



Psychiatry & Behavioral Science - 2017

I43 Measuring Treatment Progress and Outcomes in Forensic Mental Health

Zachary Moran, PhD, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704; Lesley Baird, PsyD, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704; Amy C. Gurka, PhD, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704; David Marx, PsyD, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704; and David Lee, PhD, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704*

After attending this presentation, attendees will have gained knowledge regarding current impediments to the provision of effective mental health treatment in the forensic setting as well as applicable methods by which to address these through progress and outcome measurement.

This presentation will impact the forensic science community by demonstrating how measurement of progress and outcomes among forensic mental health patients may best be achieved through the use of dynamic measures of risk for violence.

While forensic science has been broadly construed as that branch of the field tasked with informing the legal system in all of its activities, the great majority of that science has focused heavily upon topics germane to offenders' entry into the legal system (e.g., assessment, examination of evidence, etc.); however, at present the United States faces a crisis whereby empirically sound guidance in decisions pertinent to the entry of mentally ill offenders into the criminal justice system vastly outweighs that available for decisions relative to ongoing treatment, placement, and rehabilitation. This presentation addresses one reason for the paucity of knowledge regarding best practices for ongoing offender management through examination of an empirically supported measure of progress or outcomes in this population.

The Mendota Mental Health Institute (MMHI) in Madison, WI, is a state hospital housing male patients committed to the Wisconsin Department of Health Services pursuant to a finding of "not guilty by reason of mental disease or defect" for the commission of a crime. This presentation provides an overview of a system for measuring patient progress and outcomes using measures of risk for violence within the Structured Professional Judgment model embodied by the dynamic (i.e., non-historical, changeable) items of the Historical Clinical Risk Management-20 (HCR-20) and Structured Assessment of Protective Factors (SAPROF) instruments.^{1,2} A study at MMHI employed these tools longitudinally and naturalistically by licensed psychologists within multidisciplinary treatment teams following more than 100 male inpatients across one maximum, three medium, and one minimum security units. Measurements were gathered at intervals no longer than once every three months per patient. Data were collected between December of 2014 and May of 2016.

The resulting data reveal that quantification of this measurement, for which raters showed high inter-rater reliability in sample vignettes, yields strong evidence of construct and predictive validity of this method for tracking progress. Patients' scores on the measure were predictive of their movement through different levels of security/privilege at the institute. They were also predictive of behaviors (e.g., future rule infractions) such that lower-scoring patients demonstrated a higher likelihood of "level drops" than higher-scoring patients. In conjunction with data in the literature reporting this metric to be strongly predictive of recidivism over long-term follow-up, these findings are supportive of Structured Professional Judgment as a valid method for measuring progress and outcomes within forensic mental health treatment settings.³ This presentation discusses both the utility of this tool for ongoing



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management of offenders within the criminal justice system and also its relevance to informing decisions made about their treatment throughout the duration of their legal interactions.

Reference(s):

1. Douglas K.S., Hart S.D., Webster C.D., Belfrage H. (2013). *HCR-20v3: Assessing Risk for Violence: User Guide*. Mental Health, Law, and Policy Institute, Simon Fraser University.
2. de Vogel V., de Ruitter C., Bouman Y., de Vries Robbe M. (2012). *Structured Assessment of PROtective Factors for violence risk, 2nd Edition*. Van der Hoeven Stichting.
3. de Vries Robbe M., de Vogel V., Douglas K.S., Nijman H.L.I. (2015). Changes in dynamic risk and protective factors for violence during inpatient forensic psychiatric treatment: Predicting reductions in postdischarge community recidivism. *Law and Human Behavior*. 39, 53-61.

Mental Health, Treatment, Progress