journal of Forensic Psychiatry and Psychology*, 15, 606-619.

Annotation: The purpose of this article was to describe a study examining the voluntary urine drug screening at State Hospital. State Hospital is the high-security facility for Scotland and Northern Ireland. All urine samples were collected between 1999 and 2001. The results indicated that there was a high rate of false positives (9.5%) and only a small percentage (0.6%) were true positives. The authors concluded that there was a very low incidence of substance misuse at State Hospital. They acknowledge many limitations, including not fully random testing procedures, possibility of patients taking fast-excreted drugs (cocaine, heroin) rather than slow-excreted drugs (cannabis), sample swapping, dilution of samples, and false negative results. However, the authors feel that their results are similar to those found at Broadmoor Hospital, and suggest that higher rates of substance misuse may be limited to the English hospitals. In addition, all the true positive results were related to drug use prior to admission, whereas the false positives were related to benzodiazepine treatment in the hospital. Even though the ethical nature of these 'voluntary' urine samples is questionable, the authors feel that it is necessary to have

a drug-free environment, which is essential for assessment and treatment. This article may be of use when discussing substance abuse/misuse, inpatient environment and treatment, as well as the state of forensic services in high-security settings in the UK.

Maden, A., Friendship, C., McClintock, T., & Rutter, S. (1999). Outcome of admission to a medium secure psychiatric unit: 2. Role of ethnic origin. *British Journal of Psychiatry*, 175, 317-321.

Annotation: The purpose of this article was to determine if there were differences in treatment outcomes for discharged patients of different ethnic origins. The companion article (Maden, et al, 1999, same issue) describes the participants, data and outcome measures in greater detail. There were 234 patients discharged from Denis Hill Medium Secure Unit between 1980 and 1994. These patients formed the sample for the current study and its companion paper. The results indicate that overall Black patients were admitted more than White patients. Black patients also had a higher prevalence of psychosis and a lower prevalence of personality disorder. Interestingly, more black than white patients denied being mentally disordered or experiencing psychological difficulties in their follow-up interviews. The authors note that the racial groups are oversimplified and fairly arbitrary for the purposes of this study. They found very few clinically significant differences in admission, readmission, or outcome variables for black and white patients. The authors state that the sample size was too small to adequately explore possible differences between the groups.

Maden, A., Rutter, S., McClintock, T., Friendship, C., & Gunn, J. (1999). Outcome of admission to a medium secure psychiatric unit: 1. Short-and long-term outcome. *British Journal of Psychiatry*, 175, 313-316.

Annotation: The purpose of this article was to examine the short and long-term outcomes of patients admitted to a medium secure unit. The results indicated that three quarters of the patients were readmitted at least once to a psychiatric hospital, and a quarter of the patients were re-convicted at least once during the follow-up period. The authors state that, in most respects, their data was predictable based on outcomes of previous studies. They attribute their high follow-up rate to: 1) restriction orders being placed on most patients; 2) high rate of continuing psychiatric morbidity with many being readmitted and/or reconvicted. The authors conclude that their study shows that the model used by Denis Hill Unit of Bethlem Royal Hospital (the central clinic which coordinates 5 units across the area) is not effective. However, they argue that more generic medium secure units are not effective either, due to the diversity in patients being treated. They state that construction of future units should be dependant on outcomes from studies of larger units. This article is important for the current project as it presents clear evidence for the revolving door phenomenon, and also discusses one type of model used to coordinate services in London, England.

Main, N., & Gudjonsson, G. H. (2005). An investigation into the factors that influence discharge-related anxiety in medium secure unit patients. *Journal of Forensic Psychiatry and Psychology, 16, 277-295.*

Annotation: The purpose of this study was to discover if and how transfer-related anxiety is related to variables, such as perceived social support, self-esteem, self-efficacy, locus of control, etc. The authors recruited 65 MDO's throughout 5 medium secure units (MSU) in the South of England. The results show that the average length of stay in the unit was 22.6 months, 73.4% of the patients had at least one prior hospitalization, 86.1% had a schizophrenic disorder and 53.8% were hospitalized due to a violent offence. Self-esteem and number of community supports were found to be predictive of discharge-related anxiety and trait anxiety was also significant, but was not part of the prediction model. The most frequently reported anxieties centered on aspects of daily living. Interestingly, for every one-point gain in self-esteem, the probability of being in the high discharge-related anxiety group decreased by 12%. From this, the authors recommend that forensic staff should recognize that in many cases the unit represents security to the patient as they have been isolated from society and have little to no social support within the community. The authors also suggest introducing educational programs that may help to teach the patients basic daily living skills. They note that therapy aimed at increasing self-esteem may be an effective way to ease in discharge related transitions. The authors suggest that an important area for future research would be measuring the post-discharge outcomes of those with high discharge-related anxiety (as compared to those with medium and low). This article yields information on discharge related anxiety, which may help to shed light on release making decisions and community management.

Martin-Avellan, L. E., McGauley, G., Campbell, C., & Fonagy, P. (2005). Using the SWAP-200 in a personality-disordered forensic population: Is it valid, reliable and useful? *Criminal Behaviour and Mental Health, 15, 28-45.*

Annotation: The purpose of this article was to determine the reliability and validity of the SWAP-200 for a personality-disordered forensic population. The authors note that, while it is used extensively in clinical practice due to its utility in comparison to other measures, no reliability or validity studies have been published on the SWAP-200. They found that the SWAP-200 resulted in less overlap between diagnostic categories. This led the authors to conclude that it is both more reliable and valid than other available instruments. They suggest that it may be a useful tool for both treatment planning and risk management due to its utility in assessing personality factors. This article may be of some use in discussing the treatment of mental disorder, as well as risk management.

Mohan, R., Slade, M., & Fahy, T. A. (2004). Clinical characteristics of community forensic mental health services. *Psychiatric Services, 55, 1294-1298.*

Annotation: The purpose of this article was to provide clear definitions, based on service characteristics, of two types of community forensic mental health services in Britain: the integrated model, and the parallel model. Typically, the integrated model consists of forensic specialists working collaboratively with community mental health teams, whereas the parallel model usually has forensic specialists working on a separate

specialist team. The results indicated that it was possible to distinguish between the two types of programs, based on several service characteristics. "Parallel teams were characterized by having separate referral meeting, a separate team base, specialist team managers, specialist supervision, specialist forensic psychology staff, small caseloads, more access to protected funding and training opportunities, good links with the criminal justice system, and separation from other community services" (p. 1297). On the other hand "integrated teams were characterized as having better access to community resources and services, being more likely to receive referrals from primary care, and having greater ease of transfer between services" (p. 1297). The authors state that parallel teams are more likely to provide specialized services to a specific population of patients. On the other hand, integrated teams are more likely to work with non-forensic patients; so forensic specialists may not be able to use their skills as effectively. This article is relevant to our report. The results may be useful in interpreting various outcomes from community service studies.

Monahan, J., & Appelbaum, P. S. (2000). Reducing violence risk: Diagnostically based clues from the MacArthur Violence Risk Assessment study. In S. Hodgins (Ed.), *Violence among the mentally ill: Effective treatments and management strategies* (pp. 19-34). Dordrecht: Kluwer Academic Publishers.

Annotation: The purpose of this chapter is to identify clues from the MacArthur Violence Risk Assessment Study (MRAS) for clinical intervention strategies to reduce violence risk among people hospitalized for mental disorder. They base their hypothesis on a sample that is disaggregated into four primary diagnostic groups: schizophrenia, major depression, bipolar disorder, and substance abuse. For each of the diagnostic groups, research is presented on the in-hospital risk factors found in the MRAS. Each group is potentially addressable by clinical prevention either directly or indirectly. The authors present evidence as to whether these variables or risk factors can be therapeutically addressed by existing treatment interventions. They conclude by stating, "treatment of several of the risk factors for given diagnostic groups may have promise for reducing violence risk. Although definitive answers to questions about violence risk reduction must await studies with experimental or quasi-experimental research designs, heuristic analyses such as the ones we present here may be useful in suggesting which risk factors might most profitably be the targets of further clinical risk-reduction research" (p. 31). This article is of particular relevance to our report in that it promises clinical intervention strategies to reduce violence risk among people hospitalized for mental disorder.

Moran, M. J., Fragala, M. R., Wise, B. F., & Novak, T. L. (1999). Factors affecting length of stay on maximum security in a forensic psychiatric hospital. *International Journal of Offender Therapy and Comparative Criminology*, 43, 262-274.

Annotation: The goal of this study was to determine which variables, if any, might be targeted in treatment in order to reduce a forensic patient's length of stay (LOS) in a maximum-secure unit. The results indicated that those patients who had a job had shorter LOSs. In addition, patients who were more highly educated were more likely to have

shorter LOSs. Therefore, the authors recommend that meaningful employment opportunities and education should be provided for forensic patients within the facilities while they are hospitalized in order to reduce LOS in maximum-security. It should be noted that these factors were not assessed for total length of stay in the hospital, just in the maximum-secure unit. This article is of use to the current project as it describes potential avenues for rehabilitation and treatment of forensic patients that may reduce risk within the hospital, and possibly aid in community re-integration.

Nijman, H., de Kruyk, C., & van Nieuwenhuizen, C. (2004). Behavioral changes during forensic psychiatric (TBS) treatment in the Netherlands. *International Journal of Law and Psychiatry*, 27, 79-85.

Annotation: In the Netherlands, forensic patients can be sentenced to specialized ‘TBS’ hospitals, where TBS loosely translates to “placed at the disposal” (p. 79). The TBS sentence is re-evaluated by a judge every 1 or 2 years. The goal of this study was to examine scores on a psychiatric assessment instrument (called REHAB) over time for patients admitted to a forensic psychiatric hospital to determine whether patients suffering from major psychotic disorders improved faster or slower during their admissions than patients who did not have a psychotic disorder. Findings indicated that the overall REHAB scores of psychotic patients did not change significantly over time, whereas the scores for non-psychotic patients did suggest improvement. Further study is suggested to better understand why inpatients with psychosis did not improve during their stay on the forensic unit. This article provides information on the general level of functioning of patients in a forensic unit and hence may contribute to the information on how and what to address in terms of rehabilitation needs on forensic units, with specific attention paid to psychotic versus non-psychotic patients.

Ogloff, J. R., Lemphers, A., & Dwyer, C. (2004). Dual diagnosis in an Australian forensic psychiatric hospital: Prevalence and implications for services. *Behavioral Sciences and the Law*, 22, 543-562.

Annotation: The goal of this study was to determine how prevalent co-morbid psychiatric and substance use disorders are, particularly within an Australian forensic psychiatric population. As well, the relationship between co-morbidity and patient demographics, psychiatric and forensic history, self-harm, and offence characteristics were also investigated. The results indicated that the prevalence of co-morbid psychiatric and substance use disorders is very high in the forensic psychiatric population in Australia. In addition, those patients with a dual diagnosis had higher risks/needs than those without a substance use disorder. This article highlights the need for comprehensive care to increase rehabilitation and reduce the risk of re-offending. This article is important for the current project because it applies the risk/needs principle to a dual diagnosis population. In doing so, it adds to the discussion on risk, and the ‘what works’ approach to treatment.

Putkonen, A., Kotilainen, I., Joyal, C. C., & Tiihonen, J. (2004). Comorbid personality disorders and substance use disorders of mentally ill homicide offenders: A structured clinical study on dual and triple diagnoses. *Schizophrenia Bulletin*, 30, 59-72.

Annotation: The purpose of this article was to investigate the prevalence of co-morbid major mental disorder, substance abuse and/or personality disorders among forensic psychiatric patients who have committed homicide. The results found that are three diagnostic categories of psychotic persons who commit homicide or attempted homicide. The largest category, which included half of the participants, was comprised of those with a triple diagnosis including a major mental disorder, a substance use disorder, and antisocial personality disorder. A quarter had a dual diagnosis of a major mental disorder and a substance use disorder. And a quarter had a single diagnosis of a major mental disorder. The authors state that, while there has been substantial research conducted on dual diagnosis, there is almost no literature on triple diagnosis. They argue that there should be more research efforts put towards separate treatments for all three of their diagnostic categories. This article is important for the current project because it adds to the literature of dual (and triple) diagnosis, substance abuse, and treatment of forensic psychiatric patients.

Repo-Tiihonen, E., Vuorio, O., Koivisto, H., Paavola, P., & Hakola, P. (2004). Opinions about treatment modalities among patients involuntarily committed to a forensic psychiatric hospital in Finland. *Journal of Offender Rehabilitation*, 38, 81-95.

Annotation: The purpose of this article was to determine via an anonymous survey how psychiatric patients felt about their medications, treatment regimens, therapy, and general patient satisfaction. This study was being conducted in order to provide better care for involuntarily committed forensic psychiatric patients. The authors note that there were two main limitations of the population that resulted in study limitations: most of the patients were schizophrenic, and those that didn't respond were likely those that were the most paranoid and incapacitated. The authors were surprised by two findings: 1) that a large number of patients, at some point, accepted their need for treatment; and 2) that it was the most socially incapable and paranoid respondents who found the greatest benefit out of interacting with a psychiatric nurse. They recommended that improvements in patient satisfaction might come from education. If hospital staff spends more time educating patients on the need for medication, the symptoms of acute psychosis, and the possible need for seclusion during psychosis, the authors feel that patients may become more satisfied with the compulsory aspects of their treatment. Thus, their general satisfaction may increase, as well as their drive for rehabilitation and treatment compliance. This article is important for the current project in that it assesses patient perceptions of commonly used forensic treatments. The suggestion that patient satisfaction with and understanding of the need for treatment might be crucial for their own rehabilitation is important.

Rogers, P., Watt, A., Gray, N. S., MacCulloch, M., & Gournay, K. (2002). Content of command hallucinations predicts self-harm but not violence in a medium secure unit. *Journal of Forensic Psychiatry, 13, 251-262.*

Annotation: The purpose of this study was to determine if there is a relationship between command hallucinations and violence or self-harm for forensic inpatients. The results indicated that there were no significant associations between violent incident rates and violent command hallucinations, gender, paranoid delusions, previous violent sentence, or a history of drug or alcohol abuse. Self-harm command hallucinations, however, were significant predictors of self-harming behaviour. Also, an absence of paranoid delusions was a significant predictor of self-harming behaviour. The authors suggest that the lack of significant association between violent incident rates and violent command hallucinations may be due to the retrospective nature of the study. However, they believe that the relationship specifically between self-harm incidents and self-harm command hallucinations warrants further study. The authors found that it is the "content and form of the hallucination that predicts risk and not merely the presence of it" (p. 259). This article may be useful to the current article when discussing inpatient and outpatient risk management, risk assessment, and treatment.

Shaw, J., Davies, J., & Morey, H. (2001). An assessment of the security, dependency and treatment needs of all patients in secure services in a UK health region. *Journal of Forensic Psychiatry, 12, 610-638.*

Annotation: The aim of this study was to establish the needs of a UK health region's patients in secure care in four domains: security, dependency, political, and treatment. Psychiatrists were asked to complete a questionnaire designed specifically for this study. It should be noted that this questionnaire has yet to be formally tested. As a result, the authors are unaware of its psychometric properties. The results indicated that many patients were being cared for at higher levels of security than required. The authors suggest the need for longer-stay, and higher-dependency services at low and medium levels of security. "Without these, patients could be detained at inappropriately high levels of security because of their long-term dependency needs" (p. 628). The authors also note that a radical redesign of services based around dependency needs at intermediate levels of security may more efficiently account for patients' needs. The authors demonstrated that the characteristics of patients with low-dependency needs who require low-or-medium-security care differ from those with high-dependency needs requiring low-or medium-security care. They propose that sorting patients by dependency needs would produce more homogenous groups. This would enable clinicians to provide individually tailored services. The authors also suggest that it may be more effective to design those services at intermediate levels of security by considering dependency needs as well as length of stay. In addition, they suggest that dependency needs are more easily measured than security needs. This article is valuable to our report as it demonstrates the importance of considering security and treatment, as well as dependency needs of forensic patients for their appropriate placement.

Sreenivasan, S., Kirkish, P., Eth, S., Mintz, J., Hwang, S., van Gorp, W., & van Vort, W. (1997). Predictors of recidivistic violence in criminally insane and civilly committed psychiatric inpatients. *International Journal of Law and Psychiatry*, 20, 279-291.

Annotation: The authors developed a model for distinguishing between psychiatric patients with violent and non-violent histories. The model determines the relative effects of three known components to violent behaviour (a) psychiatric disorder; (b) psychopathic traits; and (c) cognitive deficits. The purpose of this study was to 1) examine the model's general efficacy and 2) the model's efficacy in both civilly committed and forensically committed institutions. The authors state that based on their results, three routes of pathology can be used to identify violence risk: (1) dual diagnosis (2) cognitive flexibility; and 3) moral controls. The authors suggest that patients who have deficits in two or more of these areas are at greater risk for violence. This article will be useful to the current project when discussing risk assessment and risk management.

Swinton, M., Oliver, J., & Carlisle, J. (1999). Measuring quality of life in secure care: Comparison of mentally ill and personality disordered patients. *International Journal of Social Psychiatry*, 45, 284-291.

Annotation: The purpose of this article was to describe the Lancashire Quality of Life Profile (LQOLP) and its pilot testing on a sample of maximum-secure patients. Patients were split into two groups: those with a mental disorder and those with personality disorder. The results indicated that personality disordered patients are, in general, less satisfied with their quality of life than other patients. Medical contact was found to be a strong predictor of overall life satisfaction and well being between the two groups of patients, resulting, possibly resulting in the difference in QOL scores. The authors concluded that the questionnaire requires more refining for maximum-secure settings, even though it had originally proved useful in community settings. This article will be of limited use to the current project.

Timmerman, I. G. H., Vastenburg, N. C., & Emmelkamp, P. M. G. (2001). The Forensic Inpatient Observation Scale (FIOS): Development, reliability and validity. *Criminal Behaviour and Mental Health*, 11, 144-162.

Annotation: The authors report on two studies testing a scale developed to assess functioning of forensic clients. The first study consisted of the development of the initial item pool. Inter-rater reliability on the 78-item scale varied from .50 to .85 and over a three-week period, test-retest reliability was high (.74 to .89 depending on the scale.) In the second study, the instrument was further developed on a new sample of forensic patients. Factor structures were identified and the instrument was reduced to 35 items comprising six factors (self-care, social behaviour, oppositional behaviour, insight offence/problems, verbal skills, and distress). Internal consistency was moderate to high and inter-rater reliability for most of the items was high. The authors note that this scale may be more helpful than traditional psychiatric assessment scales because of its focus on Axis II symptoms, oppositional behaviour and attitudes towards offending. In terms of

primary diagnosis, it is important to note that the population used in the development of this tool appears to be quite different from forensic populations in Ontario. Therefore, generalizability to Ontario forensic populations may be lacking. In addition, the authors failed to provide direction in regards to effective use of the information gleaned by the FIOS in clinical practice.

Vess, J. (2001). Development and implementation of a functional skills measure for forensic psychiatric inpatients. *Journal of Forensic Psychiatry, 12*, 592-609.

Annotation: The purpose of this paper was to describe the development and use of the Atascadero Skills Profile (ASP). The ASP was developed at Atascadero State Hospital in California, for assessing a wide variety of mentally disordered offenders. This includes those who have paroled from prison to Atascadero, offenders who are awaiting psychiatric assessment before trial, and civilly committed sex offenders. The ASP was designed to assess each patient's level of functioning, assist in treatment planning and for treatment outcome evaluations. The author concluded that the ASP is a valid, reliable instrument. The sub-scales, which represent known indicators of post-discharge success, can be used for many different purposes. They can be used at admission to assess areas that require strengthening, and these can be built in the treatment program. They may also be used to determine a patient's progression during their treatment, or prior to discharge. The authors feel that the ASP can help staff tailor treatment programs, so as to maximize the individual benefit and reduce the strain on hospital resources. This article is important for the current project as it describes a tool that can assist in inpatient treatment planning for forensic psychiatric patients.

Related articles: Vess, J. (2001). Implementation of a computer assisted treatment planning and outcome evaluation system in a forensic psychiatric hospital. *Psychiatric Rehabilitation Journal, 25*, 124-132.

Wiederanders, M., & Choate, P. A. (1994). Beyond recidivism: Measuring community adjustments of conditionally released insanity acquittees. *Psychological Assessment, 6*, 61-66.

Annotation: The purpose of this article was to develop a new assessment tool in order to have more effective means of assessing the functioning of forensic mental health outpatients. Items were taken from existing instruments, such as the Jesness Behavior Checklist, and the Brief Psychiatric Rating Scale, original items were also used. The final behavioral and psychiatric functioning questionnaire, consisting of 78 items, had three sections: social adjustment, behaviour, and forensic psychiatric symptoms. The scale was assessed for reliability and validity from a sample of outpatients in the California Conditional Release Program (CONREP). Internal reliability, inter-rater reliability, and predictive validity were assessed. Reliability statistics indicated that the scale showed good internal and inter-rater reliability. All scales, except substance abuse, had alphas above .70. All intra-class correlations between judges, except the anxiety/depression scale, were statistically significant at the $p < .001$ level. The authors conclude by stating

that the questionnaire had adequate results. However, the authors were concerned about the poor inter-rater reliability on the anxiety/depression scale.