

**In the right place at the right time:
Conceptual and practical considerations
about
Long-term Forensic Psychiatric Care
(LFPC)**

Vancouver, May 27, 2010

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Conceptual and methodological notes on the study of LFPC

Marc Schabracq & Iva Embley

Step by step: Different levels of security in the Vitos Heina
Forensic Psychiatric Hospital

Rainer Kamara & Rudiger Muller-Isberner

From confinement to staying in an independent living unit: Going
for autonomy in LFPC

Ton Verbeet & Peter Braun

The Development of Integrated Care Pathways for people with
Personality Difficulties across Nottinghamshire Healthcare Trust.

Emma Sly & Gopi Krishnan

Better safe than sorry? Overview of best practices in
NL, UK, D and B

Iva Embley



Conceptual and methodological notes on the study of LFPC

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Status quo

LFPC research is

- mainly of applied nature
- focuses on the
 - monitoring of patients' state
 - quality of life (patients)
 - quality of work (employees)
 - development of care
 - and not on treatment effects
- Evidence-based practice in LFPC faces many difficulties



LFPC & evidence-based practice?

- Existential and phenomenological matters
- Conceptual and nomological matters
- Theory
- Research issues
- Conclusions



Existential and phenomenological matters

Needed

- A shared understanding of what the field is (and is not) about

Status quo

- Confusion created by different ways of thinking/assumptions
 - Cultural-juridical
 - Psychological
 - Medical/psychiatric
 - Methodological/statistical
 - Political



Existential and phenomenological matters

Recommendation

- Install multidisciplinary forums at a national and international level to discuss and determine to whom, in which contexts and what kind of long-term forensic psychiatric treatment should be provided.
- Results have to be integrated in the legislature.

Dreaming!!!!

Policy is driven by media and political motives

- **Crucial: clear self-defined identity!**



Conceptual and nomological matters

Needed

- A set of widely shared, clear and unambiguous terms to describe the relevant phenomena

Status quo (not only in LFPC, also in FP)

- Ambiguity, vagueness, local interpretations of terms as
 - Risk and need
 - Syndromes
 - Co-morbidity
 - Various methods of assessment
 -



Conceptual and nomological matters

Recommendation

- Install international groups of (long-term) forensic psychiatric experts who come to
 - shared definitions for a number of key terms
 - an onset of a nomological network
 - suggestions for necessary instruments
- These groups ought to reconvene periodically
- The results are published on a freely accessible website



Theory

Needed

- Theoretical framework with a historical dimension – why the LFPC phenomena are as they are, and why they are not different

Status quo

- Not one integral LFPC theory
- Only many mini-theories
- The same as in:
(forensic) psychiatry and psychology, criminology

This will most likely not change in the short term!



Theory

Recommendation

- Record long-term FP careers in (inter)national databases
- Extract:
 - relevant factors
 - problem areas
 - typical pathways
 - bottlenecks
 - dilemmas and choices
- Select, implement and evaluate interventions

=> theory



Research issues

- Small population
- Utter abnormality
- Heterogeneous patients groups
- Co-morbidity
- (Double blind procedure impossible)

=> RCT's out of the question

How do we still become evidence-based?



Research issues

Recommendation

- Develop (inter)national databases
- Supplement statistics with other analytical methods (data mining, visual analytics...)
- Single case studies
- Qualitative methods



Conclusions

- Lots of work!
- Necessity of national and international cooperation
- Radical empiricism (William James):
using everything usable to find out something
about your object of study
- No clear-cut rules
- Tolerance for uncertainty and ambiguity
- **Wisdom:** priorities, insight, the greater picture

