3rd Bergen International Conference on Forensic Psychiatry
17th – 19th September 2014

Programme, Abstracts and Speaker Presentations

	Wednesday 17th September 2014
13:00 – 13:15	Opening
13:15 – 14:00	**The forensic relevance of psychosis** **Stephen Hart**
14:00 – 14:45	**The social determinants of psychosis** **Richard Bentall**
Break	
15:15 – 16.00	**Current controversies in the pharmacological treatment of psychosis** **Erik Johnsen**
16:00 – 16:45	**Current controversies in the psychosocial treatment of psychosis** **Gill Haddock**
	Thursday 18th September 2014
09:00 – 09:45	**What is the current status of functional neuroimaging in psychosis** **Kenneth Hughdal**
09:45 – 10:30	**Beyond doubt? – Accurate assessment of delusions and its role towards delivering justice and safety** **Pamela Taylor**
Break	
11:00 – 11:45	**Comorbidity: The forensic implications of co-occuring conditions** **Caroline Logan**
11:45 – 12:30	**The COMMAND trial: results of a multi-centre, randomised controlled trial of cognitive therapy to prevent harmful compliance with command**

	hallucinations **Max Birchwood**
Lunch	
13:30 – 14:15	**Pathways to Violent and Aggressive Behaviour During First-Episode Psychosis: Results from the UK National EDEN Study of early intervention services** **Max Birchwood**
14:15 – 15:00	**Suicide in people with psychosis in mental health services and prisons** **Jenny Shaw**
Break	
15:30 – 16:15	**Psychotic patients as victims of neglect and violence** **Hans Schanda**
16:15 – 17:00	**Poster session**
19:30	**Gala Dinner**
	Friday 19th September 2014
09:00 – 09:45	**The expert witness: Acts and facts in reconstructing a psychosis – violence link** **Stål Bjørkly**
09:45 – 10:30	**Psychosis and risk assessment** **Kevin Douglas**
Break	
11:00 – 11:45	**Psychosis and Criminal Responsibility: Justice via Psycho-legal Mapping** **Nigel Eastman**
11:45 – 13:00	**The rules on legal insanity: a debate** **Linda Gröning**
	Good byes and lunch

Keynote:
The forensic relevance of psychosis

Stephen Hart

Abstract: No Abstract

Stephen Hart obtained his Ph.D. in clinical psychology at the University of British Columbia in 1993. He is a Professor in the Department of Psychology at Simon Fraser University and Visiting Professor in the Faculty of Psychology at the University of Bergen.

Dr Hart's expertise is in the field of clinical-forensic psychology, with a special focus on the assessment of violence risk and psychopathic personality disorder. He is active in research. He has written more than 160 books, chapters, and articles; and authored more than 360 conference presentations. He has served as editor of one scientific journal; a member of the editorial board of five other journals; ad hoc reviewer for more than 34 other journals, as well as numerous granting agencies; an executive committee member – including President – of the American Psychology-Law Society (Division 41 of the American Psychological Association); and a Director of the Canadian Association of Threat Assessment Professionals.

Dr Hart has led more than 315 training workshops for mental health, law enforcement, corrections, and legal professionals in North America, Europe, Asia, and Oceania. He has been qualified to give expert testimony regarding risk assessment.

Keynote:
The social determinants of psychosis

Richard Bentall

Abstract: Recent approaches to psychosis have emphasized genetic determinants based on the misunderstanding that high heritability indices indicate that the lion's share of causation must go to genes. In fact, despite dramatic public claims by genetic investigators, research at the molecular level has failed to find genes of major effect. In contrast, recent research, often supported by meta-analyses, has shown large associations between a variety of social risk factors and psychosis; these risk factors include: poverty,

social inequality, exposure to urban environments, belonging to an ethnic minority, inadequate communication style in parents, mistreatment and other types of trauma in childhood and victimization. Many of these effects seem strongest when exposure occurs in childhood, but there is evidence that a childhood adversity followed by adult adversity is particularly toxic. Some studies have used genetic designs to control for genetic confounding. Our research has found associations between specific kinds of social adversity and specific types of symptoms. For example, childhood sexual abuse is a particular risk factor for hallucinations and disruption of early attachment relationships is a particular risk factor for paranoid symptoms. These associations point to symptom-specific pathways by which adversity impacts on developmental trajectories. They also point to the importance of developing a discipline of public mental health.

Richard Bentall is a Professor of Clinical Psychology at the University of Liverpool. He is interested in the problem of classification of mental illness and in the relationship between psychopathology and normal variations in human personality. He is best known for his work in psychosis, especially the psychological processes responsible for delusions and hallucinations and has published extensively in these areas.

He has published over 200 peer-review papers and a number of books, most notably Madness Explained: Psychosis and Human Nature (Penguin, 2003)., which was winner of the British Psychological Society Book Award in 2004.

He got his PhD Psychology, from the University of Wales, (Bangor), and his M.Clin.Psychol., from University of Liverpool.

Keynote:
Current controversies in the pharmacological treatment of psychosis

Erik Johnsen

Abstract: The class of antipsychotic drugs counteracting dopaminergic transmission have represented a cornerstone in the treatment of schizophrenia and related psychoses for more than 60 years. The drugs are efficacious against the positive symptoms of psychosis whereas other functionally important symptom domains are much less responsive. Major research efforts in the last decade have produced a plethora of new compounds that may represent novel treatment mechanisms in psychosis but no clinical breakthrough

has thus far occurred. Accordingly, the principal antipsychotic drug treatment still rests on the dopaminergic antagonists. Giant leaps in the basic sciences combined with large clinical data sets from prospective controlled drug trials and cohort studies have expanded the pharmacological evidence base substantially in recent years, however. Currently, some of the leading issues and controversies in antipsychotic drug treatment include the question of effect sizes in psychosis and how this translates into every-day clinical effectiveness; the huge inter-individual variability in effects and side effects and the unpredictability of both in the individual patient; which drug-class or single drug should be regarded as first-choice; what place should different drug formulations of antipsychotics have (oral vs. long-acting injections) in the treatment algorithms; and finally concerns related to the tolerability, potential toxicity, morbidity, and mortality associated with antipsychotic drug treatment.

Erik Johnsen, Professor, MD, PhD, is a psychiatrist, senior consultant and assistant Head of the Psychosis Department, Haukeland University Hospital, as well as professor at the Department of Clinical Medicine, University of Bergen. He is the Principal Investigator of the Bergen Psychosis Project 2/ the Best Intro study, a multi-center antipsychotic drug and psychosis study with a translational design. Erik Johnsen publishes in the areas of clinical pharmacology, neurocognition, and brain imaging studies in psychosis.

Keynote:
Current controversies in the psychosocial treatment of psychosis

Gill Haddock

Abstract: The research evidence base on psychological therapies for psychosis is large and has led to publication of important clinical guidelines for their implementation. However, there are some mixed results from trials in relation to different populations studied, type of treatment applied and the outcomes measured making it difficult to make firm conclusions about how to implement interventions in services. Limitations of the research to date and unanswered questions will be discussed in this paper, such as, how effective psychological interventions are in treating people with complex presentations of psychosis, and how they impact on individual's symptoms, recovery and functioning. Different types of psychological therapies will be described, although the focus will be on cognitive behaviour therapy. The issues relating to the delivery of psychological therapies with people with complex presentations will be explored, such as, with those who have co-existing substance misuse problems and those people living in inpatient and secure settings.

The difficulties in implementation and widespread delivery of interventions will also be described. Initiatives about improving implementation, such as providing choice to individuals about how they receive therapy and different modes of delivery for psychological therapies will be discussed. For example, recent work on telephone and self-help therapy as alternatives to the traditional face to face format have been shown to be useful and acceptable to people with psychosis.

Gillian Haddock is Head of the Clinical and Health Section in the School of Psychological Sciences and Lead for the Centre for New Treatments and Understanding in Mental Health (CeNTrUM) at the University of Manchester and is Honorary Consultant Clinical Psychologist in Manchester Mental Health and Social Care Trust. She has been awarded over £5 million pounds in external research funds with colleagues on trials evaluating psychological therapies for people with psychosis and has 20 years experience in conducting clinical trials within the NHS. She has numerous publications in this area and is the editor of two clinical books describing the development of CBT approaches for people with psychosis.

Keynote:
What is the current status of functional neuroimaging in psychosis

Kenneth Hughdal

Abstract: Neuroimaging has become an important contribution to research in psychiatry and related disciplines over the last decades. The use of high field-strength MR scanners (3 Tesla and higher) it has made it possible to study both structural (sMRI) and functional (fMRI) brain abnormalities in psychotic disorders. The introduction of diffusion-weighted measures, like diffusion tensor imaging (DTI) has in addition made it possible to quantify white matter pathways, and relate these to corresponding grey matter abnormalities. The use of MR spectroscopy (MRS) in recent years has opened up the possibility to study transmitter signal concentrations in selected brain regions, such as glutamate and GABA, which for the first time has made it possible to study excitatory and inhibitory influences in-vivo in the psychotic brain. The combination of various MR imaging methods is collectively called multimodal imaging. In my talk I will exemplify the use of these MR measures for the study of auditory hallucinations in schizophrenia, showing how neuroimaging has advanced our understanding of how hallucinations are initiated in the posterior temporal lobe through neuronal hyper-excitation and not cognitively inhibited because of frontal lobe hypo-excitation. The talk will end with some suggestions for future developments of cognitive and pharmacological treatment targets.

Kenneth Hugdahl is Professor of Biological Psychology at the University of Bergen, Norway and Adjunct Psychologist at the Division of Psychiatry, Haukeland University Hospital, Bergen, Norway. His research areas cover cognitive neuroscience and neuroimaging, with a current focus on structural and functional biomarkers of auditory hallucinations in schizophrenia. He is the Head of the Bergen fMRI Group, which pioneered research on functional neuroimaging in Norway, and he has published extensively in these areas over the last decades, including more than 300 articles and 6 books.

Keynote:
Beyond doubt? – Accurate assessment of delusions and its role towards delivering justice and safety

Pamela Taylor

Abstract: The literature indicating a statistically significant if small association between psychosis and violence is well established. There has been less inquiry into the interplay between psychosis and non-violent criminal behaviour and its consequences and very little research attention at all to psychosis in civil proceedings. The disorder literature is being supplemented by growing attention to associations between psychotic symptoms, especially delusions, and violence or other alienating behaviours. Delusions in this context may or may not be part of an established psychotic illness. There is an argument that this approach may helpfully bypass the clinical politics of diagnostic labelling or classification, with its implications for being worthy of treatment or not, but emphasis on a symptom may create new difficulties. How is it possible to judge with an appropriate level of confidence if or when ideas or beliefs which bring individuals into conflict with mainstream society are delusional?

High profile criminal cases may be subverted by difficulties in establishing the validity of clinical certainty on one hand that an individual has a relevant delusion and the equal and opposite certainty on the other that he or she does not. In other contexts, clinicians may be at risk of being used by governments in processes to subdue dissidence and dissidents. In still others, however, people who need treatment may be denied it as clinical experts, perhaps overzealously, try to avoid risking coercive measures with alienated individuals who may have only eccentric beliefs, or perhaps merely try to avoid a difficult case.

This paper will review the concept of delusion and the limitations of its component parts, with particular reference to some cases which have posed special difficulties. It will consider the relevance of delusions to antisocial acts and how to build an assessment strategy which could yield good enough answers for

criminal or civil courts, or for supporting coercive interventions for people who are compromised by their apparently abnormal beliefs. In an ultimate paradox, capacity for doubt may be the hall mark of healthy ideation in the person being examined and of good clinical-legal practice alike.

Pamela Taylor is Professor of Forensic Psychiatry at School of Medicine, Cardiff University, were she is Chair in Psychiatry at the Institute of Psychological Medicine and Clinical Neurosciences.

She has published widely, mainly on the relationship between psychosis and violence and long term outcome for offender patients. With John Gunn she edited the textbook, Forensic Psychiatry: Clinical, Legal and Ethical Issues, Second edition (2014); she also edited the books Violence in Society (1993), Couples in Care and Custody (1999) (with Tom Swan as co-editor), and (with Chris Newrith and Clive Meux) Personality Disorder and Serious Offending: Hospital Treatment Models (2006). She is founder co-editor of the journal Criminal Behaviour & Mental Health.

Keynote:
Comorbidity: The forensic implications of co-occurring conditions

Caroline Logan

Abstract: Co-occurring mental health problems are the rule rather than the exception. The clients of forensic mental health and correctional services invariably present with a range of difficulties across a number of areas of functioning – for example, chronic problems with low mood and substance misuse, in the context of a personality shaped by early experiences of neglect and abuse, in addition to cognitive functioning compromised by head injury and substance misuse, and all against a background of poor physical health, poor educational attainment, inadequate or conflicted social support, and financial and accommodation insecurity. Practitioners are required to understand this range of need, identify priorities, motivate the client to consider change, engage with them (and stay engaged), attempt interventions collaboratively, and manage risk throughout. Further, practitioners are required to undertake such a demanding range of activities in services that are, in these politically challenging and cash-strapped times, often under-resourced and unappreciated.

This presentation will address both the occurrence of comorbidity and its management. It will begin, therefore, with a review of what we understand to be the extent of co-occurring conditions across key areas

of forensic practice – prisons, hospitals, and the community. The presentation will then go on to consider the management of comorbidity within these different services – for example, which conditions should take priority over which other conditions in terms of the sequencing of interventions, and how the treatment of one condition will likely influence the presentation and treatment of another condition. However, the focus of this part of the presentation will be on formulation, which is a very practical way of tying together disparate information about individual clients in order to make sense of all that is happening for them and informing interventions and their delivery and evaluation over time.

The objective of this presentation is to acknowledge the complexity that practitioners deal with on a day-to-day basis with the clients in their care, and to offer practical and hopefully useful solutions to its management.

Caroline Logan is Lead Consultant Forensic Clinical Psychologist in Greater Manchester West Mental Health NHS Foundation Trust as well as an Honorary Research Fellow in the Institute of Brain Behaviour and Mental Health at the University of Manchester. She has worked in forensic settings for almost 20 years, working directly with clients who are at risk to themselves and others and, in a consultancy role, with the multidisciplinary teams and local and national organisations that look after and manage them. She is a former Board Member of the Scottish Risk Management Authority, the DSPD Programme Expert Advisory Group, and the Project Board of Resettle, the Merseyside clinical risk and case management service for high risk offenders. She is currently a member of the Advisory Panel for the Close Supervision Centres and Managing Challenging Behaviour Strategy in the HMPS Directorate of High Security. She is a co-author of the *Risk for Sexual Violence Protocol*, a structured professional judgement approach to sexual violence risk assessment and management, and a co-author of the 2007/9 Department of Health guidelines *Best Practice in Managing Risk in Mental Health Services*. Dr Logan has research interests in the areas of personality disorder, psychopathy, and risk, and a special interest in gender issues in offending, on which she has published two books and many articles.

Keynote:
The COMMAND trial: results of a multi-centre, randomised controlled trial of cognitive therapy to prevent harmful compliance with command hallucinations

Max Birchwood

Abstract: Background: Acting on command hallucinations in psychosis can have serious consequences for self and others and is a major source of clinical and public concern. There are no evidence-based treatment options to reduce this risk behaviour. Our new treatment uses cognitive therapy to challenge the perceived power of voices to inflict harm on the voice hearer if commands are not followed, thereby reducing the motivation to comply. The results published in Lancet Psychiatry in 2014.

Methods: COMMAND is a pragmatic, single blind, intention-to-treat, randomised controlled trial comparing Cognitive Therapy for Command Hallucinations (CTCH) + Treatment as Usual (TAU) with TAU alone. Eligible participants were from UK mental health services reporting command hallucinations for at least 6 months leading to major episodes of harm to self or others. The primary outcome was harmful compliance and secondary outcomes were: beliefs about voices' power and related distress; psychotic and depression symptoms. Outcome was assessed at 9 and 18 months. The trial was registered under controlled-trials.com (ISRCTN62304114).

Findings: 197 participants were randomly assigned (98 to CTCH+TAU and 99 to TAU), representing 81.4% of eligible individuals. At 18 months, 46% of the TAU participants fully complied compared to 28% of those receiving CTCH+TAU (odds ratio= 0.45, 95% confidence interval 0.23 to 0.88, p=0.021). The estimate of the treatment effect common to both follow-up points was 0.57 (95% confidence interval 0.33 to 0.98, p=0.042). The total estimated treatment effect for voice power common to both time points was -1.819 (95% confidence interval, -3.457 to -0.181, p=0.03). Treatment effects for other secondary outcomes were not significant.

Interpretation: The trial demonstrated a large and significant reduction in harmful compliance, in parallel with the singular target of treatment, the perceived power of the voice. Further more complex trials are needed to identify the most influential components of the treatment in reducing power and compliance.

Max Birchwood pioneered the concept and practice of early intervention in psychosis in the UK and internationally. He opened the UK's first Early Intervention

in Psychosis service in 1994, informed by these conceptual innovations, which he translated into the mental health policy framework for the UK government as part of the NHS 'National Plan'. The service has been replicated with over 140 teams across the country. He leads the national evaluation of these services. Max was awarded the 'Richard Wyatt award' for 'outstanding contribution to early psychosis research and treatment', by the IEPA.

Max has also undertaken leading edge research into the application of CBT to psychosis: his RCTs in acute psychosis (1996, 2000) and in reducing harmful compliance with command hallucinations (2004, 2013) are regarded as breakthrough trials and have been incorporated into UK NICE guidelines. Max has also undertaken extensive work developing the cognitive model of 'voices', particularly the role of appraisals of voices' power in driving affective dysregulation and compliance with voice commands.

Max has published over 200 papers, books, chapters and other articles, and his current grant income exceeds £5million.

Keynote:
Pathways to Violent and Aggressive Behaviour During First-Episode Psychosis: Results from the UK National EDEN Study of early intervention services

Max Birchwood

Abstract: Importance: Although many studies have explored the correlates of violence during first-episode psychosis (FEP), most have simply compared violent psychotic individuals with nonviolent psychotic individuals. Accumulating evidence suggests there may be subgroups within psychosis, differing in terms of developmental processes and proximal factors associated with violent behaviour.

Objective: To determine whether there are subgroups of psychotic individuals characterized by different developmental trajectories to violent or aggressive behaviour.

Design, Setting, and Participants: The National EDEN (Evaluating the Development and Impact of Early Intervention Services in the UK) Study longitudinal cohort assessed premorbid delinquency (premorbid adjustment adaptation subscale across childhood and adolescence), age at illness onset, duration of untreated psychosis, past drug use, positive symptoms, and violent behavior. Group trajectories of premorbid delinquency were estimated using latent class growth analysis, and associations with violent behaviour were quantified. This study included 6 early intervention services in 5 geographical locations across England, with violent behaviour information available for 670 first-episode psychosis cases.

Main Outcomes and Measures: Violent or aggressive behaviour at 6 or 12 months following early intervention services entry, using the Adverse
Outcomes Screening Questionnaire, a shortened version of the MacArthur study questionnaire, modified for use in the United Kingdom.

Results: Four groups of premorbid delinquency were identified: stable low, adolescent-onset high to moderate, stable moderate, and stable high. Logistic regression analysis, with stable low delinquency as the reference group, demonstrated that moderate (odds ratio, 1.97; 95% CI, 1.12-3.46) and high (odds ratio, 3.53; 95% CI, 1.85-6.73) premorbid delinquency trajectories increased the risk for violent behaviour during FEP. After controlling for confounders, path analysis demonstrated that the increased risk for violence in the moderate delinquency group was indirect (ie, partially mediated by positive symptoms) (probit coefficient [β] = 0.12; P = .002); while stable high delinquency directly increased the risk for violence (β = 0.38; P = .05). The results were published in JAMA Psychiatry, 2013.

Conclusions and relevance: There appear to be diverse pathways to violent behaviour during FEP. Stable high premorbid delinquency from childhood onwards appears to directly increase the risk for violent behaviour, independent of psychosis-related risk factors. In addition to tackling illness-related risks, treatments should directly address antisocial traits as a potent risk for violence during FEP.

Keynote:
Suicide in people with psychosis in mental health services and prisons

Jenny Shaw

Abstract: This presentation will describe the findings from the national confidential inquiry into suicide and homicide by people with mental illness in relation to schizophrenia. It will describe the characteristics of perpetrators of homicide with schizophrenia and will compare those with schizophrenia who commit homicide and those who commit suicide. It will briefly discuss victims of homicide with schizophrenia and finally make recommendations for suicide prevention and patient safety.

Jenny Shaw is Professor in Forensic Psychiatry at University of Manchester and interests in homicide and violence risk and offender health care. She is also

Consultant Forensic Psychiatrist and Clinical Director for Specialist Services at Lancashire Care Foundation Trust

In her role as Clinical Director, her aims are to establish a gold standard service across the offender pathway and to develop efficient pathways through the in-patient services with clear outcome measurement guiding progress through the levels of security.

Keynote:
Psychotic patients as victims of neglect and violence

Hans Schanda

Abstract: During the last decades, the number of inmates of forensic mental hospitals has steadily increased in all countries in western Europe and North America, and the violent behavior of the severely mentally ill has become a major concern to mental health professionals, police authorities and politicians. However, in the course of the (sometimes rather emotional) debate on public safety, the often deplorable living conditions, especially of patients suffering from schizophrenic disorders, seem to be largely overlooked.

This presentation contrasts the (usually overestimated) dangerousness of psychotic patients with current data on their morbidity, excess mortality, victimization, social exclusion, and loss of personal freedom. Despite the expansion of community mental health services and advances in psychopharmacological treatment options, no substantial improvement has taken place over time. In this context, it has to be kept in mind that the risk factors for these problems are more or less the same as for interpersonal violence

In the second part of this presentation, possible reasons for this development will be discussed. It is hypothesized that the basis is provided by the (unchanged negative) attitude of the public against the mentally ill to be found in all ages. This attitude did not keep up with the development of our modern society. As a consequence, the neglect and social exclusion of patients with schizophrenia now takes place in a much more formalized, legally and politically correct way to uphold the illusion that our modern society is a more unprejudiced, liberal and enlightened one.

Hans Schanda: After receiving his medical degree from the University of Vienna, Dr. Schanda was trained at the Psychiatric University Clinic of Vienna and worked

there until 1986. He is also a licensed psychotherapist. Between 1986 and 2012 he served as Medical Director of Justizanstalt Göllersdorf, Austria's central institution for the treatment of mentally disordered offenders NGRI. Since 1987 he is Associate Professor of Psychiatry at the Medical University of Vienna. In 1997 he awarded the Pfizer Research Prize for Clinical Psychiatry, in 1998 the Krafft-Ebing Prize for Forensic Psychiatry, in 2009 the Schizophrenia-Price of the Austrian Society for Psychiatry and Psychotherapy (ÖGPP). Dr. Schanda is invited speaker at national and international congresses and reviewer for several peer-reviewed psychiatric journals.

Research: Originally working in the fields of psychopathology, course, outcome and genetics of major mental disorders, Dr. Schanda's research is since many years related to his forensic-psychiatric occupation. Apart from issues like homicidal violence in psychotic patients, prognosis and risk assessment, his present interests concern the possible reasons for the internationally observable increase of forensic patients and the problems arising at the treatment of severely mentally ill individuals in the interface between general and forensic mental health care.

Keynote:
The expert witness:
Acts and facts in reconstructing a psychosis – violence link

Stål Bjørkly

Abstract: Criminal responsibility assessments require the expert witness to conduct an evaluation of the defendant's mental state at the time of the offence. Given the retrospective and inferential nature of the evaluation, this is one of the most challenging issues in assessments for the court.

In root cause analysis there is a risk that the most visible or apparent factor is given all the attention. Psychosis runs the risk of attracting disproportionate attention when it comes to explanations of acts such as violent crimes that "normal" people wish to distance themselves from. Similarly, the expert witness is confronted with an imminent danger of making Post hoc ergo propter hoc conclusions ("after this, therefore because of this"). The main focus of this talk is: Can this risk be mitigated? One basic question pertaining to this is whether presence of psychosis at the time of the act signifies that psychosis actually had any relevance for committing the crime. This raises methodological issues, such as whether the optimal approach for analyzing the impact of psychosis may be found within an intra-individual, situational or interactional perspective. The use of relevant sources of information, evaluation of the impact of psychosis on different stages of the defendant's decision making, and approaches to act-centered analysis will be discussed. Another issue is to obtain valid information concerning the psychosis–violence link when faced with malingering, self-muting or concealing defendants. The use of ideographic features of subjective

experiences pertaining to hallucinations, delusions and emotion regulation will be scrutinized. The talk will be rounded up with a brief illustration of how some main approaches discussed in this presentation may have been used in the assessment of the Norwegian mass murderer Anders Behring Breivik.

Stål Bjørkly is Professor in clinical psychology at Molde University College and research consultant at the Centre for Research and Education in Forensic Psychiatry, Oslo University Hospital in Norway. He graduated as a psychologist at the University of Bergen (UiB), Norway in 1978, and was certified as a specialist in clinical psychology in 1986. About 8 years of full-time clinical practice with persons with intellectual disability. About 13 years of full-time clinical practice in a medium secure psychiatric ward. 36 years of part-time clinical outpatient treatment of general and forensic psychiatry patients
Bjørkly got his doctorate PsD in clinical psychology at the University of Bergen (UiB) 1995 with a thesis on assessment and treatment of violence in psychotic patients. He has published about 70 articles and chapters in international journals and books. He has extensive experience with over 200 assessments of violence risk in psychotic patients.

Bjørkly was the Director of the Board of the International Association of Forensic Mental Health Services in the period of 2005-2010 and is the current director of the Advisory Board from June 2010.

Keynote:
Psychosis and risk assessment

Kevin Douglas

Abstract: No Abstract

Kevin S. Douglas currently is Associate Professor and Associate Chair, Department of Psychology, Simon Fraser University. He is also a Guest Professor of Applied Criminology at Mid-Sweden University, and a Senior Research Advisor at the University of Oslo. He has been at SFU since 2004, after having spent three years on faculty at the University of South Florida, in Tampa. Dr. Douglas received his law degree in 2000 from the University of British Columbia, and his Ph.D. in clinical (forensic) psychology from Simon Fraser University in 2002.

His research interests include violence risk assessment and management, the association between various mental and personality disorders and violence, and dynamic risk factors. He is co-author of the Historical-Clinical-Risk Management-20 (HCR-20) violence risk assessment measure. Dr. Douglas is lead author on the latest (third) revision of the HCR-20, published in 2013. Dr. Douglas has authored over 100 journal articles, books, or book chapters.

Keynote:
Psychosis and Criminal Responsibility: Justice via Psycho-legal Mapping

Nigel Eastman

Abstract: There is inherent incongruence between psychiatric or psychological definitions of psychotic states and legally defined mental condition defences. Such incongruence is determined by the fundamental disparity between the social purposes of the two disciplines. Hence whereas psychiatry and psychology derive constructs from their pursuit of welfare, law derives constructs solely from its pursuit of justice.

Law defines its own 'mental words' (such as 'intention' or 'insanity') but each conveys a solely legal meaning; albeit law may admit constructs from other discourses as expert evidence in order to contribute to 'proof' or not of the legal definition being satisfied. And clearly constructs such as 'mens rea', 'intention', 'responsibility', 'abnormality of mental functioning', 'insanity' or 'disease of the mind' occur within a very different construct field from 'primary delusion' or 'passivity experience'. More generally, law's creation of myriad 'artifices' of mental disorder that are legal domain and issue specific stands in stark contrast to scientific determining of 'real' and 'singular' mental constructs.

Mental state abnormality psychiatrically or psychologically defined does not of itself infer diminution or abolition of criminal responsibility; and contemplation of the legal oddity, at least in English law, that would be represented by some imaginary legal defence of 'not guilty by reason of schizophrenia' serves to make the point.

Within psycho-legal studies, there are myriad 'psycho-legal case types', each amounting to attempted evidential 'mapping' of a particular set of mental state abnormalities onto a particular legal definition; where such mapping may be 'focused' or 'blurred', depending upon whether the definition is tight or loose in its legal character.

This paper will address mental state abnormalities occurring in psychotic disorders in relation to two mental condition defences within English criminal law, ‘diminished responsibility’ and ‘insanity’, including enacted and proposed reform of each respectively; reform being expressly aimed at ‘making law more reflective of medical science’. It will be presented in terms of both a psychiatric critique of such legal provisions and a legal critique of attempts to cause the law better to reflect psychiatric reality.

The focus on the contrast between prior and reformed definitions of both defences will serve to expose the inherent problem faced by criminal law in determining the manner in which, and to what extent, it should acknowledge expert definition of mental disorder as relevant to reduced or absent culpability. Specifically, if it directly adopts expert definitions then it surely abdicates its responsibility for defining justice to psychiatry or psychology (and which one would it be?); and if it fails to reflect aspects of psychiatric or psychological reality then it may be unjust.

More practically, psycho-legal mapping is a skill necessarily held by both expert witnesses and lawyers if, within the courtroom, there is to be just representation of the relevance to criminal responsibility of psychiatrically or psychologically defined mental disorder; that is, if there is to be valid ‘mapping on the ground’.

Nigel Eastman is Emeritus Professor of Law and Ethics in Psychiatry at St George’s, University of London and an Honorary Consultant Forensic Psychiatrist in the National Health Service. Alongside his medical training he was called to the Bar. He has carried out research and published widely on the relationship between law and psychiatry, and is first author of the *Oxford Specialist Handbook of Forensic Psychiatry*. He also has nearly thirty years experience of clinical forensic psychiatry. Much of his work has been concerned with matters of public policy concerning law and psychiatry. He has, for example, given evidence to Parliamentary Select Committees, and been an advisor to the Law Commission, most recently in relation reform of the partial defences to murder and insanity. He has extensive experience of acting as an expert witness in both criminal and civil proceedings, at all levels of proceedings, both in England and Wales and in the jurisdictions of other countries, including in relation to a substantial number of capital cases.

Keynote: The rules on legal insanity: a debate

Linda Gröning

Abstract: In Norwegian criminal law, as in the law of many other states, sanity at the time of the offence is a condition for criminal liability. Regarding mental disorder as an excusing condition, section 44 of the criminal code prescribes that a person who was psychotic at the time of committing the act should not be liable to a penalty. This rule became subject to intense debate in Norway after the 22nd July 2011, specifically, it has been questioned whether the "medical model", which identifies legal insanity with psychosis, is adequate. This rule is now under evaluation, and the committee appointed to examine it will soon publish its report.

A rule on legal insanity could be constructed in many different ways, and it seems difficult to construct a rule that will be free from critique and continuous debate. Therefore, the aim of this lecture is to clarify and discuss some of the most central premises for such a debate. The lecture starts out from the criminal law and its doctrines on responsibility. From this perspective, it will explain the concept of legal sanity as a condition for criminal liability – and legal insanity as a condition for excuse. The main focus of the lecture is, however, to look into the 'operation from concept to rule'. How should the concept of insanity be exchanged into rules that reflects what insanity as an excusing condition is about and, at the same time, functions and could be defended within the framework of the criminal justice system? As a background for a concluding debate, this lecture will propose some central arguments to be considered.

Linda Gröning is Professor of Criminal Law at the Faculty of Law, University in Bergen. Professor Gröning is member of the committee appointed by Royal Decree on 25 January 2013 to evaluate contemporary Norwegian legislation on legal insanity. Professor Gröning received her Jur. Dr. in Lund, Sweden. She has since then published extensively on a number of topics concerning criminal law and criminal responsibility, and is leader of the Research Group in Criminal Law and Criminal Procedure at the Faculty of Law in Bergen, and also project leader for research projects related to that research environment.