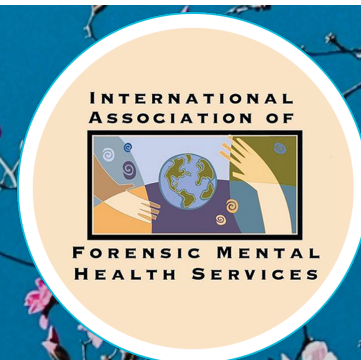


INTERNATIONAL ASSOCIATION OF
FORENSIC MENTAL HEALTH SERVICES

NEWSLETTER

VOLUME 7 | ISSUE 2
Spring 2022

Spring Edition Features

Forensic Mental Health Nursing*The Finnish eDASA APP Project:**Towards More Effective Violence Risk
Management Practices*

2

Dr. Tella Lantta

Mental Health Diversion

Call for Submissions

3

Risky Business*The significance of patient involvement
in risk assessment and management of
violence: The importance of recognizing
the patient's perspective*

4

Dr. Hiroko Kashiwagi

IAFMHS Keynote Speakers

5

IJFMHFeature Article and Call for Submissions
for Special Issue on Equity, Diversity,
and Inclusion in Forensic Mental Health
Services

7

Student Section*20th ANNIVERSARY SPOTLIGHT EDITON:
Interview with our Current Student Board*

8

IAFMHS Conference Coins and Pins

11

Letter from the Editor

*Berlin, the greatest cultural extravaganza that one
could imagine.*

David Bowie

It is hard to believe that next month in Berlin will mark our first time being reunited since Montréal in 2019! We have many conference features speckled throughout this edition of the newsletter, including our first time offering IAFMHS conference commemorative pins and a coin.

In this edition of the newsletter, I would also like to highlight an excellent piece written by Dr. Lantta from our Forensic Mental Health Nursing Section discussing the implementation of the eDASA APP within the Finnish psychiatric hospital system. As well, there is a call for submissions for a special issue on Equity, Diversity, and Inclusion in Forensic Mental Health Services that is due within the next few weeks for our IJFMH Journal. Please consider submitting a piece for this topic of utmost importance!

As always we invite contributions but also feedback regarding our newsletter content.

Sarah Coupland, Editor

FORENSIC MENTAL HEALTH NURSING

The Finnish eDASA APP Project: Towards More Effective Violence Risk Management Practices

Tella Lantta, RN, PhD, Senior Researcher, Department of Nursing Science, Faculty of Medicine, University of Turku, Finland

The electronic tool eDASA APP (electronic DASA [Dynamic Appraisal of Situational Aggression] + aggression prevention protocol) was developed in Australia to assist in violence risk assessment and management (Maguire, Daffern, Bowe, & McKenna, 2019). This tool was based on the DASA instrument (Ogloff & Daffern 2006) – an instrument that gives guidance to nurses about what to do after risk assessment. Different non-coercive interventions are suggested based on whether a consumer is assessed to be at low, moderate, or high risk for violence in the coming 24 hours (Maguire et al., 2019). In an Australian randomized-controlled trial, the DASA instrument was shown to help reduce incidents of aggression and restrictive practices in psychiatric units (Griffith, Meyer, Maguire, Ogloff, & Daffern, 2021).

DASA instrument was introduced in Finland to both forensic and general mental health units almost ten years ago (Lantta, Daffern, Kontio, & Välimäki, 2015; Lantta, Kontio, Daffern, Adams, & Välimäki, 2016). However, the integration of DASA and other short-term violence risk assessment instruments into clinical practice has been incomplete. Challenges for integration include difficulties with linking assessment results to nursing interventions and a preference to rely on nurses' own experience and intuition (Lantta et al., 2015).

A fresh start for more structured violence risk assessment procedures was taken together with the Hospital District of Helsinki and Uusimaa (Finland's capital city area) and the University of Turku, Department of Nursing Science. A project called 'More effective violence risk management for psychiatric hospital units – eDASA APP FI' was established, with the support of Professor Michael Daffern and Dr Tess Maguire from the Swinburne University of Technology and the Victorian Institute of Forensic Mental Health (Forensicare).

Finland will be the first country outside Australia to systematically adopt eDASA APP for their clinical practice.

**Tella Lantta,
RN, Ph.D.**



In the Hospital District of Helsinki and Uusimaa, there are a total of 26 mental health inpatient units for adults, both forensic and general psychiatric units. Most units are specialized for the care of certain diagnoses or age groups, including psychogeriatric units, psychosis units, mood disorders, etc. Currently, most of the units are not using structured violence risk assessment instruments.

The project, funded by the Finnish Work Environment Fund and the Finnish Nursing Education Foundation, started at the beginning of the year 2022. Our primary goal is to integrate the Finnish version of the eDASA APP into an electronic patient data system from American Epic called Apotti.

First, we will hold several workshops for different stakeholders to ensure that the language of the Finnish version is appropriate, the interventions fit the local context and to plan with staff, occupational safety, and consumer representatives how the eDASA APP will be used in practice. As electronic bedside nursing documentation is already taking place in the psychiatric hospital units, consumers will be engaged in violence risk assessment and management process as well. (Continued on the next page...)

Editorial Team

Sarah Coupland, Editor

Forensic Psychiatric Services Commission (CAN)

Samantha Zottola, Editorial Assistant,

Policy Research Associates (USA)

Krystle Martin, Associate Editor – Risky

Business, Ontario Shores Centre for Mental Health Sciences (CAN)

Evan Lowder, Associate Editor – Mental Health

Diversion, George Mason University (USA)

Helen Walker, Associate Editor – Forensic

Mental Health Nursing, NHS Forensic Network (GBR)

C. Adam Coffey, Associate Editor – Early Career

Corner, Lithia Forensics and Consulting (USA)

Israa Altwaijiri, Student Section Editor,

Swinburne University of Technology (AUS)

FORENSIC MENTAL HEALTH NURSING

The Finnish eDASA APP Project: Towards More Effective Violence Risk Management Practices (continued...)

Second, an eLearning module will be created for nurses and nurse managers. We think it will be essential to have managers on board, to promote the implementation of the new working method and the sustainability of the results. Simultaneously, we will conduct a survey for nurses and nurse managers about their attitudes towards risk assessment instruments and positive risk (Downes, Gill, Doyle, Morrissey, & Higgins, 2016). We see this as an important way to overcome potential barriers on the use of structured risk assessment created by negative attitudes through education. Both eLearning and the use of the Finnish eDASA APP will be pilot tested in two units before larger-scale testing.

Third, a quasi-experiment study will be done in all adult psychiatric units. As outcome measurements, we will primarily use register data from the hospital: violent incidents, use of coercive measures, and nurses' well-being at work. Only attitudes will be surveyed separately from routinely collected data. This way we aim to decrease nurses' burden with different overlapping data collection and let them focus on the use of the intervention. We expect to have the first results from the study by the end of the year 2023. Follow-ups will continue till the end of 2026.

The whole research team is thrilled to see how the Finnish eDASA APP works. We see a lot of potential with this intervention to both modernize violence risk assessment practices and get the consumers to be part of the process.

References

- Downes, C., Gill, A., Doyle, L., Morrissey, J., & Higgins, A. (2016). Survey of mental health nurses' attitudes towards risk assessment, risk assessment tools and positive risk. *Journal of Psychiatric and Mental Health Nursing*, 23(3-4), 188–197. <https://doi.org/10.1111/jpm.12299>
- Griffith, J. J., Meyer, D., Maguire, T., Ogloff, J., & Daffern, M. (2021). A Clinical Decision Support System to Prevent Aggression and Reduce Restrictive Practices in a Forensic Mental Health Service. *Psychiatric Services*, 72(8), 885–890. <https://doi.org/10.1176/appi.ps.202000315>
- Lantta, T., Daffern, M., Kontio, R., & Välimäki, M. (2015). Implementing the dynamic appraisal of situational aggression in mental health units. *Clinical Nurse Specialist*, 29(4), 30–243. <https://doi.org/10.1097/NUR.0000000000000140>
- Lantta, T., Kontio, R., Daffern, M., Adams, C. E., & Välimäki, M. (2016). Using the Dynamic Appraisal of Situational Aggression with mental health inpatients: a feasibility study. *Patient Preference and Adherence*, 10, 691–701. <https://doi.org/10.2147/PPA.S103840>
- Maguire, T., Daffern, M., Bowe, S. J., & McKenna, B. (2019). Evaluating the impact of an electronic application of the Dynamic Appraisal of Situational Aggression with an embedded Aggression Prevention Protocol on aggression and restrictive interventions on a forensic mental health unit. *International Journal of Mental Health Nursing*, 28(5), 1186–1197. <https://doi.org/10.1111/inm.12630>
- Ogloff, J. R., & Daffern, M. (2006). The dynamic appraisal of situational aggression: an instrument to assess risk for imminent aggression in psychiatric inpatients. *Behavioral Sciences & the Law*, 24(6), 799–813. <https://doi.org/10.1002/bsl.741>

If you are a forensic mental health nurse who is interested in submitting a piece, please do not hesitate to contact **Helen Walker** at: helen.walker6@nhs.scot

MENTAL HEALTH DIVERSION

Call for Newsletter Submissions

On behalf of the Mental Health Courts and Diversion Programs Special Interest Group (SIG), we are actively inviting submissions for the “Spotlight on Mental Health Diversion” section. The goal of this section is to highlight new, emerging, or novel mental health diversion initiatives or evaluations that address the needs of adults with behavioral health disorders in the criminal-legal system.

If you are a practitioner or researcher engaged in new or novel mental health diversion initiatives and would like to see your work highlighted, contact **Evan Lowder** at elowder@gmu.edu.

The Mental Health Courts and Diversion Programs SIG will host a virtual annual meeting for SIG members on Wednesday, June 15th at 3:30pm GMT. If you would like to attend the virtual meeting, please contact **Evan Lowder** (elowder@gmu.edu) to receive the invite information.

RISKY BUSINESS

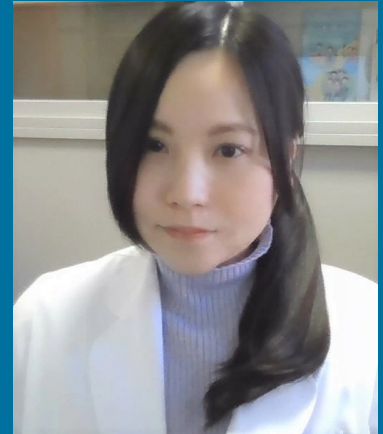
The significance of patient involvement in risk assessment and management of violence: The importance of recognizing the patient's perspective

Hiroko Kashiwagi, MD, Ph.D., National Center of Neurology and Psychiatry (NCNP)

Shared decision-making based on strong treatment alliances has become essential for good practice in psychiatry, and is in keeping with the trend toward patient-centered treatment throughout the medical community. Including the patient's perspective in treatment planning is becoming increasingly recognized as important. Therefore, it is natural that patient involvement is sought even in the area of risk assessment and management of violence, with emphasis on capturing their own experiences and perspectives. Consequently, sharing case formulations and management plans with forensic patients is becoming increasingly important. Transparency and open discussion should be based on trust with therapists whenever possible. Positive risk management, recognizing and building the parties' strengths, and recovery should be emphasized (Department of Health & National Risk Management Programme, 2009).

Studies on the effectiveness of including patients in risk assessment and management of violence are few and have inconsistent results (Ray & Simpson, 2019; Troquete, et al., 2013). We need to develop better ways to involve patients in shared decision-making in this context, leading to positive outcomes, such as reduction of patient violence, improved quality of life, and high-quality social reintegration. Therefore, in our study we investigated forensic inpatients' perspectives on protective factors for future violence risk using the Structured Assessment of Protective Factors (SAPROF) (de Vogel, et al., 2012). We asked them to score 17 items and their overall risk and protective level. Additionally, they

Hiroko
Kashiwagi,
MD, Ph.D.



were asked to select three items that were their greatest strengths in preventing current violence and their three most important goals for preventing future violence. Then we compared them with the professional judgments.

Inpatients scored themselves higher on the SAPROF total score and the protective level, and lower in risk level when compared with professional judgments. Inpatients chose higher scores in the motivational factors of "life goals" and "motivation for treatment" than did professionals. Inpatients prioritized "life goals", "self-control", and "medication" as the top three key strengths currently preventing violent behavior, whereas the professionals selected "life goals" significantly less often. [Continued on next page...]



RISKY BUSINESS

The significance of patient involvement in risk assessment and management of violence: The importance of recognizing the patient's perspective

(continued...)

Despite professionals' underestimation, inpatients viewed themselves as having high motivation for treatment and positive life goals. Inpatients prioritized personal values, such as life goals, work, and intimate relationships, despite being hospitalized, whereas professionals prioritized matters related to treatment adherence, coping with symptoms, and the environment, pertaining to treatment.

Our results suggest that therapists might underestimate the patient's perspective on life goals and treatment motivations. Thus, therapists should continue to interview patients on these aspects, as well as patients' own perspectives on their strengths and goals longitudinally, in order to build a good therapeutic alliance, which may be facilitated by establishing "work", "intimate relationships", and "life goals" as common aims. Furthermore, patients who regard themselves as having positive life goals and motivation for treatment should always be treated with respect (Kashiwagi et al., 2020).

To learn more about this study, check out the full manuscript:

Kashiwagi, H., Yamada, Y., Umegaki, Y., Takeda, K., & Hirabayashi, N. (2020). The perspective of forensic inpatients with psychotic disorders on protective factors against risk of violent behavior. *Frontiers in Psychiatry*, 11, 575529. doi.org/10.3389/fpsy.2020.575529

If you are a practitioner or researcher engaged in risk assessment/management and would like to share your research, perspective, or ideas with readers, please contact the Risky Business editor, Krystle Martin at martink@ontarioshores.ca.

References

de Vogel, V., de Ruiter, C., Bouman, Y., & de Vries Robbé, M. (2012). *SAPROF. Guidelines for the Assessment of Protective Factors for Violence Risk*. (English version, 2nd ed.) Utrecht: Forum Educatief.

Department of Health, & National Risk Management Programme. (2009). *Best practice in managing risk: principles and evidence for best practice in the assessment and management of risk to self and others in mental health services*. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/478595/best-practice-managing-risk-cover-webtagged.pdf.

Ray, I., & Simpson, A. I. F. (2019). Shared risk formulation in forensic psychiatry. *The Journal of the American Academy of Psychiatry and the Law*, 47(1), 22–28. doi: 10.29158/JAAPL.003813-19

Troquete, N. A., van den Brink, R. H., Beintema, H., Mulder, T., van Os, T. W., Schoevers, R. A., & Wiersma, D. (2013). Risk assessment and shared care planning in out-patient forensic psychiatry: cluster randomised controlled trial. *The British Journal of Psychiatry*, 202(5), 365–371. doi: 10.1192/bjp.bp.112.113043

2022 IAFMHS Conference Highlights

Keynote Speakers

- Professor Mary Davoren
 - Title to be determined
- Prof. Dr. med. Birgit Völlm
 - Ethical Issues in Forensic Psychiatry Striking - the Balance between Control and Autonomy
- Patrick Keating
 - We are Our Own Stories

[Learn more about the keynote speakers](#)

Full-Day Workshops

- Dialectical Behavior Therapy for Juvenile Justice Settings
- Assessing and Managing Multiple Risks in Violence Risk Assessment

Half-Day Workshops

- Developing and Evaluating the Effectiveness of Interventions to Minimize the Duration of Restraint Events
- Using Performance Validity Tests in the Juvenile Justice Forensic Arena: Introduction to a Novel PVT

[Register for a pre-conference workshop](#)

Post-Doctoral Fellowship in Forensic Mental Health



Mental Health - Care & Research
Santé mentale - Soins et recherche

1804, autoroute / Highway 2 E
C.P. / P.O. Box 1050
Brockville ON K6V 5W7

Tel. / Tél. 613.345.1461
Toll free / Ligne sans frais 1.800.433.7371
theroyal.ca / leroyal.ca

The Royal Post-Doctoral Fellowship in Forensic Mental Health is an initiative of the Integrated Forensic Program to attract post-doctoral researchers with a demonstrated capacity for research excellence, leadership, and potential to advance research in forensic mental health.

Location: Forensic Treatment Unit (FTU) and Secure Treatment Unit (STU) – Brockville Mental Health Centre, Brockville, Ontario.

Supervisors:

Dr. Anik Gosselin, Clinical and Forensic Neuropsychologist, Clinical Professor, University of Ottawa, Associate Professor, Université du Québec en Outaouais

Dr. Sanjiv Gulati, MBBS, FRCPsych, Associate Chief, Integrated Forensic Program, ROHCG, Assistant Professor, Faculty of Medicine, University of Ottawa

Location Description:

The Royal is one of Canada's foremost mental health care and academic health science centres. The Royal combines the delivery of specialized mental health care, advocacy, research and education to transform the lives of people with complex and treatment resistant mental illness. Located in the heart of the Thousand Islands, The Brockville Mental Health Center is a campus of The Royal affiliated with The Royal's Institute of Mental Health Research (IMHR). IMHR is a nationally recognized institute dedicated to improving mental health and well-being locally and globally. BMHC is fully affiliated with the University of Ottawa.

Fellowship Description:

The Forensic and Correctional Program at the BMHC is pleased to offer a 2-year PDF (one year, renewable after annual performance review) in forensic and correctional mental health, focusing on the characteristics and trajectories of individuals with psychiatric conditions who are involved with the law, with a focus on research dedicated to improving clinical outcomes. The primary focus of the fellowship will be the design and conduct of new and ongoing research projects concerning forensic/correctional mental health. The successful applicant will have strong quantitative and qualitative research design and analysis skills and evidence of research productivity. Additional duties may include database management and supervision of research assistants, students, and volunteers.

Qualifications:

- – PhD or equivalent in psychology, psychiatry, or a related mental health field – Strong quantitative or qualitative analysis skills
- – Experience working with forensic/correctional clients and their clinical files – Effective organizational, time and interpersonal skills

This fellowship opportunity does not require Canadian citizenship. However, you must be lawfully able to work in Canada and have a Canadian social insurance number. This means that you must be: a Canadian citizen; or a permanent resident; or a foreign national with an open work permit or an employer-specific work permit that identifies the IMHR as the employer. IMHR can assist with a work permit application if one is required.

How to Apply:

Interested candidates are encouraged to submit a Curriculum Vita, a letter of interest, two of your best publications, and up to three references by email to Dr. Anik Gosselin (anik.gosselin@theroyal.ca) and Dr. Sanjiv Gulati (sanjiv.gulati@theroyal.ca).

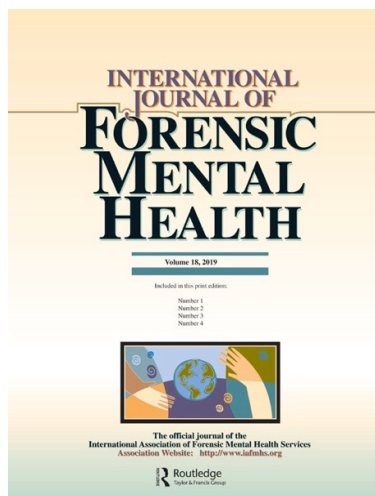
Feature Article

Current Practices in Incorporating Culture into Forensic Mental Health Assessment: A Survey of Practitioners

Amanda M. Fanniff^a, Taylor M. York^a, Alexandra L. Montena^a, & Kenzie Bohnsack^a

^aPsychology, Palo Alto University, Palo Alto, California, USA

Forensic evaluators conduct assessments of individuals with a wide range of sociocultural identities. Although recommendations regarding how to incorporate cultural considerations in forensic evaluations have been published over the past decade, there is no clear consensus on best practices nor is it clear how evaluators interpret and apply the available recommendations. The current survey represents a replication and extension of a previous survey regarding self-reported culturally-informed practices among forensic evaluators. Subjects were forensic mental health professionals (n = 258; 64.7% women, 69.4% PhD or PsyD) recruited through listservs and training events to complete a survey online or by hard copy. Evaluators reported significant challenges in conducting culturally-informed evaluations, including lack of appropriate tests for their examinees, lack of guidelines for their evaluations, lack of colleagues from diverse backgrounds, and lack of relevant research. Evaluators reported engaging in a wide range of culturally-informed practices across all domains, some being nearly universal (e.g., considered cultural context when forming diagnosis). In contrast, other practices were relatively uncommon (e.g., referred the evaluation to another professional with more knowledge/experience regarding examinees with particular identities). Results indicate a need for more research, more practice guidelines, and diversification of the forensic mental health workforce.



Submit a Manuscript to the Journal
International Journal of Forensic Mental Health

For a Special Issue on
Equity, Diversity, and Inclusion in Forensic Mental Health Services

Manuscript deadline
31 May 2022

In this special issue for the *International Journal of Forensic Mental Health* we would like to draw attention to ways in which forensic mental health services can become more inclusive, fair, and responsive. We welcome original research and systematic reviews/meta-analyses and invite authors to explore relevant questions and describe inclusive, equitable and responsive practice initiatives that may help improve forensic mental health services around the world. We note that diversity encompasses various personal characteristics and socio-cultural factors reflecting but not limited to culture, race, ethnicity, sexual orientation, gender, age, developmental and acquired disability, socioeconomic status, religion, Indigenous heritage, and national origin. For more information, please visit the journal's [website](http://www.iafmhs.org/).

STUDENT SECTION

20th ANNIVERSARY SPOTLIGHT EDITION: Interview with our Current Student Board President

Student Section Editors: **Israa Altwaijiri**, Student President Swinburne University of Technology, AUS | **Lillian Bopp**, President-Elect, University of Nebraska-Lincoln, USA | **Lindsay Healey**, Student Secretary, Carleton University, Canada

Israa Altwaijiri: Student President

I am in my third year of the Clinical Forensic Psychology PhD program at the Centre of Forensic and Behavioural Sciences, Swinburne University, Australia. Prior to starting my doctoral studies, I completed the Post Graduate Diploma of Psychology (pre-practice) at Deakin University and my Honour's project ignited my passion for research and motivated me to pursue my doctoral studies in clinical forensic psychology. At present, I am completing my forensic internship at 'Forensicare', an agency in Victoria that provides clinical forensic mental health services to consumers with serious mental illnesses across the criminal justice system. I have keen research interest in the area of family violence and my PhD project is focused on investigating the mental ill-health in male victims and perpetrators of family violence. Although I am passionate about conducting the family violence research, my long-term goal is to expand my knowledge in forensic assessments such as, 'criminal responsibility' and 'fitness to stand trial' in youth offenders and offenders who come from diverse cultural backgrounds. This is because, our field is fascinating but very challenging too! There is so much work that needs to be done. I am concerned about the lack of appropriate forensic mental health services and assessment tools that are currently available for offenders who come from diverse cultural backgrounds. As such, I am extremely motivated to make research contributions in this area of forensic psychology.

I joined IAFMHS in 2020 as President-elect with a desire to connect with forensic students from all over the world who embrace similar interests as mine and to build my leadership skills. As a student board President, I ensure that the student board has clear common goals for the term and that student board members work collaboratively to achieve them. I lead the monthly board meetings and supervise that all members are on track with their responsibilities. I attend the parent organization meetings on regular basis and my main goal is to give a voice to the student board and advocate for IAFMHS student members. I enjoy most the experience of being part of an international organization that is highly welcoming and values students' inputs. I truly enjoy working with a group of students, who are highly creative and have created a community across countries that is committed to enhance students' visibility and reputation in the field of forensic psychology. I admire IAFMHS as a broad organisation with a new generation of professionals serving forensic mental health who come from range of disciplines such as, psychology, psychiatry, law, and nursing. Most importantly, IAFMHS had an international focus with professionals, and experts around the world who really care about the development and the future of forensic mental health.

I am very proud to say that the student board is working very hard for our upcoming IAFMHS conference in Berlin. It is very exciting time for us, and I can't wait to meet our board members in person and look forward to meeting other students from different countries and experts in our field.



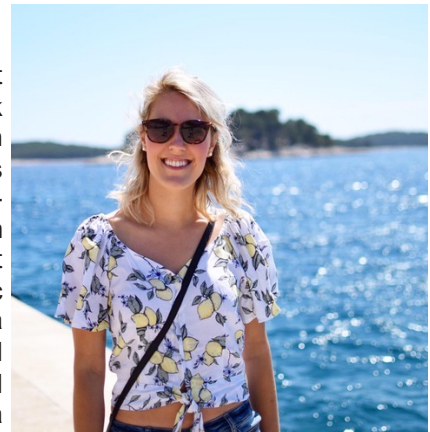
STUDENT SECTION**20th ANNIVERSARY SPOTLIGHT EDITION: Interviews with our Current Student Board Members****Lillian Bopp: *President-Elect***

I am currently in my first year of the Clinical Psychology PhD program at the University of Nebraska-Lincoln and have been working at the Public Policy Center (PPC) for my practicum placement. At the PPC, I have been engaged in research encompassing a variety of different realms including threat assessment, disaster behavioral health, suicide prevention, and school safety. In my own time, I have also been involved in research examining stalking, intrusive harassment, and cyber-sexual coercion. In the short term, I am looking forward to my upcoming clinical practicum placement at an inpatient forensic hospital and beginning to craft dissertation ideas. In the long term, I can see myself pursuing an administrative role in a clinical forensic setting and leading research initiatives to inform evidence-based public policy. Things I wish I could change in forensic psychology would be the significant overrepresentation of mental illness in the justice system, the intense stigma faced by the forensic population, and the detrimental effects that such stigma can have on the successful community reintegration of this population.

Being a part of the IAFMHS student board has provided me with the unique opportunity to connect with students from all over the world and collaborate closely with my fellow board members – a group of supportive and driven individuals who bring fresh ideas to the table and unwavering dedication to improving the IAFMHS student experience. I have gained invaluable professional and personal skills through this experience, and I look forward to continuing with the student board as President in the upcoming term.

Lindsay Healey: *Secretary*

I am currently a fourth year doctoral student in Forensic Psychology at Carleton University in Ottawa, Canada. I have finished the coursework required for my program so I am focusing on finishing my thesis which involves in-person data collection with forensic inpatients across four hospitals studying coercive bullying, so it is a lot of work (and traveling!). In the short-term, I hope to defend my thesis (and graduate) in late 2022. This means I am currently on the hunt for a postdoctoral fellowship! I hope to spend the next couple years getting more hands-on research experience as a post-doc before settling down into a career. Long-term, my dream career would be a scientist role at a forensic hospital with opportunities for supervision and training of students. If I could change one thing in forensic psychology it would be the double-stigma faced by the forensic population - i.e., individuals with a serious mental illness and who have contact with the law.



The stereotypes driving this stigma are not rooted in evidence, and there are so many tangible, detrimental impacts that public stigma has on this population. I am actively contributing to working on this issue right now, and look forward to doing so throughout my career. The IAFMHS student board has been one of the biggest highlights of my last year. In addition to building relationships with fellow students from all over the world, the board has presented me with endless opportunities for learning and professional growth. There are skills I am developing that will serve me through the rest of my career.

**Aidan Collins: *Communications Officer***

Currently, I am a graduate student in Clinical Research Methods at Fordham University, and I plan to graduate from my program this year. In the near future, I hope to be enrolled in a PhD program in clinical psychology with a focus on forensic psychology. Long term, I hope to pursue a career as a forensic psychologist working in either a hospital or prison setting. One major issue facing the criminal legal system is the over-representation of persons with mental illness. So, improving access to community mental health and implementing programs that divert persons with mental illness away from the correctional system would be at the top of my list of reforms. Being a part of the student board has provided an amazing opportunity to collaborate with students from a range of backgrounds and hone my leadership skills. Also, this experience has helped me expand my professional connections with researchers and other graduate students in the field.

STUDENT SECTION

20th ANNIVERSARY SPOTLIGHT EDITION: Interviews with our Current Student Board Members



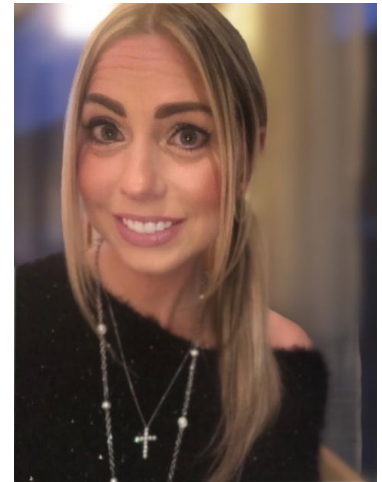
Lara Schwarz: Content Developer

I am in the second year of my Master's Program of Forensic Psychology at Maastricht University, The Netherlands. During my research internship right now, I am validating the newest version of the risk assessment "Early Assessment Risk List" for children ages 6-12, which has only been published last year. At the same time, I am completing my clinical internship at the Child Development Institute, where I facilitate intervention groups for families that are struggling with their children's externalizing behaviors. It is a very rewarding experience, and despite the seriousness of this work there is always room for some jokes! I can see myself in various places in the future - but I hope I will have the chance to conduct more research in the area of personality and risk assessment and I would be happy if my work could somehow benefit the forensic mental health field one day.

There are and will always be things that need improvement, but one of my wishes is that society understands that "forensic" means "being human" as well - everyone is worth a second chance. Even though only virtually, I have made wonderful connections to my fellow student board members and was able to acquire new skills in my job as Content Developer. I am more up to date on newly published research and by coincidence, I made a great friend (who is a former student board member) in real-life as well, whom I would not have met without being on the student board!

Elizabeth Jensen: Treasurer & Fundraising

Currently, I am a student at Arizona State University completing an MS in Forensic Psychology. I will be graduating from this program in August and then continuing my education at Long Island University in their Clinical Psychology PhD program. In the next five years, I aim to graduate with my doctoral degree and continue working with justice-involved populations and suicide, as it impacts law enforcement and youth. One thing in forensic psychology I would like to change is an increased ability to marry theory with practical application in real-world settings. It would be my hope to increase the implementation of theory-driven concepts or programs within the criminal justice system to derive 'best practices'. Lastly, being a member of the student board has enriched my understanding of the international presence that IAFMHS uniquely serves. I am honored to be a part of the 2021-2022 student board and excited for the upcoming events and activities which have yet to come, specifically, the opportunity to meet in person at the Annual Conference.



Kenny Gonzalez: Country Representative & Volunteer Coordinator

I recently celebrated the passing of my PhD comprehensive examinations! As a result, I am now focusing on my dissertation which is exploring multiculturally sensitive police pre-employment psychological screening. My dissertation topic aligns with both my research and clinical interests of multicultural considerations in forensic assessment. There is more to be done when it comes to diversity considerations in forensic psychology. As a person of color myself, I hope to contribute to this burgeoning area of forensic psychology. At this point in my academic journey, I am considering going into either clinical practice (i.e., psychologist in a forensic hospital, forensic evaluator for the courts) or academia. So, in the short/long term, I can see myself in a variety of clinical or research settings within forensic psychology! Joining the IAFMHS student board as the Campus Representative has allowed me to continue working toward dissemination of professional development resources and opportunities to underrepresented students in higher education.

IAFMHS CONFERENCE



Be a Part of the IAFMHS Culture

The International Association of Forensic Mental Health Services is now represented through the creation of an IAFMHS organizational coin and pin. The pin and coin is designed with the current IAFMHS logo in mind. Additionally, the general coin is representative of the intersection between mental health and the justice system through the incorporation of the green ribbon and the scales of justice signify the fairness in the judicial system. Lastly, the phrase “Bridging Mental Health and Justice” relate to the core values of IAFMHS. Wear the pin during all events in which you can represent your involvement and support for the IAFMHS. Additionally, the IAFMHS wants to memorialize each Annual Conference through the creation of a conference specific coin. This year’s coin is representative of Berlin’s skyline and the colors of Germany.

The IAFMHS student board is hoping to sell the coins and pins as fundraisers, in order to support student led initiatives, grants, and scholarships. We appreciate your support and look forward to seeing you all at the Conference in Germany!

- 34.99 CAD: a discounted bundle price for all three (both coins and a pin).
- 19.99 CAD: one coin, either general or conference specific.
- 7.99 CAD: one pin

Orders will be ready for pick-up at the conference registration desk. Order yours [here!](http://www.iafmhs.org/)



|| Connect with us at <http://www.iafmhs.org/> or    