

# SHARED RISK FORMULATION IN FORENSIC PSYCHIATRY- A NARRATIVE REVIEW

Ipsita Ray, MBBS

Alexander I F Simpson, MBChB, BMedSci, FRANZCP

CENTRE FOR ADDICTION & MENTAL HEALTH, TORONTO

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# Shared Decision Making

## What is it?

The patient is involved in defining problems and setting the targets that constitute the plan of care (Tiley et al, 1999)



# Shared Decision Making

## Why is it complex?

Can be seen as a "middle ground"  
between paternalism and autonomy

In forensic mental health care, a recovery framework involves a balance a patient's own interests with public safety concerns



# Shared Decision Making

## Why is it important?

Brings together the patient and his or her treatment team in making health care decisions

Involvement of patients in care may enhance their sense of self efficacy and responsibility for being a part of important decisions regarding their care



# Shared Risk Assessment

- involves a joint process of contributing to an understanding of key risk issues and effective 'risk management'
- intermediate approach between the medical and traditional offender rehabilitation models

# Study objective

- Exploratory study to find examples of SDM as it is applied to risk assessment and management of violence in forensic psychiatry:
- Literature review of quantitative studies of shared risk formulation using structured risk assessment tools in forensic mental health practice

# Aims of the study

- Describe the methodologies employed
- Describe the settings they were applied in
- Examine their reliability, validity and feasibility



# Methods

Original studies, systematic reviews and meta-analyses

**Focusing on:**

**WHAT:** shared risk assessment, formulation or decision making

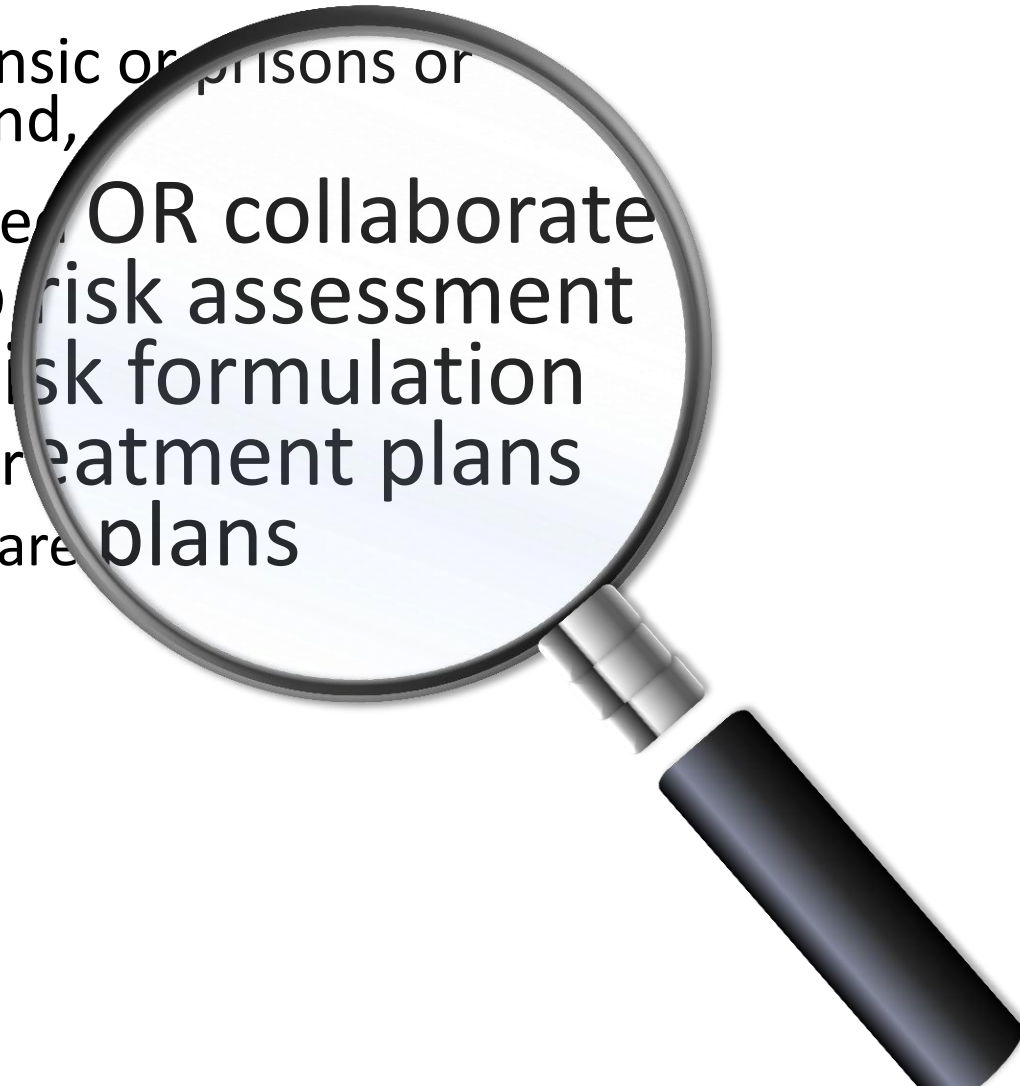
**WHERE:** forensic psychiatric or correctional settings

**WHO:** for mentally disordered offenders with problems of violence were considered

Studies were all in English and had a published status

# Search terms

- forensic or prisons or offend,
- shared OR collaborate AND risk assessment OR risk formulation OR treatment plans OR care plans



# Databases searched

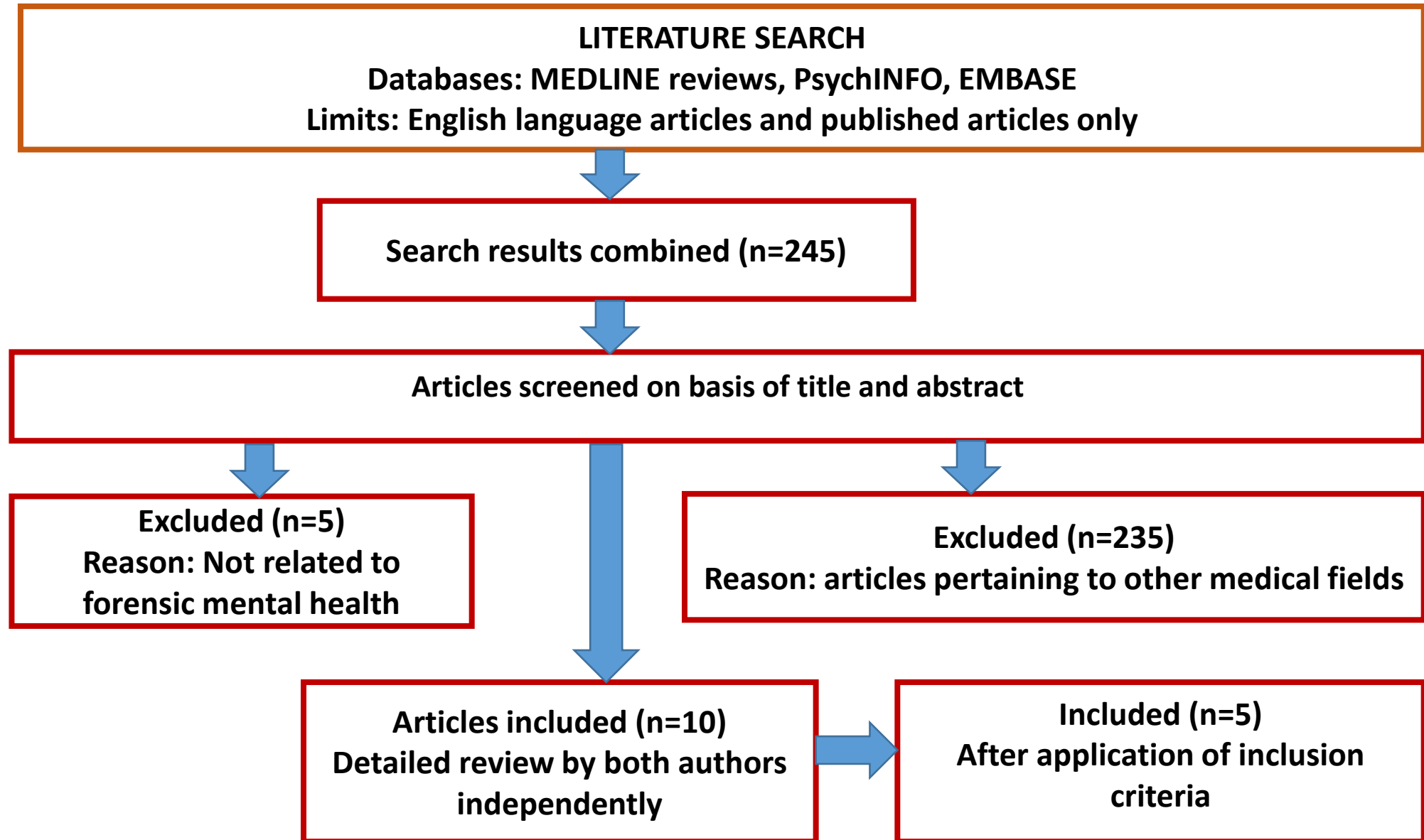
Ovid MEDLINE (R) 1946 to PRESENT,

Ovid MEDLINE<sup>®</sup> In-Process and Other Non-Indexed Citations,

PsycINFO 1806 to PRESENT,

Embase Classic + Emblem 1947 to PRESENT databases

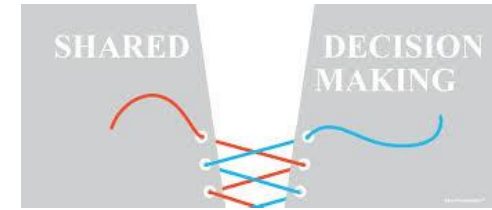
# Search methodology



# Results

<b>STUDY</b>	<b>LOCATION</b>	<b>SETTING</b>
Bjorkly et al. [2004]	Norway	Medium Secure Forensic Unit
Fluttert et al [2010]	Norway	Maximum Secure Forensic Unit
Rana Abou-Sinna and Leubers [2012]	Australia	Secure Forensic Psychiatry Unit
Troquete et al. [2013]	Netherlands	Three outpatient Forensic Psychiatric Clinics
van den Brink et al [2015]	Netherlands	Outpatient Forensic Psychiatry clinic
Daroven et al. [2015]	Ireland	Secure Forensic Psychiatry unit

# Bjorkly et al. [2004]



## SAMPLE:

Single case report

## TOOLS:

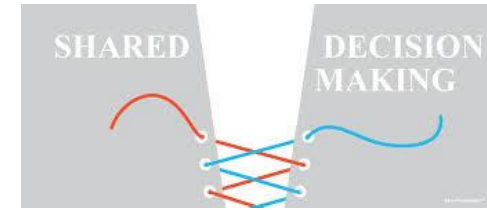
Progression ladder; criterion based, stepwise intervention to reduce risk

## STUDY DESIGN:

Literature review and a case illustration

## OUTCOME/MAIN RESULTS

Case illustration of a successful progression towards self-management of violence and personal growth



# Fluttert et al. (2010)

## **SAMPLE:**

N= 189 eligible [males]; 168 were involved in the intervention

## **TOOLS:**

- SOAS-R [Staff Observation Aggression Scale- Revised]
- Early Recognition Method evaluation

## **STUDY DESIGN:**

Naturalistic one-way case-crossover design.

Cases were their own controls

## **OUTCOME/MAIN RESULTS:**

### SOAS-R scores

↓ Severity of incidents from  
1.38 to 0.50 (**p<.001**)

### ↓ Seclusion events

**219** to **104** in Intervention phase  
Rate per patient/month  
mean of 0.13 to 0.05 (**p<.001**)

# Early Recognition Method (ERM) Fluttert et al. (2010)

ERM is a guided process in which staff and patients develop shared understanding of early signs of aggression and implement plans to reduce violence.

**1<sup>st</sup> phase:** intervention explained to patient

**2<sup>nd</sup> phase:** list of early signs of aggression prepared by patient with help of nurse mentor

**3<sup>rd</sup> phase:** patient and staff mentor together monitored patient's behavior to detect early signs of aggression

**4<sup>th</sup> phase:** preventive actions were listed in the early detection plan and implemented to help the patient de-escalate and regulate their behavior.

# Early recognition method (ERM) method

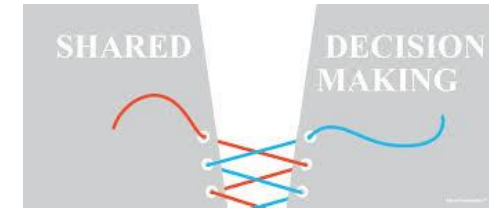
Fluttert's study showed **greatest effectiveness using ERM approach** which is notable to be both:

- a shared risk analysis, and
- a structured intervention

to reduce violence in persons with serious mental illness



# Rana Abou-Sinna and Leubbers (2012)



## **SAMPLE:**

- N= 72, Males = 66 and Females = 6

## **TOOLS:**

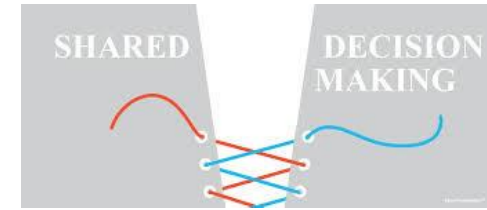
Camberwell Assessment of Needs – Forensic (CANFOR-S), HoNOS-S and HCR-20

## **OUTCOME/MAIN RESULTS:**

CANFOR-S nurse and patient ratings of total needs positively correlated with staff completed HoNOS-S clinical and security scales, as well as HCR-20 clinical and risk scales

# Troquete et al. (2013)

Risk Assessment and Care Evaluation (RACE) study



**SAMPLE:** N=310 (201 in intervention group), M=58 (case managers)

## **TOOLS:**

Short-Term Assessment of Risk and Treatability (**START**)

Client version of the START called the Client Self Appraisal (**CSA**)

## **STUDY DESIGN:**

Cluster randomized controlled trial

## **OUTCOME/MAIN RESULTS:**

Primary outcome - one or more violent or criminal incidents in the 6 months before the end of follow up

No difference  
between “treatment  
as usual” staff-rated  
and the “START/CSA”  
person-rated groups

# van den Brink et al. 2015

Risk Assessment and Care Evaluation (RACE) study

**SAMPLE:** N= 196 patients

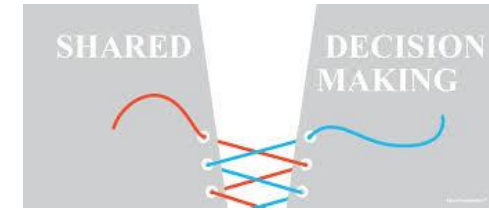
## **TOOLS:**

Short-Term Assessment of Risk and Treatability (**START**)

Client version of the START called the Client Self Appraisal (**CSA**)

## **STUDY DESIGN:**

Naturalistic outcome study using the intervention group from Troquete et al.



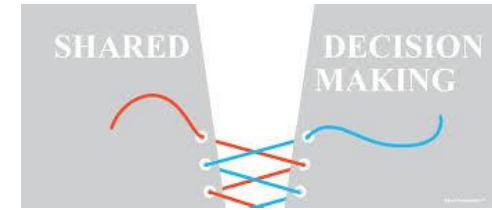
## **OUTCOME/MAIN RESULTS:**

Client ratings independently predicted violent or criminal behaviors at 6 month follow up

**Best predictive model** involved both the case managers' rating from the START and patient rated CSA measure of risk and protective factors

# What did the RACE study show?

- CSA was as good at the START at predicting outcomes
- But in the RCT, including the patient ratings did not alter outcomes suggesting implementation of patient based insights to risk management may not have been successfully achieved.
- Demonstrated the feasibility of including client ratings of their own risk and protective factors using an SPJ based tool
- Significant univariate association with adverse outcomes, with patient and staff ratings of similar efficacy
- Self-ratings contributed to the best fit for outcomes when a multivariate analysis was used



# Daroven et al. 2015

**SAMPLE:** N=58, Males only

**TOOLS:**

DUNDRUM 3 and 4 completed separately by staff and patients

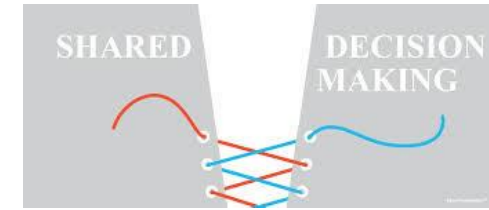
**STUDY DESIGN:**

- Prospective naturalistic observational cohort study, single blind design
- 14 month follow up period

**HYPOTHESIS:**

increased concordance between staff and patient ratings of risks and needs would predict clinical progress and conditional discharge over F/up period

# Daroven et al. 2015



## OUTCOME/MAIN RESULTS:

- Patients rated themselves more optimistically than the clinicians
- Clinicians ratings predicted more accurately the move between levels of security
- Higher concordance between staff and patient scores correlated with lower levels of security and clinical progress

# DUNDRUM 3 and 4

- At this point the only forensic recovery tool looking at staff and patient views of progress and needs
- But only one study showing:
  - Efficacy and feasibility (at least for 2/3 of forensic patients, and only male at this point),
  - raising the intriguing issue that agreement between staff and patients, as well as level of risk itself, may be of value as a measure of progress.

# Limitations of the studies

Paucity of research

Studies need replication and expansion

Case-control and RCT designs are needed to evaluate the effectiveness of such interventions

What works as a clinician tool may not capture patient perspectives well

Most of the samples were of male forensic patients



# Shared risk assessment: take home points

A small but significant literature of structured approaches to including patient voice into risk assessment and management in forensic mental health care

Consensus across the studies of the significance of user involvement and collaboration in risk assessment and management

Ample qualitative evidence for the **desire for patient involvement in forensic recovery processes**

Patient collaboration **needs to be a defined ongoing clinical activity assisted by tools**, but is unlikely to be achieved simply by completion of a tool as a one off exercise.

Thank you