Long Term Forensic Psychiatric Care in Belgium
First Experiences in Flanders

Steven Degrauwe

U.P.C. Sint-Kamilus, Bierbeek

08/11/2018
Table of Contents

History

Long Term Forensic Psychiatric Care
  Quality of Life
  Protection

Research
Table of Contents

History

Long Term Forensic Psychiatric Care
Quality of Life
Protection

Research
Short History: Belgium and Forensic Psychiatric Care

1930: Progressive law for offenders with psychiatric problems/mental disabilities
Not guilty by reason of insanity (NGRI)

But: The progressive law stayed theory
Since mid-80’s: 23 convictions from the European Court of Human Rights
Peak: 10% of prison-population NGRI (>1.100)

1998  Start specialized teams for sexual delinquents. Also for, but no specific focus on, sexual delinquents NGRI
2001  3 Medium Security Facilities and 3 units for people with mental disabilities
2014  Extra capacity in Non-Forensic Psychiatric Care
2015  First High-Security Forensic Psychiatric Center
2016  Unit Long Term Forensic Psychiatric Care.
201x  ...
Table of Contents

History

Long Term Forensic Psychiatric Care
  Quality of Life
  Protection

Research
Academic Psychiatric Center Sint-Kamillus, Bierbeek
Medium Security Forensic Psychiatry since 2001

- 3 units Medium Security treatment
  Schizophrenia and Personality Disorders
- 2 units Medium Security treatment (longer term) and Long Term 'Medium Security' Care
  Schizophrenia and Personality Disorders
- 1 team for Outreachment
  Forensic FACT
- 1 unit Medium Security Treatment (since April 2018)
  Mental Disability
- 1 unit Long Term Forensic Psychiatric Care (LFP)
LFP

Long Term Forensic Psychiatric Care
High Security
Capacity: 30 men
April 2016
Inclusion - Exclusion

Inclusion

▶ Patiënts with a sustained risk level
▶ Limited/no possibilities for resocialisation

Exclusion

▶ Level op group-functioning
▶ High risk on aggression
▶ High risk on escape
Goals

- Quality of Life
- Protection
Theoretical Principles

Good Lives Model (Ward, 2002)

Everybody is in search of activities that contribute to their general well-being.

Criminal Behavior

Maladjusted behavior: inappropriate means of securing the defined goals in function of the general well-being.
Theory: Consequences

Risk oriented approach
- Start = Risk Assessment
- Additionally = Patient motivation and responsivity of the patient

GLM-approach
- Start = Patient’s goals (contributing to quality of life)
- Analysis of the capacities and risks in obtaining these goals
Theory in Practice

- Before admission: clear about the unit’s objectives
- No treatment (Therapy vs Activities)
- Participation!
  Rules vs Agreements
  Importance of the group
- Basic (Care) Needs (somatic care, Freedom, Responsibilities...)
- Restore network
- ’Yes, unless...’
Security Measures

Infrastructure and Procedures
- 4m fence
- Camera-system
- Training of staff members
- Alarm-system

Relational Security
- 'Therapeutic' relationship = core of our security-measures
- Giving Responsibilities to patients
- No drugs/alcohol
- No violence
Evaluation

Patient is part of the evaluation process! Quality of Life

▶ Interview + Questionnaire (FQL-SV)

Protection

▶ Risk Assessment

Goal

To adjust the offered treatment (environment) so that it corresponds with the needs and possibilities of the patient, with security of the patient(s) and his environment in mind.
Table of Contents

History

Long Term Forensic Psychiatric Care

Quality of Life

Protection

Research
Research

Risk Assessment?
Current instruments: treatment perspective
Few (?) instruments: evaluation of risk in the current setting, without future perspectives taken into account
Limitations: not in psychiatric context
Goal

To develop and validate a

- Contextualized assessment of adaptation in a forensic psychiatric context
- Daily indicators of transgressive behavior
- Self-perspective
- Relevance of Personality Pathology
- Supportive of Risk Assessment
Progress

- Construction of the instrument
- Extensive literature review
- Pilot study
- Initial psychometric properties and validation study

Interesting connections between our instrument and the AMPD (DSM-5)
Future

- Within-person variance of adaptation and personality factors
- Cross validation across a larger forensic sample
- Further exploration of the contribution of model to risk assessment
Questions?

**Steven Degrauwe**
U.P.C. Sint-Kamillus
Krijkelberg 1
3360 Bierbeek
+32 16/45.27.92
steven.degrauwe@fracarita.org
www.kamillus.be
www.researchgate.net/profile/Steven_Degrauwe