Summary

Forensic Psychiatric Supervision;
Evaluation of the test phase of a new approach on the supervision of forensic outpatients treated under the tbs-order

Forensic Psychiatric Supervision

In 2006 the Visser Commission, the temporary Dutch Parliamentary Committee of Inquiry on tbs (detention under a hospital order), set out to investigate whether tbs still provided society with sufficient protection. Two important findings emerged from this investigation. Firstly, a desire to reduce the number of incidents committed by current and former forensic patients to the lowest possible level. Secondly, the need to resolve the problem of low patient 'outflow'. Improving the supervision of forensic outpatients was proposed as a solution for both these problems. In addition to extending the period for conditional termination from three to nine years, it was agreed that the quality of supervision also needed improving. If these objectives were to be achieved, the resocialization phase needed to be jointly overseen by the Probation and After-Care Service and the Forensic Psychiatric Centres (FPCs), and this decision resulted in the adoption of the 'Forensic Psychiatric Supervision' approach.

Forensic Psychiatric Supervision comprises various different elements. The first of these is 'Cooperation': because of their expertise the FPCs and probation organizations are jointly involved in supervising forensic patients throughout the outflow process. This means that the Probation and After-Care Service is already involved in the resocialization phase of intramural treatment in the FPC and the transmural leave, while the FPC will have a role in supervision and treatment during trial leave and conditional termination. Other partners, such as the GGZ (Dutch Mental Healthcare Association) institutions and forensic psychiatric outpatients' departments, will also have an important role in treatment and supervision. The extent to which each party participates is determined by the needs of the individual patient. This allows more scope than in the past for individual treatment plans. 'Phased Outflow', meaning a forensic patient has to complete each phase of the tbs measure, is an underlying principle of the process, with another element of Forensic Psychiatric Supervision being the 'Further Professionalization of the Probation and After-Care Service'.

The plan for Forensic Psychiatric Supervision was further developed in practice by the FPCs and the probation organizations during the test phase, which was officially launched in May 2008. Ten of the twelve FPCs participated in the test phase in cooperation with the probation organizations (3RO). The present study evaluates the plan and the process.
Evaluation of the plan

Using scientific literature on the effectiveness of different forms of supervision and cooperation, we examined whether Forensic Psychiatric Supervision could be expected, based on the plan, to result in the stated objectives and the stated ultimate objectives being attained. To this end, the Forensic Psychiatric Supervision plan was first clarified, restructured, and represented as a model. Forensic Psychiatric Supervision comprises the elements referred to above: Phased Outflow, Further Professionalization of the Probation and After-Care Service, and Cooperation. The objective of Forensic Psychiatric Supervision is twofold: reducing the chance of recidivism and promoting flow and outflow. Detailed analysis of the documents shows that there is no direct relationship between the elements and the stated ultimate objectives, which are to be attained through what are referred to as intermediate results. These intermediate results are: Retention of patient knowledge and early recognition of warning signs; Continuity and progressive lessening of supervision; More forensic psychiatric expertise; Promotion of flow and outflow by the FPC; Earlier admittance by the GGZ. The scientific literature consulted to assess the efficacy of Forensic Psychiatric Supervision included studies of cooperation. The review showed that cooperation can be beneficial, providing a number of conditions are met. These include good information transfer, a clear division of tasks, joint vision and equal participation. However, the literature consulted also showed that cooperation can present problems, such as start-up problems and dependency on the individuals involved, while diverging opinions between parties may also create difficulties.

We subsequently researched whether the assumed relationships within Forensic Psychiatric Supervision are supported by empirical scientific research into the efficacy of supervision, counselling and treatment, or elements thereof, of forensic outpatients. These results should, however, be interpreted with caution. Firstly, the number of empirical studies of good methodological quality is scarce and, secondly, these empirical studies almost always examine the efficacy of an overall intervention, in which different aspects are combined.

The efficacy with respect to the first objective of Forensic Psychiatric Supervision – less recidivism – is partly supported by empirical research. 'Cooperation' seems to have a positive effect on two of the intermediate results, being 'Retention of patient knowledge and early recognition of warning signs' and 'More forensic psychiatric expertise'. However, good information transfer, a clear division of tasks, joint vision and equal participation are also necessary in this respect. Practice will have to show whether these conditions are met. It is not clear whether 'Cooperation' will result in more continuity and a progressive lessening of supervision. This, too, will have to be examined in practice. Two other elements of Forensic Psychiatric Supervision – 'Phased outflow' and 'Further professionalization' – seem to contribute positively to 'Continuity and progressive lessening of supervision' and 'More forensic psychiatric expertise' respectively. Based on the literature review, three of the
intermediate results – 'Retention of patient knowledge and early identification', 'Continuity and progressive lessening of supervision' and 'More forensic psychiatric expertise' may be expected to help reduce the chance of recidivism.

Less support was found for the idea that Forensic Psychiatric Supervision could contribute positively to the second objective of promoting flow and outflow. It remains to be seen whether cooperation within Forensic Psychiatric Supervision can indeed promote flow and outflow of patients by the FPCs, and enhance the willingness within the GGZ to admit forensic outpatients. One of the elements of Forensic Psychiatric Supervision may affect flow and outflow negatively: the requirement for all forensic patients to complete all the phases of 'leave', or 'Phased outflow'. A level of supervision that is too intense may also affect flow and outflow. In addition, flow and outflow may also be affected by external factors: FPCs and the GGZ may become more reticent if a forensic patient causes an incident, and flow and outflow are to a large extent determined by factors outside Forensic Psychiatric Supervision, that is by the Advisory Board responsible for reviewing leave from detention under a hospital order (Adviescollege Verloftoetsing tbs (Avt)) and by the judiciary.

**Evaluation of the process**

The extent to which the FPCs and the Probation and After-Care Service were already working together in the resocialization process at the beginning of the Forensic Psychiatric Supervision approach varies considerably from location to location, but in all cases Forensic Psychiatric Supervision has further developed and intensified cooperation. The freedom to further develop the plan at a local level with respect to Forensic Psychiatric Supervision in the test phase has resulted in some differences among regions. A comparison between locations as to the intensity of supervision is, however, complex as individual treatment plans can be and are being designed for each patient. Furthermore, plans may differ in the way they have been formulated in writing at a local level. Almost all local plans fail to specify how supervision should be gradually lessened, in situations where conditional termination phases cover long periods of time. Many other institutions also play a role in the resocialization process, with the specific institutions involved varying from patient to patient. The role of these institutions is further developed at the individual level and not included in local process descriptions.

Case studies have provided a picture of the forensic patient population subject to Forensic Psychiatric Supervision. Combinations of severe psychiatric disorders, personality disorders and substance abuse were found relatively often. Many different parties are involved in providing care, counselling and supervision during the extramural phase, and relatively high numbers of patients move on to 24-hour care. Outpatient care, forensic outpatient care or home care is arranged for all patients moving on to assisted living, and for almost all patients returning to live with their families or independently.
We researched the extent to which elements of Forensic Psychiatric Supervision have been achieved in practice, using experience in practice. We also examined whether the conditions for successful cooperation were met in practice, whether problems were encountered in this cooperation, and whether the assumed relationships with the objectives and intermediate objectives were recognized in practice.

**Phased outflow:** The process descriptions at the local level clearly show that the role of the FPC decreases and that of the Probation and After-Care Service increases in each subsequent phase, while the intensity of supervision decreases throughout the phases. Whether all the different phases of leave are indeed completed one by one also depends on the Public Prosecution Service and the courts.

**Further Professionalization of the Probation and After-Care Service:** Developments have also taken place outside Forensic Psychiatric Supervision, and action plans have been implemented, and these make it difficult to determine the extent to which Forensic Psychiatric Supervision has contributed to professionalization. The fact that the number of hours of supervision received by forensic patients has quadrupled is seen as a considerable improvement, and the TCO (casuistry consultation tbs) is seen as an important tool within Forensic Psychiatric Supervision.

**Cooperation:** With respect to the various sub-elements of cooperation it can be concluded that almost all of these have been achieved in practice, with the exception of multidisciplinary supervision and the chain approach. In practice, close cooperation with other institutions is frequent, but this form of cooperation is not included in the process description. Participation of the 'third party' in Forensic Psychiatric Supervision seems to be hindered by practical problems.

Whether the conditions for fruitful cooperation in Forensic Psychiatric Supervision were met in practice was also considered. Those responsible for implementation have a positive view on the transfer of information and the clarity of the division of tasks. Continuous attention to these two aspects is, however, important. As regards joint vision and equal participation, Forensic Psychiatric Supervision itself appears to contribute to achieving these conditions.

Literature on cooperation revealed some potential problems that could become obstacles to Forensic Psychiatric Supervision in practice. The existence of these problems in Forensic Psychiatric Supervision was researched and it became apparent that within Forensic Psychiatric Supervision, too, successful cooperation takes time to materialise. This means that an opinion on the success of Forensic Psychiatric Supervision, including at a local level, should not be given too hastily. The study also mentions the dependency on the individuals responsible for implementation, which could pose a threat to the quality of the information transfer and the clarity of the division of tasks. With respect to possible differences of opinion, people involved in practice have suggested setting up a central point of contact to which problems relating to cooperation can be reported.
Conclusion

Based on a review of literature and experience in practice, we can conclude, with some reservations, that Forensic Psychiatric Supervision is likely to contribute to reducing the chance of recidivism. In practice, however, efforts are needed to ensure good information transfer and a clear division of tasks on a permanent basis. The ensuring of these conditions should be monitored critically.

One aspect of Forensic Psychiatric Supervision in practice is still in the early stages of development: multidisciplinary cooperation and the chain approach of parties other than the FPC and the Probation and After-Care Service. Accomplishing this aspect of Supervision is proving, however, to be difficult. Especially in respect of longer-term supervision, in which parties other than the Probation and After-Care Service and the FPC are being given an increasing role, their participation needs to be properly organized. In addition, there are few provisions in place for lessening supervision in cases where conditional termination covers longer periods of time. And it was precisely the wish to develop a form of supervision for the longer term that was one of the aims underlying the introduction of Forensic Psychiatric Supervision.

Less support was found for the assumption that Forensic Psychiatric Supervision contributes to a better flow and outflow of patients. We researched whether the aspects of cooperation within Forensic Psychiatric Supervision can contribute to a greater tendency among FPCs to seek to move patients on to the next phase. Conservative indications that this is occurring can be seen in practice. Although, based on present experience, the question of whether cooperation will result in a greater willingness among GGZ institutions to admit patients cannot yet be answered, it is evident that other, perhaps stronger, factors influence flow and outflow.

It is a basic principle within Forensic Psychiatric Supervision that the national process description is a framework to be further developed by the FPCs and the Probation and After-Care Service jointly in practice. This latitude is seen as positive and has proved efficient in practice, although it has resulted in some local differences. These may create a lack of clarity or even problems in the case of cross-regional cooperation, for instance with regard to the division of tasks. Besides differences in content, there are also differences in the extent to which various locations have achieved cooperation, and these local differences need to be resolved.

This study has shown that some matters need further attention. Firstly multidisciplinary cooperation and the chain approach of parties other than the FPC and the Probation and After-Care Service, and longer-term supervision. There also seems to be some confusion about the terms supervision, monitoring, counselling and treatment. It is precisely because the specific division of these tasks and the relationship between the various components are so essential that it is important to provide clarity in this matter. Rather than waiting for practical experience or local solutions, supervision at a central level is needed. Direction from a central level is also desirable with respect to implementing new scientific insights on methods aimed at, inter alia, risk management and reducing recidivism that have proven effective.
The present study provides an evaluation of the plan and the process. The actual effectiveness of Forensic Psychiatric Supervision has not been examined. Experience with Forensic Psychiatric Supervision in practice has mainly, however, proved positive: Forensic Psychiatric Supervision is seen as having important added value with respect to both cooperation and knowledge sharing, and the resocialization process is seen to have become more gradual. Some stakeholders believe the judiciary may have unrealistic ideas about Forensic Psychiatric Supervision, and that this could result in courts being more likely to allow conditional termination.

An ‘effect evaluation’ will need to be performed if the precise effects of Forensic Psychiatric Supervision are to be determined. The different elements of this Supervision will need to be operationalized and the data recorded in a standardized manner. By repeatedly recording data in a systematic way, also with respect to decisions in what are referred to as ‘tbs extension cases’, the effects of supervision by Forensic Psychiatric Supervision can be identified.