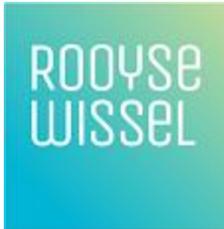


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Jij. Wij. De maatschappij.

# The role of forensic vigilance in maintaining safety in forensic psychiatric institutions

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## Disclosure of speaker's interests

### DISCLOSURE OF SPEAKER'S INTERESTS



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# Background

**Forensic mental healthcare shows many similarities to civil mental healthcare:**

- Psychopathology
- Behavior
- Intra-institutional safety
- Sexual aggression and fire setting

## Background

**However, forensic mental healthcare is also notably different:**

- Underlying principles (RNR & GLM vs. self-empowerment & resilience)
- Ethical dilemma's
- Dual role
- Stigma

# Background

## **The forensic mental healthcare professional has to:**

- Deal with aggression
- Balance caregiver and coercive roles
- Sometimes go against what appears to be the patients best interest
- Face societal stigma

## **Many have described this unique position:**

- Forensic psychiatrist (for example Appelbaum, 1990)
- Forensic psychiatric nurse (for example Timmons, 2010; Jacob et al., 2008; Mason et al., 2008)

## Background

**But:**

*The field of forensic mental healthcare may require a specialism which transcends professional roles (such as nurse or psychologist), a specialism that all professionals in this field need*

# The rise of forensic vigilance

## Forensic vigilance :

- “*forensische scherpste*” gained momentum quickly in the Netherlands
- As a result of several severe incidents with forensic psychiatric patients
- Translated as “**forensic vigilance**”
- Seems a core competency
- *Is this what makes them so special...?*
- The term is new (internationally)
- Construct not new
- International recognition (peers, study among 83 professionals)
- High forensic vigilance could lead to lower job stress, higher satisfaction etc.

# Research into forensic vigilance

## First study focused on providing a definition

- Communication
- Measurement
- Research
- Relationships with other concepts
- Training

## The first study

### First study focused on providing a definition

- 916 Dutch forensic psychiatric professionals (700 included)
- 127 International forensic psychiatric professionals (83 included)
- Mean age 41
- Mean work experience in psychiatric healthcare 13 years
- Mean work experience in forensic psychiatric healthcare 10 years
- 60% was female
- 6.4% was previous service user
- Majority (65%) listed patient contact as their main task
- 38% had a role in the ward climate, 27% a role in treatment

# The first study

## First study focused on providing a definition

- Forensic vigilance is being able to recognize even **subtle signs** of impending danger/possible escalation
- Forensic vigilance is knowing **when an observation requires action**
- Forensic vigilance is **anticipating** possible ways in which a situation can escalate before it happens
- Forensic vigilance is being able to **discuss doubt/uncertainty** with colleagues
- Forensic vigilance is **being aware of the patient, the mental disorder and the criminal history**
- Forensic vigilance is being able to recognize and communicate about your **"gut feelings"**
- Forensic vigilance is constantly being **aware of your own behavior and reactions**, and the effect it has on the patient
- Forensic vigilance is realizing that **providing healthcare may sometimes go against what patients themselves feel is best**
- Forensic vigilance is being able to **understand behavior in the context of the forensic setting** where the patient is staying

# The first study

## First study focused on providing a definition

- Forensic vigilance is **actively observing your colleagues and surroundings**
- Forensic vigilance is **realizing how patients can influence each other** negatively
- Forensic vigilance is daring to be **assertive**
- Forensic vigilance is being aware of what may serve as a **concealed storage for contraband**
- **Patients know** which employees are more or less forensically vigilant
- Forensic vigilance is **being "hyperalert"** in order to prevent incidents
- Forensic vigilance is being able to distinguish the boundary between healthy and unhealthy behavior\*
- Forensic vigilance is not shying away from making controversial decisions\*
- Forensic vigilance is being able to capitalize on chances/possibilities for patients\*
- Forensic vigilance means that information obtained confidentially from a patient sometimes has to be used anyway\*

## Definition

### Presented definition:

*“Forensic vigilance is anticipating on possible escalation of a situation before it happens by actively observing your surroundings and colleagues, and knowing when an observation requires action. Forensic vigilance requires awareness of the patient(s), their mental disorder, criminal history and awareness of the context of a forensic setting. It is being able to recognize even subtle signs of possible escalation, the capacity to communicate with colleagues about observations, doubt, uncertainty or gut feelings, and the willingness to act when necessary.”*

“Forensic vigilance is regarded highly important (mean 89.09 out of 100)”

See Clercx, M., Keulen-de Vos, M., Nijman, H.W., Didden, R., & Nijman, H. (2020). What Is so Special about Forensic Psychiatric Professionals? Towards a Definition of Forensic Vigilance in Forensic Psychiatry. Journal of Forensic Psychology Research and Practice, online first publication. <https://doi.org/10.1080/24732850.2020.1847569>

## Further research into forensic vigilance

### PhD research into forensic vigilance:

- Study 1: Definition of construct
- Study 2: Measurement instrument
- Study 3: Forensic vigilance & personality traits, communication styles, work-related stress and burnout symptoms, workplace satisfaction, resilience etc.
- *Study 4: Forensic vigilance and incidents in forensic psychiatric hospitals*
- Study 5: Forensic vigilance according to patients
- Study 6: Training in forensic vigilance

# **The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals**

Forensic vigilance is often mentioned (in common language use) in relation to the prevention of incidents in forensic psychiatric hospitals. The question is whether forensic vigilance really plays a role in the occurrence of incidents in forensic hospitals and through which mechanisms.

In the Netherlands forensic hospitals are required by law to report incidents of a certain magnitude to the Ministry of Justice and Safety and are required to carry out an independent investigation into possible causes of the incident, which includes making recommendations to prevent similar incidents in the future. These were used to conduct the research presented here.

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Study design:

- Collection & anonymization of incident reports:
  - Incidents occurred between January 1st 2010 and December 31st 2020
  - Outpatient incidents were excluded
  - Anonymization with respect to:
    - Patient
    - Hospital
    - Employee
- 8 forensic hospitals (5 high-secure, 3 medium secure) participated
- In total 139 incidents were contributed

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Study design:

- Incidents of four types were included ( $N = 109$ ):
  - Externalizing incidents (e.g. aggression towards others)
  - Internalizing incidents (e.g. (attempted) suicides & automutilation)
  - Withdrawal from supervision (absconsions, withdrawal from supervised leave, unauthorized absence or escape from a secure hospital)
  - Non-professional contact between patient and staff member
  - EXCLUDED: medication errors, death by natural causes, contraband etc.
- Incident reports were checked for quality by 2 authors, ( $N = 69$  included)

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Analysis:

- Thematic analysis with Interpretative Phenomenological Analysis (IPA)
- Conducted in several rounds ( $3 \times 4 = 12$  reports per round) until saturation was reached
- Analysis done by 3 authors (2 forensic, 1 non-forensic) in consensus per round:
  - Round 1 & 2: coding themes bottom-up
  - Defining themes & rough model conceptualization
  - Round 3: refining themes & model
  - Round 4: checking refined model against data (saturation)

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

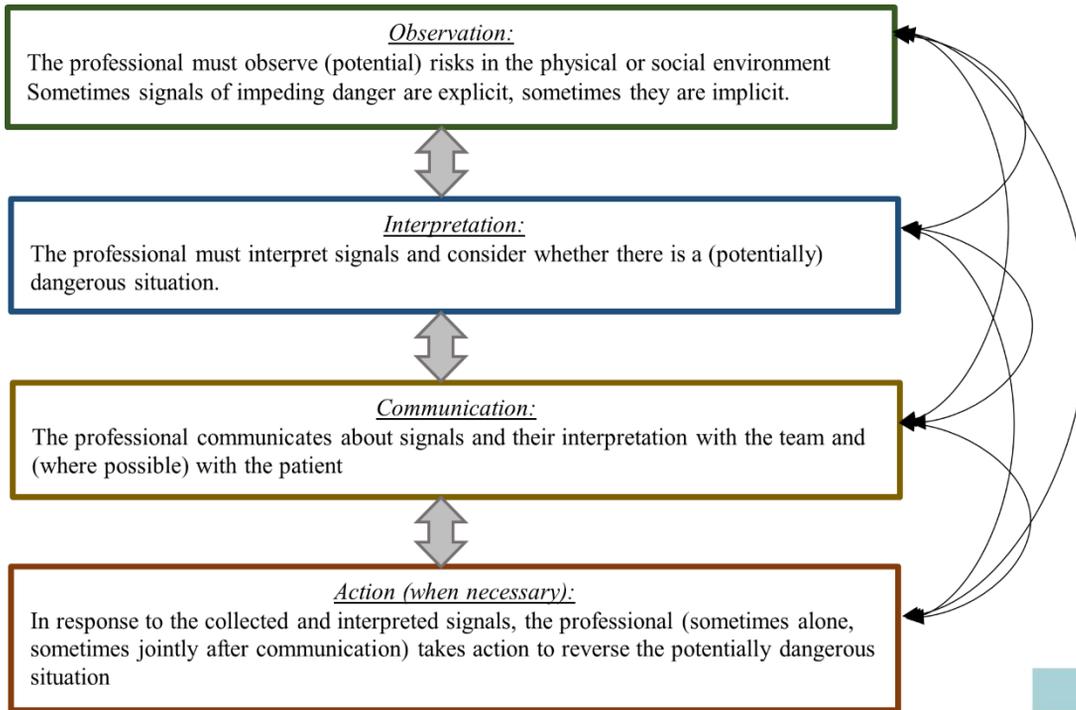
## Conclusions:

Yes, forensic vigilance plays a role in the occurrence of incidents in forensic psychiatric hospitals.

On the basis of the incident reports a model was developed depicting the mechanism of forensic vigilance.

Forensic vigilance is a highly cyclical process which includes observation, integration, communication and action. This model has a house-of-cards construction. Though the 4 steps do not always follow each other serially, if one is not (sufficiently) present, the other steps cannot be completed optimally, and a lack of forensic vigilance will occur.

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals



# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Observation:

- The professional must observe (potential) risks in the physical or social environment
- Sometimes signals of impending danger are explicit, sometimes they are implicit.
- Observations can involve:
  - Physical environment
  - Social environment: Behavior exhibit by a patient or a colleague, or others (e.g. family of patients), needed are:
    - General professional knowledge
    - Knowledge of individual patient's:
      - Criminal history
      - Mental disorders
      - Early recognition signals
      - Current state of affairs
    - Short moments & long-term/over time
  - Inner experiences: thoughts, opinions, (counter-)transference and “gut feelings

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Interpretation:

- The professional must interpret observed signals and consider whether there is a (potentially) dangerous situation.
- In order to properly interpret the signals, the professional needs:
  - General professional knowledge
  - Knowledge of individual patient's:
    - Criminal history
    - Mental disorders
    - Early recognition signals
    - Current state of affairs
- Knowledge must also be weighed in the forensic context
- Signals must be meaningfully linked to form an overall picture (e.g. “this patient is at risk for withdrawal from supervision” or “I may see a non-professional contact here”)

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Communication:

- The professional communicates about signals and their interpretation with the team and (where possible) with the patient
- Communication includes:
  - Formal communication (e.g. shift transfer meetings, daily reports etc.)
  - Informal communication (e.g. short interactions, non-verbal)
  - Communication should also be recorded for the long term.
- The professional must experience room (in daily ongoings) to make space for communication (sending and receiving are both important)
- Source of information for step 1 (observation) and step 2 (interpretation/weighing of signals).

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Action:

- In response to the collected and interpreted signals, the professional (sometimes alone, sometimes jointly after communication) takes action to reverse the potentially dangerous situation
- Action corresponds in “magnitude” to the “magnitude” of the potential danger
- No action is also possible (must be a conscious/considered choice)
- Actions can also include a conversation or additional agreements
- Additional agreements & content of the conversation are input for steps 1 and 2 to continue monitoring the situation and must also be included in the communication (step 3)
- For action is needed:
  - Self-confidence (enough)
  - Assertiveness
  - No shyness or fear of action
  - Could include going against the patients' own wishes.

# The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals

## Additional conclusion:

Cyclical process of forensic vigilance seems to have the same mechanism in all 4 types of incidents (externalizing, internalizing, withdrawal from supervision & non-professional contact), however there are two unique notable focuses of attention:

- In internalizing incidents (suicides & auto mutilation) and withdrawal from supervision : loss of perspective/hopelessness
- Non-professional contact: personal factors related to the staff member involved in the non-professional contact

# **The role of forensic vigilance in the occurrence of incidents in forensic psychiatric hospitals**

Is this model recognizable for you in your own work environment?

## The end

**Thank you for listening!**

*More information or keep updated?*

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*1st study:*

<https://doi.org/10.1080/24732850.2020.1847569>

*Website Rooyse Wissel – research:*

<https://www.derooysewissel.nl/onderzoek/>