

# **efcap 10<sup>th</sup> anniversary congress on mental health, delinquency and juvenile justice**

**21 - 24 October 2008  
VU University, Amsterdam, the Netherlands**



European association for forensic child and adolescent psychiatry, psychology & other involved professions  
[www.efcap.org](http://www.efcap.org)

## **Programme & Abstracts**

**[www.efcapcongress2008.com](http://www.efcapcongress2008.com)**

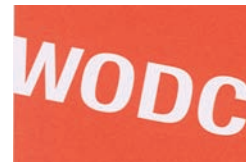
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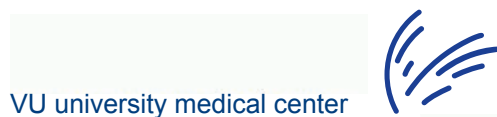
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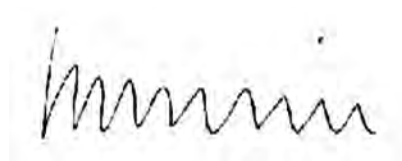
## Welcome

Since it was established ten years ago, EFCAP's objectives have been to share scientific research and knowledge, to bring professional training up to international standards, and to improve assessment of children and adolescents involved in judicial procedures as well as treatment of juveniles when they are involved in the justice system.

In the past ten years, a closely-knit network has evolved all over Europe, a network of academics and professional practitioners, who visit each other's facilities, collaborate on and participate in each other's research, publish together and join forces to organise scientific congresses.

For the past ten years we have annually organised an increasing number of symposiums at international congresses such as IALMH in Paris and Padua, ESCAP in Utrecht, Hamburg and Florence and EAPL in Cracow, Siena and Cyprus. Now we are organising a congress of our own, to be held in the beautiful city of Amsterdam.

With this congress we trust we will be taking the next step in the development of the very new discipline of forensic child and adolescent psychiatry and psychology, a discipline that is in urgent need of further development if we are to put a stop to the increasing distress among at-risk juveniles and their families.



Theo Doreleijers, chairman EFCAP congress committee



# Committees

## **Local Organising Committee**

Prof. Theo Doreleijers, chairman EFCAP-EU  
Prof. Robert Vermeiren, vice-chairman EFCAP-EU  
Hilmar Backer  
Leonieke Boendermaker  
Prof. Mariëlle Bruning  
Erik Bulten  
Andrea Donker  
Dorien Graas  
Regina van Groningen  
Leontien van der Knaap  
Jo Leunissen  
Henny Lodewijks  
Prof. Chijs van Nieuwenhuizen  
Tiny Rebergen  
Prof. Wim Slot  
Lilian Smits  
Goos Cardol  
Doeke Touw

## **Scientific Committee**

Prof. Susan Bailey  
Prof. Patricia Bijttebier  
Giovanni Camerini  
Prof. Elena Dozortseva  
Prof. Jörg Fegert  
Josep Cornellà  
Prof. Dirk Deboutte  
Prof. Riittakerttu Kaltiala-Heino  
Niklas Långström  
Belinda Plattner  
Vladislav Ruchkin  
Prof. Klaus Schmeck

## **Conference Secretariat**

Irene Kanon-van Baardwijk  
Patricia de Waal  
Christel Sluis

### *Contact details:*

PAOG Course and Congress Organisation  
VU University Medical Center  
OZW, 10C-01  
P.O. Box 7057  
1007 MB Amsterdam  
The Netherlands  
phone: +31 (0)20 444 8444  
fax: +31 (0)20 444 8445  
email: paog@vumc.nl

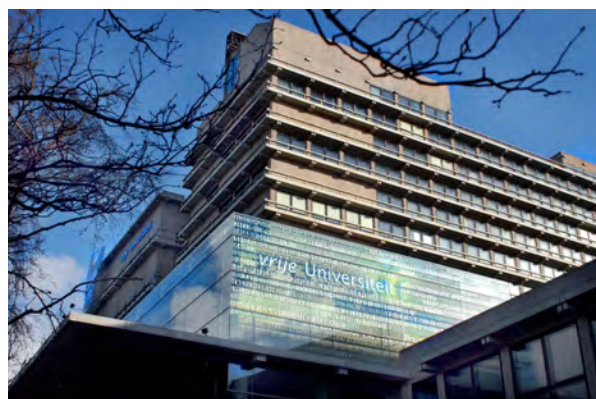
## Venue

### Amsterdam

The Dutch capital has been – through the centuries – a renowned cultural, scientific and commercial centre and has always been characterised by its open mind and flexibility. It cherishes a long tradition of unrestricted exchange of ideas. Although Amsterdam is one of Europe's leading capitals, it still has the charm of a village. No other European city can rival Amsterdam's 7.000 historic buildings, some of which date back to the 14th century. The well-known symmetrical rings of canals with over 1.000 bridges summon up visions of Holland's Golden Age. Amsterdam has a dazzling array of cultural attractions with something for everyone. Virtually all points of interest are well within walking distance.

There are 42 museums, including the Rijksmuseum, the Van Gogh Museum, the Scheepvaartmuseum (Maritime Museum), and the Anne Frank House. The city is also the home of the internationally acclaimed Royal Concertgebouw Orchestra, the Dutch National Ballet and the Dutch Opera.

Moreover, the Dutch are multilingual which makes getting around so much easier. Amsterdam will welcome you warmly and you will feel at home in one of the most interesting cities of Europe.



### VU University

The congress will be held at the Main Building of the VU University in Amsterdam. Plenary sessions are scheduled in mainly the Aula on the first floor. Parallel sessions are scheduled at the locations:

KC-07	= ground floor	04A-05	= 4 <sup>th</sup> floor
Aula	= 1 <sup>st</sup> floor	08A-00	= 8 <sup>th</sup> floor
Auditorium	= 1 <sup>st</sup> floor	10A-04	= 10 <sup>th</sup> floor
01A-05	= 1 <sup>st</sup> floor	11A-05	= 11 <sup>th</sup> floor
01A-12	= 1 <sup>st</sup> floor	11A-06	= 11 <sup>th</sup> floor
Agora 1	= 3 <sup>rd</sup> floor	12A-12	= 12 <sup>th</sup> floor
Agora 2	= 3 <sup>rd</sup> floor	15A-05	= 15 <sup>th</sup> floor

The exhibition, catering and poster areas are all located in the immediate vicinity of the Aula. Please find a detailed floor plan of the meeting facilities on page 7.

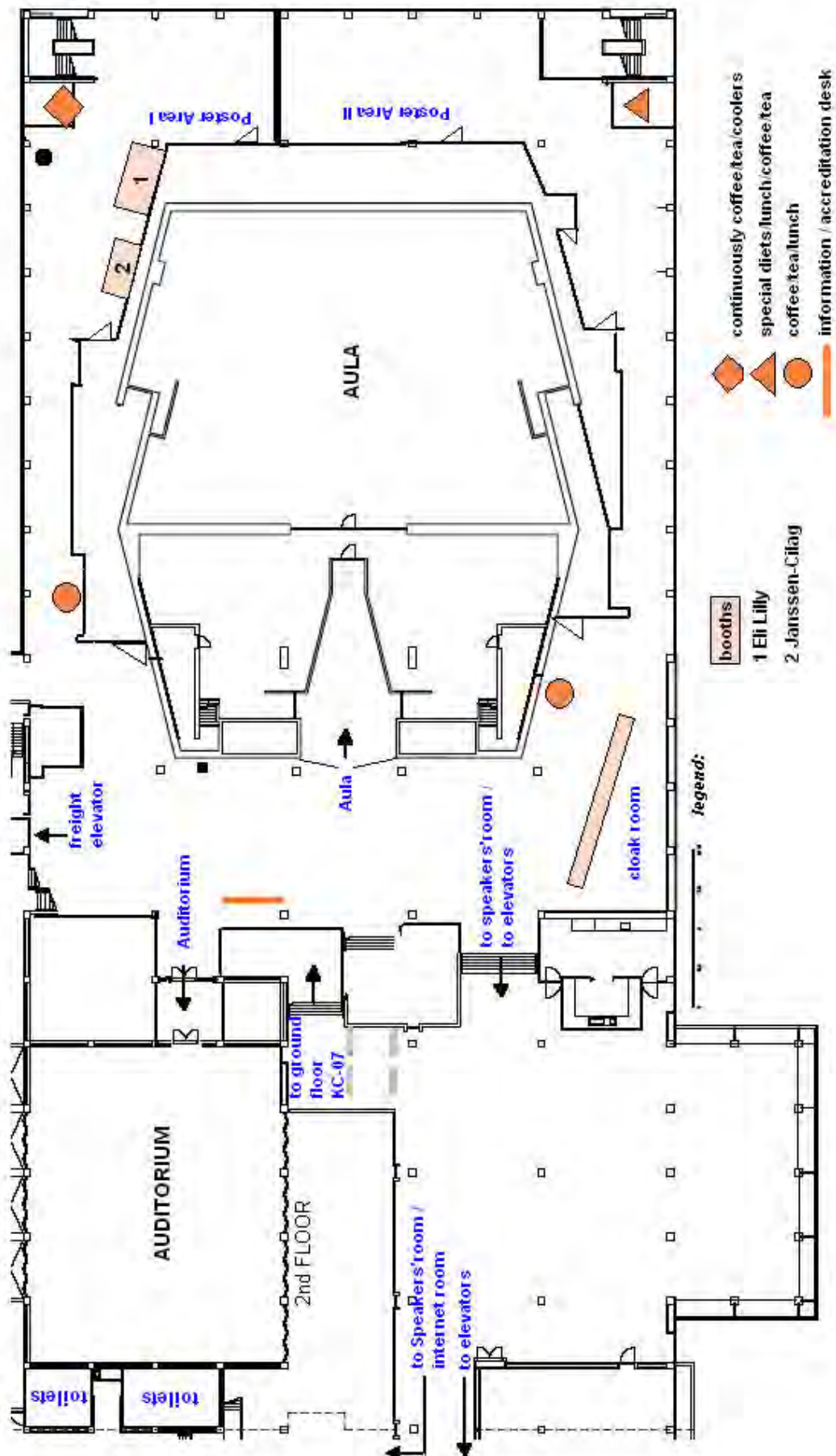
VU University is located in the South Western part of Amsterdam and is located near Railway Station 'Amsterdam Zuid'. There are good railway, tram and bus connections between the university, the hotels and the airport.

Address:  
VU University  
De Boelelaan 1105  
1081 HV Amsterdam  
The Netherlands



## Floor Plan

1st floor: exhibition area, poster area I & II, Aula and Auditorium





## Programme information and instructions

### CME Credits

#### Accreditation for Dutch participants

Applications for credits have been sent to:

Nederlands Instituut voor Psychologen / the Dutch Association of Psychologists

Nederlandse Vereniging voor Psychiatrie / the Dutch Association of Psychiatrists

#### CME credits for International participants

Applications for credits have been sent to:

The European Union of Medical Specialists (UEMS)

### Certificate of Attendance

A certificate of attendance can be collected at the registration desk upon departure when the evaluation form has been completed.

#### *Message for participants from the Netherlands:*

Dutch participants who would like to qualify for CME Credits should sign the presentation list daily available at the information/accreditation desk on the 1<sup>st</sup> floor and include their BIG-number on this list. Without this information, the congress secretariat will not be able to add the CME credit points in the national accreditation system GAIA.

### Instructions for Oral Presenters

For all oral presentations the following audiovisual equipment will be available: laptop (including Windows & PowerPoint software and USB port for memory stick), beamer and a laser pointer. You have been informed by the chair of your parallel session about the time of speaking and discussion. For each session this will be different.

When you bring a PowerPoint presentation, be sure to save it with the option "include fonts" selected, otherwise there's a considerable chance that the layout of your slides will appear differently from where you created them.

When using a Macintosh notebook, please also bring a Windows compatible back-up file to the congress and check whether your Windows compatible presentation actually works in PowerPoint, as compatibility issues are a known problem.

You are strictly recommended to deliver your presentation at the speakers' room in time.

*Please make sure that at least 4 hours before the start of the session, your presentation is uploaded in the speakers' room (room 1A-08 on the first floor). For the opening hours of the speakers' room, please see page 12.*

### Instructions for Poster Presenters

Poster sessions are being held in the Poster areas located behind the Aula in the Main building of the VU University. Please see page 6 for the floor plan.

#### Poster Presenters

We recommend you to add a message on your poster board indicating the date and time you will be present to discuss your poster.



#### Poster board sizes

The dimensions of the poster boards are 100 cm height and 125 cm width (orientation landscape). Fixing material will be provided on site.

#### Mounting and removing times

- Posters can be mounted on the allocated poster boards on Wednesday, October 22 from 08:30 to 11:00 hrs.
- All posters should be removed on Friday, October 24 before 16:30 hrs! Posters or materials left after 16:30 hrs will be removed by the congress staff.

# Social Programme

## Opening

Tuesday October 21, 18:00 – 20:30 hrs, The Old Church (free of charge)

17:00 – 18:00 hrs	Welcome and registration
17:30 – 18:15 hrs	Organ music by Leo van Doeselaar
18:15 – 18:25 hrs	Welcome speech by Theo Doreleijers, chairman EFCAP-EU
18:25 – 18:35 hrs	Informative speech by the director of the Old Church, Herbert van Hasselt
18:35 – 18:45 hrs	Organ music by Leo van Doeselaar
18:45 – 19:00 hrs	Opening by Job Cohen, the Mayor of Amsterdam
19:00 – 19:10 hrs	Organ music by Leo van Doeselaar
19:10 – 20:00 hrs	Keynote lecture by Leena Augimeri
20:00 – 20:30 hrs	Reception

Before and after the official programme it is possible to visit the Church.

## Concert/Walking Dinner

Wednesday October 22, 18:00 - 20:00 hrs, De Rode Hoed (€ 25, please bring your ticket)

De Rode Hoed is located in a beautiful historic building in the heart of Amsterdam. The Great Hall is the largest and oldest remaining hidden church in the Netherlands. During the concert dinner music will be played by the **Osiris Trio** Ellen Corver, Larissa Groenveld and Vesko Eschkena, who is the concertmaster of the Royal Concertgebouw Orchestra. Furthermore we have contracted the band **"Mental Marble"**. Niels Vermeulen, Abel Splinter and Jurgen van Harskamp bring finger style folk music about humans and animals influenced by Crosby, Radiohead, The Beatles and Stills.

## Congress Dinner Party

Thursday October 23, 19:30 – late hours, Restaurant Jamie Oliver's Fifteen (€ 45, please bring your ticket)

Jamie Oliver's Fifteen

In 2003 Sarriel Taus and Coen Alewijnse were captivated by an article they read about a project lead by the world famous chef Jamie Oliver. When they realised this was a perfect form of social responsible entrepreneurship their interest turned to enthusiasm and passion. Fed by their affinity for this form of business, they were inspired to create a Dutch version of Jamie Oliver's project: a combination restaurant (Fifteen Amsterdam) and a chef's school for young people struggling to find opportunities in the greater region of Amsterdam.

Food (sit-down dinner) and drinks are all inclusive in the fee. As musical entertainment we have contracted **"Hanny Gets Funny"**. This is a cover band who plays dance music for example, Stevie Wonder, Chaka Khan, Marvin Gaye and Michael Jackson. But also Anastacia and Anouk are within their repertoire.

Are you in for excellent food, fun, music and loads of dancing action, make sure to attend our Dinner Party!



## Canal Boat Trip

We are happy to inform you that the City of Amsterdam has offered a free canal cruise to the congress participants! Tickets may be collected at the registration desk on the ground floor as long as stock lasts.

## Partner programme

Tuesday October 21 – Thursday October 23, 10:00 – 14:00 hrs.

### Tickets & Costs

Tuesday 21: Price 40 euro

Wednesday 22: Price 30 euro

Thursday 23: Price 25 euro

The payment for the partner programme is on site.

We start every day having a drink and a little bite close to where the program starts.

At about 14:00 hrs we will drop you off nearby a place where you can have lunch if you want.

### **1. Visit Anne Frank house, the Westerkerk (short visit at an old church nearby) and boat trip**

The former hiding place, where Anne Frank wrote her diary, is now a famous museum. Anne Frank's diary is among the original objects on display.

After visiting those two buildings we sail by canal boat through the canals, looking at old architecture.

#### Startingpoint:

Café Kalkhoven

Prinsengracht 283 (corner)

Tel. 020 6248649

Tram 13, 14 and 17. Stop: Westermarkt.

### **2. Van Gogh museum and lunch concert**

The museum contains the archives and collections of the Vincent van Gogh Foundation, which includes nearly 200 paintings and 500 drawings by Vincent van Gogh.

At 12:30 hrs we visit the famous Concertgebouw to listen to a piano recital. Afterwards we could pay a short visit to the Rijksmuseum and see the Nightwatch by Rembrandt.

#### Startingpoint:

Small Talk

Willemsparkweg 1 (corner)

Tel. 020 6620029

Tram 2,3,5, and 12. Stop: Museumplein.

### **3. Amsterdam by foot: Rembrandt including a visit to the Rembrandt House**

We start with a walk in the inner old city of Amsterdam, also passing by the red light district. There will be a guide telling you all about the old city. We will pass 'de Waag' at the Nieuwmarkt where Rembrandt painted The Anatomical Lesson and 'de Doelen' where he painted the Nightwatch. We will visit The Rembrandt House museum. Rembrandt lived and worked in this house from 1639 until 1658.

#### Startingpoint:

Dantzig

Zwanenburgwal 15 (in the opera-building, also at a corner)

Tel. 020 6209039

Tram 9 en 14, all metro lines. Stop: Waterlooplein.

# General Information

## Badges

Upon registration you will receive a personal badge, coloured white. Badges valid for one day will be recognised by several colours per day. Please wear your badge at all times during the meeting and the social events. Members of the Local Organising Committee can be recognised by a green badge.

## Catering

In order to prevent long queues we have arranged several catering points from where coffee & tea will be served. The bar, located in the exhibition area, will be staffed continuously and there you can always get free coffee, tea and water during meeting hours. For the exact location of the catering points, please see the floor plan (page 6). Lunch (free of charge) will be served in the immediate vicinity of the catering points (lunch bags).

## Dietary requirements

In case you have given us special dietary requirements, you will receive a separate ticket with your requirements in your participant envelope (handed to you upon arrival at the Registration Desk). Please be advised that your special lunch will be ready for you at the catering point located in Poster Area (behind the Aula, on the 1<sup>st</sup> floor). Please show your dietary requirements ticket to the catering staff, so they can hand you the requested lunch.

Should you have booked the Concert Walking Dinner and/or Congress Dinner Party, please be so kind as to also bring your 'diet ticket' to this/these events.

## Vegetarian Meals

Please be advised that participants, who have only requested vegetarian meals, will not receive a dietary requirements ticket. The lunch bags at the congress, the buffet at the Concert Walking Dinner and the sit down dinner at the Congress Dinner Party will all have vegetarian items.

## Cloakroom Facilities

A cloakroom is situated on the first floor, close to the main entrance of the Aula. The cloakroom is free of charge and will be guarded during congress hours. The organisers cannot accept any liability for loss or damage to property.

## Currency and Banking

The currency in the Netherlands is the Euro (€). Visa, MasterCard and American Express are accepted at the Registration Desk. In general, all major credit cards are accepted for payment in hotels, restaurants and shops. An ATM machine is located right outside the VU Main Building. Banks in Amsterdam are generally open from 10:00 to 17:00 hrs on weekdays.

## Disclaimer

All best endeavours will be made to present the programme as printed. However, the Local Organising Committee and PAOG Course and Congress Organisation reserve the right to alter or cancel, without prior notice, any arrangements, timetables, plans or other items relating directly or indirectly to the meeting for any cause beyond its reasonable control.

The Local Organising Committee and PAOG Course and Congress Organisation accept no liability for personal injuries or loss, of any nature whatsoever, or loss or damage to property either during or as a result of the meeting.

## Electricity

The voltage in the Netherlands is 220-240 Volts.

## Evaluation Form

An evaluation form is included in the Congress bag. You are kindly requested to complete this form and to deposit it at the Registration Desk. When you have completed your evaluation form you will receive a certificate of attendance.

## **First Aid**

If any delegate requires first aid, please contact the main reception desk of the VU University located on the ground floor. Their staff is trained to provide first aid and know who to contact if further medical assistance is needed.

## **Hotel Reservations**

For questions regarding hotel reservations in Amsterdam, please contact our hotel agency:

RAI Hotel & Travel Service  
P.O. Box 77777  
1070 MS Amsterdam  
The Netherlands  
T: +31 (0)20 549 1212  
F: +31 (0)20 646 4469  
E: [hotelservice@rai.nl](mailto:hotelservice@rai.nl)  
W: [www.rai.nl/hotelservice](http://www.rai.nl/hotelservice)

## **Internet Facilities**

### **Internet corner**

An internet corner with 6 laptops and a printer is located on the 1<sup>st</sup> floor, very close to the Aula and the exhibition area (see Floor Plan on page 6). A congress assistant will be available for questions.

### **Wireless internet**

We are proud to inform you that the VU University will offer wireless internet facilities to congress participants. Delegates will receive a username and password in their participant envelopes which will be handed upon arrival at the Registration Desk.

## **Language**

The official language of the congress is English. No translation arrangements will be made.

## **Lost Property**

Enquiries regarding items lost or found can be made at the Registration Desk or at the main reception desk of the VU University.

## **Messages**

Messages for delegates should be handed in at the Information- / Accreditation desk on the 1<sup>st</sup> floor. A message board will be available close to the Information- / Accreditation desk on the 1<sup>st</sup> floor. Please check the board daily and pick up your messages.

## **Photocopies**

A photocopy service is located in the basement of the Main Building, one floor below the Registration Desk. Charges are to be paid in cash.

## **Registration**

The main Registration Desk is situated at the ground floor. Besides that, there will be an extra Registration Desk in the immediate vicinity of the Aula on the 1<sup>st</sup> floor for questions and accreditation. It is called: Information/Accreditation Desk.

### **Opening hours Registration Desk**

The Registration Desk will be staffed during the following hours:

Tuesday, October 21	08:30 – 13:30	At the VU University
Tuesday, October 21	17:00 – 20:30	At the Old Church
Wednesday, October 22	08:30 – 17:30	At the VU University
Thursday, October 23	08:30 – 17:30	At the VU University
Friday, October 24	08:30 – 17:30	At the VU University

Contact details during meeting hours:

Phone: +31 (0)20 598 5793  
Fax: +31 (0)20 598 5727  
Mobile phone: +31(0)6 509 04 525

## Registration Fees

Congress participant:

- admission to all meeting sessions, poster sessions and exhibition
- programme- and abstract book
- access to the welcome reception
- coffee/tea and lunch during meeting breaks

Day ticket:

- admission to all meeting sessions, poster sessions and exhibition on the day of attendance
- programme- and abstract book
- coffee/tea, lunch during the meeting breaks on day of attendance

## Smoking

In all public areas, smoking is prohibited by law. Smoking only is permitted in a few designated areas outside of the building.

## Speakers' Room

During meeting hours, 6 laptops and a printer are available for speakers in the speakers' room (1A-08), which is located on the first floor close to the exhibition area. All speakers must bring their PowerPoint presentations at least 4 hours before the start of the session to the technical assistants in the speakers' room.

The speakers' room will be opened at the following hours:

Wednesday, October 22      08:30 – 17:00

Thursday, October 23      08:30 – 17:00

Friday, October 24      08:30 – 14:30

## Taxis

Taxis can be ordered at the main reception desk of the VU University located on the ground floor.

## Telephones

Near the main reception desk of the VU University you will find public phones that operate on credit cards or telephone cards. **Please note that mobile phones must be switched off when delegates are in lecture rooms!**

## Tipping

Service always is included. However, it is customary to tip in restaurants, in bars, and when paying for taxi's. As a general rule tipping between 5-10% should be adequate.

## Transport

### Local transport

Amsterdam is a very compact city where your destination will usually not be at a great distance. The city is therefore ideal for getting around by foot, bicycle or public transport. Amsterdam has a very dense public transport system and tram, metro or bus stops are usually around the corner. Cars are less suited for getting around in Amsterdam. Parking rates are substantial in almost the entire city.

### Public transport ticket

If ordered in advance, you will receive a public transport ticket, together with an Amsterdam Tourist Guide, upon arrival at the Registration Desk. This ticket can be used on all GVB\* tram, bus (including night buses) and metro services in Amsterdam for up to four days. Please be informed that the last trams leave from Central Station at approximately 24:00 hrs.



\* GVB (Gemeentelijk Vervoer Bedrijf / Municipal Transport Company). The ticket is not valid in Connexion buses, Arriva buses, BBA buses or NS trains (therefore not valid for travelling to Schiphol Airport)



## Pre-congress Courses

On Tuesday, October 21, pre-congress courses will be organised in the Bellevue building; just behind the main building of the VU University. This day will consist of full day and half-day courses for a group of maximum 30 people on a first-come, first-serve basis. The charges are € 80 for a half-day and € 140, - for a full day course.

### 1. Family based interventions:

09:00 – 17:00 hrs, OH-19

Three introductions to the evidence based family interventions for behaviour disordered adolescents

#### *Faculty members:*

Jo Leunissen & Sander van Arum: MST

Kees Mos (& Gayle Dakoff): MDFT

René Breuk: FFT

#### *Abstract:*

Systemic, including family based therapy is the treatment of first choice for behaviour disordered adolescents and their families. MultiSystemic Therapy, Multi Dimensional Family Therapy and Functional Family Therapy are three evidence based systemic/family treatments, which have been implemented in the Netherlands in the last few years. MultiSystemic Therapy (MST) includes all the characteristics (multi-faceted, intensive, home- and community-based, with carefully monitored treatment adherence) that nowadays are generally recognized as features of effective, clinically relevant interventions. So does Multidimensional Family Therapy (MDFT), which is of special use in youth combining behaviour disorder with substance use problems. Functional Family Therapy (FFT) is of the three therapies presented the most traditional real family therapy, working relationally with behaviour disordered adolescents and their parents.

Within this course the treatment model of the three family therapies will be described in 3 X 1 ½ hour course in small groups to learn more about all these models. At the end of the day the presenters of all three courses will comment on a case so one gets an insight in similarities and differences of the three family based treatments.

#### *References:*

Asscher, J.J., Dekovic, M., Prins, P.J.M., Van der Laan, P.H. & Van Arum, S. *Implementing Randomized Experiments in Criminal Justice Settings: An Evaluation of Multisystemic Therapy (MST) in The Netherlands.* (in press) Breuk, R.E., Sexton, T.L., Dam, A. van, Doreleijers, Th. A.H., Slot, N.W. & Rowland, M.K. (2006). *Functional Family Therapy: The implementation and the cultural adjustment of a family therapy program in a psychiatric day treatment center for juvenile delinquents in the Netherlands, Journal of Marriage and Family Therapy.* 32,4,515-529 Liddle, H.A., Rowe, C.L. (eds.). *Adolescent substance abuse. Research and clinical findings.* Cambridge: Cambridge University Press, 2006.

### 2. Forensic adolescent psychiatry and psychology: screening and diagnostic assessment

09:00 – 17:00 hrs, OH-20

In this course, modern approaches of screening and diagnostic assessment (protocols and tools) will be taught. These methods have been developed in order to improve quality of assessment and care in the forensic field. New tools will be demonstrated.

#### *Faculty members:*

Nils Duits, forensic child and adolescent psychiatrist

Ronald Visser, forensic child and adolescent psychologist

Helma Blankman, forensic educational expert



*Abstract:*

Forensic diagnostic assessment and decisions of the court can have far reaching consequences for juvenile delinquents and society. Improvement of quality and guidelines are therefore needed. Quality management is only possible if one has considered the concepts of quality and the organizational framework of the juvenile forensic diagnostic system. In the Netherlands a unique quality framework has been developed for juvenile forensic diagnostic assessment. It has typical 'polder model' characteristics as cooperation and networking with forensic partners. Quality of forensic diagnostic assessment has been improved since then. Guidelines and professional training courses for forensic experts have been developed, a national register of forensic experts is forthcoming and residential forensic diagnostic observation units will be operational in 2009. Empirical research has enabled the development of a quality evaluation instrument, the STAR (standardised assessment of reports). Within this course the quality framework and quality developments and improvements will be presented and explained within an international framework.

*References:*

Duits, N. (2006). *Kwaliteit onderzoek pro Justitia van jongeren (Quality of pre-trial mental health evaluation of youth)*. Dissertation University of Amsterdam. Assen: van Gorcum. Wettstein, R.M. (2005). *Quality and Quality Improvement in Forensic Mental Health Evaluations*. *J Am Acad Psychiatry Law* 33:158-75.

### **3a. Introduction to Risk assessment / SAVRY training**

09:00 – 12:30 hrs, OH-21

In this course, the general background of the SAVRY will be introduced. The participants will have the opportunity to learn more about its applicability, its psychometric characteristics, and its usefulness to predict recidivism.

*Faculty members:*

Henny Lodewijks, PhD, The Netherlands  
Riitakerttu Kaltiala-Heino, MD, PhD, Finland

*Abstract:*

Psychiatrists and psychologists working in mental health and justice systems make assessments and recommendations about the nature and degree of risk that an adolescent may pose for future violence. Risk management should go hand in hand with risk assessment.

An international group of researchers has validated a standardized instrument for this purpose. The SAVRY (Structured Assessment of Violence Risk in Youth) is composed of 24 risk items (Historical, Individual and Contextual) and 6 protective items.

The intention of the SAVRY is to help to improve the prediction of violent recidivism both during the stay in the institution and after release. This course focuses on SAVRY research. Furthermore a case of a violent adolescent offender with collateral and video information will be handled by the participants.

### **3b. Introduction to Risk management / How to use FOTRES**

13:30 – 17:00 hrs, OH-21

In this course, the general background of FOTRES will be introduced. The participants will have the opportunity to learn more about its applicability, its psychometric characteristics, and its usefulness to predict recidivism.

*Abstract:*

The Forensic Operationalized Treatment Evaluation System (FOTRES) has been developed to improve the quality of forensic diagnostic evaluation and risk management. Not only does FOTRES provide the forensic expert with an estimate of the risk of recidivism, it also enables him to substantiate a prognosis of responsiveness to treatment. In addition, FOTRES can be used as a therapy outcome measure. The risk of recidivism is considered to be a quite stable feature, but can be influenced by dynamic risk variables. There is considerable room for a comprehensive inclusion of these variables in FOTRES.

FOTRES is a webbased, highly secured instrument, which makes it easy to use, safe and accessible at any given moment. Given that Dutch treatment facilities for juvenile delinquents differ considerably in expertise and the nature of treatment programmes on offer, implementation of FOTRES could be quite useful, as it combines diagnostic and treatment outcome assessment.

During the half-day course participants will be introduced to FOTRES, using an actual, anonymised case. After completion of the course they will be able to access information on the actual use, possibilities for implementation and ongoing research concerning this promising instrument.

#### **4. Introduction course on the Equip programme for juvenile delinquents**

09:00 – 12:30 hrs, OH-53

In this course, the general background of the EQUIP-methods will be introduced. The participants will have the opportunity to learn about its applicability, its practical implications and its usefulness in order to influence aggressive behaviour and improve moral reasoning and social competence.

#### **5. Introductory course on Dialectical Behaviour Therapy (DBT-A)**

09:00 – 17:00 hrs, OH-54

This course on Dialectical Behaviour Therapy (DBT) will focus on modifications of standard DBT to the Antisocial personality disorder and to the forensic adolescent population. Application of the Risk Needs Responsibility principles will be discussed.

##### *Faculty members:*

LMC van den Bosch, PhD, Clinical Psychologist, Trainer/supervisor DBT, CME  
HS Backer, Child- and Adolescent Psychiatrist, Individual DBT Therapist

##### *Abstract:*

DBT is an evidence based treatment for self-injurious behaviour, reducing patient drop-out, drug abuse and depression.

There is some evidence for reducing aggression in forensic adult and adolescent populations. DBT is applied in Dutch adults with Antisocial and Borderline Personality Disorders in forensic settings, and will be applied in Adolescents in Juvenile Correctional Facilities.

This course for novice and advanced knowledge of DBT will focus on these topics:

- DBT Basics
- Adaptations for Forensic Population
- Patients
- Staff
- Adaptations for Adolescents
- Evidence in Adolescents
- Applying Risk - Needs - Responsivity Principles in DBT
- The DBT-A Program for Delinquent Adolescents

##### *References:*

McCann, R.A., Ball, E.M., & Ivanoff, A. (2000). DBT with an Inpatient Forensic Population: the CMHIP Forensic Model. *Cognitive and Behavioural Practice*, 7, 445-456. Miller, A.L., Rathus, J.H., & Linehan, M.M. (2007). *Dialectical Behaviour Therapy With Suicidal Adolescents*. New York: Guilford

## 6. From Science to Practice: Risk Identification to Clinical Risk Management Utilizing the Gender Sensitive Structured Professional Judgment Tools the EARL-20B and EARL-21G

09:00 – 17:00 hrs, OH-38

**Description:** The workshop/course will be divided into two parts:

### **Part One (morning ½ day session):**

Overview of the EARLs with a quick review of its use with a clinical case

**Part Two (afternoon ½ day session):** Participants will have an opportunity to conduct a hands on scoring of the tool using a clinical case example and discuss clinical risk management plans based on the risk summary (participants interested in this segment must attend Part One).

### **Course Overview:**

For crime prevention programs and initiatives to be effective, they must address the specific needs of a defined target population. Prior to 1998, no assessment scheme was available to identify specific domains of risk for antisocial children under the age of 12. Addressing this gap in professional practice, researchers and practitioners at the Centre for Children Committing Offences at the Child Development Institute, Toronto, Canada were the **first to develop a comprehensive psychosocial risk assessment framework specifically focused on young children in trouble with the law**. The intended purpose of these tools are threefold: to provide a platform for increasing clinicians and researchers general understanding of early childhood risk factors for violence and antisocial behaviour; (2) to help construct violence or antisocial behaviour risk assessment schemas for particular children, according to acceptable structured format; and (3) to assist in the creation of effective clinical risk management plans for high risk children and their families. The first tool for boys appeared as a "consultation edition" in 1998, and has since been updated to a Version 2. A parallel, professional tool for girls was issued as a "consultation edition" in 2001. These tools, the **Early Assessment Risk List for Boys (EARL-20B;** Augimeri, Koegl, Webster, & Levene, 2001) and the **Early Assessment Risk List for Girls (EARL-21G;** Levene, Augimeri, Pepler, Walsh, Webster, & Koegl, 2001) have **received international acclaim** – they have also been included as an endorsed assessment tool in Scotland's Risk Management Authority's Risk Assessment Tools Inventory Evaluation Directory (RATED Version 2: see [www.rmascotland.gov.uk/home.aspx](http://www.rmascotland.gov.uk/home.aspx)) and are being used in Canada, United States, Europe, and New Zealand. The tools have **been translated** into Swedish, Norwegian, Finnish, Dutch, and French. The workshop will provide participants with a practical hands on approach to working with the tools using clinical case examples. In addition, research on the tools reliability, validity, application to guide clinical risk management plans and how the tool has been used in The Netherlands will be reviewed.

### **References:**

**Leena K. Augimeri, Ph.D.,** is the Director, Centre for Children Committing Offences & Program Development at the Child Development Institute (CDI) in Toronto, Canada and Adjunct Assistant Professor and Sessional Lecturer, University of Toronto. For the past 22 years this scientist practitioner's work has focused on the development of a comprehensive model for young children engaged in offending behaviour. As the co-founder/developer of the longest evidence-based intervention for boys under 12 years of age in conflict with the law - the SNAP® Model, Dr. Augimeri is responsible for all national and international development activities regarding SNAP®. Her specialization is in police-community referral protocols, gender sensitive interventions and risk need assessment tools, EARL-20B and EARL-21G, which she co-authored. Recently, she was elected as a Fellow of the Academy of Experimental Criminology.

**Corine de Ruiter, Ph.D.,** is Professor of Forensic Psychology at Maastricht University in The Netherlands. She is also affiliated with the Netherlands Institute of Mental Health and Addiction (Trimbos-institute) in Utrecht as a senior scientist. She is a licensed Clinical Psychologist ('BIG-certified') and a licensed cognitive behaviour therapist in The Netherlands. During the past 12 years, her research and practice have focused on the introduction of evidence-based forensic assessment tools in Dutch forensic psychiatric services. She has supervised a number of PhD students, who published in international peer reviewed journal on the Dutch versions of various structured forensic and risk assessment instruments, such as the HCR-20, PCL-R, SAVRY and PCL:Youth Version. The EARL-20B and EARL-21G have been translated under her guidance. Recently, she was appointed as Associate Editor of the International Journal of Forensic Mental Health. Corine has given numerous workshops on structured risk assessment, both within The Netherlands and abroad.

## Programme Tuesday & Wednesday, October 21 & 22

### Tuesday, October 21

<b>18:00 - 20:30</b>	<b>The Old Church</b>	<b>OPENING CEREMONY &amp; KEYNOTE LECTURE 1</b>
	K-001	<b>From Risk Identification to Clinical Risk Management: A Comprehensive Strategy for Young Children Engaging in Antisocial Behaviour (The SNAP® Approach)</b> L. Augimeri (Child Development Institute, Toronto, Canada)

### Wednesday, October 22

08:00 - 17:30	Registration Desk	registration desk open
08:00 - 09:00	Exhibition & Poster Area	coffee, tea & poster mounting

<b>09:00 - 10:30</b>	<b>R:Aula</b>	<b>WELCOME &amp; KEYNOTE LECTURE 2</b> T.A.H. Doreleijers, Chairman EFCAP EU Mrs. N. Albayrak, State secretary of Justice
	K-002	<b>The values and dangers of identifying youths' mental disorders at entry into juvenile justice.</b> T. Grisso (University of Massachusetts Medical School, Worcester MA, United States of America)

10:30 - 11:00	Exhibition & Poster Area	coffee, tea & poster mounting
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## PARALLEL SYMPOSIUM I

<b>11:00 - 12:30</b>	<b>R:04A - 05</b>	<b>Controversies in current child and adolescent psychopathy research</b> Chair: P. Bijttebier
	O-001	<b>"I feel your pain (...but only if you make me)" Children with psychopathic traits are not insensitive to other's distress.</b> Y. van Baardewijk (Curium/LUMC, Oegstgeest, The Netherlands)
	O-002	<b>Psychopathy versus Callous and Unemotional traits: How to capture the construct of psychopathy in youth.</b> J. Das (De Waag, Almere, The Netherlands)
	O-003	<b>Age bias in psychopathic traits.</b> S.L. Hillege (Rentray, Lelystad, The Netherlands)
	O-004	<b>Stability of psychopathy: A review of the evidence and suggestions of ways forward</b> H. Andershed (Orebro University, Orebro, Sweden)
<b>11:00 - 12:30</b>	<b>R:10A - 04</b>	<b>Risky behaviour: out of (in) competence?</b> (Sponsored by Fonds Psychische Gezondheid/Antonia Wilhelmina Fonds) Chair: R. Gorter
	O-005	<b>Moral reasoning: balancing between intention and consequences.</b> A.M. CollotdEscury (University of Amsterdam, Amsterdam, The Netherlands)
	O-006	<b>Missing the brake: cognitive impulsivity as a risk factor to delinquent behaviour.</b> A.M. CollotdEscury (University of Amsterdam, Amsterdam, The Netherlands)
	O-007	<b>Registration of aggression for treatment outcome research: comparison of the suitability of two types of instruments.</b> K.H. Drieschner (Trajectum, Boschoord, The Netherlands)

## Programme Wednesday, October 22

<b>11:00 - 12:30</b>	<b>R:11A - 06</b>	<b>Emotional, cognitive and behavioural functioning in juvenile delinquents</b> Chair: C. van Nieuwenhuizen
	O-008	<b>Emotional memory in juvenile delinquents</b> M. Cima (Maastricht University, Groningen, The Netherlands)
	O-009	<b>Identification of classes of executive functioning of juvenile delinquents with psychiatric problems.</b> D. Jacobs (GGzE, Eindhoven, The Netherlands)
	O-010	<b>Behavioural changes during admission in a youth forensic psychiatric hospital: A multi level model.</b> C. van Nieuwenhuizen (GGzE, Eindhoven, The Netherlands)
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<b>11:00 - 12:30</b>	<b>R:Agora II</b>	<b>Neurobiology and antisocial behaviour</b> Chair: C.H. de Kogel
	O-012	<b>Testing the underarousal hypothesis for antisocial behaviour: The ANS and HPA axis.</b> L.R.A. Alink (Leiden University, Leiden, The Netherlands)
	O-014	<b>A multi-measure study of empathy in boys with disruptive behaviour disorders.</b> M. de Wied (Utrecht University, Utrecht, The Netherlands)
	O-013	<b>Neural development of social decision-making across adolescence.</b> W.B. van den Bos (Leiden University, Leiden, The Netherlands)
	O-011	<b>Criminal behaviour: policy issues and brain mechanisms.</b> C.H. de Kogel (Ministry of Justice, The Hague, The Netherlands)
<hr/>		
<b>11:00 - 12:30</b>	<b>R:Aula</b>	<b>Mental health and family predictors of delinquency and violence in boys and girls</b> Chair: J.M. Koot
	O-016	<b>Clinically meaningful risk and protective factors for different types of violent behaviour among adolescent girls and boys.</b> Y.M.S. Molero Samuelson (Research Centre for Adolescent Psychosocial Health, Stockholm, Sweden)
	O-017	<b>Gender-specific predictors of criminal recidivism in a representative sample of incarcerated youth.</b> B. Plattner (Medical University Vienna, Wien, Austria)
	O-018	<b>Externalizing psychopathology and persistence of antisocial behaviour in a Dutch sample of very young first offenders.</b> M.D. Cohn (VU university medical center, Amsterdam, The Netherlands)
	O-015	<b>Trajectories of social and judicial services received by adjudicated males from birth to adolescence: Are they predictive of delinquency from mid-adolescence to emerging adulthood?</b> N. Lanctôt (Université de Sherbrooke, Longueuil, Canada)
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<b>11:00 - 12:30</b>	<b>R:11A - 05</b>	<b>Psychiatric assesment and treatment of delinquent adolescents</b> Chair: H.S. Backer
	O-019	<b>Psychiatric and functional trajectories of children with ADHD Prospectively Followed from Age 8 to Age 40.</b> R. Klein (New York University Child Study Center, New York, United States of America)
	O-020	<b>Combination of atomoxetine with methylphenidate can reduce violence risk in youth.</b> G. Sófi (VADASKERT Child-psychiatry, Budapest, Hungary)
	O-021	<b>Introduction to the model project: Clarification and goal-attainment in Swiss youth welfare und juvenile justice institutions - design of the study description of the sample (MAZ).</b> B.B. Breymaier (Universitäre Psychiatrische Klinik (UPK), Basel, Switzerland)
	O-022	<b>A captive audience? Adolescent offenders help seeking behaviour and attitudes to mental health services in custody.</b> P. Mitchell (NA, United Kingdom)

## Programme Wednesday, October 22

<b>11:00 - 12:30</b>	<b>R:Agora I</b>	<b>Antisocial girls: riskfactors, development, diagnosis and treatment</b> Chair: H.P.B. Lodewijks
O-023		<b>It's not so much who you say you are, it's what you do: life-span continuity of female aggression and violent behaviour.</b> A.K. Andershed (Orebro University, Orebro, Sweden)
O-024		<b>The Neighborhood Context of Parenting of Preadolescent Girls: Development over Time.</b> L.M. Kroneman (VU university medical center, Amsterdam, The Netherlands)
O-025		<b>Pregnancy, trauma and aggression in teenage girls in juvenile justice institutions.</b> S.M.J.J. Hamerlynck (VU university medical center, Amsterdam, The Netherlands)
O-026		<b>Psychological problems in girls with delinquent behaviour: An overview of a complex study within the last decade.</b> E. Dozortseva (Moscow University of Psychology and Education, Moscow, Russian Federation)

12:30 - 14:00 *Exhibition & Poster Area* *lunch, poster viewing & exhibition*

## PARALLEL SYMPOSIUM II

<b>14:00 - 16:00</b>	<b>R:04A - 05</b>	<b>The viability of the psychopathy construct in young children</b> Chair: H. Andershed
O-027		<b>Can psychopathic traits be meaningfully measured in preschool children? Initial test of the Child Problematic Traits Inventory in two independent samples.</b> H. Andershed (Orebro University, Orebro, Sweden)
O-028		<b>The Assessment of Psychopathic Traits in Young Children.</b> P. Bijttebier (University of Leuven, Leuven, Belgium)
O-029		<b>Conscience development and externalizing problems during childhood.</b> B.W.C. Zwirs (Erasmus University Rotterdam, Rotterdam, The Netherlands)
O-030		<b>Psychopathic like traits in suspended and non suspended children and adolescents: The development and validation of the Child and Adolescent Psychopathy Screening Instrument.</b> S. Houghton (University of Western Australia, Perth, Australia)
O-098		<b>"Emotional processing using an implicit measurement in youth with Conduct Disorder".</b> J.F. Feilhauer (Maastricht University, Maastricht, The Netherlands)
<b>14:00 - 16:00</b>	<b>R:10A - 04</b>	<b>Cultural background as a risk factor for criminality and suicidal behaviour. It's not as simple as it seems</b> Chair: V.C. Veen
O-031		<b>Cultural factors as a risk factor: youngsters from Curaçao.</b> C. van Nieuwenhuizen (GGzE, Eindhoven, The Netherlands)
O-032		<b>Moroccan adolescent offenders in the Netherlands.</b> V.C. Veen (Utrecht University, Utrecht, The Netherlands)
O-033		<b>Very young Moroccan offenders in the Netherlands.</b> P. Leenders (VU university medical center, Amsterdam, The Netherlands)
O-034		<b>"Suicidal Behaviour of Young Immigrant Women in The Netherlands. The Relation to Gender and Ethnicity".</b> D.D. van Bergen (VU university medical center, Amsterdam, The Netherlands)
<b>14:00 - 16:00</b>	<b>R:11A - 06</b>	<b>Development, assesment and treatment of very young offenders</b> Chair: C. de Ruiter
O-035		<b>Prenatal tobacco exposure and early behavioural and cognitive development: Possible role of altered stress responsivity in associations with physical aggression and specific cognitive deficits.</b> S.C.J. Huijbregts (Leiden University, Leiden, The Netherlands)
O-036		<b>Subtypes of very young first offenders in the Netherlands.</b> C.A.M.L. Geluk (VU university medical center, department of child and adolescent psychiatry, Amsterdam, The Netherlands)
O-037		<b>Predictive validity of the Early Assessment Risk Lists (EARLs) for Dutch boys and girls arrested by the police under age 12.</b> M.D. Pool (Maastricht University, Geesteren, The Netherlands)
O-038		<b>News from "Zappelphilipp".</b> G. Ristow (Central Institute for Mental Health, Mannheim, Germany)

## Programme Wednesday, October 22

<b>14:00 - 16:00</b>	<b>R:Agora II</b>	<b>Neurobiological factors of disruptive behaviour disorders in children and adolescents</b> Chair: A. Popma
O-039		<b>Adolescent antisocial behaviour and heart rate during rest and mental stress: The TRAILS study.</b> H. Riese (University Medical Center Groningen, University of Groningen, The Netherlands)
O-041		<b>The Cortisol Awakening Response in DBD subtypes compared to normal children.</b> E. Platje (VU university medical center, Amsterdam, The Netherlands)
O-040		<b>The predictive value of neurobiological factors for the development of aggressive and antisocial behaviour. A follow-up study.</b> M. de Vries-Bouw (VU university medical center / De Bascule, Duivendrecht, The Netherlands)
O-042		<b>Effectiveness of a multi-modal day care treatment approach for children with disruptive behaviour disorders: the impact of biological risk factors.</b> C. Stadler (University of Frankfurt, Frankfurt, Germany)
<b>14:00 - 16:00</b>	<b>R:Aula</b>	<b>Onset, persistence and desistence of early onset offending and antisocial behaviour</b> Chair: J.M. Koot
O-045		<b>Understanding the mechanisms through which peers cause high level antisocial behaviour in childhood.</b> P.A.C. van Lier (VU University, Amsterdam, The Netherlands)
O-043		<b>Cumulative Risk and Promotive Effects in Late Childhood on (Serious) Delinquency in Early Adolescence.</b> A.M. van der Laan (WODC, The Hague, The Netherlands)
O-044		<b>Predicting early desistence, and seriousness of adolescent persistence of childhood onset offenders.</b> L. van Domburgh (VU university medical center, Duivendrecht, The Netherlands)
O-046		<b>Perspectives on desistance in a medium sized Dutch town.</b> G.H.P van der Helm (Hogeschool Leiden, Leiden, The Netherlands)
<b>14:00 - 16:00</b>	<b>R:11A - 05</b>	<b>Epidemiological findings evidence based practice and legislation in relation to residential treatment</b> Chair: R. Visser
O-051		<b>Can epidemiological studies on the development of disruptive behaviour help the clinical practice?</b> S. de Boer, A. Boon (De Fjord, Capelle a/d IJssel, The Netherlands)
O-047		<b>MultifunC – An Evidence-Based Residential Treatment Model in Norway and Sweden.</b> T.A. Andreassen (Bodo University College, Norway, Bodø, Norway)
O-048		<b>A residential treatment program for adolescent delinquents with mental health disorders.</b> D.E.M. Van West, T. De Clippele, D. Deboutte (University Centre of Child and Adolescent Psychiatry, University of Antwerp, ZNA, Antwerp, Belgium)
O-049		<b>Stubborn but persuuable: How to deal with lack of consent?</b> R. Zuijderhoudt, E. Ravestijn (De Fjord, Capelle a/d IJssel, The Netherlands)
O-050		<b>Are orthopsychiatric inpatients a reliable source of information in outcome and follow-up studies?</b> A. Boon, S. de Boer (De Fjord, Capelle a/d IJssel, The Netherlands)



## Programme Wednesday, October 22

<b>14:00 - 16:00</b>	<b>R:Agora I</b>	<b>Antisocial girls: riskfactors, development, diagnosis and treatment</b> Chair: H.P.B. Lodewijks
O-052		<b>Development of Psychopathology in female adolescents following placement in a Juvenile Justice Institution.</b> A.A. Krabbendam (Curium-LUMC, Oegstgeest, The Netherlands)
O-053		<b>The Mother and Child Home, an intensive program for young mothers.</b> H.P.B. Lodewijks (Rentray, Zutphen, The Netherlands)
O-054		<b>Should programs designed for girls in residential centres be gender-neutral, gender-sensitive or gender-specific? A look into males' and females' perceptions compared with those of their educators.</b> N. Lanctôt, M. Ayotte (Université de Sherbrooke, Longueuil, Canada)
O-056		<b>Working with aggressive girls within a gender-sensitive model: The SNAP® Girls Connection (SNAP® GC)</b> L.K. Augimeri (Centre for Children Committing Offences & Program Development, Toronto, Ontario, Canada)
O-055		<b>The Phenomenology of Psychopathy in Adolescent Girls.</b> H.S. Backer (Rij De Doggershoek, Den Helder, The Netherlands)
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<b>14:00 - 16:00</b>	<b>R:01A - 12</b>	<b>Masterclass Screening and Assessment.</b> During this interactive session, PhD students working on new research regarding screening and assessment of psychopathology in justice settings will discuss their research plans with two well-known experts in the field, as well as with the audience.  <b>Masters:</b> Thomas Grisso & Robert Vermeiren <b>PhD students:</b> Manja van Wezep (Trimbos Institute Utrecht), Pauline Vahl (LUMC Leiden)
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16:00 - 16:30	Exhibition & Poster Area	coffee & tea
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<b>16:30 - 17:15</b>	<b>R:Aula</b>	<b>KEYNOTE LECTURE 3</b> Chair: R.R.J.M. Vermeiren
K-003		<b>Psychopathic Traits and Autism Spectrum Disorder: Is there a link?</b> E. Simonoff (University of London, Institute of Psychiatry, United Kingdom)
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<b>18:30 - 22:30</b>	<b>De Rode Hoed</b>	<b>CONCERT/WALKING DINNER</b>



## Programme Thursday, October 23

### Thursday, October 23

09:00 - 10:30 R:Aula

#### KEYNOTE LECTURE 4 & 5

Chair: L.M.C. Nauta-Jansen

K-004

#### Involuntary treatment of and coercion on minors in psychiatry.

R. Kaltiala-Heino (Tampere University Hospital, Tampere, Finland)

K-005

#### Antisocial and aggressive behaviour in childhood and adolescence: A neurodevelopmental perspective.

A. Raine (University of Pennsylvania, Philadelphia, United States of America)

10:30 - 11:00 Exhibition &  
Poster Area

coffee & tea

### PARALLEL SYMPOSIUM III

11:00 - 12:30 R:08A - 00

#### Residential treatment of adolescent delinquents

Chair: D. Deboutte

O-061

#### Dialectical Behaviour Therapy in Delinquent Adolescents.

H.S. Backer (Rij De Doggershoek, Den Helder, The Netherlands)

O-062

#### Aggression Replacement Training (ART) in Sweden.

C. Kaunitz (Institute for evidence-Based Social Work Practice (IMS), Stockholm, Sweden)

O-063

#### Anger Management Training Programme in Institutionalized Aggressive Delinquent Adolescents.

Ö. Özbay (Ankara, Turkey)

O-064

#### Working with adolescent females who present serious conduct problems? Let me think about it!

N. Lanctôt (Université de Sherbrooke, Longueuil, Canada)

11:00 - 12:30 R:11A - 05

#### MST

Chair: M. Chateau

O-065

#### Examining effectiveness of MST: Dutch experience.

M. Dekovic (Utrecht University, Utrecht, The Netherlands)

O-066

#### Large scale implementation model of evidence based programs in the treatment of antisocial behaviour in adolescence - Multisystemic Therapy.

T. Ogden (Norwegian Center of Child Behavioural Development, Oslo, Norway)

O-067

#### Balancing costs and effects of Multisystemic Therapy compared to Care As Usual in adolescents with antisocial behaviour: A methodological exploration.

A.H. Luinge (University Medical Center Groningen, Groningen, The Netherlands)

11:00 - 12:30 R:15A - 05

#### Risk Assessment: state of the science

Chair: H.P.B. Lodewijks

O-068

#### The use of the SAVRY risk factors by clinicians in Catalonia, Spain.

E. Hilterman (Justa Mesura, Barcelona, Spain)

O-069

#### Psychopathic traits and situated risk assessment: A Flemish pilot study.

S. Decoene (V.U. Brussel, Brussel, Belgium)

O-070

#### Risk assessment and prevention strategies in youngsters: A new investigation instrument.

G.B.C. Camerini (Università Pontificia Salesiana, Mestre - Venezia, Italy)

O-071

#### Prospective study for violence risk assessment in pre-trial mental health evaluations of youngsters.

S.P. van der Hoorn (NIFP - Netherlands Institute of Forensic Psychiatry and Psychology, Amsterdam, The Netherlands)

## Programme Thursday, October 23

<b>11:00 - 12:30</b>	<b>R:04A - 05</b>	<p><b>Novel approaches in the assesment of psychopathy in youth</b> Chair: Y. van Baardewijk</p> <p>O-072 <b>Development and tests of short (18 item) versions of the Youth Psychopathic traits Inventory (YPI) and the Youth Psychopathic traits Inventory-Child Version (YPI-CV).</b> Y. van Baardewijk (Curium/LUMC, Oegstgeest, The Netherlands)</p> <p>O-073 <b>Validation of FFM PD counts for screening personality pathology and psychopathy in adolescence.</b> M. Decuyper (Ghent University, Ghent, Belgium)</p> <p>O-074 <b>The Dutch Psychopathy Checklist: Youth Version: Reliability, construct validity an predictive power.</b> J. Das (PI Research, Nederhorst den Berg, The Netherlands)</p> <p>O-075 <b>Assessment of Callous and Unemotional Traits in Adolescence: Further validation of the Inventory of Callous and Unemotional Traits (ICU).</b> A.H. Roose (Leuven, Belgium)</p>
<b>11:00 - 12:30</b>	<b>R:10A - 04</b>	<p><b>Juvenile sexual offenders I</b> Chair: R.A.R. Bullens</p> <p>O-076 <b>SAVRY characteristics in boys with sexual violent crimes.</b> K.V. Syrokvashina (Moscow City University for Psychology and Education, Moscow, Russian Federation)</p> <p>O-077 <b>Multisystemic Therapy with Juvenile Sexual Offenders: Clinical and Cost Effectiveness.</b> C. Borduin (University of Missouri, Columbia, Missouri, United States of America)</p> <p>O-077a <b>Treatment of sexual offenders</b> J. Hendrix (De Waag, Amsterdam, The Netherlands)</p>
<b>11:00 - 12:30</b>	<b>R:11A - 06</b>	<p><b>Policy and legislation in the best interest of the child? Part I</b> Chair: G. Cardol</p> <p>O-078 <b>Which legal measures are useful to prevent recidivism? Results of the 2-year follow-up of a 25-year prospective longitudinal study on delinquent adolescents.</b> L.K. Keller (IFB Bern, Basel, Switzerland)</p> <p>O-079 <b>The dutch juvenile criminal justice system and its goals.</b> R. Cozijnsen (Leiden university, Leiden, The Netherlands)</p> <p>O-080 <b>Juveniles behind bars and their legal rights. Administering Justice and the Role of the Council for the Administration of Criminal Justice and Protection of Juveniles.</b> P. Vlaardingerbroek (Tilburg University, Tilburg, The Netherlands)</p>
<b>11:00 - 12:30</b>	<b>R:Aula</b>	<p><b>Substance abuse and treatment</b> Chair: C. Mos</p> <p>O-057 <b>Is residential treatment for young cannabis users necessary?</b> J. Howard (National Drug and Alcohol Research Centre, Sydney, Australia)</p> <p>O-058 <b>Brains 4 Use an addiction programme for youth in a juvenile justice institution.</b> N. Hoekstra (Rentray, Zutphen, The Netherlands)</p> <p>O-059 <b>Multidimensional Family Therapy: Focus on Juvenile Justice Outcomes.</b> G.A. Dakof (University of Miami, Miami, United States of America)</p> <p>O-060 <b>MDFT: from detention to community.</b> C. Mos (De Jutters, Forensic Psychiatric Treatment Center. Den Haag, The Netherlands)</p>
<b>11:00 - 12:30</b>	<b>R:01A - 12</b>	<p><b>Masterclass Developmental Pathways</b> During this interactive session, PhD students working on longitudinal research on the development of antisocial and delinquent behaviour will discuss their research plans with two well-known experts in the field, as well as with the audience.</p> <p><b>Masters:</b> Rolf Loeber &amp; Wim Meeus <b>PhD students:</b> Eva Mulder (Erasmus University Rotterdam), Martin Bakker (UMC Groningen)</p>
<b>12:30 - 14:00</b>	<i>Exhibition &amp; Poster Area</i>	<i>lunch, poster viewing &amp; exhibition</i>

## PARALLEL SYMPOSIUM IV

**14:00 - 16:00 R:Auditorium** **Less repression, more restoration and mediation**  
Chair: I. Weijers

- O-109 **A critical review of Victim Offender Mediation in the Netherlands: The principles of voluntariness and confidentiality.**  
I. Weijers (Universiteit of Utrecht, Utrecht, The Netherlands)
- O-110 **Victim Offender Mediation.**  
C. van Nijnatten (University of Utrecht, Utrecht, The Netherlands)
- O-111 **Victim Offender Mediation in Flanders (Belgium). A breakthrough of the restorative approach?**  
L. Balcaen (Ondersteuningsstructuur Bijzondere Jeugdzorg, Brussel, Belgium)

**14:00 - 16:00 R:KC-07** **Autism**  
Chair: C.J.M. Blijd

- O-083 **Autism and forensic psychiatry: A different perception and intelligence: A case for enhanced risk.**  
R.J. van der Gaag (UMCN Radboud, Nijmegen, The Netherlands)
- K-003 **Psychopathic Traits and Autism Spectrum Disorder: Is there a link? (Follow up keynote lecture)**  
E. Simonoff (University of London, Institute of Psychiatry, United Kingdom)
- O-081 **Autism spectrum symptoms in juvenile suspects of sex offenses.**  
L.A. 't Hart-Kerkhoffs, (VU university medical center, Duivendrecht, The Netherlands)
- O-084 **Autism spectrum disorders and violent offending: A National Study of Hospitalized Individuals.**  
V.R. Ruchkin (Skönviks Psychiatric Clinic, Sater, Sweden)
- O-082 **Autism spectrum disorders in forensic adolescents. The impact of autism on assessment and treatment.**  
C.J.M. Blijd (ACCARE, Groningen, The Netherlands)

**14:00 - 16:00 R:08A - 00** **Treatment IV**  
Chair: D. Matser

- O-085 **Treating youngsters with conduct disorders – building a healing environment based on a cognitive behavioural approach.**  
D. Braspenning (De Fjord, Capelle A/d IJssel, The Netherlands)
- O-086 **Implementation and evaluation of EQUIP in a youth forensic psychiatric hospital.**  
M. Knoops (GGzE, Eindhoven, The Netherlands)
- O-087 **Two measures of treatment motivation and treatment engagement for correctional outpatient treatment.**  
K.H. Drieschner (Trajectum, Boschoord, The Netherlands)
- O-088 **Delict recidivism of juvenile delinquents committing severe and violent crimes: Comparing the effect of a day treatment program and care as usual after detention.**  
R.E. Breuk (De Bascule, Amsterdam, The Netherlands)

**14:00 - 16:00 R:11A - 05** **Community based interventions**  
Chair: N.W. Slot

- O-089 **What works for young offenders: A systematic review of systematic reviews.**  
A.K. Andershed (Orebro University, Orebro, Sweden)
- O-090 **Family Focused Treatment and Prevention in Juvenile Justice.**  
N.W. Slot (PI Research, Duivendrecht, The Netherlands)
- O-091 **Scientific Foundations of Functional Family Therapy.**  
T.L. Sexton (Indiana University, Bloomington, United States of America)
- O-092 **Results of the FFT outcome study in a out patient clinic in Amsterdam.**  
L. Loef (De Bascule, Duivendrecht, The Netherlands)

## Programme Thursday, October 23

<b>14:00 - 16:00</b>	<b>R:15A - 05</b>	<b>Forum risk assessment</b> Chair: G.J.J.M. Stams
	O-093	<b>The importance of protective factors in violent risk assessment in adolescents.</b> H.P.B. Lodewijks (Rentray, Zutphen, The Netherlands)
	O-094	<b>Assessing the therapeutic process with the Forensic Operationalized Therapy/Risk Evaluation System (FOTRES).</b> C. Danielsson (Justice Department, Zurich, Switzerland)
	O-095	<b>ESTER: Introducing a fourth generation risk-need assessment instrument for children and adolescents with or at risk for antisocial behaviour.</b> H. Andershed (Orebro University, Orebro, Sweden)
	O-096	<b>The validation of the SAVRY in UK adolescents.</b> E. Rennie (University of Manchester, Liverpool, United Kingdom)
<hr/>		
<b>14:00 - 16:00</b>	<b>R:04A - 05</b>	<b>Psychopathy in high risk and justice involved adolescents</b> Chair: P. Bijttebier
	O-097	<b>Delinquency, reputational orientations and psychopathic like traits of adolescent loners and noloners</b> S. Houghton (University of Western Australia, Perth, Australia)
	O-099	<b>Temperamental profiles associated with antisocial behaviour in adolescents.</b> P. Bijttebier, (University of Leuven, Leuven, Belgium)
	O-100	<b>Callous-Unemotional traits and childhood-onset Conduct Disorder in detained male adolescents: An examination of three subtyping approaches.</b> O.F. Colins (Ghent University, Ghent, Belgium)
	O-101	<b>Psychopathy-like personality traits in a nationwide consecutive sample of adolescent male homicide offenders between 1995-2004.</b> N.C. Lindberg (Helsinki University Central Hospital, Finland)
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<b>14:00 - 16:00</b>	<b>R:10A - 04</b>	<b>Juvenile sexual offenders II</b> Chair: R.A.R. Bullens
	O-102	<b>Juvenile Sex Offenders: psychosocial and psychiatric characteristics and predictive validity for recidivism.</b> L.A. 't Hart-Kerkhoffs (VU university medical center, Duivendrecht, The Netherlands)
	O-103	<b>Moral Development of Solo Juvenile Sex Offenders.</b> E.S. van Vugt (University of Amsterdam, Amsterdam, The Netherlands)
	O-104	<b>Screening of juvenile offenders and especially sex offenders with the Baro and S-Baro</b> P.N. Niklaus (IFB – Institute for Forensic Child And Youth Psychology and Psychiatry, Bern, Switzerland)
	O-105	<b>Prevalence of Sexually Abusive Behaviour in Adolescent Females in the UK</b> F. McCartan (Forensic Adolescent Consultation and Treatment Service, Manchester, United Kingdom)
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<b>14:00 - 16:00</b>	<b>R:11A - 06</b>	<b>Policy and legislation in the best interest of the child? Part II</b> Chair: G. Cardol
	O-106	<b>Parental responsibility, participation and the juvenile justice system.</b> M.A. Geuze (Raad voor de Kinderbescherming, Veessen, The Netherlands)
	O-107	<b>The legal framework for psychiatric care – criminal justice or mental health?</b> D.J.K. Deboutte (University Antwerp, Antwerp, Belgium)
	O-108	<b>Forensic Child and Adolescent Psychiatry in Switzerland 2008.</b> U. Preuss (Child and Adolescent Psychiatry University Bern, Bern, Switzerland)
	O-127	<b>Structured risk assessment for child abuse with the CARE-NL: A file-based validation study.</b> C. de Ruiter (Maastricht University, Maastricht, The Netherlands)

## Programme Thursday, October 23

<b>14:00 - 16:00</b>	<b>R:01A - 12</b>	<b>Masterclass Neurobiology of delinquent behaviour</b> During this interactive session, PhD students working on neurobiological research on the development of antisocial and delinquent behaviour will discuss their research plans with two well-known experts in the field, as well as with the audience.  <b>Masters:</b> Adrian Raine & Christina Stadler <b>PhD students:</b> Moran Cohn (VU University Medical Centre Amsterdam), Johanna Feilhauer (University of Maastricht)
<i>16:00 - 16:30</i>	<i>Exhibition &amp; Poster Area</i>	<i>coffee &amp; tea</i>
<b>16:30 - 17:15</b>	<b>R:Auditorium</b>	<b>KEYNOTE LECTURE 6</b> Chair: J. Leunissen  K-006 <b>Multisystemic Therapy (MST): Development, Practice, Outcomes, and Dissemination (sponsored by De Viersprong)</b> C. Borduin (University of Missouri, Columbia, Missouri, United States of America)
<b>16:30 - 17:15</b>	<b>R:KC-07</b>	<b>KEYNOTE LECTURE 7</b> Chair: L. van der Knaap  K-007 <b>Development of Violent Behaviour Epigenetics: A new Perspective for Prevention. (sponsored by the City of Amsterdam)</b> R.E. Tremblay (University of Montreal, CHU-Sainte Justine Research Center, Montreal, Canada)
<b>19:30 - 24:00</b>	<b>Fifteen</b>	<b>CONGRESS DINNER PARTY (sponsored by EFCAP-NL)</b>





## Programme Friday, October 24

### FRIDAY, October 24

09:00 - 11:00 R:KC-07

#### KEYNOTE LECTURE 8 & 9

Chair: R. Kaltiala-Heino

K-008

#### **Mental Health and its impact on Life Chances for Young Offenders. (sponsored by GG2E)**

S. Bailey (University of Central Lancashire, Manchester, United Kingdom)

K-009

#### **The early development of delinquency, disruptive behaviour, and mood dysregulation in girls.**

R.L. Loeber (University of Pittsburgh, Pittsburgh, United States of America)

**Juvenile Orchestra.**

11:00 - 11:30 Exhibition & Poster Area

coffee & tea

### PARALLEL SYMPOSIUM V

11:30 - 13:30 R:15A - 05

#### **Recidivism among serious juvenile offenders**

Chair: B.S.J. Wartna

O-112

#### **Developments in the reconviction rates of juvenile offenders placed under a mandatory treatment order.**

M. Blom (Ministry of Justice/WODC, The Hague, The Netherlands)

O-113

#### **Two steps forward, one step back...absconding and recidivism during leave of juvenile offenders: Facts and figures.**

M. Hildebrand (In private practice, De Bilt, The Netherlands)

O-114

#### **Criminal pathways of serious juvenile delinquents after a mandatory treatment order.**

I.S. Hempel (Erasmus University Rotterdam, Rotterdam, The Netherlands)

O-115

#### **Recidivism in serious juvenile offenders: Risk factors for overall recidivism and seriousness of recidivism.**

E.A. Mulder (Erasmus University Rotterdam, Rotterdam, The Netherlands)

O-116

#### **Risk factors regarding recidivism of delinquent adolescents. Results of the follow-up of a prospective longitudinal study on delinquent adolescents.**

A. Perret (Institut für forensische Kinder- und Jugendpsychologie, -psychiatrie und -beratung, Bern, Switzerland)

11:30 - 13:30 R:01A - 05

#### **Detention and Welfare**

Chair: V. Ruchkin

O-117

#### **Doing Justice: Meeting the mental health needs of New Zealand adolescent offenders.**

C. Gormly, S. Lilley (Te Korowai Whaariki, Wellington, New Zealand)

O-118

#### **Prevalence of mental disorders in Swiss Youth Welfare and Juvenile Justice Facilities.**

K.S. Scheidegger (Universitäre Psychiatrische Klinik (UPK), Basel, Switzerland)

O-119

#### **Mental disorder among adolescents in detention: A systematic review and meta-regression analysis.**

S Långström (CVP, Stockholm, Sweden)

O-120

#### **Psychopathology, personality traits and delinquency in a residential care and juvenile justice sample in Switzerland.**

A. Prestel (Universitätsklinik Ulm, Ulm, Germany)

O-121

#### **The Effect of Prison on Mental Health of Young Offenders.**

V. Bell (The University of Manchester, Liverpool, United Kingdom)

Friday

## Programme Friday, October 24


<b>11:30 - 13:30</b>	<b>R:11A - 05</b>	<b>Treatment of juveniles suffering from ADHD &amp; co-morbid disorders: medication &amp; neurofeedback</b> Chair: C. van Nieuwenhuizen
O-122		<b>Limitations of ADHD medication in juvenile delinquents.</b> A.X. Rutten (GGzE, Eindhoven, The Netherlands)
O-123		<b>Clinical effectiveness of neurofeedback with juvenile delinquents suffering from ADHD-problems &amp; comorbid disorders: preliminary results.</b> C. van Nieuwenhuizen (GGzE, Eindhoven, The Netherlands)
O-124		<b>Neurofeedback as a treatment modality in forensic psychiatry and it's underlying neurophysiologic underpinnings.</b> B. Reitsma (Brain Dynamics Groningen, Groningen, The Netherlands)
O-125		<b>Will medication prevent delinquent behaviour in ADHD?</b> R.H. Klein (Centre for Human drug Research, Leiden, The Netherlands)
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<b>11:30 - 13:30</b>	<b>R:10A - 04</b>	<b>Problematic parenting as a precursor to delinquency assessment, mechanisms and intervention</b> Chair: M. Eisner
O-126		<b>Dysfunctional families in proactive role: how a child could be involved in criminality.</b> G. Sófi (VADASKERT Child-psychiatry, Budapest, Hungary)
O-128		<b>Maternal and Paternal Parenting Styles: Unique and Combined Links to Adolescent and Young Adult Delinquency.</b> M. Hoeve (University of Amsterdam, Amsterdam, The Netherlands)
O-129		<b>Can behavioural parent trainings have iatrogenic effects on children's externalizing problem behaviour? Findings from a controlled universal prevention trial.</b> M. Eisner (University of Cambridge, Cambridge, United Kingdom)
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<b>11:30 - 13:30</b>	<b>R:04A - 05</b>	<b>Global assessment by means of the BARO</b> Chair: G.J.J.M. Stams
O-130		<b>The BARO: it's usefulness for a systematic exploration of risk and protective factors amongst juvenile delinquents.</b> A.M. van der Laan (WODC, The Hague, The Netherlands)
O-131		<b>BARO: Psychiatric Pathology and Recidivism.</b> C. Boonmann (VU university medical center, Amsterdam, The Netherlands)
O-132		<b>The application of the BARO.ch screening instrument within a Swiss residential care and juvenile justice sample.</b> S.J. Jäggi (Institut für forensische Kinder- und Jugendpsychologie, -psychiatrie und -beratung, Bern, Switzerland)
O-133		<b>Validation of the Washington State Juvenile Court Pre-Screen Assessment (WSJCPA) for the Netherlands.</b> C.E. van der Put (University of Amsterdam, Amsterdam, The Netherlands)
O-134		<b>eBAROfi.</b> L.H. Heikkilä (City of Helsinki, Helsinki, Finland)
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<b>11:30 - 13:30</b>	<b>R:11A - 06</b>	<b>Accreditation of evidence based interventions</b> Chair: L. Boendermaker
O-135		<b>Accreditation of interventions for young offenders.</b> Th. van der Heijden (Ministry of Justice, The Hague, The Netherlands)
O-136		<b>The Dutch Database of effective youth interventions.</b> M. de Graaf (NA, NA, The Netherlands)
O-137		<b>Accreditation of (non-judicial) interventions in the Netherlands.</b> G. van den Berg (The Netherlands Youth Institute, NA, The Netherlands)

## Programme Friday, October 24

<b>11:30 - 13:30</b>	<b>R:12A - 12</b>	<b>Assessment and substance abuse</b> Chair: R.E. Breuk
	O-138	<b>Assessing and modifying implicit cognitive processes in adolescent substance abuse.</b> W. Wiers (University of Amsterdam, Amsterdam, The Netherlands)
	O-139	<b>Affective decision-making, risk taking and substance dependence in adolescents with Disruptive Behaviour Disorders.</b> W. Matthys (UMC Utrecht, Utrecht, The Netherlands)
	O-140	<b>Quality pre-trial mental health reports of youngsters.</b> N. Duits (NIFP, Amsterdam, The Netherlands)
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<b>11:30 - 13:30</b>	<b>R:01A - 12</b>	<b>Masterclass Multisystemic / Family therapy. (sponsored by De Viersprong)</b> During this interactive session, PhD students working on intervention studies regarding multisystemic and family therapy for children and adolescents displaying antisocial and delinquent behaviour will discuss their research plans with two well-known experts in the field, as well as with the audience.  <b>Masters:</b> Terje Ogden & Charles Borduin <b>PhD-students:</b> Lotte Loef (VU university medical center/ de Bascule, Amsterdam, The Netherlands), Patricia Leenders (Vu university medical center, Amsterdam, The Netherlands)
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<b>11:30 - 13:30</b>	<b>R:Aula</b>	<b>STUDENT SYMPOSIUM</b> Chair: R. Weijma  The student symposium is a symposium that is organised by students and held by 5 master students from all over Europe. During this symposium these promising students are going to present their master theses. Their presentations will take 15 minutes per presentation and after each presentation there will be discussion. We're hoping at a very interactive symposium, a symposium where the none experienced can learn from the experienced colleagues.  <b>Master students:</b> Sander van Doorn (VU university medical center, Amsterdam, The Netherlands) Alexandr Serov (Serbsky National Center for Social and Forensic Psychiatry, Moscow, Russia) Benedict Weizenegger (University of Basel, Basel, Switzerland) Olga Shipshina (South Forensic Centre, Rostov-on-Don, Russia) Sara Steegen (University of Leuven, Belgium).
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<i>13:30 - 14:30</i>	<i>Exhibition &amp; Poster Area</i>	<i>lunch &amp; poster dismantling</i>
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<b>14:30 - 15:30</b>	<b>R:Aula</b>	<b>Inaugural Speech Robert Vermeiren</b>
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<i>15:30 - 17:00</i>	<i>Exhibition &amp; Poster Area</i>	<b>RECEPTION</b>
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Questions That Matter.



“Kan ik nog ouder worden dan mijn opa?”

Bij Lilly houden we ons bezig met de belangrijkste vragen die er bestaan. Vragen over kwaliteit van leven, over genezing en het liefst zo spoedig mogelijk. Bij Lilly luisteren we goed naar die vragen en zoeken we net zo lang tot we een antwoord gevonden hebben. Dat doen we door middel van baanbrekend onderzoek. Vandaar dat Lilly steeds vooroploopt bij het ontwikkelen van medicijnen die de beste of de eerste in hun klasse zijn. Zo hebben we in de loop der jaren een ongeëvenaarde medische expertise kunnen opbouwen. En hebben we antwoorden kunnen vinden op vragen die er echt toe doen. Zo kunnen we mensen helpen om een steeds langer, gezonder en actiever leven te leiden. Wilt u meer weten over onze Answers That Matter? Kijk dan op [www.lilly.nl](http://www.lilly.nl).

*Lilly*  
Answers That Matter.

## Abstracts Keynote Presentations

### K-001

#### **From risk identification to clinical Risk Management: A Comprehensive Strategy for Young Children Engaging in Antisocial Behaviour (The SNAP® Approach).**

Leena Augimeri

*Child Development Institute, TORONTO, Canada*

Children under 12 years of age in conflict with the law present a unique challenge. In many countries they are not subject to criminal sanctions, yet formal mechanisms to respond to this group of children are limited. This address will introduce participants to a comprehensive evidence-based model developed by the Child Development Institute in Toronto, Canada that focuses on three key areas: reliable police-community referral mechanisms, structured professional judgment gender sensitive risk assessment and clinical risk management strategies. The session will highlight the SNAP® (Stop Now And Plan) Program which is gaining international recognition as an "exemplary" model being replicated worldwide and the EARL-20B and EARL-21G risk assessment tools which have been translated into Dutch, Swedish, Norwegian, Finnish and French.

### K-002

#### **The Values and Dangers of Identifying Youths' Mental Disorders at Entry into Juvenile Justice.**

Thomas Grisso

*University of Massachusetts Medical School, WORCESTER MA, United States of America*

Recent years have seen a change in juvenile justice practices in the United States. An entirely punitive approach is giving way to greater consideration of a developmental and clinical perspective. For example, many nation-wide projects in recent years have actively promoted new ways to identify and respond to youths' mental disorders as they enter the juvenile justice system. One of these initiatives will be described briefly--the MacArthur Foundation's "Models for Change: Systems for Juvenile Justice Reform."

One factor in this reform has been the development of new tools designed specifically to identify youth with mental disorders entering juvenile justice settings. Several of the major tools will be described. Their design features make them feasible in facilities that are not clinically staffed. When used well, they provide the basis for a strategy involving mental health screening of every youth, which leads to selective, individualized diagnostic assessment. This strategy has become a best-practice recommendation for U.S. juvenile justice facilities.

There are three theoretical values of this strategy. It offers clinical benefits for youth on a case-by-case basis. It also potentially contributes to public safety, given that treatment may decrease recidivism. A third, less obvious value is the potential for standardized mental health screening to change the juvenile justice system itself. Evidence suggests that the use of such tools in detention centers may change staff attitudes and behaviours, and improve facility safety for youth. Data from these tools describing the extent of youths' needs often create leverage that has allowed communities to obtain resources to develop more effective mental health services for delinquent youth.

During this reform, however, we have become aware of certain dangers of mental health screening. Tools can be applied in ways that render them invalid. They can be misused to create evidence that incriminates youth in the context of their legal cases. Improved mental health services in juvenile justice can lead to more arrests of youths with mental disorders, if other ways of obtaining services are not available in the community. Other countries may benefit by anticipating these dangers, and strategies will be described to avoid them.

### **K-003**

#### **Psychopathic Traits and Autism Spectrum Disorder: Is There a Link?**

Emily Simonoff

*University of London, Institute of Psychiatry, LONDON, United Kingdom*

Callous unemotional traits are considered a core component to psychopathy. Classically people labelled as psychopaths are thought not only to be cold and cruel but also particularly dangerous because of their ability to manipulate people and situations for their own gain. However, a subgroup of children with autism spectrum disorders display aggressive and cruel behaviour characterized by lack of remorse for their acts. This lecture will review the epidemiology, cognitive, genetic and imaging data that shed light on this topic. Differences in findings from child and adult samples will be considered.

### **K-004**

#### **Involuntary treatment of and coercion on minors in psychiatry.**

Riittakerttu Kaltiala-Heino

*Tampere University Hospital, TAMPERE, Finland*

A patient's right to decide about her/his health is strongly emphasized in Western health care legislations. In psychiatry, involuntary treatment is allowed referring both to the good of the patient (need for treatment, danger to self) and for the good of others (dangerousness). Psychiatric disorders are considered to lower a patient's competence to decide to the extent that the society is justified to intervene, delegating action to health care. In deciding about treatment of a minor, not only the interests of the patient and the society but also those of the parents / guardians are involved, and can conflict. Minors are considered largely incompetent by definition, and their decision-making and freedom is limited in numerous ways. With the cognitive, emotional and social development of adolescence, the decision-making capacity of minors gradually increase, which should be taken account of when making decisions also concerning their health. However, there are no guidelines of how to define competency of a minor. In Finland, involuntary psychiatric care of minors has vastly increased since 1991 when specific commitment criteria were defined for them. At the same time, taking into care under child welfare legislation has skyrocketed, even if legislative developments in general seem to emphasize minors' right to self-determination rather than right to care and protection. International comparisons of figures of involuntary care and coercive measures in child and adolescent psychiatry are not available. There is variation in criteria for commitment as well as agents involved in decision-making and routes to involuntary psychiatric care (through health care, justice, social care). An especially problematic group is minors displaying conduct problems and antisocial behaviour. Similar norm-breaking behaviours can be dealt with in psychiatry, child welfare and prison and probation services, and similar coercive measures can be applied in names of treatment, behavioural control, or punishment.

### **K-005**

#### **Antisocial and aggressive behaviour in childhood and adolescence: A neurodevelopmental perspective.**

Adrian Raine

*University of Pennsylvania, PHILADELPHIA, United States of America*

Serious antisocial and violent behaviour in children and adolescence is being increasingly viewed as a neurodevelopmental disorder. This talk outlines some of the early neurobiological risk factors for aggressive and antisocial behaviour in children and adolescents. Risk factors to be discussed include fetal neural maldevelopment, genetics, birth complications, temperament, fear conditioning, environmental toxins, nutrition, and psychophysiological functioning. Intervention and prevention implications will also be outlined, together with examples of promising programs that aim to reverse neurobiological risk factors for childhood antisocial behaviour.



**K-006****Multisystemic Therapy (MST): Development, Practice, Outcomes, and Dissemination.**

Charles Borduin

*University of Missouri, COLUMBIA, MISSOURI, United States of America*

This presentation will discuss the development and evolution of the MST treatment model over the past 30 years. The theoretical and empirical foundations of the model, core intervention strategies, and keys to family engagement in treatment will be addressed. A brief review of MST outcomes with child and adolescent clinical populations will also be provided. Finally, MST quality assurance procedures and community-based dissemination efforts in the United States and abroad will be discussed.

**K-007****Development of violent behaviour and epigenetics: A new perspective for prevention.**

Richerd E. Tremblay

*Montreal University, CHU-Sainte Justine Research Center, Mother and Child University Hospital Center MONTREAL, Canada*

The aim of this paper was to highlight how developmental psychopathology, epigenetics and prevention experiments are starting to blend together to explain the developmental causes of chronic physical aggression (CPA) and, more importantly, to help prevent CPA and its associated physical aggression, mental and social problems. After defining the keywords (prevention, chronic and physical aggression), a selected review of published studies is used to answer the following four questions: when should we attempt to prevent onset on CPA? What are the risk factors for CPA? Have early childhood interventions been shown to prevent CPA? Can early preventive interventions benefit from epigenetic studies? The last section of this paper gives two examples of experimental prevention designs that integrate present knowledge of CPA development, risk factors, early childhood preventive interventions and epigenetic programming of brain development during pregnancy and early childhood. I conclude that randomized control trials of preventive interventions during pregnancy and early childhood with a specific focus on epigenetic effects are the research design most likely to advance our understanding of the biopsychosocial mechanisms that lead to CPA, and the only research design that can identify effective interventions for preventing the development of CPA.

## **K-008**

### **Mental Health and its impact on Life Chances for Young Offenders.**

Sue Bailey

*University of Central Lancashire, United Kingdom*

There are undoubtedly huge costs associated with Conduct Disorder for both Society (Scott, 2007) and for the individual (Collingshaw, 2004).

This paper will attempt, by drawing on a variety of research methodologies and data, to bring together the factors that impact on the life chances of young offenders, in particular the impact of mental health. To then go on to overview, what we as practitioners and researchers can do to respond to unmet mental health need, not only to ameliorate the lives of young offenders but also to look at strategies of harm reduction, as their behaviour in turn impacts on their relationships with their families, their families, society at large and in due course their own children.

Valuable lessons can be learnt from the life course approach utilising knowledge from significant birth cohorts that have studied not only continuities and discontinuities for antisocial behaviour from childhood to adulthood e.g. the work of Farrington, Moffitt, Murray, Steinberg, Odgers and Loeber but in the broader context the studies of social roles, sense of community and social capital. Conduct problems being associated as they are with problems of intimacy (binding).

As practitioners and researchers, the family of EFCAP should move to utilising our knowledge and skills to influence policy makers and politicians throughout Europe, equitably resourcing appropriate continuity of interventions for children and adolescents at high risk of a life course for antisocial behaviour.

This paper will conclude with an individual innovative example of working with high risk young people in a city centre, empowering young people to be a full partner in their own pro-social futures.

I will invite EFCAP to make a Declaration at this conference , on the rights, needs and resources required to meet mental health needs of young offenders across Europe.

## **K-009**

### **The early development of delinquency, disruptive behaviour, and mood dysregulation in girls.**

Rolf Loeber

*University of Pittsburgh, PITTSBURGH, United States of America*

The paper addresses several key questions about the developmental course of delinquency, disruptive behaviour and mood dysregulation (anger and depressed mood) in girls below age 12. A first question asks whether there are distinct, stable and early patterns of delinquency and disruptive behaviour. A second question concerns the temporal order between conduct problems and depressed mood. A third question addresses the role of oppositional behaviour as an antecedent to conduct problems and depressed mood. A final question asks whether there is a developmental sequence between irritable mood and anger, and whether that sequence is independent of delinquency. Answers to these questions are based on empirical studies and the Pittsburgh Girls Study.

## Abstracts Oral Presentations

### O-001

#### **'I feel your pain (...but only if you make me)' Children with psychopathic traits are not insensitive to other's distress.**

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#### Purpose

The relationship between psychopathic traits and aggression in children may be explained by their reduced sensitivity to signs of others' fear and sadness. These emotional cues function to make the perpetrator aware of the victim's distress and supposedly inhibit aggressive acts. As children high in psychopathic traits show a reduced sensitivity to others' distress, these important interpersonal signals cannot perform their aggression inhibiting function. The present study tested the hypothesis that aggression in children with psychopathic traits can be attenuated by making distress cues more salient.

#### Methods

N=224 children played a computer-based competitive reaction-time game against a simulated opponent under one of two conditions. In both conditions the participant was allowed to aggress against the ostensible opponent, but in the experimental condition the salience of the opponent's distress was increased by a written message expressing his or her fear. Psychopathic traits were assessed using the Youth Psychopathic traits Inventory - Child Version (Van Baardewijk, Stegge, Andershed, Thomaes, Scholte, & Vermeiren, in press).

#### Results

As expected, regression analysis showed that psychopathic traits were strongly related to aggression in the no distress control condition but not in the distress condition. Thus, the relation between psychopathic traits and aggression depended upon the salience of the opponent's distress.

#### Conclusions

It was concluded that children with psychopathic traits are indeed prone to act aggressively, but also that this aggression is dynamic and is dependent upon circumstances. Their aggression can be attenuated by a salient display of others' distress.

#### References

Van Baardewijk, Y., Stegge, H., Andershed, H., Thomaes, S., Scholte, E., & Vermeiren, R. (in press). Measuring psychopathic traits in children through self-report. The development of the Youth Psychopathic traits Inventory - Child Version. *The International Journal of Law and Psychiatry*.

### O-002

#### **Psychopathy versus Callous and Unemotional traits: How to capture the construct of psychopathy in youth.**

J. Das

De Waag, Almere, The Netherlands

There is substantial debate about how many dimensions best capture the construct of psychopathy. Three dimensions are consistently found in adult as well as adolescent samples, including an arrogant and deceitful interpersonal style (interpersonal dimension); a deficient affective experience (affective dimension); and an impulsive and irresponsible behavioural style (lifestyle dimension). A large body of research assumes that the combination of these three dimensions represents the higher order construct of psychopathy (Neumann, Kosson, Forth, & Hare, 2006). In contrast, another impressive body of research focuses on callous and unemotional traits (conceptually similar to the affective dimension) as the critical dimension for designating a unique group of antisocial youth (Frick & White, 2008)

A literature review of non-Dutch as well as Dutch research in child and adolescent samples was performed in order to determine the validity of both approaches.

In this presentation the existing empirical evidence of both approaches is summarized.

It is argued that psychopathy can be best perceived as a constellation of extreme levels of continuously distributed personality dimensions (Benning, Patrick, Blonigen, Hicks, & Iacono, 2005). Furthermore, it is postulated that our understanding of the construct of psychopathy may be improved by examining the reciprocal and interactive relationships between these dimensions, instead of focusing on their individual value.

## O-003

### **Age bias in psychopathic traits.**

Sanne Hillege<sup>1</sup>, Jacqueline Das<sup>2</sup>, Corine de Ruiter<sup>3</sup>, Martin Hildebrand<sup>4</sup>, Farid Chakhsi<sup>5</sup>, Theo Doreleijers<sup>6</sup>

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A growing body of research in psychopathy has put its focus on examining whether the concept of psychopathy in adults also fits adolescent psychopathy. These studies have suggested that an early identification of psychopathic traits in children and adolescents may offer better insights in the etiology of the disorder and may provide starting-points for targeting interventions (e.g., Forth, Hart, & Hare, 1990; Forth & Mailloux; Frick, Bodin, & Barry, 2000). However, labeling youths as psychopathic could have a stigmatizing effect, since it is a burdened diagnosis. The assessment of psychopathy could have serious legal implication in the mental health and criminal justice systems. Although most studies use the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003), it has been argued that the use of the PCL:YV, which is a simple downward extension of the PCL-R, may not be warranted (e.g., Hart, Watt, & Vincent, 2002, Seagreve & Grisso). In order to find proof for the applicability of the construct of psychopathy in adolescence, evidence for the stability of its character traits is needed.

Present study focuses on the discriminating value of the separate items of the PCL:YV in discerning psychopathic traits in adolescence. Item Response Theory (IRT) analyses of scores on the PCL:YV from a Dutch sample of 269 incarcerated male adolescents and scores on the PCL-R from 228 incarcerated male adults are used to examine possible difference in item functioning across different ages. Analyses of the individual items from the interpersonal, affective, lifestyle, and antisocial psychopathy dimensions indicated towards a relative difference in the stability of psychopathic traits among adolescents and adults in the condition of Differential Item Functioning (DIF) between these two age groups, suggesting the presence of age bias.

Results from present findings are reviewed in light of the applicability of the construct of psychopathy in adolescents, discussing the extent in which psychopathic traits from the different dimensions could be identified and assessed in adolescents. Possible explanations about the difference in psychopathic traits among adolescents and adults are suggested.

## O-004

### **Stability of psychopathy: A review of the evidence and suggestions of ways forward.**

Henrik Andershed

*Örebro University, ÖREBRO, Sweden*

#### **Purpose**

This reviews the empirical evidence concerning stability and change of psychopathic traits over the life-course and suggests ways forward for future research. If the psychopathy construct is to prove useful for youths, evidence is needed that it is at least relatively stable over time, up into adulthood, and have some predictive utility. Put another way, to be able to know what the implications are of the presence of a psychopathic personality constellation in a young person, we need to know to what extent the presence of these traits in young age predict the presence of the same traits, years later.

#### **Methods**

This review focuses exclusively on prospective longitudinal studies with a follow-up period of minimum 1 year.

## Results

The majority of existing studies show that the rank-order stability during childhood and adolescence and from youth to adulthood is moderate to high. Most existing studies included only males. The few studies that have included females show quite similar findings in terms of rank-order stability as compared to what has been found in males. Based on this narrative review, the similarity in stability of normal personality, personality disorders, and psychopathy/psychopathic traits are quite striking. The common finding in all fields is that the traits and behaviour we are assessing show moderate to high stability over periods of several years. The studies looking at mean-level stability generally show significant, but not dramatic changes over time. Studies of individual-level stability shows that there is definitely substantial stability from youth to adulthood but there are certainly also a smaller group of youths that change in personality during the transition from youth to adulthood. This seems to be the case among both males and females.

## Conclusion

Psychopathic personality traits are stable in some people and not in others. Research focused on explaining why these traits are stable in some youths but not in others, should be of high priority in future research.

## O-005

### **Moral reasoning: balancing between intention and consequences.**

Annematt CollotdEscury

*University of Amsterdam, AMSTERDAM, The Netherlands*

## Purpose

Moral reasoning is based on a delicate balance between intentions and consequences. In line with Kohlberg moral reasoning usually is assessed based on stories containing social dilemma's in which a story character either lies to gain a reward or to avoid punishment, or the lying is an exaggeration, fantasy or enthusiasm, or the lie is involuntary, based on a lack of knowledge, consequences differ from one story to another. Perspective taking, the ability to infer intentions and cognitive reasoning, the ability to engage in logical hypothetical deductive and proportional reasoning, can be seen as necessary in order to engage in moral reasoning. Children and adolescents with Mild Intellectual Disabilities (MID) are considered at risk in respect to perspective taking, cognitive reasoning and moral reasoning. However few studies investigate moral reasoning, perspective taking, cognitive reasoning and moral reasoning.

In the underlying study moral reasoning -a series of Kohlberg dilemma's presented as cartoons-; perspective taking -a task battery containing different levels of true and false belief reasoning-; and cognitive reasoning -conservation of number and volume and balance reasoning- were presented to children with Mild Intellectual Disabilities (MID) (n=29) and non MID children (n=30), ages 8-12.

## Results

A significant relation between the scores on moral items that demanded integration of dimensions and the ability to use two dimensions on both the balance scale task and conservation of volume was evident, with the MID children failing the latter. In line with the results on the balance scale the MID children were significantly less able to judge the dilemma's that required the integration of both intention and consequence.

## Conclusion

Both social cognition and cognitive reasoning play an important role in moral reasoning. The integration of dimensions is an obstacle for children with MID. Although the study leaves open some important questions ( the relation between moral reasoning and moral behaviour) and invites the improvement of the moral reasoning interview, the results are of importance for both theories on moral reasoning and forensic practice. The integration of dimensions, which is a purely cognitive capacity, is a good predictor for moral reasoning, next to social cognitive reasoning

## O-006

### **Missing the brake: cognitive impulsivity as a risk factor to delinquent behaviour.**

Annematt Collotd'Escury

*University of Amsterdam, AMSTERDAM, The Netherlands*

#### Purpose

Studies have shown that low intelligence (IQ) and delinquency are strongly associated. This study focuses on inhibitory deficits as the source for the association between low IQ and delinquency. Further, we explore whether serious delinquent boys with a low IQ are exposed to more risk factors than serious delinquent boys with an average to high IQ. We also examine the extent to which low IQ and higher IQ serious delinquents incurred a contact with the juvenile court because of their delinquent behaviour.

#### Methods

The study consists of secondary analyses of data from the Pittsburgh Youth Study (middle sample; N = 430). Cross-sectional and longitudinal data were used to constitute four groups of boys: low IQ serious delinquents, higher IQ serious delinquents, low IQ non-to-moderate delinquents and higher IQ non-to-moderate delinquents.

#### Results

Low IQ delinquents did not differ from High IQ delinquents, both are experiencing difficult family circumstances, both differ significantly in measures of empathy and guilt feelings and behavioural impulsivity from their non delinquent peers. However low IQ delinquents were particular weak in cognitive impulsivity and seemed more vulnerable to depression and a lack of friendship.

#### Conclusions

Inhibition deficits appear important in the aetiology of delinquency, especially among low IQ boys. Serious delinquent boys are all impulsive, but the higher IQ serious delinquents seem to have a better cognitive control system. Interventions aimed at low IQ boys should focus on the remediation of behavioural impulsivity as well as cognitive impulsivity. Depression and a lack of friends are significant but need more research.

## O-007

### **Registration of aggression for treatment outcome research: comparison of the suitability of two types of instruments.**

Klaus Drieschner

*Trajectum, BOSCHOORD, The Netherlands*

Aggression is probably the most prevalent problem behaviour of patients in correctional treatment. The registration of aggressive behaviour of these patients can be relevant for several reasons, among which the evaluation of the efficacy of interventions and treatment programs with the aim of reducing aggressive and violent behaviour.

Many instrument for the registration of aggressive incidents have been developed, which can broadly be divided in two types. Incident-based instruments, such as the Staff Observation Aggression Scale-Revisited (SOAS-R) require that a registration form is completed only when an incident has occurred. Period -based instruments, such as the Modified Overt Aggression Scale (MOAS), are completed in fixed time-intervals whether or not incidents have taken place. The purpose of this paper is evaluate the suitability of the SOAS-R and the MOAS, and more generally incident-based versus period based registration methods, for the purpose of treatment outcome research. Three related evaluation-criteria were extent of underregistration, occurrence of form-filling-fatigue, and sensitiveness for changes in frequency and severity of aggressive behaviour.

#### Method

Aggressive incidents were registered during three years in a treatment centre for individuals with mild intellectual disability and severe problem behaviour. After two years, it was switched from SOAS-R to MOAS. The suitability of the measures for the purpose of measuring change was evaluated by comparisons of the absolute numbers and types of registered incidents, the patterns of incidents over time, and the effect of interventions to achieve temporary full registration.

## Results

Far more aggressive incidents were registered with the MOAS than with the SOAS-R. Moreover the results indicate that little underregistration and form-filling fatigue occurred when the MOAS was used.

## Conclusion

When aggressive incidents are registered for detecting effects of therapeutic interventions, the MOAS is preferable to the SOAS-R and, more in general, period-based are likely to be superior to incident based methods. Incident-bases methods have advantages when the registration serves other purposes.

## O-008

### **Emotional memory in juvenile delinquents.**

Maaïke Cima, Cor Meesters

*University of Maastricht, The Netherlands*

#### Purpose

An important characteristic of psychopathy includes emotional processing deficits (Hare, 2003). One possible explanation for this might be a disturbed emotional memory in these type of offenders. Several studies have demonstrated lack of emotions in psychopathic adults (e.g., Williamson, et al., 1991; Herpertz et al., 2001). However, only few studies investigated emotional memory. Moreover, investigating emotional processing in criminal youth is sparse. Therefore, the aim of the current study is to investigate emotional memory deficits in juvenile delinquents with high and low psychopathic characteristics.

#### Methods

The current study involved 40 participants, who were all boys between the ages of 12 and 18 years old. They all had been in contact with the Council for Child Care because of a committed crime. To measure psychopathic traits, the Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996) and Inventory of Callous-Unemotional traits (ICU; Frick et al., 2003) were administered. Emotional memory was measured using an emotional picture and the emotional 15-word task. In the emotional picture task participants had to remember neutral, positive, negative and aggressive pictures, while in the 15-word task, neutral, positive, and negative valued words had to be remembered.

#### Results

Results indicate that aggressive pictures were better remembered than neutral, negative and positive pictures. Although this pattern was through for all delinquents, this tendency was particularly present in those juvenile delinquents high on psychopathic traits. There was no difference between the groups for memory of emotional versus neutral words.

#### Conclusions

These preliminary data suggest that juvenile delinquents demonstrate enhanced memory for aggressive stimuli, especially when they display psychopathic characteristics. This might suggest that these type of juvenile delinquents show an attentional bias towards aggressive material, which might indicate activation of cognitive scheme's including aggression related neuronal circuitries. A follow-up study will examine this implication.

#### References

Hare, R. D. (2003). *The Hare Psychopathy Checklist - Revised (PCL-R)*, 2nd edition. Toronto, Ontario: Multi-Health Systems. Williamson, S. , Harpur, T. J. , & Hare, R. D. (1991). Abnormal processing of affective words by psychopaths. *Psychophysiology*, 28 (3), 260-273.



## O-009

### **Identification of classes of executive functioning of juvenile delinquents with psychiatric problems.**

Daniëlle Jacobs, Ilja Bongers, Chijs van Nieuwenhuizen  
*GGzE, EINDHOVEN, The Netherlands*

#### Purpose

The purpose of this study is to obtain more insight in the executive functioning of juvenile delinquents with psychiatric problems. Earlier research has mainly focused on different executive dysfunctions between several psychiatric disorders. Differences are recognized between various psychiatric disorders in executive dysfunctions. However, it remains unclear if it is possible to identify different subtypes within this population or that it should be seen as a homogeneous group.

#### Methods

Eighty-five adolescents (mean age of 18,5 years) were administered a battery of assessments measuring executive functioning. This battery includes the Trail Making Test (Reitan & Wolfson, 1995), the Stroop Kleur - Woord Test (Stroop, 1935), the Verbal Fluency Test (Battig & Montague, 1969) and the Rey Complex Figure Test (Meyers & Meyers, 1995). Data was collected about the psychiatric disorders and legal status. Different subtypes within the forensic psychiatry were identified by Latent Class Analysis (LCA).

#### Results

LCA yielded two identifiable executive clusters. The distinctiveness of these subtypes was confirmed by univariate analyses. The first class is characterized by commonly executive dysfunctioning, in which particularly the function Planning, is seriously disturbed. Because of this, the class is indicated as planning. The second class shows significant less disturbances in executive functioning. The averaged scores are higher than in the total group, with exception of the function Flexibility. Results further indicated no differences in psychiatric disorder or legal status between the two clusters.

#### Conclusion

Juvenile delinquents can not be seen as a homogeneous group, but should be classified in two different subtypes. Youths within the class planning, with serious executive dysfunctions possibly require another treatment, in comparisons with youths within the normal class.

## O-010

### **Behavioural changes during admission in a youth forensic psychiatric hospital: a multi level model.**

Chijs van Nieuwenhuizen<sup>1</sup>, Ilja Bongers<sup>2</sup>

<sup>1</sup>GGzE, EINDHOVEN, The Netherlands

<sup>2</sup>GGzE / Catamaran, EINDHOVEN, The Netherlands

#### Purpose

Youth forensic psychiatric hospital 'Catamaran' offers psychological and psychiatric assessments and treatment to Dutch youngsters between the age of 16 - 24 years who have been involved with the criminal justice system and/or pose a risk to themselves or to others. In this presentation, behavioural changes during admission are described. Depending on the severity and the type of the psychological and psychiatric problems, we expected more or less behavioural changes.

#### Methods

For nearly 70 youngsters, the psychiatric condition was assessed every three months using the FIOS (Forensic Inpatient Observation Scale, Timmerman et al., 2001). Of these youngsters, 40 observations of teachers were also available (TRF, Achenbach, 2001) and nearly 25 of these youngsters reported about their perceived competence (CBSA, Treffers, 1993). The behavioural changes were analysed using a multilevel model which enables us to describe the overall development of the youngsters during admission.

#### Results

Results show that changes during admission take place; especially the oppositional problems of youngsters (assessed with the FIOS and TRF) decrease during their stay in the youth forensic psychiatric hospital. For the CBSA, we only found an increase in the self-worth scale; all other scales showed no behavioural changes during admission.

## Conclusion

Inpatient treatment can diminish behavioural problems in high-risk young offenders with mental disorders.

## References

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## O-011

### **Criminal behaviour: policy issues and brain mechanisms.**

Katy de Kogel

*Ministry of Justice, THE HAGUE, The Netherlands*

Reducing crime continues to be high on the social agenda. In recent years, there has been a great deal of investment in the development of effective behavioural interventions aimed at reducing the chance of recidivism. Scientists have concluded that while some interventions are reasonably effective, even the most effective interventions have unsatisfactory results for a substantial number of children, adolescents and adults. Innovation of diagnostic methods and interventions therefore remains important. Prevention is another crucial issue, as many criminal careers develop from serious problematic behaviour during childhood. The question is how such a development can be recognised in time and how children can be prevented from going off the rails and exhibiting criminal behaviour. The growing scientific consensus is that the approach to such issues should involve biological factors in addition to and in combination with psychological, social, societal and legal factors. In recent decades, there has been tremendous growth in research providing insights into biological processes, which are part of the basis for antisocial behaviour, including criminal behaviour.

The presentation is based on a literature study conducted on behalf of the Ministry of Justice of The Netherlands. The study has two objectives: 1) To present several bodies of neurobiological, neuropsychological and molecular genetic research that are relevant to policy issues and questions that are high on the agenda of the Ministry, such as 'child abuse and neglect', 'problem children, dangerous adolescents and violent adults', 'sex offenders', and 'judicial interventions and reduction of criminal recidivism'. 2) To indicate some perspectives for future research.

## O-012

### **Testing the underarousal hypothesis for antisocial behaviour: The ANS and HPA axis.**

Lenneke Alink, Marinus van IJzendoorn, Marian Bakermans-Kranenburg, Femmie Juffer, Judi Mesman  
*Leiden University, LEIDEN, The Netherlands*

Stress-regulating systems such as the autonomic nervous system (ANS) and the hypothalamus-pituitary-adrenal (HPA) axis are important biological markers of antisocial behaviour. More specifically, physiological underarousal has been proposed to be a risk factor for high levels of antisocial behaviour. Low physiological arousal may predispose individuals to seek out stimulation and may indicate a lack of fear for negative consequences of deviant behaviour. In this contribution, we address the hypo(re)activity hypothesis on two levels, using two different methods.

The first part focuses on the ANS. In a longitudinal study, resting heart rate and heart rate variability and reactivity to a stressful gambling task were measured in adopted adolescents with aggressive and/or delinquent behaviour problems, and adopted adolescents without behaviour problems (total N = 151). In line with the underarousal hypothesis, only early-onset delinquent adolescents showed heart rate hyporeactivity to the stress-eliciting gambling task.

The other stress-regulating system, the HPA axis, is discussed in the second part. Even though the hypo(re)activity hypothesis regarding antisocial behaviour is clear-cut, findings regarding the HPA axis are equivocal. Therefore, two meta-analyses were performed to test the hypo(re)activity hypothesis, one for basal cortisol (k = 72 studies, N = 5,480) and one for cortisol reactivity to a stressor (k = 29 studies, N = 2,601). No association was found between cortisol reactivity and externalizing behaviour (r = -.04). However, the relation between basal cortisol and externalizing behaviour was significant but small (r = -.05).

The age of the children significantly moderated this relation: Externalizing behaviour was associated with higher basal cortisol (hyperactivity) in preschoolers ( $r = .09$ ), and with lower basal cortisol (hypoactivity) in elementary school-aged children ( $r = -.14$ ). There was no significant relation between cortisol and externalizing behaviour in adolescents.

Findings from both studies will be integrated and discussed from a developmental perspective.

## O-013

### **Neural development of social decision-making across adolescence.**

Wouter van den Bos, E. van Dijk, M. Westenberg, E.A. Crone  
*Leiden University, LEIDEN, The Netherlands*

Social decision-making skills have a slow developmental trajectory, with perspective taking abilities improving until late adolescence. The neural mechanisms which support this developmental change are currently unknown. In this event-related functional MRI study we examined behavioural choices and neural responses in a variant of the Trust Game, in 57 participants between ages 12-22 (12-14-years,  $n=22$ , 15-17-years,  $n=17$ , 18-22-years,  $n=18$ ). Participants were playing numerous single-shot trials with unknown age-matched peers and were trusted money on a proportion of trials. We examined whether on those trials, participants reciprocated trust by sharing a large proportion of the money with the trustor, or defected by sharing a small proportion of the money. Behavioural data showed that the importance of the consequences for the other person increased with age, indicating improving perspective-taking skills. fMRI analysis demonstrated differential patterns of activity for reciprocal and defective in the anterior medial prefrontal cortex (med-PFC) for the two oldest age groups, but not for the 12-14-year-old adolescents.. Med-PFC activation has previously been associated with mentalizing and theory-of-mind abilities (Frith&Frith, 2006). The current findings will be discussed vis-à-vis current theories of social cognitive brain development and psychopathology

## O-014

### **A multi-measure study of empathy in boys with disruptive behaviour disorders.**

Minet de Wied<sup>1</sup>, Anton van Boxtel<sup>2</sup>, Walter Matthys<sup>3</sup>, Wim Meeus<sup>4</sup>

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#### Purpose

The current study used a multi-measure approach to examine state empathy in 12- to 15-year-old boys with Disruptive Behaviour Disorders (DBD) and healthy controls. We also explored potential differences in empathic sensitivity between DBD boys with high and low callous-unemotional (CU) traits.

#### Methods

Verbal, facial electromyographic (EMG) and heart rate (HR) responses were assessed during exposure to short (2-3 min) empathy-inducing film clips portraying children and adolescents experiencing either negative (anger/sadness) or positive (happiness) emotions.

#### Results

Relative to controls, DBD boys (as a group) obtained lower scores on verbal and facial measures of empathic sensitivity. In particular, DBD boys showed selective impairments in empathic sadness and happiness, not in empathic anger. Significant differences between DBD subtypes emerged on HR responses to sadness, indicating that DBD boys with high CU traits are less emotionally responsive to another person's sadness than those with low CU traits.

#### Conclusion

Using multiple measures of empathic sensitivity, the current study demonstrate that DBD boys have selective empathy deficits. Specifically, DBD boys with high CU traits show significant deficits in empathic sadness.

## O-015

### **Trajectories of social and judicial services received by adjudicated males from birth to adolescence: Are they predictive of delinquency from mid-adolescence to emerging adulthood?**

Nadine Lanctôt<sup>1</sup>, Julie-Anne Moreau<sup>1</sup>, Annie Lemieux<sup>1</sup>, Marc Le Blanc<sup>2</sup>

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#### Purpose

Developmental criminology has well documented that adolescents who are in residential centres because of their delinquency or problem behaviours have a long history of services used. However, very few studies offer a systematic description of the history of the services received by these adolescents. Moreover, whether or not trajectories of services used can predict trajectories of self-reported delinquency is largely unknown. Our longitudinal study allows a detailed analysis of both antecedents of services used from birth until mid-adolescence and trajectories of delinquency from mid-adolescence to emerging adulthood.

#### Methods

Participants : The sample consists of 486 males who were adjudicated in 1992-1993 for delinquency or serious conduct problems. The data of this longitudinal study were collected in three phases. The average age was 15.7 (S.D. = 1.4), 18.1 (S.D. = 1.4), and 23.7 (S.D. = 1.4) at each testing time. At Time 3, the retention rate was 58 %. A forth-measuring time is actually in progress (mean age = 30). Data were assessed retrospectively through official social and judicial files. The motives and onset of the referrals, be it within the youth care system or the juvenile justice system, and the nature of the resulting services used were collected from birth to adolescence.

Data were self-reported by participants and were assessed in a longitudinal design at mid-adolescence, end of adolescence and emerging adulthood. The onset and incidence of delinquency were measured in a structured interview (MASPAQ, Le Blanc, 1996). The trajectories of delinquency will be reported for violence, thefts, and drug use.

Trajectories of services used are identified with the help of Latent Class Analyses. These trajectories will then be used as an independent variable to predict trajectories of delinquency in a growth curve modeling.

#### Results

Four trajectories of services used were observed. They differ in terms of their onset, their severity and their nature. Their predictive power on further delinquency is relatively modest and is mainly observed for thefts.

#### Conclusion

Results will be discussed in terms of their implications for social policies and programs.

## O-016

### **Clinically meaningful risk and protective factors for different types of violent behaviour among adolescent girls and boys.**

Yasmina Molero Samuelson, Anders Tengström

Research Centre for Adolescent Psychosocial Health, STOCKHOLM, Sweden

#### Purpose

Increasing numbers of adolescent girls engage in violent and antisocial behaviours. Yet, the literature on girls is limited and knowledge is based mostly on male-only samples. Important questions regarding sex differences and unique risk and protective factors for girls' violent and antisocial behaviour remain. Consequently, the present study aims to examine clinically meaningful risk and protective factors for different types of violent behaviour. The purpose is to extract factors that can be used to inform treatment efforts for girls and boys.

#### Methods

The sample included 99 girls and 81 boys aged 12 to 20 that consulted a clinic for substance misuse problems. The participants along with their 255 parents were interviewed by a clinician and self-reports were filled out. The participants were followed up after one year and violent behaviour was assessed with the MacArthur Community Violence Interview. Clinically meaningful risk and protective factors were chosen from the literature.

## Results

Results demonstrated that 33.4% of the girls and 62.9% of the boys had committed a violent act during follow-up. Relevant risk- and protective factors were found in domains related to school, relationship to the parent's, and the parents' degree of involvement. Differences were found in the associations between risk and protective factors and violent acts. Some sex differences appeared in the analyses, for example, girls exhibited less protective factors for violent crimes than the boys. Further results will be elaborated in the presentation.

## Conclusion

Violent and antisocial behaviour can be affected by clinically meaningful factors in areas that are not directly related to the behaviour. These types of risk and protective factors can be targeted for change and thereby have a positive effect on treatment outcome. Treatment efforts for adolescents that exhibit violent and antisocial behaviour should therefore include strategies that address these areas as well. Furthermore, treatment should address specific factors that are associated with girls' violent and antisocial behaviour.

## O-017

### **Gender-specific predictors of criminal recidivism in a representative sample of incarcerated youth.**

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## Objective

Detained juveniles are characterized by an over-representation of psychiatric disorders. The connection between psychopathology and re-offending is not yet clear based on currently available data. The purpose of the present prospective longitudinal study was to identify gender-specific psychopathological predictors of criminal recidivism among a representative sample of incarcerated youths.

## Methods

The Mini-International Psychiatric Interview for children and adolescents (MINI-Kid) was used to assess psychopathology in juveniles entering an Austrian pretrial detention facility between March 2003 and January 2005. From the beginning of the study until January 2006 data on criminal history were obtained from the Integrierte Vollzugsverwaltung (IVV), a database containing criminal information of every individual incarcerated in Austria. Of the 370 eligible participants, the final study sample comprised 328 juveniles (56 girls and 272 boys; age range 14 to 21 years, mean=16.7).

## Results

52.6% of the boys and 37.5% of the girls were re-incarcerated within the specified follow-up period. Using Cox Forward Stepwise Regression and Kaplan-Meier Analyses, age at first incarceration ( $B = -.296$ , Wald Statistic= 17.11,  $p < .001$ ) and oppositional defiant disorder (ODD) ( $B = .751$ , Wald Statistic= 19.25,  $p < .001$ ) were identified as significant predictors for re-offending in boys. In girls, generalized anxiety disorder ( $B = 1.97$ , Wald Statistic= 13.71,  $p < .001$ ) was found to be a predictor for re-offending, whereas dysthymia ( $B = -1.44$ , Wald Statistic= 4.02,  $p = .045$ ) was found to serve as protective factor.

## Conclusion

Our study confirms high rates of re-offending after release from correctional facilities in both genders. It further defines gender specific psychopathological risk factors for relapse in incarcerated juveniles. According to our results, in boys ODD and early age at first incarceration are predictive of re-incarceration. In girls, anxiety disorder was found to be a risk factor for future offending, whereas dysthymia was found to have a protective influence. Consequently, rehabilitation programs should be gender specific.

## O-018

### **Externalizing psychopathology and persistence of antisocial behaviour in a Dutch sample of very young first offenders.**

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#### Purpose

Children who exhibit delinquent behaviour before age twelve are at high risk to become chronic offenders. Still, only a proportion of these children actually persists. Identification of this subgroup carries relevance by enabling focused intervention initiatives. Externalizing psychopathology, such as oppositional defiant disorder (ODD), conduct disorder (CD), and attention deficit / hyperactivity disorder (ADHD), occurs pervasively in delinquent youths and has been associated with higher risks of recidivism but has rarely been studied in childhood police arrestees. Therefore, this study investigates the predictive validity of externalising pathology for persistence of antisocial behaviour over and above socio-demographic and first offence characteristics.

#### Methods

After first arrest 266 childhood arrestees aged under 12 were assessed using the Diagnostic Interview Schedule for Children (DISC-IV) parent version to diagnose for ADHD, CD and ODD. Offending frequency was based on a combined parent-child measure after arrest and at follow-up one year later. Three groups were distinguished: Low (n=139), Intermittent (n=69) and Persistent high (n=37) offenders.

#### Results

Over one third of the sample (35%) was diagnosed with at least one externalising disorder, and 13% was diagnosed with both ADHD and a Disruptive Behaviour Disorder (DBD; ODD and/or CD). Co-morbidity of ADHD and DBD significantly distinguished both the Intermittent and Persistent group from the Low offending group over and above socio-demographic and first offence characteristics.

#### Conclusion

Prevalence of externalising psychopathology is high in early onset offenders with a first police encounter. Further, only the combination of ADHD with DBD was predictive of persistent and intermittent offending as compared to low level offending. This asks for more attention for psychopathology in this group, since its presence not only requires treatment, but also helps identifying those at risk of persistence and therefore deserves special attention from a societal point-of-view.

## O-019

### **Psychiatric and Functional Trajectories of Children with ADHD Prospectively Followed from Age 8 to Age 40.**

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#### Purpose

To further our understanding of the developmental trajectory of ADHD from childhood to adulthood through the first prospective, controlled study of ADHD children into adulthood .

#### Methods

90 boys systematically diagnosed with ADHD between 6 -12 (M, 8 years) and 102 comparisons (non-ADHD boys matched for age and SES) were followed in adolescence (M, 18), in early adulthood (M, 26), and at mean age 40. Conduct Disorder was ruled out in childhood. Consequently, the study informs on ADHD without the confound of Conduct Disorder whose sequelae are well established. "Blind"clinicians conducted systematic interviews. Multiple outcomes were assessed (psychiatric, academic, social, occupational, marital).

#### Results

10% of ADHD subjects vs. 1% of controls were deceased ( $p<.01$ ). ADHD was elevated in index subjects (13% vs. 1%,  $p<.001$ ). If, as recommended, criteria for adult ADHD are reduced, respective rates are 36% and 12% ( $p<.001$ ). At age 40, relative to comparisons, the former ADHD group also had more antisocial personality disorder (APD) (10% vs. 0%,  $p<.001$ ), drug disorders (DD) (17% vs. 7%,  $p<.03$ ), and nicotine dependence (29% vs. 9%,  $p<.001$ ), as well as criminality (arrests,



incarcerations), with relatively more severe criminal offenses. The maintenance of ADHD was a strong predictor of developing APD, which in turn was the key risk factor for DD and criminality. A clear developmental trajectory emerged, from ADHD to APD, followed by DD, and culminating in criminality. Other outcomes (listed above) will be presented.

#### Conclusion

The extended clinical course of ADHD appears developmentally specific, with ADHD leading to APD, on to DD, and elevated crime rates. In addition to psychiatric liability, childhood ADHD incurs other disadvantages, but findings do not support that ADHD remains into adulthood in the majority, or that bipolar disorder was misdiagnosed as ADHD in childhood.

### O-020

#### **Combination of atomoxetine with methylphenidate can reduce violence risk in youth.**

Gyula Söfi

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The prevalence of mental illness among persons involved with the juvenile criminal justice systems is known to be particularly high. Because of the high risk for taking part in violent crimes for children with ADHD (Doreleijers et al., 2000, Vermeiren et al., 2000), it needs efficient, multidimensional treatment efforts as a prevention for delinquency. Pharmacological interventions are considered first-line treatments for attention deficit hyperactivity disorder. In Hungary, it is approved to treat ADHD with stimulant medications or atomoxetine. Unfortunately, approximately one-third of children fail to respond adequately to stimulants (Spencer et al., 1996). A group of children with ADHD and a criminal history, who have an inadequate response to stimulants are involved in this study. We have found efficiency of combining methylphenidate and atomoxetine not only on normalization of ADHD ratings, but on moderate decrease of violence risk, measured with SAVRY test.

### O-021

#### **Introduction to the model project: Clarification and goal-attainment in Swiss youth welfare und juvenile justice institutions - design of the study description of the sample (MAZ).**

Bettina Eva Breymaier

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#### Purpose

The Swiss juvenile criminal law has been reformed in the beginning of 2007. Required from the residential care institutions and the juvenile justice programs are now clarifications of the personal situation and the mental health status of the inmates at admission and furthermore a standardized yearly evaluation of the progress. The purpose of our study "MAZ." is the development of two assessment tools for these two requirements: BARO (for the clarification) and a special goal-attainment-scale. Additionally we want to validate both of these with well known scientific instruments. The study is founded by the Department of Justice in Switzerland.

#### Methods

The study aggregates epidemiologic questions and a pre-post analysis.

We recruited over 300 female and male adolescents (12 to 26 years old mean age 16,6 SD 2,9) out of 31 Youth Welfare and juvenile justice Institutions in the German speaking part of Switzerland to assess them with computer based inventories and clinical interviews (K-SADS) to admit ICD-10 diagnoses and the semi-structured BARO interview. The Psychopathology of the sample could be described in a dimensional and categorical way. Data is collected from August 2007 to June 2009.

#### Results

We are able to give an epidemiologic description of psychopathology, personality factors, sociodemographic characteristics, and crime related data in order to evaluate the needs of Swiss juvenile inmates and clients in different types of residential care in the Swiss Juvenile Justice System.

#### Conclusion

The aim of our study is to offer two standardized instruments -that are functional and efficient to meet the new demands of the criminal law- to the Youth Welfare and juvenile justice Institutions. Furthermore, the knowledge of the samples psychopathology is helpful to describe possible needs for educational measures and supply of psychiatric treatments.



The study evaluates the process of measures with a goal-attainment-scale in a one year cycle. The diagnostic and decision-making progress should also be reviewed under different aspects such as gender, socio demographic background or type of institution within the Youth Welfare and Juvenile Justice System.

## O-022

### **A captive audience? Adolescent offenders help seeking behaviour and attitudes to mental health services in custody.**

Paul Mitchell

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#### Purpose

Studies show that adolescent offenders in custody have high levels of mental health problems. Despite recent developments in screening and improvements in prison mental health services, recent reports show that these needs often still go unrecognised. Why have recent improvements not resulted in a greater uptake of services by troubled adolescents?

To date there have been no systematic studies of adolescent offenders' help seeking behaviour and their beliefs and attitudes about mental health services.

#### Methods

A questionnaire was developed using focus groups of adolescent offenders and administered to 115 male adolescents in custody to examine

- General coping style
- Coping in custody
- Beliefs about mental health services
- Help seeking for specific mental health problems

#### Results

Within the prison there was a general reluctance to talk to custody staff or other professionals about personal problems; over 55% of respondents would not approach anyone. The people most likely to be approached were personal officers (up to 44%) and health care staff (up to 38%).

Attitudes towards mental health services were ambivalent; over 90% perceived services as trying to be helpful, yet over 50% thought their problems would not be understood. 70% thought that it was a good idea to talk about problems, yet over 50% stated that they would not do so.

Help seeking for specific problems showed that other prison staff were often more likely to be approached than mental health professionals; e.g. for depression the chaplaincy (33%), personal officer (25%) rather than mental health services (10%). Even for self-harm and suicidal thoughts only 50% of young people would approach mental health services. Help seeking was most likely to be directed towards mental health services for auditory hallucinations (72%) and having strange thoughts (60%).

#### Conclusion

Prison mental health services need to consider how they present themselves to young people to increase accessibility and uptake. Promoting mental health awareness and providing information about services will increase self referral. Mental health awareness training for prison staff will increase appropriate referrals from other sources.

## O-023

### **It's Not So Much Who You Say You Are, It's What You Do: Life-Span Continuity of Female Aggression and Violent Behaviour.**

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Aggressive behaviour has been seen as a risk factor for future social maladjustment, particularly among males, and it is not until recently that researchers have recognized the developmental risks for aggressive females.

The present study focuses on the continuity and consequences of female aggressive behaviour from a life-span perspective. Using a sample of approximately 500 women who have been followed from age 10 to age 42, we find that those who were rated as aggressive at one point in time, in most cases were rated as aggressive later in life. Also, highly aggressive girls engaged in violent and antisocial acts to a greater extent than low aggressive girls. These data highlight the continuity and risks of an aggressive interpersonal style for girls and women. With an understanding of the risks, we can begin to identify aggressive girls and provide appropriate interventions to prevent the development of subsequent adjustment problems.

## O-024

### **The Neighborhood Context of Parenting of Preadolescent Girls: Development over Time.**

Leoniek Kroneman

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#### Purpose

Parenting has consistently been found to be important in the development of conduct problems, particularly for youth growing up in disadvantaged neighborhoods. It is important to study parenting behaviour from a developmental and ecological point of view since it is likely that parent-child relationships change as children grow older, and differ by neighborhood. The current paper examines developmental changes in parenting behaviours within the neighborhood context in a community sample of preadolescent girls aged 7 to 12 years (Pittsburgh Girls Study; N = 1192).

#### Methods

We estimated growth curve models of 3 parenting behaviours. The parenting behaviours comprised positive parenting, harsh parenting and parental warmth, and were assessed annually for 5 consecutive years. First, to examine the group-level and the within-individual stability in parenting behaviour, unconditional growth curve models were specified. Second, we specified a set of conditional models (including covariates) to examine hypotheses regarding the association between parenting behaviour growth curves and neighborhood quality.

#### Results

Growth curve models showed that positive and harsh parenting decreased over time, whereas parental warmth increased over time. Neighborhood quality, as perceived by the parent, was associated with harsh parenting and low parental warmth, but not with the use of positive parenting techniques. Girls' conduct problems mitigated the association between neighborhood quality and low parental warmth, but not harsh parenting.

#### Conclusion

The findings suggest the need to tailor prevention and intervention efforts to the neighborhood families reside in. The findings also indicate that effectiveness of interventions could be increased when family-based programs are combined with community strengthening efforts. Last, the current study contributes to the identification of families who are at elevated risk for suboptimal child rearing. Early identification and intervention are important in order to prevent girls from the wide range of adverse outcomes in adulthood, such as physical and mental health problems and substance abuse, that are associated with conduct problems in adolescence.

## O-025

### **Pregnancy, trauma and aggression in teenage girls in juvenile justice institutions.**

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#### Purpose

To investigate the prevalence of pregnancy, trauma and aggression in girls in juvenile justice institutions (JJIs) in the Netherlands, to examine which factors predict teenage pregnancy and to investigate relations between trauma and aggression.

#### Methods

Between 2002 and 2004 a representative sample of girls in JJIs was investigated (N=218) on trauma, pregnancy and aggression by means of standardized instruments.

## Results

20% of the girls had been pregnant and 90% had suffered one or more traumas. High levels of aggression were reported. Age, early maturity, sexual risk behaviour and suicidality predicted pregnancy best. Trauma was related to both overt and covert aggression.

## Conclusion

Pregnancy, trauma and aggression are highly prevalent in girls in JJIs. Therefore, interventions focusing on sexual risk behaviour and trauma are important during detention and after release.

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## O-026

### **Psychological problems in girls with delinquent behaviour: an overview of a complex study within the last decade.**

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In the course of the last decade a number of projects exploring psychological and clinical problems in delinquent girls were carried out as a large complex prolonged study in the Serbsky National center for Social and Forensic Psychiatry (Moscow) and Moscow University of Psychology and Education. A large group of girls (over 500) 14-18 years old detained in closed educational and correctional institutions (special closed secondary and professional schools, youth prisons) for perpetration of criminal acts was examined with various psychological and clinical methods in the period from 1994 to 2007. An examination of comparison groups of non-delinquent peer girls and in some projects those of delinquent boys was performed, as well.

Our purpose is an analysis of the most important results received in these studies.

Within the period some stages can be singled out with stress on special research topics.

#### *I. 1994-1999*

1. Delinquent girls' identity, values, attitudes, personality structure, psychiatric problems.
2. Family circumstances, parents' (especially mothers') attitudes towards daughters and their impact on the girls' psychological development.
3. Aggressiveness and delinquent behaviour in girls.

#### *II. 1997 - 2002*

4. Psychosexual development and gender identity in girls with delinquent behaviour.
5. Delinquent girls' development in group and individual psychological work. An 18 months study of one group in training and psychotherapeutical process in residential setting.

#### *III. 2001 - 2007*

5. Psychic trauma in delinquent girls and psychotherapeutic treatment approach.
6. Psychic trauma and aggressiveness in delinquent girls.

The results of the study are discussed in an integrative way considering gender specifics, prevention and rehabilitation possibilities for girls with delinquent behaviour, as well as new research perspectives in the field.

## O-027

### **Can psychopathic traits be meaningfully measured in preschool children? Initial test of the Child Problematic Traits Inventory in two independent samples.**

Henrik Andershed

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#### Purpose

Several studies have shown that psychopathic traits can be meaningfully measured in adolescence. Less is known however concerning their measurability in preschool years. The present study presents the development and test of a new teacher-rated instrument aimed at measuring core psychopathic traits in children, called the Child Problematic Traits Inventory (CPTI).

#### Methods

The CPTI is in the present study tested in two independent samples of 3-5 year olds attending public preschools in Sweden. Factor structure and external validity is tested.

#### Results

Results shows that a three factor structure very much like the one gained in adolescence and adulthood concerning psychopathic traits is obtained with the CPTI in preschool children. The three CPTI factors were also, as would be expected, correlated with different kinds of behavioural problems.

#### Conclusion

The present study indicates that psychopathic traits can be meaningfully assessed in preschool children. Implications for practice and future directions for research are discussed.

## O-028

### **The Assessment of Psychopathic Traits in Young Children.**

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It is highly controversial to apply the idea of psychopathic traits to young children, and little previous work has examined whether such traits could be adequately measured in such young samples.

In the present study, the reliability and construct validity of two commonly used measures of psychopathic traits in children (the Antisocial Process Screening Device (APSD) and the Childhood Psychopathy Scale (CPS)) is examined in a community sample of 4- to 9-year old children. Confirmatory factor analysis is used to check the factor structure of both instruments and APSD-CPS intercorrelations are computed to test convergent validity.

Associations of the resulting psychopathic trait dimensions with measures of internalizing and externalizing problems (CBCL, CRS) and disruptive behaviour disorders (DBD) are explored.

In addition to the psychometric evidence, attention will also be paid to the question to which extent the downward extensions of the instruments are developmentally informed.

## O-029

### **Conscience development and externalizing problems during childhood.**

Barbara Zwirs

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The current project is a longitudinal study on the development of conscience and its relationship with externalizing problems in a multiethnic sample. Deficits in conscience development have been found to be associated with externalizing problems (Stams et al., 2006). However, the direction of the relationship between conscience development and externalizing problems is unclear, as longitudinal studies examining this relationship are scarce. Therefore, the first goal of the present study is to examine the simultaneous and cross-time relationships between conscience development and externalizing problems during childhood.

As externalizing problems are related to conscience development, it is of considerable importance to understand the mechanisms that influence the development of conscience. Previous studies have shown that parenting, attachment and the child's temperament interact in influencing conscience development (Kochanska, 1997). However, as studies on conscience development and its relationship with externalizing problems were conducted among ethnically homogeneous (western) samples, a question remains whether observed determinants of conscience development and the relationship between conscience and externalizing problems are similar for other (non-western) ethnic groups. Ethnicity may not only influence the relationship between risk factors and conscience development, but also between conscience development and externalizing problems. For instance, physical punishment has been found to relate positively to externalizing problems in European American, but not in African American families (DeaterDeckard & Dodge, 1997). Likewise, associated mechanisms of childhood disorders have been found to vary across ethnic minorities in the Netherlands (Zwirs et al., 2007). The second goal of this study, therefore, is to investigate whether conscience development and the relationships between conscience and externalizing problems are influenced by ethnicity.

To achieve these aims, a prospective longitudinal cohort study (Generation-R) will be used. This presentation covers preliminary results of the study.

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## O-030

### **Psychopathic like traits in suspended and non suspended children and adolescents: The development and validation of the Child and Adolescent Psychopathy Screening Instrument.**

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#### Purpose

Evidence suggests that self-report psychopathy measures may be most accurate in non-referred populations. The purposes of this paper are threefold: (i) To detail the development and psychometric validation of the Child and Adolescent Psychopathy Screening Instrument (CAPSI) - teacher and self-report versions; (ii) report the nature of psychopathic like traits in mainstream suspended and non suspended children and adolescents; (iii) establish differences in psychopathic like traits in adolescent loner delinquents, social delinquents and non delinquents.

#### Methods

Initially, a teacher report version of the CAPSI was developed through a process of (i) reviewing and selecting items from instruments currently used to measure juvenile psychopathy; (ii) conducting interviews with school principals/deputy principals, teachers, psychologists, and officers of the main juvenile detention facility to generate new items; (iii) piloting the instruments to examine item affectivity, item discrimination and internal reliabilities; (iv) recruiting teachers to complete the instruments on 137, 6-17 year old suspended and non suspended children and adolescents.

The self-report version of the CAPSI was then developed through a similar process as used for the teacher version. Following pilot testing where item affectivity and discrimination indices and internal reliabilities were examined, the self-report version was completed by 135 school suspended and non suspended adolescents who were also classified (using our Loner Scale) as Loner delinquents, Social delinquents and None delinquents.

#### Results

The teacher report version of the CAPSI revealed four factors (callous/unemotional, narcissism, thrill-seeking, and moral detachment of self). The self-report version revealed five factors. These were the same four factors as the teacher version, except that narcissism split into what we labeled Manipulative Narcissism and Egotistical Narcissism.

Multivariate analyses of variance revealed significant differences between the suspended and non suspended adolescents and between the Loner delinquents, Social delinquents and None delinquents on a number of the CAPSI factors.

#### Conclusion

This research has developed and validated new teacher and self-report instruments to measure psychopathic like traits in non referred populations. It has also established differential patterns of these traits in adolescent loners and nonloners.

### O-031

#### **Cultural factors as a risk factor: youngsters from Curaçao.**

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#### Purpose

Several studies have investigated why youngsters from Curaçao have such a large part in criminality in the Netherlands (e.g. Van San, 2007). According to these studies, the main reasons for delinquency are: school drop out, single parent families, poverty, and housing problems. Although these factors can be reasons for delinquent behaviour, they do not explain the development of delinquent behaviour. In this presentation, the preliminary results from a study of youngsters from Curaçao are presented. Purpose of the study is to examine (a) the prevalence of psychiatric and psychological problems of youngsters from Curaçao living in the city of Rotterdam and (b) to see whether psychosocial factors are related to the development of delinquent behaviour.

#### Methods

The current study involved approximately 50 males from Curaçao (Netherlands Antilles) between the age of 18 and 26 years old. They were contacted through the project 'Maljuna Frato' from RIAGG Rijnmond, Rotterdam. In this project, youngsters from the Netherlands Antilles are linked to a 'big brother' because they have, apart from psychiatric or psychological problems, major problems such as finding a job, getting a diploma, and managing their financial affairs. Many of them also have problems with justice. The psychiatric and psychological problems of these males were assessed using the MINI-Plus (Sheehan et al., 1998), behavioural problems with the Adult Self Report (Achenbach, 2003), attachment style with the HSL (Van Oudenhoven, 2003), personality with the EPQ-RSS (Sanderma et al., 1995), acculturation with the PAS (Stevens et al., 2004), and memories about parental rearing with the EMBU (Arindell et al., 1983).

#### Results

The preliminary results will be presented in three ways (1) the prevalence of the psychological and psychiatric problems (2) prevalence of risk and protective factors (3) using latent class analysis groups of youths with different constellation of risk and protective factors related to delinquency and psychiatric problems are identified, cf the three sequential developmental pathways of Loeber (1993).

#### Discussion

The results seem to indicate that youth for the Netherlands Antilles are more likely to show psychological and psychiatric problems that are related to an accumulation of risk factors and delinquent behaviour.

### O-032

#### **Moroccan adolescent offenders in the Netherlands.**

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Ethnic minority youths are overrepresented in the juvenile justice system in Western societies. However, research on the nature of crime committed by these youths is lacking. In the present study, offending patterns of incarcerated native Dutch adolescents and adolescents of Moroccan origin, one of the largest ethnic minority groups in the Netherlands, were compared. Police record data were used to examine the offence history of 291 incarcerated adolescents. A four class model of offender types was found: property offenders, violent offenders, sexual offenders and arsonists. The representation of the ethnic groups differed significantly in each offender type.



Property offenders were merely Moroccan adolescents, the other offender types consisted predominantly of native Dutch adolescents. The results and possible explanations for these findings will be discussed at the conference.

### O-033

#### **Very young Moroccan offenders in the Netherlands.**

Patricia Leenders, Carmen Paalman, Lieke van Domburgh  
*VU university medical center, AMSTERDAM, The Netherlands*

Background: Children who display delinquent behaviour before the age of 12 have a high risk of developing a persistent pattern of severe delinquent behaviour. In the Netherlands, the minority that accounts for a disproportionately large percentage of police registrations are children and youths from Moroccan origin.

Little is known on the characteristics of children below 12 with a first police contact. A more effective recognition of relevant socio-demographic, cultural, psychiatric, psychological, and crime-related risk factors in this group of child delinquents may enable better decision-making at an early stage, better referral to appropriate services and more effective intervention. Some of the risk factors mentioned above are embedded within the individual child (e.g. psychopathology) while others are environmental characteristics (e.g. from the neighborhood). Both types of risk factors are relevant to come to a prediction of who will persist and who will desist in delinquent behaviour in the future.

Previous research suggest that these risk factors might differ among different cultural groups. To study specific 'cultural' factors and their effect on the development of delinquent behaviour, can lead to more culture specific prevention and intervention programs. Therefore this study will investigate whether there are specific risk factors for children from Moroccan origin with police contacts before the age 12.

Methods: A group of child offenders from Moroccan origin below the age of 12 (n=100), are compared on different potential risk factors with children from Moroccan origin without police contact (n=50). Indications of psychopathology were determined using the Strengths and Difficulties Questionnaire (child, parent and teacher report), a Dutch depression screening list (KDVK) and a Dutch questionnaire to inventory the social behaviour of children (VISK). Environmental, acculturation and parenting data was gathered from parent and child.

The results of the study will be presented and discussed.

### O-034

#### **'Suicidal Behaviour of Young Immigrant Women in The Netherlands. The Relation to Gender and Ethnicity'.**

Diana van Bergen<sup>1</sup>, Sawitri Saharso<sup>1</sup>, Anton van Balkom<sup>2</sup>, Jan Smit<sup>2</sup>

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#### **Objection**

Registration indicates that young immigrant women of South Asian, Turkish and Moroccan origin in The Netherlands demonstrate disproportionate rates of non-fatal suicidal behaviour. The aim of this study is to provide insight into the apparent relation between suicidal behaviour, gender and ethnicity. In particular we aim to establish whether cultural and gender specific patterns of suicidal behaviour can be identified.

#### **Design and Methods**

We first examined the relevance of risk factors of negative stressful life events, sexual and physical abuse, and family factors in young females through case files (111) combined with interview cases (47). Family factors concerned: impaired parent-child relationship, parental divorce and disharmony, loss of parent, psychiatric illness/ substance abuse in parents and family history of suicidal behaviour. Case files were available from the archives of a public mental healthcare centre in Amsterdam. Our sample consisted of females of South Asian, Turkish, Moroccan and Dutch origin (12-40 years old) whose suicidal behaviour emerged first when they were aged between 10-25 years old. Next we conducted and examined 47 life-story interviews (10-14 per ethnic group) with a history of suicidal behaviour. The interviews focused on the interpretations participants gave of migration, childhood, life events, abuse, suicidal behaviour, family relations and religion.



Informants participated one session that lasted 1- 2.5 hours and were contacted through healthcare professionals and the Internet with permission of the Ethics Committee. We audiotaped and transcribed all our interviews. Two researchers independently analyzed the material with the grounded theory approach.

#### Results & Conclusion

Our results show how the investigation of risk factors of stressful life events, abuse, and family factors in suicidology did not demonstrate specific patterns for minority women. However, by examining the interviews we were able to deepen our understanding of the interplay of social, cultural and personal factors that led young immigrant women to suicidal behaviour. We will demonstrate how social factors (i.e. family dynamics, family violence and migration), cultural factors (i.e. contestation of moral and cultural values) and personal factors (i.e. coping, agency and self-autonomy) were interconnected in relation to gender. We found that these factors varied in both minority and majority women. However, the scope for acting upon self-autonomy with regard to strategic life choices e.g. education, marriage, spouse- choice, divorce and friendships, was found to be more limited in minority women.

#### O-035

##### **Prenatal tobacco exposure and early behavioural and cognitive development: possible role of altered stress responsivity in associations with physical aggression and specific cognitive deficits.**

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#### Purpose

To examine the relationship between prenatal tobacco exposure and offspring externalizing behaviour and cognitive development.

#### Methods

A Canadian population sample (Québec Longitudinal Study of Children's Development, n = 1745) and an experimental sample (n = 40) from Southampton (UK) were investigated. For the population sample, trajectory analyses were performed revealing three developmental patterns for physical aggression between ages 17 and 42 months, and four patterns for hyperactivity-impulsivity. Multinomial regression analyses were performed to predict trajectory membership from prenatal tobacco exposure and a number of potential confounders (i.e. several indices of early caregiving and socioeconomic environment and parental psychopathology, birth weight and prenatal drug and alcohol exposure). At 42 months, children also underwent a basic cognitive assessment (measuring verbal ability, visuospatial ability and short-term memory). Hierarchical linear regression was used to predict cognition. For the experimental sample (with children aged 7-9 years), Mann-Whitney and Kruskal-Wallis tests were used to examine differences between children of pregnancy smokers and non-smokers in performance of a cool (i.e. handling abstract, decontextualized problems) executive function (EF-) task and a hot EF-task (i.e. handling problems with an emotional or motivational component or within an emotional context), measuring the level of frustration tolerance.

#### Results

Dose-dependent effects were found for relationships between prenatal smoking and physical aggression and physical aggression + hyperactivity-impulsivity. Associations with hyperactivity-impulsivity alone were less robust. Prenatal smoking interacted with parental history of antisocial behaviour in the prediction of early physical aggression, indicating that the effects of prenatal smoking were seriously compounded in the presence of antisocial parents. Relationships between prenatal smoking and basic cognitive abilities were attenuated after statistical control specifically for maternal education. In the experimental sample, children of mothers who smoked during pregnancy performed more poorly than children of mothers who did not smoke on the hot but not the cool EF-task.

## Conclusion

The results support a neurobiological explanation of the association between prenatal smoking and offspring physical aggression and specific forms of cognitive impairment. Converging evidence suggests that the neurobiological systems associated with antisocial behaviour, specifically those associated with stress and emotion regulation, are also the systems affected by prenatal smoking.

## O-036

### **Subtypes of very young first offenders in the Netherlands.**

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## Aims

Children displaying delinquent behaviour at an early age are at risk of developing serious, violent and persistent antisocial and delinquent behaviour later in life (Loeber & Farrington, 2000). To prevent such deviant development effective prevention and intervention programs need to be directed at those children most at risk of becoming serious and chronic offenders. This study therefore aims to identify clusters of related cases with specific individual, family and neighbourhood characteristics within a high-risk group of very young offenders and to investigate whether those clusters differ in prevalence and development of delinquent behaviour.

## Methods

Participants were 312 children, who offended for the first time prior to age 12 and were followed up for two years after their first arrest. Data on individual, family and neighbourhood characteristics were collected from children, their parents and teachers shortly after first arrest (T0). Delinquent behaviour was measured by means of the Observed Antisocial Behaviour questionnaire (WAS) for children and for parents at T0, one year after first arrest and two years after first arrest (T1 and T2).

## Results

Latent class analysis revealed three clusters. Characteristics of the clusters will be presented and development and nature of delinquent behaviour per cluster will be discussed.

## References

Loeber, R., and Farrington, D.P. 2000. *Child Delinquents: Development, Intervention, and Service Needs*. Thousand Oaks, CA: Sage Publications, Inc.

## O-037

### **Predictive validity of the Early Assessment Risk Lists (EARLs) for Dutch boys and girls arrested by the police under age 12.**

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Several studies indicate that a childhood onset of offending is predictive of both serious and persistent antisocial behaviour (Augimeri, Koegl, Ferrante & Slater, 2006). Early detection of at risk children may prevent criminal careers particularly if modifiable risk factors can be identified. To assess the risk and needs of these children and to make predictions about their future risk of antisocial, aggressive, or violent conduct, the Early Assessment Risk List for Boys (EARL-20B: Augimeri, Koegl, Webster & Levene, 2001; Hildebrand, de Ruiter, & Ligthart, 2008) and for Girls were developed (EARL-21G; Levene et al., 2001).

The current retrospective file study examines the predictability of future antisocial behaviour by applying the EARLs to Dutch children first arrested by the police under age twelve. The predictive value of the total score and final risk judgement for antisocial behaviour two years later, were studied. In addition, the relative predictive value of child and family risk factors were studied. Finally, differences in predictive validity between Dutch and non-Western immigrant boys were studied. Results will be presented and implications given.

#### References

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- Levene, K. S., Augimeri, L. K., Pepler, D. J., Walsh, M. M., Webster, C. D., & Koegl, C. J. (2001). *Early assessment risk list for girls. EARL-21G (version1)*. Toronto, ON: Earls court Child and Family Centre.

#### O-038

##### News from 'Zappelphilipp'.

Gerhard Ristow

Central institute for mental health, MANNHEIM, Germany

#### Purpose

This open claim study wants to show the effectiveness of home treatment as a secondary prevention.

#### Methods

Children, who were picked up by the police for the first time in cause of criminal offences or who were conspicuous with delinquent behaviour without being announced becoming assigned. If they and their families were content with the study, they get a 4 week diagnostic and 4 month home treatment. Three booster hearings over a period of further nine months form the last phase of treatment.

#### Results

CBCL and standardised questionnaires shows significant symptom reduction.

#### Conclusion

First data of the study are promising a success intervention, but we need further more data and a control group to verify the results.

#### O-039

##### Adolescent antisocial behaviour and heart rate during rest en mental stress: the TRAILS study.

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#### Purpose

In the current study we will assess whether antisocial adolescents are characterized by a relatively low heart rate during rest and during a stressing public speaking task in a large Dutch community sample. Moreover, we will examine the relationship between antisocial behaviour and the heart rate reactivity, viz. the difference between resting and task-related heart rate.

#### Methods

Data were derived from the second (2003-2004) and third assessment wave (2005-2007) of TRAILS (TRacking Adolescents' Individual Lives Survey), a large prospective population-based cohort study of Dutch adolescents (Huisman et al., 2008). At the second wave individual peer nominations of antisocial behaviour were obtained among 1065 TRAILS adolescents and their classmates (mean age 13.55 years). At the third wave, self-reports of antisocial behaviour were obtained with the Youth Self-Report (YSR). From those, 750 adolescents (age 15-17 years) participated in extensive laboratory tasks including a public speaking task. Heart rate was assessed before, during, and after this task. At the time this abstract was written, data-processing of the data of the third wave was still in progress.

#### Results

Preliminary analyses showed a negative correlation between heart rate during both rest and stress and some of the antisocial behaviour measures. Interestingly, also reduced heart rate reactivity appears to be associated with antisocial behaviour. Final results, taking into account sports participation, smoking and gender differences, will be presented at the symposium. Conclusions. Antisocial behaviour seems to be related to low heart rate and heart rate reactivity.

#### References

Huisman M, Oldehinkel AJ, Winter AD, Minderaa RB, Bildt AD, Huizink AC, Verhulst FC, Ormel J. Cohort profile: The Dutch 'TRacking Adolescents' Individual Lives' Survey'; TRAILS. *Int J Epidemiol*. 2008 Feb 8. (in press).

## O-040

### **The predictive value of neurobiological factors for the development of aggressive and antisocial behaviour. A follow-up study.**

Marjan de Vries-Bouw<sup>1</sup>, Arne Popma<sup>1</sup>, Lucres Nauta-Jansen<sup>1</sup>, Robert Vermeiren<sup>2</sup>, Theo Doreleijers<sup>1</sup>

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Antisocial behaviour by children is a major public health problem, antisocial children are at risk for a series of negative outcomes in adulthood, including various psychiatric disorders. There is increasing evidence that these children, in particular those who show persistent antisocial behaviour, are characterized by neurobiological deficits. Most replicated deficits concern a decreased activity of stress regulatory mechanisms, such as the hypothalamus-pituitary-adrenal (HPA) axis and the autonomic nervous system (ANS), represented by cortisol and heart rate respectively.

In a recent study amongst young-adolescent delinquent boys, an association was found between disruptive behaviour disorders and low basal cortisol levels and a blunted heart rate as well as cortisol response to psychosocial stress (Popma, 2006). The predictive value of these findings for the persistence or desistence of behavioural problems is yet unknown.

Therefore, this current follow-up study aims to investigate the predictive value of neurobiological factors on the persistence of antisocial behaviour, as well as the coherence between the development of neurobiological factors and the course of behaviour problems over four years.

In the initial study, 114 boys (12-14 years) attending a delinquency diversion program and 38 matched normal controls were studied. In the current study, all boys are being followed up four years later. Delinquency characteristics, the prevalence of disruptive behaviour disorders and psychosocial problems are being measured by means of a structured psychiatric interview (DISC) and self-report questionnaires. Neurobiological parameters are also being measured again: salivary cortisol and testosterone and heart rate, measured during resting and stressful conditions. For this purpose a standardized psychosocial stress test is being used: a public speaking task with video recording.

Preliminary results show a possible relationship between a decreased rise of the heart rate during stressful conditions in the initial study, and the number of (aggressive) crimes acted during the four-year follow-up. These and additional results will be presented.

## O-041

### **The Cortisol Awakening Response in DBD subtypes compared to normal children.**

Evelien Platje, Robert Vermeiren, L.M.C. Jansen, Theo Doreleijers

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Children with Disruptive Behaviour Disorders (DBD) are thought to have decreased levels of arousal, both basal as well as in response to stress. One of the systems involved in regulating stress and arousal is the Hypothalamic-Pituitary-Adrenal (HPA)-axis. Many studies confirm that cortisol, the main stress hormone produced by the HPA-axis, is indeed decreased in children with DBD (Raine 1997; van Goozen 1998; McBurnett 2000; Popma et al 2006). However, a limitation of the existing studies is the almost unique reliance on clinical populations of DBD subjects, while the few population studies are hampered by the low numbers of children with DBD. Therefore, the relation between the development of DBD and decreased cortisol levels was investigated in a normal population sample with over sampling of children at high risk for developing DBD. A second reason for studying a population sample is that low cortisol levels may not specifically be related to a diagnosis of DBD, but with the behaviours related to these disorders, such as antisocial and externalising behaviour.

Information concerning 343 13-year old children regarding DBD, externalizing, aggression, callous-unemotional traits and delinquency was gathered by conducting the Diagnostic Interview Schedule for Children (DISC), the Child Behaviour Checklist (CBCL), Youth Self Report (YSR), a Proactive-Reactive Aggression questionnaire (PRA), the Interpersonal Reactivity Index (IRI), a self report on delinquent behaviour (ZDG) and information on police and judicial contacts (PJ/PZ).

Cortisol was measured in saliva 0, 30 and 60 minutes after awakening (Cortisol Awakening Response, CAR).

Results on these data will be presented and discussed.

## O-042

### **Effectiveness of a multi-modal day care treatment approach for children with disruptive behaviour disorders: the impact of biological risk factors.**

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*University, FRANKFURT, Germany*

#### Purpose

Disruptive behaviour disorders are the most common psychiatric disorders in children and adolescents in mental health and community services and are of great concern because of the concomitant high degree of impairment and poor prognosis. Since, up to now, behavioural treatment programs often are not sufficiently effective in reducing disruptive behaviour, a multi-modal approach comprising a two-week day care treatment as well as weekly parent training (8 sessions) was developed and evaluated in 25 children with DBDs (aged 7-14). The highly structured manualized program combines social skills training as well as methods to improve low self-esteem. In addition to therapy effectiveness, the predictive value of biological risk factors to therapy outcome was investigated. Since reduced autonomic activity seems to predispose antisocial individuals to seek out stimulation or take risks, it was tested whether children with reduced autonomic activity profited less from the intervention.

#### Method

Mean heart rate was automatically measured during a baseline period with a digital wrist blood pressure meter. Patients were subdivided in therapy responders and therapy non-responders. To test the influence of heart rate on therapy success, a logistic regression analysis was applied.

#### Results

Statistical analyses yielded evidence for a significant reduction of disruptive problem behaviours that is more prominent in DBD children with high heart rate scores compared to patients with low heart rate scores. The logistic regression analysis revealed that heart rate is a significant predictor for therapy success whereas other risk factors (cognitive functioning, age, socio-economic status, severity of disruptive behaviour) had no impact on therapy success.

#### Conclusion

Results indicate that different subtypes of aggressive behaviour have to be considered for selecting the best possible treatment options.

## O-043

### **Cumulative Risk and Promotive Effects in Late Childhood on (Serious) Delinquency in Early Adolescence.**

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A social ecological approach to the development of serious delinquency emphasizes that a balance between eliminating risk and enhancing protection across domains is essential in reducing problems and promoting competence in general (Luthar & Cicchetti, 2000). In this study, the cumulative risk and promotive effects of factors referring to late childhood temperament, parenting practices, and family and school functioning were examined on different levels of self-reported delinquency in early adolescence. Data from the first two waves of TRAILS were used. Cumulation of risks promoted serious delinquency, with the strongest effects for temperament. A cumulation of promotive effects decreased delinquency, supported nondelinquency, and tempered the effects of risks. Further, the results suggested that exposure to more risk domains in relative absence of promotive domains increased the likelihood of serious delinquency; the opposite mechanism was signalled for nondelinquency. Implications for prevention and intervention are discussed.

## O-044

### **Predicting early desistence, and seriousness of adolescent persistence of childhood onset offenders.**

Lieke van Domburgh<sup>1</sup>, Rolf Loeber<sup>2</sup>, D. Bezemer<sup>1</sup>, Magda Stouthamer-Loeber<sup>2</sup>

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#### Objective

Although at high risk, not all early onset offenders will develop into serious and persistent adolescent offenders (Loeber & Stouthamer-Loeber, 1998, Chung et al. 2002). Identification of childhood onset offenders most at risk of continued serious offending is crucial in reducing offending behaviour. On the other hand, identification of factors predictive of cessation of offending behaviour during a period in which delinquency is at its peak and may also provide essential knowledge for the reduction of offending. Finally, although at a lower level, moderately serious persistent offenders may also cause a substantial burden to society and should therefore be identified.

#### Methods

Studying the adolescent criminal careers (12 to 19 years) of 310 boys who started offending below age 12, three main groups could be distinguished: serious persisters (n=95), moderately serious persisters (n=117), and desisters (n=63). Per subgroup comparison, potential risk and promotive factors were studied in middle and late childhood.

#### Results

Moderately serious persisters could only be distinguished from serious persisters in middle childhood, while desisters could be distinguished from both persistent groups in middle as well as in late childhood. Overall, serious persisters showed most disruptive behaviours, while moderately serious persisters fell in between. In middle childhood, serious persisters were more marked by problems in the peer domain while moderately serious persisters showed relatively more social disadvantage. Middle childhood positive involvement with family and peers, and late childhood good housing quality and low offending frequency were predictive of desistence.

#### Conclusion

although most early onset offenders persist, by far not all do so at a serious level and a substantial proportion even desists in early adolescence. Risk and promotive factors in the individual, peer, family and socio-demographic domain, some of which can be targeted by intervention, seem to have different impact in middle and late childhood.

#### References

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## O-045

### **Understanding the mechanisms through which peers cause high level antisocial behaviour in childhood.**

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#### Background

Poor peer relations, expressed as peer rejection, are associated with high levels of antisocial behaviour (ASB) in childhood (Deater-Deckard, 2001; Rubin et al., 1998). However, despite the knowledge, two critical issues need to be addressed. First, it is still uncertain whether poor peer relations actually influence the development of ASB, or rather, should be regarded as the consequence of ASB. Two, if peer rejection truly influences ASB development, it is unclear how it results in prolonged ASB.

#### Methods

Results from two studies will be presented. The first study addresses the question whether peer rejection truly influences ASB development. For this, data from a longitudinal study on children followed from age 7 to 14 years will be presented. Through a systematic decomposition, the effect of selection (rejection being the result of prior ASB; no influence) is discriminated from the possible influence of rejection.



In the second study focusing on early childhood period only (age 5 to 9 years) it is tested whether peer rejection directly influences ASB, or whether its effect is accounted for by experiences of victimization, or by distorted social cognitions.

#### Results

Findings indicate that peer rejection has a consistent influence on ASB throughout childhood. Moreover, peer rejection directly influences ASB, but part of its influence is accounted for by experiences of victimization.

#### References

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Rubin KH, Bukowski W, Parker JG (1998), Peer interactions, relationships, and groups. In: *Handboek of child psychology: Social emotional and personality development*, Vol 3, Damon W, Eisenberg N, eds. New York: Wiley, pp 619-700

## O-046

### **Perspectives on desistance in a medium sized Dutch town.**

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Recent research, funded by the municipality of Leiden, and conducted by Leiden University, Hogeschool Leiden, Leiden Police department and the NSCR, focused at young criminals and their careers to be able to advise Leiden how to improve municipal policy on desistance for young criminals.

In this project we interviewed 40 of the approximate 60 boys and girls on the most recent 'Leiden list' of serious young criminals and administered the 'Young Adult Self report Questionnaire' (YASR). We also made an in-depth analyses of their official police records and youth care records.

Leiden is part of a police-region that has slightly different criteria designating problem youngsters as 'serious criminals'. These criteria are less stringent compared to the national criteria and we therefore expect to find a heterogenous population with different chances for desistance.

Analyses on the perspective on desistance will be qualitatively and quantitatively studied, and the results will be presented at the conference. The analyses will encompass known risk factors as social bonds, self-perception on problem behaviour and motivation for change, locus of control, future expectations, contacts with officials and routine activities, which will all be related to criminal career parameters.

## O-047

### **MultifunC - An Evidence-Based Residential Treatment Model in Norway and Sweden.**

Tore Andreassen

Bodo University College, BODØ, Norway

Effective interventions for high-risk offenders under the age of 18 are at focus in many countries. Research today gives us guidelines for interventions, but the research has to be translated into practice to be useful. Norwegian and Swedish authorities have collaborated about a project including the following steps: the examination of research as regards residential treatment of delinquent and drug abusing adolescents; development of a treatment model based on the research examination; implementation of the treatment model in Norway and Sweden; and an evaluation of the efficacy of the model. The treatment model has been named "MultifunC - Multifunctional Treatment in Residential and Community Settings". MultifunC is implemented in 6 institutions Norway and 3 institutions in Sweden.

MultifunC target medium to high-risk juvenile offenders, and the risk level of youth is assessed with YLS/CMI. The targets of the interventions are known dynamic risk factors for change, implying an assessment of the criminogenic needs both within the individual and in his or her environment. Cognitive behavioural methods for changing the behaviour and to help him/her to develop control of aggression, social skills, and moral development are applied. One example of promising models applied in the institutional setting is Aggression Replacement Training. In carrying out the treatment, there is a focus on individual differences.



The treatment also focuses on changing dynamic risk factors within the family, the peer relations, and function at school. The treatment climate seeks to balance autonomy/support and control for the staff and the adolescents. The staff needs to be competent in how to prevent and manage violent behaviour constructively. An intensive aftercare is integrated into the treatment model. The practice in treatment is followed by an Quality Assurance Team to ensure treatment integrity.

The presentation includes important research basis for MultifunC, and gives a picture of how guidelines from research may be translated into practice.

#### **O-048**

##### **A residential treatment program for adolescent delinquents with mental health disorders.**

Dirk van West, Tony de Clippele, Dirk Deboutte

*University Centre of Child and Adolescent Psychiatry, University of Antwerp, ANTWERP, Belgium*

##### **Background**

Adolescents with underlying psychiatric problems who have committed an offence have a major social impact.

The Ministry of Health gave the resources in 2004 to start with a forensic residential care-unit for young people in Antwerp with the above profile.

##### **Methods**

From October 2004 until now about 60 adolescents were admitted to the University Center for Child and Adolescent Psychiatry in Antwerp and followed an evidence-based residential treatment program. In addition to the collection of cross-sectional data, we collected follow-up parameters regarding recidivism 3 months and 1 year after discharge.

##### **Results**

Descriptive data concerning psychopathology and psychological wellbeing will be shown. Despite the science-based treatment approximately 40% of our included population recommitted an offence.

##### **Conclusion**

The debate will be conducted on the evidence for residential treatment programs and the public will be invited to share their experience on alternative (semi)-residential treatment programs.

#### **O-049**

##### **Stubborn but persuuable: How to deal with lack of consent?**

Rembrandt Zuijderhoudt, Emmeline Ravestijn

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Both 'good clinical practice' and Dutch law require 'freely given informed consent' to be the starting point for every form of treatment. In that view every patient is a sensible human being who acknowledges to have a health problem and who acts rationally, together with the therapist, to get the right treatment. We all know, though, that youngsters can behave in a very oppositional, erratic way - that doesn't even require a psychiatric disorder, maybe it even 'should' be so in a healthy development of the individual.

How, in an "orthopsychiatric treatment centre", can then be dealt with 'normal', often sudden and rapidly changing lack of consent? How much and how steady approval and consent has to be gained? Do adolescents have to be intrinsically motivated and to what degree does the influence of others (parents, sociotherapists) counts, and is allowed? Where does pressure begin? When does force overtake pressure?

Furthermore - what precisely is stated about minors, informed consent and involuntary commitment and treatment in Dutch law and does it differ essentially from legislation in comparable countries?

## O-050

### **Are orthopsychiatric inpatients a reliable source of information in outcome and follow-up studies?**

Albert Boon, Sjouk de Boer

*De Fjord, CAPELLE A/D IJSSEL, The Netherlands*

De Fjord, Orthopsychiatric and Forensic Youth Psychiatry offers a residential treatment program for adolescents and young adults with a combination of psychiatric disorders and severe behavioural problems. The purpose of this study was to find out whether the positive results of an outcome study based on self report instruments are reliable.

#### Methods

For the evaluation of the treatment program several instruments and sources of information were used. Among these instruments were the SCL-90 and the YSR (both self report forms) that were administered at the beginning (T1) and end (T2) of treatment and at a one year follow up (T3). In this design the treatment results and the stability of this outcome after a one-year follow up period were assessed. The scores on the SCL-90 and YSR at T1 and T2 were compared to other sources of information (parents, therapist) to investigate the reliability of these self report forms for this population. Because no multi-agent information was available at T3, the results of this comparison were used to interpret the follow up data.

Aside from this comparison of the results from self report forms with the other sources of information, the YSR and the SCL-90 were compared to each other to determine their reliability as outcome measures.

#### Results

According to different sources of information the outcome of the treatment program was positive. The results of the self report forms showed a systematic bias from the other sources, but were in accordance with each other. According to the self report of former patients this positive treatment result remained stable in the first year after discharge.

#### Conclusion

Although self report forms are not the ideal instruments for outcome studies for youngsters with severe behavioural problems, they are applicable to assess the treatment results and the stability of outcome in follow up.

## O-051

### **Can epidemiological studies on the development of disruptive behaviour help the clinical practice?**

Sjouk de Boer, Albert Boon

*De Fjord, CAPELLE A/D IJSSEL, The Netherlands*

#### Purpose

In recent years, much epidemiological research has been conducted on the development of antisocial behaviour. In these studies several distinctions have been made, e.g. in age of onset (Life-Course-Persistent and Adolescent-Limited antisocial behaviour (Moffitt, 1993)), developmental pathways (e.g. overt pathway, covert pathway and authority pathway; Loeber et al, 1999), and the model of Frick et al (1993), who has conducted a meta-analysis resulting in a model that covered two dimensions of disruptive behaviours, namely an overt/covert dimension and a disruptive/non-disruptive dimension.

Although there is little consistency in how antisocial behaviour and its onset were assessed, all studies have in common that age of onset of the disruptive behaviours is of important prognostic value. Up to this date, no research has been conducted to determine whether these epidemiological findings apply to clinical practice.

The purpose of this study is to determine whether these developmental pathways or dimensions can be found retrospectively in youths with psychiatric disorders combined with severe behavioural problems. And if so, whether these distinctions prove to be relevant for clinical practice. The subject is approached by presenting research findings of De Fjord, Orthopsychiatry and Forensic Youth Psychiatry.

## Methods

The trajectory theories of the development of antisocial behaviour and crime were integrated and applied to a clinical population, using multi-agent (adolescent, parent and therapist), multi-method (self-report, interview, information from youth health care files, collateral information) information.

## Results and conclusion

Distinctions in onset can be made retrospectively, but they may only be relevant for clinical practice when some adaptations are made.

## O-052

### **Development of Psychopathology in female adolescents following placement in a Juvenile Justice Institution.**

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## Aim

Over the last decades behavioural problems in girls are increasing, leading to more placements in Juvenile Justice Institutions (JJI). Many girls in a JJI have severe psychiatric disorders, externalising as well as internalising. Little is known about the development of this psychopathology after placement in a JJI. The aim of this study is to investigate the change of psychopathology and the level of social functioning of girls four years after admission to a JJI.

## Methods

In 2002-2004 a representative sample (N=218) of adolescent females placed in a JJI was studied with regard to psychopathology, behavioural problems and relevant socio-demographic characteristics (T0). Four years later a follow-up study is being executed with the same 218 girls. Outcome characteristics of psychopathology and social functioning were assessed by a combination of valid and reliable instruments (self-report and semi-structured), consisting of instruments used at T0, and new instruments fitting the specific objectives of this follow-up study and the increasing age of the participants.

## Results

Preliminary results suggest a high but diminishing rate of externalising problems like conduct disorder and oppositional deviant disorder, an increase of drugs- and alcohol abuse and a stable high rate of internalising problems (depression and posttraumatic stress disorder). As the girls reached the age of 18, personality disorders are diagnosed and as high as 40% is having a cluster B personality disorder. Their social functioning is extremely poor, with very few of the girls possessing a diploma or having a job. In most of the intimate relations there is a lot of violence. One in three is a teenage mother. Further preliminary results will be presented (N = approximately 150).

## Conclusion

Four years after admission to a JJI, girls suffer in a high percentage from psychopathology, externalising as well as internalising, and a cluster B personality disorder is very common in this group. In combination with this psychopathology, the social functioning is very poor. This is alarming, especially when realising that over thirty percent is already a mother. The girls have severe problems taking care of themselves, making the risk of transgenerational transmission of psychopathology and behavioural problems probable.

## O-053

### **The Mother and Child Home, an intensive program for young mothers.**

Henny Lodewijks

Rentray, ZUTPHEN, The Netherlands

## Background

Female adolescents with severe behavioural problems are not only prone to psychiatric disorders, but they also are frequently engaged in sexual risk behaviour and teen pregnancy. Pregnancy at a teen age has far reaching consequences for the young mother and her child. To prevent intergenerational transference of behavioural problems, the Rentray foundation in the Netherlands has started since 2007 an intensive residential and ambulant program for mother and child.

#### Aim

To assist and coach young mothers, with behavioural problems, between the ages of 13 and 19 to be able to raise their child at an appropriate level.

#### Method

Based on the five protective mechanisms: reduce risk situations, enhance self competence, create new chances, putting an end to destructive interaction patterns and repairing or maintaining important basic relations. The program can last one to four years, depending on the intensity of the problems.

The program starts with an intensive structure 24 hours a day, seven days a week and ends with supervised living on their own. Part of the program are parent management skills, aggression replacement therapy, treatment of substance abuse and functional family therapy.

#### Results

Till now the results are promising. In the presentation a video and the preliminary results will be discussed.

### O-054

#### **Should programs designed for girls in residential centres be gender-neutral, gender-sensitive or gender-specific? A look into males' and females' perceptions compared with those of their educators.**

Nadine Lanctôt, Marie-Hélène Ayotte  
*Université de Sherbrooke, LONGUEUIL, Canada*

#### Purpose

The development of specific programs for girls within the justice system has been praised over the last few years (Bloom, 1999). However, the concept of 'specificity' attributed to these programs is vague and is based more on intuitions than empirical results (Lanctôt, 2006). Moreover, and as emphasized by Hipwell and Loeber (2006), the present state of knowledge is still not enough made profitable during the elaboration of programs meant for this clientele.

#### Participants

The sample consists of 93 adolescent males and 132 adolescent females and their practitioners (n = 131). The sample was selected within 28 residential units of four rehabilitation centres of the Montreal region, Canada.

#### Measures

Adolescents completed a self-report questionnaire. The questionnaire evaluates the adolescents' perception of their needs during their placement. Subsequently, practitioners also evaluate the specific needs of the youths they assist. Scales refer to the need to participate in activities which: improve social skills, minimize the negative consequences of victimization, prevent drug abuse, facilitate a healthy transition towards adulthood, and facilitate labour market integration. The adolescents' questionnaire also evaluated the importance of the development of an individualized relation with the practitioner (ex: feel understood and supported by his/her practitioner).

#### Analytical strategies

To minimize bias inherent to sexual stereotypes, youths reported their own perceptions of their needs and not their notions of the girls' and boys' needs in general. Practitioners also reported the individual needs of the adolescents they were assisting and not those that seemed to characterize the feminine clientele or the male clientele in general. Male and female adolescents' scores were compared by means of t-tests, according to their perceptions and those of their practitioners.

#### Results

Results support the development of gender-sensitive programs. This sensitivity should appear not only in the content of programs, but also in the quality of the relationships between girls and their educators.

#### Conclusion

An example of a program designed for females in a Montreal residential centre will be exposed. This program combines a cognitive-behavioural approach and a clinical tool designed to prevent girls' victimization in a gang context.

## O-055

### **The Phenomenology of Psychopathy in Adolescent Girls.**

Hilmar Backer

*De Doggershoek, DEN HELDER, The Netherlands*

#### Purpose

To review the evidence for psychopathy in adolescent girls, and differences in phenomenology compared to boys.

#### Methods

Literature search with Psycinfo, keywords psychopathy and girls and adolescent.

#### Results

Available data show that the prevalence of psychopathy in girls is low compared to boys. The PCL-YV is less reliable, partly because items such as early behavioural problems are not very prevalent in girls. The behavioural items seem to be stronger associated with recidivism.

The predictive validity of the PCL-YV in girls is low, reflecting the lower validity of behavioural items in the PCL-YV.

Conduct Disorder (CD) is also less prevalent in girls. Over time, the DSM criteria for CD have changed towards more behavioural and typical male items. Antisocial lifestyle items dominate the DSM-IV criteria for CD. Affective items have disappeared.

Psychopathic boys and girls share the unemotional, callousness, lack of conscience and lack of empathy. An early start of behaviour problems seems to be a more typical male phenomenon.

In clinical practice psychopathy in adolescent girls has a different expression. It may be less evident in face-to-face contact.

#### Conclusion

Behavioural problems are less specific for psychopathic girls. Especially an early start of behavioural problems is not common. This is partly explained by protective factors (socializing) during childhood.

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## O-056

### **Working with aggressive girls within a gender-sensitive model:**

#### **The SNAP® Girls Connection (SNAP® GC).**

Leena Augimeri

*Centre for Children Committing Offences & Program Development, TORONTO, ONTARIO, Canada*

The SNAP® Girls Connection (SNAP® GC) program is a unique, gender specific intervention for girls under 12 years of age who are engaging in serious aggressive and anti-social behaviour. The therapeutic model guiding treatment is SNAP® (Stop Now and Plan), a cognitive behavioural approach to the acquisition of emotion regulation and problem solving skills. Presentation will include a brief historical overview of the SNAP® Gender Sensitive Model (including our comprehensive approach being adopted world wide for young children in conflict with the law), with an emphasis on our empirically based framework that includes risk identification and clinical risk management using the Early Assessment Risk List for Girls (EARL-21G) and the SNAP® GC. The presentation will also highlight our evaluation findings related to the efficacy of the SNAP® GC across time on parents' report of girls' antisocial behaviour, internalizing problems and parenting practices and their implications for treatment and future directions for evaluation and program development. These data are among the first to demonstrate the effectiveness of a gender-sensitive treatment for young girls' aggression and relationship problems.

## O-057

### **Is residential treatment for young cannabis users necessary?**

John Howard, Anthony Arcuri, Jan Copeland

*National Drug and Alcohol Research Centre, SYDNEY, Australia*

#### Purpose

Although cannabis is the most common drug for which young people present to specialist substance use treatment in Australia, the prevailing sentiment is that young cannabis users do not require residential treatment.

#### Methods

To test this assumption, the current study comparatively examined the clinical profiles of 1221 admissions to an Australian residential treatment program for substance-dependent adolescents.

#### Results

Young people who nominated cannabis as their substance of primary concern were younger and more likely to be male than those who presented primarily with psychostimulant, alcohol or opioid use. After controlling for potentially confounding variables, the cannabis group demonstrated less physical ill-health and criminal involvement than the other groups, but their mental health was as poor as that of the psychostimulant group, and poorer than that of the alcohol and opioid groups. Also, the cannabis group demonstrated less sexually unsafe behaviour than the psychostimulant group, but had poorer social functioning than the alcohol and opioid groups. Finally, the cannabis group was retained in treatment for longer than the psychostimulant and opioid groups.

#### Conclusion

These findings support the need for the provision of residential services for at least some young cannabis users: those who are dependent, have complex needs, exhibit comorbidity, and may be poly-substance users.

## O-058

### **Brains 4 Use an addiction programme for youth in a juvenile justice institution.**

Nicoline Hoekstra, Henny Lodewijks

*Rentray, ZUTPHEN, The Netherlands*

#### Aim

The health and criminogenic need we address is the decrease of drug and alcohol use. This is important for three reasons. First, drug and alcohol use is part of an unhealthy life style; in the long run it damages the nerve system and makes staying in school or a job more problematic. Second, in most cases it is a form of self medication, inhibiting the focus on the real problems or history of harm. Third, the use increases the likelihood of criminality. Drug use in itself is not a criminal offence, but it may increase the likelihood of criminality.

#### Programme

The programme is called Brains 4 Use because this title is appealing to young people. It means that someone has got brains to use: for a healthy lifestyle, being able to participate in society and to prevent having problems. The programme is integrative because it focuses not only on control and treatment but also on prevention, making use of several techniques.

The programme comprises:

Diagnostic screening in the admission phase

A basic programme for all incarcerated youth, including peer education

Enhancing knowledge of the treatment staff about drugs and alcohol

Individual special treatment by an addiction care consultant

Recording and evaluation

#### Results

Low base rates of drug and alcohol use compared to other juvenile justice institutions. Rentray has won an award of the WHO for their drug policy and the individual special treatment is officially registered in The Netherlands as an effective intervention for decreasing drugs and alcohol related crimes.



## O-059

### **Multidimensional Family Therapy: Focus on Juvenile Justice Outcomes.**

Gayle Dakof

*University of Miami, MIAMI, United States of America*

Multidimensional Family Therapy (MDFT) is a manual-guided, research-supported treatment for adolescent drug abuse. It has been found to be an effective treatment in several controlled studies with a range of geographically-and ethnically-diverse, juvenile justice involved and co-morbid drug-abusing youth and their families. Although known primarily for its efficacy in ameliorating drug abuse, recent studies have demonstrated efficacy with juvenile justice outcomes, including self-reported delinquency and arrests/charges from juvenile justice records.

Findings on juvenile justice outcomes from three recent randomized clinical trials investigating the effectiveness of MDFT will be presented. The three studies focus on different juvenile justice involved populations and contexts; MDFT as : 1. an alternative to residential substance abuse treatment, 2. In a juvenile drug court context, 3. as a two-phase approach beginning in juvenile detention and then continuing post release. Clinical approach, context-dependent adaptations, and research findings will be presented.

## O-060

### **MDFT: from detention to community.**

Kees Mos

*Erasmus University, Rotterdam and De Jutters, forensic psychiatric treatment center, THE HAGUE, The Netherlands*

Cannabis abusing or dependent youth show high rates of psychiatric co-morbidity (e.g., anxiety, depression, conduct disorder) and alcohol use disorders. This co-morbidity is particularly firm and prevalent among adolescents with a broad array of problem behaviours, such as truancy and delinquency

In the U.S., Multidimensional family therapy (MDFT) has been developed and investigated as a potentially effective therapy for adolescents with cannabis use disorders and related problems in other life areas. A total of six randomized controlled trials each showed superior results in favor of MDFT compared to control treatment, in terms of engaging and retaining adolescents in treatment, reducing the adolescents' cannabis, alcohol and 'hard drug' use, and reducing their psycho-social and behavioural problems, including the adolescents' internalizing and externalizing mental health problems, school functioning, and delinquency.

MDFT is based on theories of adolescent development, parenting practices and family functioning, stressing an ecological perspective and family focus. MDFT assumes that reductions in negative behaviour of adolescents and increases in positive behaviour occur by multiple pathways, in differing contexts, and through various mechanisms.

Although MDFT is well-known as an outpatient family treatment, there are also possibilities in the method to be applied in a residential context. Both in Miami and in The Hague we are experimenting to start with MDFT already during detention of juvenile delinquents. Features of this program are for instance: start early, empower family and youth and collaborate with the justice system. During this presentation we will explain this program in more detail.

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## O-061

### **Dialectical Behaviour Therapy in Delinquent Adolescents.**

Hilmar Backer

*De Doggershoek, DEN HELDER, The Netherlands*

#### Purpose

First: To review the evidence for Dialectical Behaviour Therapy (DBT) in treating adolescents with behaviour disorders and criminal behaviour.

Second: To incorporate the risk-needs-responsivity principles in a DBT program for delinquent adolescents.

#### Methods

Literature search on keywords 'adolescent' and 'dialectical', and adaptation of a adolescent DBT program to the residential forensic situation.

#### Results

Effectiveness in reducing different behavioural problems is suggested in several studies (open and controlled, but not RCT), applying DBT in various treatment settings. One study specifically addressed aggressive behaviour in a juvenile residential treatment facility, and general recidivism. In general, adherence to DBT seems to be larger than in TAU.

DBT appears to fit the residential forensic setting very well, because of the emphasis on treatment adherence. Furthermore, the criminogenic needs are targeted in the same hierarchy as suicidal behaviour in standard DBT. The four modes of standard DBT (individual therapy, group/family skills training, consultation team, and telephone consultation) are maintained.

The application of the risk-needs-responsivity principles in a DBT program for delinquent adolescents is discussed.

#### Conclusion

DBT studies thusfar suggest that it may be effective in treating behaviour problems and (institutional) aggression, with good treatment adherence. Applying risk-needs-responsivity principles in a DBT residential program for adolescents is possible, and may enhance effectiveness.

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## O-062

### **Aggression Replacement Training (ART) in Sweden.**

Catrine Kaunitz

*Institute for evidence-Based Social Work Practice (IMS), STOCKHOLM, Sweden*

The aim of this paper is to describe the ART in Sweden project.

Previous systematic reviews and meta-analyses suggest that cognitive-behavioural interventions reduce antisocial behaviour. One example is Aggression Replacement Training (ART), a multi-modal programme developed for delinquents in residential care in New York, USA. ART is a structured programme including a training manual for anger management, development of social skills and moral thinking. Originally ART is a 10-week, 30 -hour intervention, administered to groups of 8-12 youths, three times a week. The ART programme is delivered across North America and Europe within a wide variety of social, educational and correctional services. The purpose of this study is to describe the diffusion of ART in Sweden, to evaluate the effects of ART in residential care and to study if there is a connection between fidelity to the program and outcome.

The research plan consists of three interconnected parts;

- A survey of ART in community social services in Sweden. The study was accomplished during 2006. The results show that of 104 municipalities in Sweden, half of them offer ART as open- care treatment, but the ART-programme that is delivered to the youths is far away from the ART-manual.
- A quasiexperimental study of ART delivered in one secure unit for criminal youths compared to treatment-as-usual in two other secure units.

Recidivism is primary outcome (official records) and measures of behavioural (self-report) second. Standardized measures are being used. The study is in progress and will be finished in December 2008.

- Finally a study of the effects of ART in open-care treatment for youths with behavioural problems. The main question is if there is a connection between program fidelity and outcome and if ART has better outcomes for some groups of youths than others. The design is a pre-post measure with a follow-up in official records 24-months after the intervention. Primary outcome is recidivism (official records) and secondary measures of behavioural (self-report). Standardized measures are being used. The study will finish inclusion of youths in December 2008.

## O-063

### **Anger Management Training Programme in Institutionalized Aggressive Delinquent Adolescents.**

Özlem Özbay, Gülsen Erden  
NA, ANKARA, Turkey

The purpose of this study is to investigate the efficacy of anger control training programme with aggressive delinquent youths (16-21 years adolescents). In accordance with this purpose, The Brief Symptom Inventory, an instrument used in psychopathological evaluations and Multidimensional Anger Scale, an instrument used in multidimensional anger evaluations were used. A 8-session training programme based on a model of cognitive theory, was designed to reduce general anger. Efficacy of training programme for general anger reduction compared with a treatment group and control group in a pretreatment, posttreatment and 8 week follow up design. By follow up, treatment groups reported significantly less general anger.

## O-064

### **Working with adolescent females who present serious conduct problems? Let me think about it!**

Nadine Lanctôt, Marie-Hélène Ayotte  
Université de Sherbrooke, LONGUEUIL, Canada

#### Purpose

Almost all the studies that evaluated the practitioners' appreciations of their work with a female clientele report univocal results: many practitioners are reluctant to work with females, which they perceive as being particularly complex and demanding (Baines and Adler, 1996; Copperman and Knowles, 2006; Rasche, 2000). Becoming aware of the impact that such preferences, or judgments, can have on the quality of the interventions delivered to females, it becomes necessary to evaluate their extent more closely.

#### Participants

The sample consists of 165 educators (114 females and 51 males) working in residential Youth Centres in Montreal, Canada. Within the framework of their present function, 56 of them intervene only with boys, 69 only with girls and 38 with both boys and girls. In the past, 44 had worked with boys only, 51 with girls only and 68 with both genders.

#### Measures

Educators completed a self-report questionnaire. Questions allow an evaluation of their preferences as for the sex of the clientele, as well as their perception of the level of difficulty associated with working with a particular sex. Their perceptions about the theoretical knowledge and practical experience they have to intervene adequately with one sex or the other were also evaluated. The questionnaire also included open questions.

#### Analyses

Paired t-tests were used to evaluate if educators prefer working with adolescent males or females and if they consider that one specific sex is more difficult to work with. Analyses were then decomposed to verify if the educators' own sex as well as their past working experience are associated to their preferences and perceptions.

## Results

Results demonstrate that educators have a preference for a male clientele and consider that the level of difficulty in their work is lower with boys. However, results become diversified when the sex and the previous experience of the educators are taken into account.

## Conclusion

Our results testify of the importance to set up means to support educators working with girls. It is notably important to make them aware of the particular needs of this clientele and to give them a specific training.

## O-065

### **Examining effectiveness of MST: Dutch experience.**

Maja Dekovic

*Utrecht University, UTRECHT, The Netherlands*

Multisystemic Therapy (MST), an intensive home- and community-based treatment for youth who show serious, violent and chronic antisocial behaviour, has been implemented since 2004 in The Netherlands. The reasons for the choice of this treatment are first, its strong theoretical foundation and second, empirical support for its effectiveness from controlled clinical trials in the USA. However, due to the differences between the Netherlands and the USA in social and political climate, organization of mental health services, availability of different treatments and ethnic background of clients, it is not known whether the same results will be obtained in The Netherlands.

The ongoing randomized controlled trial (RCT) aims first to examine whether MST produces outcomes that are superior to the comprehensive treatments already available ("treatment as usual"). Primary outcomes include: antisocial behaviour and recidivism. Secondary outcomes include other types of problems (internalizing, substance use, school performance). A large body of treatment-effectiveness studies has focused solely on pragmatic goals (i.e. whether the treatment is effective), devoting little attention to how and for whom interventions yield beneficial outcomes. Second aim of the study is therefore to examine the processes through which the MST works by testing the hypothesized mediators of beneficial treatment. These treatment mediators are suggested by theoretical models that provide a conceptual basis of MST: increase in parenting skills, improvements in the parent-adolescent relations, increase in both parents and adolescent competence and decrease in adolescent affiliation with deviant peers. The third aim is to determine circumstances in which MST yield or does not yield beneficial outcomes by examining possible treatment moderators: characteristics of participants and treatment integrity.

In this paper an elaboration of the method of this study will be presented and the implementation of this RCT in the Dutch clinical/criminal justice setting will be described. Furthermore, the results so far will be shown and the plans for up the coming multi-site trial will be discussed.

## O-066

### **Large scale implementation model of evidence based programs in the treatment of antisocial behaviour in adolescence - Multisystemic Therapy.**

Terje Ogden, Kristine Amlund Hagen

*Norwegian Center of Child Behavioural Development, OSLO, Norway*

## Purpose

The Norwegian national implementation strategy is based on the collaborative efforts The Norwegian Center of Child Behavioural Development (NCCBD a national center for dissemination, implementation and research) and the local child and adolescent service system in the municipalities. The main components of the implementation strategy were (1) long term funding of programs and establishing a national center, (2) collaborative implementation of programs at the regional, county and municipal level, (3) a therapist and practitioner recruitment strategy through the service systems, (4) establishing comprehensive therapist/practitioner training, supervision and maintenance programs and (5) conducting research. The national strategy further includes a system of quality assurance, including monitoring of treatment and program adherence, productivity and outcomes.

## Method

Starting in 1999, by 2007, MST is implemented across Norway with 23 teams (86 therapists and 25 team leaders).

## Results

A RCT of MST was conducted with MST compared to regular Child Welfare Services. The results showed that the positive clinical outcomes in the US could be replicated in Norway (Ogden & Halliday-Boykins, 2004). A follow up study (Ogden & Amlund-Hagen, 2006) of treatment effectiveness was conducted two years after intake to treatment and the sustainability of the MST program effectiveness across participant groups was examined during the second year of operation (Ogden, Amlund-Hagen & Andersen, 2007). The outcomes in the second year of operation matched and, for key indices of antisocial behaviour even surpassed those achieved during the first year.

A national MST monitoring system is established in which all cases are registered and information about place of living and problems related to drugs, criminal offenses and acting out is collected from parents at 6, 12 and 18 months after termination of treatment. The monitoring data indicate the sustainability of behaviour change over a period of 1.5 years. Based on monitoring reports from 2006, both the drop out rate (7-8%) and the proportion of clients being placed out of home (6-7%) were low.

## Conclusion

The CCBD has a national responsibility for the training, supervision, quality assurance and research on selected evidence based programs aimed at the treatment of antisocial behaviour problems in children and youth. The overarching goal of the implementation has been to effectively reduce and prevent further development of antisocial and criminal behaviour. Risk reduction and the promotion of protective factors are at the heart of all programs implemented by the center.

## O-067

### **Balancing costs and effects of Multisystemic Therapy compared to Care As Usual in adolescents with antisocial behaviour: a methodological exploration.**

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*University Medical Center Groningen, GRONINGEN, The Netherlands*

## Purpose

Multisystemic Therapy (MST) is an intensive family- and community-based treatment for serious antisocial behaviour and delinquency in youth. Although MST is emerging as a promising intervention for serious juvenile delinquents, evidence on its effectiveness is inconclusive still. Knowledge on the cost-effectiveness of MST is equally scarce and even non-existent for the Netherlands. The aim of this study is first to evaluate the balance between costs and effects of MST as compared to Care-As-Usual provided to a control group. The second aim is to develop a framework for economic evaluation in child and youth care.

## Methods

The study is framed within the already planned study of Dekovic and co-workers on the effects of MST in the Netherlands. Health care utilisation and production loss, and quality of life will be measured by the 'Trimbos and iMTA questionnaire on Costs associated with Psychiatric illness' (TiC-P), and the SF-20 and EQ-5D, respectively. Furthermore, the impact of the intervention on various outcomes of interest (among other things delinquent behaviour and social functioning) will be evaluated using direct rating scale techniques, including Time Trade Off procedures (which proportion of a given lifetime is an individual willing to trade off if quality of life improves to a defined degree). The study comprises 100 clients in both conditions. Data will be gathered before treatment (T1), immediately after treatment (T2; 5 months after T1) and at follow up (T3; 6 months after treatment) from a variety of sources, i.e. clients, parents/primary carers and professionals.

## Results

The results of this project will provide extensive insight into the cost-effectiveness of MST. Next to this, this study will yield an outline indispensable for economic evaluation in child and youth care.

## Conclusion

We expect this project to be highly supportive for evidence based priority setting in the care for youth with severe behavioural problems. The results of this study will aid policy makers, health care authorities as well as judicial authorities to choose appropriate programmes and to decide on their implementation. In the presentation, problems met and solutions decided on this economic evaluation will be discussed.

## O-068

### **The use of the SAVRY risk factors by clinicians in Catalonia, Spain.**

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#### Purpose

In the first phase of the preparation of implementation of Structured Professional Judgment (SPJ) in the Catalanian juvenile justice system, a descriptive study was conducted. The main purposes of this research were:

- To measure the perceived relevance of risk and protective factors,
- To measure the use of risk and protective factors by clinicians,
- To prepare the implementation of the SPJ.

In the second phase a pilot implementation in the probation unit of the city of Girona was undertaken. The main purposes of this pilot were:

- To identify problems in implementing SPJ with the SAVRY as instrument in a probation unit, where all assessments with juveniles were unstructured,
- To monitor the use of the SAVRY by trained clinicians in daily clinical practice.

#### Methods

In the first phase clinicians were asked to rate, using unstructured clinical opinion, the relevance and presence of the risk and protective factors on the basis of individual cases. They also rated the risk of recidivism on a three point scale.

In the second phase the clinicians of the pilot unit used, after training, the SAVRY to assess the risk in juvenile offenders.

To verify if the implementation of the SAVRY (training and use of the manual) obtained the expected change we compared the use of risk and protective factors by clinicians in the first phase (N=190) with the use of the same factors in the second phase (N=200). In the presentation we will explain if the use of the risk and protective factors by clinicians changed as a product of the implementation.

In the next step we will verify the predictive validity of the SAVRY on the basis of arrest data of the Catalanian police.

#### Results

We found significant differences in the use of the SAVRY factors between the clinicians in the first and the second phase. Although these differences were moderate for the historical factors, they were highly significant in respect to the dynamical risk and protective factors. The results also show that the SAVRY is a valid instrument in the Catalanian context.

#### Conclusions

In implementing SPJ it is important to measure the consequences and effects of this change in daily clinical practice. The integration of research in clinical practice offers the possibility to evaluate the use of risk factors and design more effective follow-up training.

## O-069

### **Psychopathic traits and situated risk assessment: A Flemish pilot study.**

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Callous-Unemotional traits are considered the main developmental precursors of adult psychopathy. As such their presence may be a valuable predictor of poor intervention outcome with delinquent youth. In the present study, the APSD (Frick & Hare, 2001), CPS (Lynam, 1997), and ICU (Frick, 2004) were obtained from antisocial youth residing in three residential (treatment) facilities. Furthermore, the SAVRY (Borum, Bartel, & Forth, 2006), and the YLS:CM (Hoge & Andrews, 2002) were scored using available file information. Logistic regression analyses were used to assess the predictive validity of these measures for problem behaviours during treatment. We conclude with some remarks on the practical problems of doing risk assessment for adolescent delinquents in "real-world situations".



## O-070

### **Risk assessment and prevention strategies in youngsters: a new investigation instrument.**

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#### Purpose

The main idea was to investigate the possibility of creating a screening and assessment instrument able to determine, in a short time and with a high validity and reliability, any illegal behaviour, drug abuse, bullying and risk behaviours in adolescents and young adults.

#### Methods

This instrument was created and tested on a sample of about 200 adolescents coming from secondary and professional schools. In the meanwhile, the SAVRY test by Borum was performed on the same sample to have a comparison and check the results.

#### Results

There was a high correlation between the results of SAVRY and the new instrument, but the main issue was that it was possible to acquire a larger amount of information on youngsters than with other validated tests.

#### Conclusions

This new instrument needs to be tested on a wider sample and refined as to its items to become a valid ally in risk assessment and personality and psychopathology prevention and screening methods.

## O-071

### **Prospective study for violence risk assessment in pre-trial mental health evaluations of youngsters.**

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#### Purpose

No risk assessment instrument has been validated for pre-trial mental health evaluations of youngsters. In the Netherlands, risk assessment of youngsters in pre-trial mental health evaluations is partly done with the SAVRY and the PCL:YV. These instruments are validated in the treatment setting. Duits et al. found that 34 factors (14 specific factors, 12 SAVRY and 8 PCL:YV factors) were considered the most important for assessing violence risk in pre-trial mental health evaluations of youngsters. Duits et al. found in a retrospective study that several SAVRY factors were missing in forensic mental health reports.

The utility and validity of the 34 factors for assessment of violence risk in pre-trial mental health evaluations of youngsters will be determined in a prospective study. The following issues will be evaluated: 1) the interrater reliability of the 14 specific factors 2) if the 34 risk factors are considered most important for assessing violence risk in pre-trial mental health evaluations of youngsters 3) the predictive validity of the 34 risk factors, the SAVRY and the PCL:YV for recidivism of violence risk of youngsters in pre-trial mental health evaluations.

#### Methods

Prospective within-subjects research design. Forensic evaluators will be asked to rate the 14 specific factors, SAVRY factors and PCL:YV factors during a pre-trial mental health evaluation of youngsters (n=100). Interrater reliability of the 14 specific factors will be tested by professional consensus. Predictive validity will be tested by collecting data of violence recidivism on each youngster for 24 months following pre trial mental health evaluation.

#### Results

None.

#### Conclusion

The research proposal is presented for discussion and refining the research design.

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### O-072

#### **Development and tests of short (18 item) versions of the Youth Psychopathic traits Inventory (YPI) and the Youth Psychopathic traits Inventory-Child Version (YPI-CV).**

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#### Purpose

Of the self-report instruments measuring psychopathic traits in youths, the Youth Psychopathic traits Inventory (YPI) has been considered to be particularly promising. Recently, a child-version of this instrument (the YPI-CV) became available as well. However, encompassing fifty items, both instruments are somewhat lengthy making them less suitable for screening purposes. The aim of the current study was therefore to, based on large datasets of the original YPI and YPI-CV, come up with psychometrically strong similar short versions of the YPI and YPI-CV.

#### Method

Adolescent YPI data were obtained in a school-based community sample of 4050 adolescents from a medium-sized county in Sweden. YPI-Child Version data were derived from two independent school-based samples of 9 to 12 year old Dutch children from the community (n=790).

Item-reduction was achieved through a step-wise selection process using Principal Axis Factor analysis on both questionnaires. In addition, content related arguments were used for the selection of items to be retained.

#### Results

The item-reduction process resulted in two highly similar instruments (18 items). In both versions, identical and theoretically comprehensible three factor structures were demonstrated, in both boys and girls. The abbreviated instruments were reliable, covered all core characteristics of the psychopathic personality construct and showed high convergence with the original long instruments and similar correlations to external criterion measures.

#### Conclusion

Research on the development of psychopathy is of pivotal importance. Having short, yet reliable and valid, self-report instruments available for a broad age range could enable more researchers to accumulate much needed knowledge about this important construct in youth.

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### O-073

#### **Validation of FFM PD counts for screening personality pathology and psychopathy in adolescence.**

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Miller and colleagues (Miller, Bagby, Pilkonis, Reynolds, & Lynam, 2005) recently developed a FFM PD count technique for describing and diagnosing personality disorders (PDs) and psychopathy in adulthood. This technique uses facets from the expert-generated prototypes to score the FFM PDs and conceptualizes PDs relying on general trait models.

The present study corroborates on the study of Miller and colleagues (2005) and investigates in Study 1 (N = 294) whether the count technique shows discriminant validity in adolescence, using both a categorical (ADP-IV; Schotte et al., 2004) and dimensional (DAPP-BQ; Livesley & Jackson, 2001) PD measure. Study 2 (N = 208) extends this objective to psychopathy in adolescence, using the Inventory of Callous and Unemotional Traits (Frick, 2004). The validity of the FFM PD counts in adolescence are examined using cut-offs obtained from self- and parental FFM ratings, derived from an independent normative sample (N = 419). Results suggest that FFM PD counts in adolescence and adulthood are equally successful to describe PD symptoms, providing support for using this descriptive method in adolescence. The discussion focuses on the applied value and the potential to screen for vulnerable adolescents at a younger age.

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## O-074

### **The Dutch Psychopathy Checklist: Youth Version: Reliability, construct validity and predictive power.**

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The interest of clinicians, researchers and policy makers in the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003) is primarily related to its relevance for risk assessment in offender populations. Indeed, most studies of psychopathic traits in youth initially focused on their predictive power for (future) violence (Falkenbach, Poythress, & Heide, 2003; Forth, Hart, & Hare, 1990; Gretton, Hare, & Catchpole, 2004; Gretton, McBride, O'Shaughnessy, & Kumka, 2001). However, the PCL:YV is a diagnostic device by design and its role in forensic clinical practice goes well beyond risk assessment. The present study was designed to examine the psychometric properties of the Dutch version of the PCL:YV, including its predictive validity. A secondary objective was to expand knowledge about the nomological network surrounding the construct of psychopathy and the psychopathy dimensions in youth.

The reliability and construct validity of the Dutch PCL:YV for the assessment of psychopathic traits was studied in a sample of 98 male adolescents in a juvenile justice treatment institution. Furthermore, the factor structure underlying the Dutch PCL:YV was examined by Confirmatory Factor Analysis in a combined sample of 269 male adolescents from different sites. Finally, the predictive validity of the PCL:YV for institutional misbehaviour was examined in two samples of male adolescents in secure and semi-secure juvenile justice treatment institutions. Hare's four-factor model (2003) was used in order to identify the individual value of the interpersonal, affective, lifestyle, and antisocial psychopathy dimensions.

Findings demonstrated adequate psychometric properties of the PCL:YV total score, as well as the interpersonal, affective, and lifestyle dimension. Regarding the reliability and validity of the affective dimension, findings were mixed.

Clinical implications regarding the use of the PCL:YV in Dutch forensic clinical practice are discussed.

## O-075

### **Assessment of Callous and Unemotional Traits in Adolescence: Further validation of the Inventory of Callous and Unemotional Traits (ICU).**

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*University of Leuven, LEUVEN, Belgium*

A large body of research suggests that the presence of a callous and unemotional (CU) interpersonal style designates an important subgroup of aggressive and antisocial youth with a particularly severe, aggressive, and stable pattern of antisocial behaviour. Recently, Frick (2004) developed a measure to assess these callous and unemotional traits, The Inventory of Callous and Unemotional traits (ICU).

In extending the validation research of the ICU, the Dutch-language version of the ICU was administered to a large community sample of non-referred adolescents aged 15 to 18 years. They were recruited from seven schools of various regions of the Dutch-speaking part of Belgium. In addition to self-report data, parent- and teacher-report data were gathered..

Confirmatory factor analysis was used to test the factor structure of the different versions of the ICU (self, parent, teacher, combined). Convergent validity was examined through the associations with two other general measures of psychopathic traits (APSD, CPS) and measures of empathy (IRI) and prosocial attitudes (SAHA). Furthermore, associations with antisocial behaviour (SAHA), anxiety (STAI-2), big five personality traits (BFI), emotional reactivity (PANAS, BIS/BAS Scales) and self-regulation (ACS) were explored.

## O-076

### **SAVRY characteristics in boys with sexual violent crimes.**

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The researches of last years established a number of risk assessment instruments to predict a risk of violent offending. Good quality and predictive validity of SAVRY as a risk assessment tool was shown in a number of studies (Doreleijers et al., 2007; Dozortseva, 2007; Lodewijks, 2007). Our purpose was to compare SAVRY characteristics in a sample of juveniles who committed sexual violent crimes (n=26) with those of perpetrators of non-sexual violent crimes such as murders and severe bodily harm (n=92). The data was processed using statistical analysis.

Both groups showed high level of the SAVRY risk factors. Juveniles with sexual violent crimes committed more often violent acts in their life history. They displayed higher scores in such individual risk factors as risk taking and anger management problems in comparison with the juveniles with violent crimes, as well. In the juveniles' group with violent crimes such items as violence at home, peer rejection and peer delinquency were more expressed.

Evident distinction of the sexual offenders' group was lack of protective factors in comparison with the juveniles with violent crimes. Strong social support, adaptive personality traits and positive attitude to treatment were significantly less expressed in boys with sexual offences.

The results allow conclude that there is a significant difference in violence risk factors in male juveniles with sexual and non-sexual violent criminal acts concerning individual traits, historical and social factors. High number of violent acts, risk taking and anger management problems, lack of protective factors are specific for the sexual offending group. It shows the importance of considering not only special risk factors concerning sexual sphere by risk assessment in cases of juveniles perpetrators of sexual violent offences, but also factors related to violent behaviour in general.

## O-077

### **Multisystemic Therapy with Juvenile Sexual Offenders: Clinical and Cost Effectiveness.**

Charles Borduin

*University of Missouri, COLUMBIA, MISSOURI, United States of America*

Juvenile sexual offending poses high psychosocial costs for victims, financial costs for society, and poor long-term trajectories for the offenders. Preventing or attenuating further sexual offending in those youths who are already perpetrators would favorably affect their lives, families, and communities. Unfortunately, the development of effective treatments for sexual offending in juveniles has been an extremely difficult task. This presentation will discuss recent developments in the treatment of juvenile sexual offenders using multisystemic therapy, an evidence-based practice that holds the potential for attenuating psychosocial and financial costs of this serious clinical problem. Implications for public policy and clinical practice will also be discussed.

## O-078

### **Which legal measures are useful to prevent recidivism? Results of the 2-year follow-up of a 25-year prospective longitudinal study on delinquent adolescents.**

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#### Objective

This presentation shows the results of the 2-year follow-up assessment of our 25-year prospective longitudinal study on delinquent adolescents.

#### Methods

127 subjects (88.2% male and 11.8 % female) in the ages of 10-21 were included. The first assessment was made in a multi-informant setting: Standardized tests for intelligence and attention and a list of other questionnaires (self- and objective reports) were used. Furthermore, structured interviews were held to gain information about socioeconomic data and psychopathology (DIPS).

In the course of the second assessment (2 years later) additional data about the enacted legal measures, the progress of our subjects (recidivism, professional integration etc.) were recorded in accordance with information collected from juvenile courts.

#### Results

A psychiatric disorder was classified in 92.9% of our subjects. Measures were taken by the respective juvenile court in 91.5% of the cases. Recidivism occurred in 55.9% of all cases, whereas the rate of recidivism turned out to be higher in connection with violent offenses (61%) compared to drug (56%) or property offenses (59%). Further more, the results show a significant association between externalized disorders and recidivism ( $\chi^2$   $p < 0.001$ ).

The Recidivism rate was higher in stationary than with ambulant legal measures. With succeeded integration (school or work), recidivism decreased by half, from 75% to 50%.

#### Conclusion

Recidivism rate is lower on ambulant than on stationary legal measures. While the sole enunciation of punishment (as occurred in 8.5% of all cases) has an increased recidivism rate (60%), professional integration seems to interact protectively.

## O-079

### **The dutch juvenile criminal justice system and its goals**

Robin Cozijnsen<sup>1</sup>, Theo Doreleijers<sup>2</sup>

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<sup>2</sup>*De Bascule, AMSTERDAM, The Netherlands*

#### Purpose

The Dutch juvenile criminal justice system is originally a pedagogical system, in which the main aim is re-education. This presentation discusses to what extent the present Dutch juvenile criminal justice system still corresponds to its original goals.

#### Methods

To examine whether the present system still corresponds to its original goals, literature on the Dutch juvenile criminal justice system is reviewed. To get a broad view on the subject, not only judicial & criminological literature will be reviewed, but also critique from the psychiatric point of view will be discussed.

#### Results

The review suggests that in practice the system seems to have gotten more punitive, witness the expansion of the sanction arsenal and the raise of maximum punishments for juveniles. Retaliation and protection of the society against the criminal juvenile have become important issues.

#### Conclusions

These findings support the need for a reconsideration of the goals of the juvenile criminal justice system in the Netherlands.

## O-080

### **Juveniles behind bars and their legal rights. Administering Justice and the Role of the Council for the Administration of Criminal Justice and Protection of Juveniles.**

Paul Vlaardingerbroek

*Tilburg University, TILBURG, The Netherlands*

In this paper I will focus on the legal position of juveniles who have been locked up for detention and/or special treatment. In the Netherlands the juvenile can be sent to a children's home by the juvenile judge after criminal charges. This can be in detention or for special treatment of the youngster. The Ministry of Justice is responsible for the execution of this sentence and for the institute where the execution takes place.

By civil order children can be sent to a juvenile home. This can be an 'open' residential home or a so called 'closed' institute where the child until his 21st birthday can be treated behind 'bars'. The juvenile judge may order this according to the child protection laws (civil law).

The Ministry for Youth and Families is responsible for the placement and education of children in case of child protection measures.

The legal position of a child in a juvenile home (whether according to the penal law or the law on child protection) has become very dependent from the staff in the institute. Although his legal position is settled in laws and regulations, the juvenile must have an effective remedy in case his rights are infringed by staff members or others in the institute.

In this paper I will give attention to the (role of the) Council for the Administration of Criminal Justice and Protection of Juveniles (RSJ). This Council has two tasks: administering justice and giving advice on youth protection and the enforcement of sentences and non-punitive orders. By administering justice and producing advisory reports, the RSJ helps to ensure that the government and the relevant implementing bodies take sufficient account of the principle of proper treatment and the legal status in the institutes. I will also deal with the right to complain according to the specific laws and regulations and I will focus on the question how these rights can be improved.

The care in the institutes must be good, safe and effective as possible. So, therefore controlling these institutes is very important. But how to improve the daily life in these institutes and how to diminish the risks for youngsters?



## O-081

### **Autism Spectrum Symptoms in juvenile suspects of sex offenses**

Lisette 't Hart-Kerkhoffs<sup>1</sup>, Lucres Jansen<sup>1</sup>, Theo Doreleijers<sup>1</sup>, Robert Vermeiren<sup>2</sup>, Ruud Minderaa<sup>3</sup>, Catharina Hartman<sup>3</sup>

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<sup>3</sup>Department of Psychiatry, Faculty of Medicine, University of Groningen, GRONINGEN, The Netherlands

#### Purpose

To investigate autistic spectrum symptoms in juvenile suspects of sex offences.

#### Methods

A group of juvenile sex offenders was compared with a matched normal control group and a group of children with Autism Spectrum Disorder (ASD) with respect to autistic symptoms as measured by means of a standardized questionnaire, the Children's Social Behaviour Questionnaire (CSBQ). Furthermore, specific subgroups of sexual offenders, i.e. child molesters, solo peer offenders and group offenders were compared with regard to levels of ASD symptoms.

#### Results

Significantly higher levels of ASD symptoms were found in juvenile sex offenders than in normal controls, while levels were lower than in clinical subgroups. Solo peer offenders and child molesters were higher on several subscales as well as on core autistic symptoms than group offenders.

#### Conclusions

Symptoms of ASD are higher in juvenile suspects of sex offenses as compared to the normal population, which argues for considering specific diagnostic assessment in this population. Specifically, the necessity to assess for ASD symptoms may be higher for solo offenders and child molesters than for group offenders.

## O-082

### **Autism spectrum disorders in forensic adolescents.**

#### **-The impact of autism on assessment and treatment-**

Carl Blijd

ACCARE, GRONINGEN, The Netherlands

At the 'Forensische Jeugd- en Orthopsychiatrie Noord-Nederland', a forensic adolescent and Orthopsychiatric division in northern Netherlands, adolescents who have committed offences or have shown offensive behaviour and who are also diagnosed with psychiatric problems are treated. Their ages range between 12 and 18 years. Their therapy is aimed at stopping their offences and preventing recidivism (Blijd, 2006).

A subgroup of these adolescents has an autism spectrum disorder. Their specific information processing problems call for a different approach in comparison with forensic young people without an autism spectrum disorder.

Adolescents with an autism spectrum disorder have social cognitive problems; they have difficulty reading the mind of others. Next to that, they are known to have executive function problems and a weak central coherence. These problems can have a serious effect on their offences, but also on their treatment. For instance, psycho-education plays a more prominent role: it is more adjusted to the personal situation and it is repeated more often ('iterative and interactive forensic psycho-education') (Blijd-Hoogewys & Ketelaars, 2004). Treatment is often aimed at learning new social scripts. And, when making offence analysis and offence scenarios, the autism cognitive style are again of great importance.

In this presentation, autism-specific forensic interventions and implementation of psycho-education (Vermeulen, 2005) will be discussed.

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## O-083

### **Autism and Forensic Psychiatry: a different perception and intelligence: a case for enhanced risk.**

Rutger Jan van der Gaag, Patricia J.M. van Wijngaarden-Cremers  
*UMCN Radboud, NIJMEGEN, The Netherlands*

In the media attention has been drawn recently to the increasing amount of cases in which individuals with a diagnosis Autism Spectrum disorder (ASD) have been reported in combination with strange delinquent behaviour. Over the past decade the prevalence of ASD has dramatically raised to a level around 1% for the general population. It by no means clear how many of these individuals are involved in delinquent behaviour. But recent research in the "different" way in which people with an ASD diagnosis perceive the world and their fellow people, but also in which their intelligence profile differs from typical ones, gives a insight and explanation for this enhanced risk.

In this presentation this risk will be presented both in practice with a series of examples and in theory relating to the newest development in research on causal pathways in ASD.

## O-084

### **Autism Spectrum Disorders and Violent Offending: A National Study of Hospitalized Individuals.**

Niklas Långström<sup>1</sup>, Martin Grann<sup>1</sup>, Vladislav Ruchkin<sup>2</sup>, Gabrielle Sjöstedt<sup>1</sup>, Seena Fazel<sup>3</sup>

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<sup>3</sup>*University of Oxford, OXFORD, United Kingdom*

#### Background

Several studies have suggested that a diagnosis of autism spectrum disorders, and specifically Asperger syndrome, may be associated with an increased risk for violent crime. Considering their low prevalence, population-based studies are needed for examining this association.

#### Method

A total of 441,066 individuals from the Swedish Hospital Discharge Register received any ICD-9 or ICD-10 psychiatric diagnosis during an episode of inpatient care during 1988-2000. Of those, 422 individuals (71,3% males) were diagnosed with autism (N=317) or Asperger syndrome (N=105). All persons convicted of a violent non-sexual (N=136,931), or a sexual offence (N=8,596) during 1988-2000 were identified from the National Crime Register. Data from the two registers were linked. The control group included randomly selected individuals from the general population, with no history of in-patient psychiatric treatment (N=37,371 (49.3% males)). Sociodemographic factors (age, gender, and immigrant status) were controlled for.

#### Results

Thirty-three individuals with autism spectrum disorder were convicted of violent offenses. Compared with controls, individuals with Asperger's syndrome were more likely (OR=6.2, 95% CI=3.2-11.9) to be convicted for violent crime after adjustment for age, gender, immigrant status and comorbid psychiatric disorders. In contrast, autistic disorder was not associated with violent crime (adjusted OR=0.6, 95% CI=0.3-1.2).

#### Conclusion

As a hospitalized sample was studied, we predicted associations with violent offending to be accentuated for all autism spectrum disorders. This was found in Asperger syndrome, but not in autistic disorder. The latter finding is contrary to previous work and expert opinion, and requires replication in community samples.

## O-085

### **Treating Youngsters with Conduct Disorders - Building a Healing Environment based on a Cognitive Behavioural Approach.**

Daniëlle Braspenning, Martine van der Laan, Peter van der Sanden, Joes Hagendoorn  
*De Fjord, CAPELLE A/D IJSSEL, The Netherlands*

In "De Fjord", a Dutch Orthopsychiatric Clinic, youngsters aged 16 through 21 who suffer from psychiatric disorders complicated by conduct disorders, are treated either on an Out Patient basis, as Inpatients, or in Day Treatment. Regardless of the treatment setting and the underlying psychopathology, which may have its roots in nature, nurture, or a combination of the two, the Therapeutic Relationship seems to be vital to the eventual outcome of treatment. In this presentation, we provide a conceptual framework for this therapeutic relationship, which is based on the principles of Jeffrey Young's Schema-Focused Approach.

After briefly outlining this form of Cognitive Behavioural Therapy, we will focus on the Young's view of the therapeutic alliance. Essential ingredients of the Therapeutic Relationship are outlined, and we focus on concepts such as 'Limited Reparenting' and 'Emphatic Confrontation'. We then go on to describe the way the Therapeutic Alliance is shaped in the various treatment settings, using case histories to show how the different settings require a different approach. When an Adolescent is admitted to the Clinic, for instance, 'Holding' is provided by a myriad of relationships - bonds are formed with a number of professionals, in addition to those formed with other patients. In a Day Treatment, holding is more precarious, and in out patient treatment, the one-on-one therapeutic relationship is the only one the patient can fall back on.

We will also focus on the relationships in Group Psychotherapy, which is an essential part of several of our treatment programs. Again using case reports, we will show how the relationship between a patient and the other members of a Therapy Group can enhance 'holding', increasing chances of a positive treatment outcome.

## O-086

### **Implementation and evaluation of EQUIP in a youth forensic psychiatric hospital.**

Miranda Knoops, Ilja Bongers, Chijs van Nieuwenhuizen  
*GGzE, EINDHOVEN, The Netherlands*

#### Purpose

Implementation of a group-based intervention, such as EQUIP (Gibbs et al., 1995), in a youth forensic psychiatric hospital can be a struggle although it is not impossible. Which factors complicate the implementation of a group intervention and which factors can be modeled/changed for successful implementation? In this presentation, we will describe the behavioural changes caused by the intervention and the group-dynamic factors that influence this. First of all, the background and theory of a group intervention for aggression regulation, i.e. EQUIP, is described. Then, the results of pre- and post measurements EQUIP are described.

#### Methods

The following questionnaires were used in the assessments SIG (Arrindell et al., 1987) to measure social skills, HIT (Nas et al., 2008) to assess cognitive distortions and the ZAV (Ploeg et al., 1982) and AVL (Meesters et al., 1996) to measure aggression.

Nearly 20 adolescents between the age of 14 and 21 years old filled out the questionnaires. Besides self-reports, the trainers of the intervention scored the group dynamic factors that possible influence the optimal learning environment. Behavioural changes between the pre- and post measurements were analysed using an ANCOVA with group dynamic factors as covariates.

#### Results

The adolescents seem more aware of their cognitive distortions, they learn that aggression is not a sign of power but a sign of incapacity, and they learn more socially accepted strategies to deal with difficult situations. The self-esteem of the adolescents also seems to improve. We found larger effects on the behavioural changes between pre- and post measurements when there was a positive group climate.

## Conclusion

The special characteristics of the population hinder the implementation of EQUIP, especially the combination of problem behaviours and different psychiatric disorders which influence the optimal learning environment. Although there were difficulties at the start of the EQUIP-training, adolescents are (eventually) very willing to come to EQUIP.

## O-087

### **Two measures of treatment motivation and treatment engagement for correctional outpatient treatment.**

Klaus Drieschner

*Trajectum, BOSCHOORD, The Netherlands*

It is now widely accepted that the patient's responsivity for the treatment is critical for the outcome of correctional treatments, and that motivation and active engagement of patients are important determinants of this responsivity. Standards for accreditation of treatment programs in various countries require active enhancement and structural assessment of the patient's motivation. However, measurement instruments for this purpose are scarce, and the few available instruments have serious drawbacks. The purpose of this paper is to introduce two Dutch instruments for correctional outpatient treatment. The Treatment Engagement Rating scale (TER) is a therapist-rating instrument for the patient's efforts for the treatment. The Treatment Motivation Scales (TMS-F) is a self-report measure for determinants of the patient's treatment engagement that could be addressed by motivational interventions, such as problem recognition, perceived legal pressure, and outcome expectancy. Following an analysis of the concepts of treatment motivation and engagement, both measures are described and the results of psychometric evaluations are summarized.

## Methods

Both measures were administered in large samples from several forensic outpatient treatment centres. The reliability and validity of the measures and the stability of the measurement properties was evaluated employing factor analysis, multitrait-multimethod analysis, and structural equation modelling. Special scrutiny was directed to the issue of social desirability response bias.

## Results

Overall, the data provided evidence for adequate reliability and validity of both measures and a marginal effect of social desirable responding. Furthermore, the results suggest that the patient's perceptions of the treatment and the therapist are more important for his motivation than his perception of legal pressure and problem recognition.

## Conclusion

The TER and the TMS-F are promising instruments for correctional outpatient treatment. TER scores can be used to assess the treatability of patients and effects of motivational interventions. The TMS-F provides more detailed information about possible reasons for lack of treatment motivation and engagement.

## O-088

### **Delict recidivism of juvenile delinquents committing severe and violent crimes: comparing the effect of a day treatment program and care as usual after detention.**

René Breuk<sup>1</sup>, T. Doreleijers<sup>1</sup>, L. Loeft<sup>1</sup>, N.W. Slot<sup>2</sup>

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<sup>2</sup>*VU University, AMSTERDAM, The Netherlands*

## Summary

Ten years ago a day treatment program for juvenile delinquents with psychiatric disorders started as one of the first centers in the Netherlands. It was ment to be an alternative for care as usual after detention and compulsory residential treatment.

The day treatment center developed in three phases: a pilot phase from 1997 to 1999, a phase developing individual treatment (social skills training, aggression management, reducing psychiatric symptoms) from 2000- 2002 and introducing functional family therapy at the first phase and focus of the treatment from 2003- 2005 (Breuk et. Al, 2006). During this development phases drop out rates reduced from 80% to 20-25%.

During the lecture the results of an outcome study comparing 12 months follow-up of juvenile delinquents after a day treatment program with care as usual after detention on remand will be presented.. Day treatment was able to keep adolescents within the community, to prevent re-placement in a correctional facility, to reduce violent and severe crime recidivism, and to increase school or work attendance, but not to reduce general recidivism.

#### References

Breuk,R.E.,Sexton,T.L.,VanDam,A.,Disse,C.,Doreleijers,T.A.H.,Slot,N.W.,Rowland,M.K.(2006) : *The implementation and the cultural adjustment of Functional Family Therapy in a Dutch Psychiatric Day-Treatment Center. Journal of Marital and Family Therapy*,32,4,515-529

## O-089

### **What works for young offenders: A systematic review of systematic reviews.**

Anna-Karin Andershed<sup>1</sup>, Henrik Andershed<sup>1</sup>, Kerstin Soderholm Carpelan<sup>2</sup>, Marie Nystrom<sup>2</sup>, Lars Brannstrom<sup>2</sup>

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<sup>2</sup>*Institute for evidence-based social work, STOCKHOLM, Sweden*

#### Purpose

This paper presents results from a systematic review of systematic reviews, both meta-analyses and narrative reviews, within the field of treatment for young offenders. The Swedish government has commissioned the review from the Institute for evidence-based social work (IMS) in connection to a new government bill proposing a number of changes in provisions relating to interventions and treatment for young offenders. The review is to present effective methods applicable within the new framework, which can be communicated to policy makers, practitioners, and researchers. In the review, we focus on interventions and treatments that can be categorized under the heading "Youth Care", which is a common sanction for medium and high risk youth 15-17 years of age. Youth Care is administered by the social services, and covers a broad range of possible interventions and treatment alternatives, including e.g., cognitive-behavioural treatment, social skills training, family interventions, and residential care.

#### Method

A literature search in the main data bases yielded 1.088 potentially relevant papers produced from 1990 on onward. The screening procedure resulted in 77 full-text meta-analyses and narrative reviews that were coded by two independent reviewers.

#### Results and conclusions

Results concerning effective interventions for young offenders will be presented. Issues of cultural applicability and ways of communicating the results to policy makers and practitioners will be discussed.

## O-090

### **Family Focused Treatment and Prevention in Juvenile Justice.**

Wim Slot

*PI Research, DUIVENDRECHT, The Netherlands*

#### Purpose

To clarify new policy developments in the Dutch Juvenile Justice system and to stress the importance of Family Focused Treatment

#### Methods

The engagement of the family is a prerequisite for effective treatment of severe antisocial behaviour in children and adolescents. This has been recognized by Dutch Juvenile Justice authorities and treatment facilities. As a result a number of evidence based treatment programs as well as preventive interventions have been initiated. In his presentation, Wim Slot will compare these interventions and discuss their viability for the Dutch Juvenile Justice system.

## Results

The presentation will show that there is a need for further program development in the Dutch Juvenile System. Existing programs hardly incorporate family focused interventions. Prevention programs with a family focus are very rare. Subsequently the presentation will offer some possibilities for future programs

## Conclusion

The Dutch Juvenile Justice system should move towards a more family focused approach in intervention and prevention

## O-091

### **Scientific Foundations of Functional Family Therapy.**

T.L. Sexton

*Indiana University, BLOOMINGTON, United States of America*

Functional Family Therapy (Sexton & Alexander, 2006; Sexton, in press) is one of the current evidence based treatments for use with acting out problem behaviour adolescents. In the last decade, Functional Family Therapy (FFT) has been designated as a "model program" and an evidence-based program in numerous independent reviews in the United States (Alverado, Kendall, Beesley, & Lee-Cavaness, 2000; U.S. Public Health Service, 2001). FFT is unique in not only its relationally focused clinical model but also in its long history of scientific study. Over 30 years of outcome and process research has shown FFT to be successfully at reducing criminal recidivism, improving family communication and decreasing within family conflict, and building alliance, a critical element in establishing therapy effectiveness. The cumulative data suggests that FFT is effective on two critical fronts. First, the results indicated that FFT was particularly successful in engaging and retaining families in treatment. Engagement rates in FFT studies range from 78% (Sexton, Ostrom, Bonomo, & Alexander, 2000) to 89.8% (Barnowski, 2003). This outcome is fairly dramatic given the traditionally high rates of drop-out (50-75%) in most treatment programs (Kazdin, 1997). Second, FFT reduces recidivism between 26% and 73% with status offending, moderate, and seriously delinquent youth as compared to both no-treatment and juvenile court probation services (Alexander, et al., 2000). Positive outcomes of FFT remain relatively stable at follow-up times as great as five years (Gordon, Arbuthnot, Gustafson, & McGreen, 1988), and the positive impact even affects siblings of the identified adolescent (Klein, Alexander, & Parsons, 1977). This presentation will present an overview of existing and new outcome studies that supports FFT as evidence based treatment that is cost effective and applicable across cultural settings. In addition, the presentation will focus on scientific support for critical change mechanisms of actions that support the clinical model. Together these data show FFT to be a mature and well-validated treatment model.

## O-092

### **Results of the FFT outcome study in a out patient clinic in Amsterdam.**

Lotte Loef, W. Slot, T. Doreleijers, R.E. Breuk

*De Bascule, DUIVENDRECHT, The Netherlands*

#### Summary

In 2004, Functional Family Therapy (FFT; Alexander & Sexton, 2002; Sexton & Alexander, 2003), was introduced at the outpatient clinic of the Bascule in Amsterdam as one of the alternative treatments for juvenile delinquents. A number of studies conducted in the United States and Sweden have already proven the efficacy and effectiveness of FFT. To replicate the findings of these studies, in 2005 an effectiveness study on FFT outcomes in Amsterdam started. Within this study, FFT was compared to an alternative treatment, Parent Management Training (PMT) and care-as-usual, being juvenile probation. The two interventions were compared on various outcomes: drop-out, self reported behavioural functioning, psychological functioning and family functioning. From earlier reports, substantial differences in drop-out rates were found between FFT and PMT: 22% in FFT versus 55% in PMT, with a large part of the PMT participants (27%) dropping out between the intake and first therapy session. Furthermore, a reduction of behavioural, hyperactivity and emotional problems was reported by parent and juveniles and a amelioration of the conflict management and emotional relationship between parents and their children.

Besides these short-term outcomes, the effectiveness of the interventions as compared to care-as-usual was examined on: reduction of criminal recidivism, violence and out-of-home placements within 12 months after treatment termination.



## O-093

### **The importance of protective factors in violent risk assessment in adolescents.**

Henny Lodewijks<sup>1</sup>, Corine de Ruiter<sup>2</sup>, Theo Doreleijers<sup>3</sup>

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<sup>3</sup>*VU university medical center/De Bascule, AMSTERDAM, The Netherlands*

#### Aim

This study examined the possible impact of protective factors, assessed by means of the SAVRY, on desistance from violent reoffending.

#### Methods

The relevance of protective factors to buffering the impact of risk factors on violent recidivism was studied in three cohorts of adolescent offenders. The samples included male adolescents in different stages of the judicial process: pre-trial (N = 111); during residential treatment (N= 66); and after release from a juvenile justice facility (N = 47). All studies had a prospective research design. The SAVRY was coded on the basis of file information and data on violent recidivism were retrieved from official registers.

#### Results

The results lend support to the hypothesis that protective factors buffer or mitigate risk factors in violent reoffending. The addition of the protective factors produced a significant increment in the amount of variance explained by the risk factors alone. In medium to high risk groups, violent reoffending was significantly higher when protective factors were absent, compared to when protective factors were present. In low to medium risk groups this association was also present, although it was not always significant.

#### Conclusion

Protective factors should be an inextricable part of all risk assessment instruments used with youth. Furthermore, risk and protective factors should both be targets of remedial preventive programs.

## O-094

### **Assessing the therapeutic process with the Forensic Operationalized Therapy/Risk Evaluation System (FOTRES).**

Célia Danielsson, Frank Urbaniok

*Justice Department, ZURICH, Switzerland*

The FOTRES (Forensic Operationalized Therapy/Risk Evaluation System) is an instrument that attempts a further development of clinical risk assessment instruments and documentation systems. Its aim is to give additional differentiation, transparency and traceability of risk assessment and therapeutic progress as well as the illustration and documentation of an individual risk profile. It assesses three main dimensions, namely the structural risk of recidivism, the mutability of an offender's disposition and the dynamic risk reduction provided by therapy and other coping strategies. Each of the more than 700 items is exactly defined and there are precise scoring rules. The FOTRES has been empirically developed over a period of several years and there has been and still is a constant adaptation to actual cases. Apart from this empirical validation of the system, validation studies are currently in process in Switzerland. An overview on the instrument and its possible use for youngsters will be given. Some results of current validation studies will be presented.

## O-095

### **ESTER: Introducing a fourth generation risk-need assessment instrument for children and adolescents with or at risk for antisocial behaviour.**

Henrik Andershed, Anna-Karin Andershed  
*Örebro University, ÖREBRO, Sweden*

The purpose of this presentation is to present the development and content of a newly developed fourth generation risk-need assessment instrument for children and adolescents. ESTER involves structured assessment and follow-up of evidence-based risk and protective factors and interventions in youths (0-18 years) with, or at risk for, normbreaking behaviour. An assessment using ESTER focuses on the most practically relevant risk- and protective factors for antisocial behaviour, i.e., factors that potentially are changeable (dynamic) and directly (proximal) rather than indirectly related to antisocial behaviour in youths. ESTER is developed to be used by professionals that work with children and adolescents (i.e., preschool teacher and teachers, special teacher, social workers, psychologists, psychiatrists) and aims toward making the collaboration between practitioners from different professions more effective. In line with fourth generation risk-need assessment instruments, ESTER is explicitly developed for conducting repeated assessments, as often as every four weeks if required. This makes it possible to systematically follow the development of individual risk- and protective factors from intake/first assessment to case closure. Also, the assessment of risk- and protective factors are to be documented in relation to planned and completed interventions. The easy-to-use ESTER computer software produces comprehensive and easily comprehensible PDF-summaries, displaying graphs and tables of single as well as repeated assessments. The summaries are used to analyze the case, and to communicate with care-givers and the youth him-/herself. Linked to ESTER is also a screening instrument (ESTER-screening), i.e., a short questionnaire in three different versions; (1) to parents (2) to a professional (e.g., teacher), and (3) to the youth (when older than 10 years). The main purpose with the screening instrument is to identify youths in need for an in-depth assessment using ESTER-assessment.

## O-096

### **The validation of the SAVRY in UK adolescents.**

Charlotte Rennie  
*University of Manchester, LIVERPOOL, United Kingdom*

#### Background

Recently, adolescent versions of the HCR-20 and PCL-R have been created. Research within the UK is limited, however international studies and studies with adults using the HCR-20 have shown that assessments based on SPJ are superior predictors of offending.

#### Aim

A prospective study to examine the validity of the SAVRY and PCL: YV.

#### Methods

135 participants were recruited, mean age was 16.14 (SD = 0.93) years. Participants were assessed using a detailed assessment battery whilst in custody, designed to investigate the postdictive, convergent and concurrent validity of the SAVRY and PCL: YV.

To examine the predictive validity, participants were followed up for 6 months whilst in custody for institutional infractions and 12 months in the community after release for reconviction data.

#### Results

Higher scores on the SAVRY and PCL: YV were associated with earlier onset of offending behaviour, previous offending and more childhood psychopathological problems. The SAVRY and PCL: YV significantly predicted violent infractions but not rule-breaking behaviour at 6 month follow-up. The SAVRY Risk Total and Risk Rating were better predictors of violent and general recidivism at 12 month follow-up than the PCL: YV and YLS/CMI.

#### Conclusion

The evidence supports previous research that SPJ assessments are better than personality assessments at assessing risk and lack the problems inherent with personality traits. The study supports the utility of a SPJ approach to violence risk assessment and management in clinical practice with adolescent offenders. Possible directions for future research and clinical implications are discussed.

## O-097

### **Delinquency, reputational orientations and psychopathic like traits of adolescent loners and nonloners.**

Stephen Houghton<sup>1</sup>, Carol Tan<sup>2</sup>

<sup>1</sup>*University of Western Australia, PERTH, Australia*

<sup>2</sup>*National Institute of Education, SINGAPORE, Singapore*

#### Purpose

The purposes of this paper are threefold: (i) To investigate the nature of delinquent activities, reputational orientations and psychopathic like traits of adolescent loners; (ii) determine how these differ to those of social delinquents and non delinquents; and (iii) examine the applicability of Reputation Enhancement theory to adolescent loners.

#### Methods

Initially, established measures of self-report delinquency and reputational orientations were administered to 1,328 high school students and 132 institutionalised youth classified as loners or nonloners. Following this a more stringent examination was conducted using a closely matched sample of 98 pairs of loners and nonloners. In a second study the delinquent activities, reputational orientations and psychopathic like traits of 135 school suspended adolescents classified as loner delinquents, loner non delinquents, social delinquents and none delinquents were compared using multivariate analyses of variance (MANOVA) and cluster analysis.

#### Results

MANOVA revealed loners reported significantly higher levels of physical aggression, stealing offences, and vehicle-related offences. They expressed a desire to appear as neither conforming nor nonconforming in public, yet privately to be nonconforming, which may be why they commit delinquent activities without the presence of an "immediate" audience. Furthermore, they were less likely to describe themselves in terms of positive activity (e.g., kind, friendly, hardworking) and power (e.g., leaders, tough) attributes, and did not want to be perceived by peers to possess positive attributes. Loners were less willing to communicate their prosocial behaviour to others. In the second empirical study, there were clear differences in the profiles of the 135 loner/non loner and social delinquents in terms of callous/unemotional style, manipulative narcissism, egotistical narcissism, sensation seeking, and reputation orientations. Furthermore, loner delinquents perceived themselves in a negative light and believed others did likewise. Within each of the adolescent groupings distinct clusters of behaviours were evident.

#### Conclusion

This research seems the first to examine delinquency, reputational orientations and psychopathic like traits of adolescent loners and nonloners. Contrary to Reputation Enhancement theory (Emler, 1984), the "immediate" presence of an audience does not appear to apply to loners. Taken together with the emergence of distinct within group clusters will assist in more specific intervention strategies.

## O-098

### **'Emotional processing using an implicit measurement in youth with Conduct Disorder'.**

Johanna Feilhauer

*Maastricht University, MAASTRICHT, The Netherlands*

#### Purpose

Research has shown that psychopaths show high rates of proactive aggression (PA) and deficits in emotional processing regarding negative emotional stimuli. In conduct disorder (CD) children, CU-traits are associated with severe aggression. The present study investigates whether reduced emotional attention (of reactivity) to distressing stimuli is associated with CU-traits and measures of aggression in a clinically-referred CD sample as compared to healthy controls. Methods:

Emotional processing of visual stimuli was investigated with an implicit dot-probe task. The sample consisted of a CD group (mean age 16.14; age range 15-17) and a control group (mean age 16.00, age range 15-17). Participants completed an emotional dot-probe task for distressing stimuli, the Inventory of Callous-Unemotional traits (ICU, Frick, 2003) and the Reactive Proactive Aggression Questionnaire (RPQ, Raine et al., 2006).

## Results

Preliminary analyses were conducted. In the total group proactive aggression and the unemotional dimension of the ICU were found to statistically predict reduced responsiveness to distress cues ( $\beta = .337$ ,  $p = .039$ ;  $\beta = .357$ ,  $p = .044$ , respectively).

## Conclusions

The findings of the current study suggest that high levels of proactive aggression and unemotionality (i.e. lack of emotional expression) are associated with a reduced attentional orientation to distressing pictures (showing persons or animals in pain). Reduced attentional orientation has repeatedly been linked to deficits in moral development (e.g. Blair, Michell, & Blair, 2005). Based on the present results and findings on adult psychopaths there is reason to suggest that youth high on proactive aggression who also show CU-traits are most at risk for developing moral development deficits and consequently psychopathy.

## References

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Frick, P. J. (2003). *The Inventory of Callous-Unemotional Traits*. University of New Orleans.  
Raine, A., Dodge, K., Loeber, R., Gatzke-Kopp, L., Lynam, D., Reynolds, C., et al. (2006). *The Reactive-Proactive Aggression Questionnaire: Differential Correlates of Reactive and Proactive Aggression in Adolescent Boys*. *Aggressive Behaviour*, 32, 159-171.

## O-099

### **Temperamental profiles associated with antisocial behaviour in adolescents.**

Patricia Bijttebier, Annelore Roose, Laurence Claes  
University of Leuven, LEUVEN, Belgium

Research has clearly indicated that temperamental vulnerabilities can place children at risk for the development of conduct problems. Different studies have evidenced associations of both low fearful inhibition and callous-unemotional features to severe conduct problems. Thusfar, however, little research on conduct problems has focused on the more general temperament dimensions of emotional reactivity (i.e. negative affectivity (NA) and positive affectivity (PA)) and self-regulation. In a recent study, Loney, Lima & Butler found extreme patterns of trait reactivity (high NA + high PA and low NA + low PA) to be predictive of antisocial behaviour. Evidence will be presented that both replicates and extends that finding, showing that individuals with extreme profiles of trait reactivity indeed show elevated levels of antisocial behaviour, albeit only particular types of antisocial behaviour and only under conditions of low self-regulation.

## O-100

### **Callous-Unemotional traits and childhood-onset Conduct Disorder in detained male adolescents: an examination of three subtyping approaches.**

Olivier Colins<sup>1</sup>, Robert Vermeiren<sup>2</sup>, Paul Frick<sup>3</sup>, Gilberte Schuyten<sup>1</sup>, Eric Broekaert<sup>1</sup>

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<sup>3</sup>University of New Orleans Department of Psychology, NEW ORLEANS, United States of America

## Objective

To examine three subtyping approaches developed to identify serious and persistent adolescent male offenders, and to examine whether these subtyping approaches identify participants with the highest levels of psychopathology.

## Methods

For this purpose, 230 detained adolescents were assessed with the Diagnostic Interview Schedule for Children for subtyping into childhood-onset and adolescent-onset conduct disorder (CD), and the Youth Psychopathic traits Inventory (YPI) for defining callous-unemotional (CU) traits.

## Results

The CU subtyping approach received poor support as CU traits were generally not associated with past antisocial behaviour and psychopathology. The age of onset subtyping approach received some support. Childhood-onset CD boys committed more self-reported violent and non-violent offenses, committed these offenses at a younger age, and reported more depressive symptoms, ADHD and ODD than boys with adolescent-onset CD. Results regarding the CU within childhood-onset CD category are ambiguous.

Childhood-onset CD boys with elevated levels of CU traits committed significantly more official non-violent and self-reported violent offenses than those with lower levels of CU. In contrast to the theory, however, no significant differences were found between both subgroups with regard to age at which boys have committed their first offense, and to psychopathology.

#### Conclusion

The current study, in general, suggest that these three subtype approaches do not classify detained juveniles with the most severe criminal history and do not carry clinical relevance. Since research on this issue is scarce, further research is warranted to see whether the current findings can be confirmed.

## O-101

### **Psychopathy-like personality traits in a nationwide consecutive sample of adolescent male homicide offenders between 1995-2004.**

Nina Lindberg<sup>1</sup>, Matti Holi<sup>2</sup>, Taina Laajasalo<sup>3</sup>, Hanna Putkonen<sup>4</sup>, Ghitta Weismann-Henelius<sup>4</sup>, Helinä Häkkänen<sup>3</sup>

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<sup>4</sup>*Vanha Vaasa Hospital, VAASA, Finland*

Among Western European nations, Finland has exceptionally high rate of homicide. The annual number of police-reported homicides has varied between 100 and 155 during the last 10 years. Annually, approximately 9% of all homicides are committed by adolescents under 20 years of age.

Among adolescent homicide offenders the mode of violence has been shown to be often planned, purposeful and unemotional serving outer goal.

The aim of the study was to characterize psychopathy-like personality traits in a nationwide consecutive sample of adolescent homicide offenders and to compare the findings of the youngsters with a random sample of homicidal male adults.

The data consisted of 57 15-19-year old (mean 17.6 years, SD 1.25) male offenders convicted for homicide during the years 1995-2004.

Assessment of psychopathy was performed using the 20-item Hare Psychopathy Checklist-Revised (PCL-R). Forensic psychiatric examination reports were reviewed and scored for the PCL-R by trained raters.

The mean PCL-R total score among adolescents was 18.1 (SD 8.73) and among adults 20.17 (SD 10.79);  $Z = -1.083$ ,  $p = \text{NS}$ . There was no difference between the PCL-R factor 2 scores (= antisocial behaviour) (adolescents mean 11.4 [SD 5.50], adults mean 10.5, [SD 6.08]) but the adults got higher scores in factor 1 (= 'core' psychopathy) (adolescents 5.5 [SD 3.55], adults 8.3 [SD 4.88];  $Z = -3.09$ ,  $p = 0.002$ ).

Alternative explanations will be discussed.

## O-102

### **Juvenile Sex Offenders: psychosocial and psychiatric characteristics and predictive validity for recidivism.**

Lisette 't Hart-Kerkhoffs<sup>1</sup>, Theo Doreleijers<sup>1</sup>, Lucres Jansen<sup>1</sup>, Anton van Wijk<sup>2</sup>, Robert Vermeiren<sup>3</sup>

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<sup>3</sup>*Curium-LUMC, LEIDEN, The Netherlands*

#### Purpose

A substantial part of sexual offenses is committed by adolescents. Although most adolescent sex offenders do not continue their abusive behaviour, it still remains unclear which of these youngsters are at risk for repetitive offending. In the present study the prevalence and predictive validity of psychopathology and socio-criminological characteristics of juvenile sex offenders were investigated. Identification of predictors of sexual offensive behaviour is needed in order to develop relevant (psychiatric) interventions.

## Methods

One hundred and six adolescent sexual offenders (mean age  $14.8 \pm 1.4$  years) were studied after referral to the Child Welfare Council, the Dutch child protection agency. The group consisted of 60 group offenders, 27 (solo)rapists and 19 child molesters. The prevalence of psychiatric and psychosocial problems was measured by means of a semi structured interview (K-SADS-PL) and a parent-report questionnaire (VISK). Measurement of the psychosexual problems was done by means of a new self-developed structured interview. The rate of recidivism was determined through official police registrations.

## Results

Results show that the majority of participants carry psychiatric and psychosocial problems, while substantial differences were found between subgroups of juvenile sex offenders. Preliminary follow up data and possible predictors for persistent (sexual) offensive behaviour will be presented. Implications for future research and clinical practice will be discussed.

## O-103

### **Moral Development of Solo Juvenile Sex Offenders.**

Eveline Stefanie van Vugt<sup>1</sup>, Geert-Jan Stams<sup>1</sup>, Maja Dekovic<sup>2</sup>, Daan Brugman<sup>2</sup>, Esther Rutten<sup>1</sup>, Jan Hendriks<sup>3</sup>

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## Purpose

This study compared moral development of solo juvenile male sex offenders ( $n = 20$ ) and juvenile male non-offenders ( $n = 76$ ), aged 13 to 19 years, from lower socioeconomic and educational backgrounds. The Moral Orientation Measure (MOM) was used to assess punishment- and victim-based moral orientation in sexual and non-sexual situations. Moral judgment was assessed with the Sociomoral Reflection Measure - Short Form (SRM-SF), with questions added on sexual offending and the offender's own victim(s). Offenders did not differ from non-offenders in victim-based orientation, but they showed weaker punishment-based orientation in sexual and non-sexual situations. No differences in moral judgment were found. However, lower stages of moral judgment were observed when the offenders' own victim was involved, confirming specific moral deficits in solo juvenile sex offenders. Delay in moral judgment proved to be associated with cognitive distortions.

## Conclusion

It was concluded that treatment of solo juvenile sex offenders should challenge own victim-related cognitive distortions.

## O-104

### **Screening of juvenile offenders and especially sex offenders with the Baro and S-Baro.**

Pia Niklaus<sup>1</sup>, Daniel Gutschner<sup>2</sup>, Lucas Keller<sup>2</sup>, Sarah Jäggi<sup>2</sup>, Klaus Schmeck<sup>3</sup>, Theo Doreleijers<sup>4</sup>

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<sup>3</sup>UPD, BASEL, Switzerland

<sup>4</sup>VU university medical center, AMSTERDAM, The Netherlands

## Objective

Many studies could show a relationship between delinquency and psychopathology. Especially for juvenile offenders the need of a screening regarding a possibly existing psychopathology is great because it is particularly important that they receive an adequate measure. Thereby a promising future can be facilitated to the juveniles and the public security can be protected. Unlike the mostly non-standardised screenings the Baro (Basis Raads Onderzoek) offers a standardized, structured and simply applicable procedure for the initial data acquisition of juvenile delinquents. Particularly for adolescent sexual offenders a supplementary module to the Baro, the S-Baro (Sexual-Baro) was developed. The instrument consists of 23 items, split up in a part that treats the sexual crime and in one interrogating the psychosexual development. The Baro/S-Baro allows a stepwise procedure to first determine whether a psychopathology is present or not. Then a deeper psychological/psychiatric investigation can be induced and finally an appropriate measure can be implemented.



First results of a descriptive analysis on the S-Baro with 18 juveniles show that 88.9% were having psychiatric disorders, mostly (66,7%) a behavioural and affective disorder. It was also shown that all juveniles had impairments in their psychosocial functioning level, 50% of them a serious social impairment.

#### Conclusion

In Switzerland the Baro has shown to be a clinically relevant and useful instrument for the initial screening of delinquent juveniles. The delict specific supplementary module to the Baro, the S-Baro, aims to detect delict relevant factors. The Baro/S-Baro allows a structured initial procedure, provides indicators for further deeper psychological/psychiatric investigations and facilitates psychopathology specific and offender specific measures to be taken.

## O-105

### **Prevalence of Sexually Abusive Behaviour in Adolescent Females in the UK.**

Fiona McCartan, Maeve Murphy, Heather Law

*Forensic Adolescent Consultation and Treatment Service, MANCHESTER, United Kingdom*

#### Background

There is a dearth of literature on "normal sexual development" (Lovel 2002) and very little consensus on definitions of sexually abusive behaviour. There has been a substantial amount of research into young males with sexually abusive behaviour. This research has allowed developments in appropriate assessments and interventions.

However, there is a stark lack of research investigating the prevalence and nature of young females with sexually abusive behaviours, with few studies exploring female sexual aggression.

#### Purpose

The aims of this project were:

- 1) to establish the prevalence of female sexual offenders, under the age of eighteen years, referred to a forensic mental health outpatient service over the past ten years.
- 2) to explore the nature of their offending behaviour and co-morbid mental health needs, with view to undertaking further assessment and intervention research.

This will inform the development of assessment and treatment interventions specific to adolescent girls with a history of sexually abusive behaviour, as well as expanding the knowledge and skills base of the clinical staff working in this area.

#### Method

A retrospective case note study of all females under the age of 18 referred to an adolescent forensic outpatient service. Data included a sample of 300 young people, which were all the females under 18 who were referred to the service over the past ten years.

#### Results

Early findings confirm the recent research about the evolving nature of female aggression and specifically sexual aggression, including the nature of victims and of the offending behaviour.

#### Discussion

The results demonstrate that female sexual offending is qualitatively different from the equivalent male behaviours. Prevalence of female sexual offending, age of offending and factors relating to their behaviours are specific to this population. Results will be vital to inform more tailored studies, followed by development of gender specific assessments and interventions which aim to reduce risks.

## O-106

### **Parental responsibility, participation and the juvenile justice system.**

Arianne Geuze

*Raad voor de Kinderbescherming, VEESEN, The Netherlands*

Over the last decades scientific studies emphasized the importance of active parental guidance (giving structure and support) for children and adolescents as an important protective factor to prevent juvenile delinquency.

In our daily work however we, as professionals, find ourselves very active screening, assessing and indicating youngsters, while giving parents a passive role in our working processes. Due to the medical approach we tend to overestimate our professional influence and to underestimate the active input of parents.

In Zwolle we try to combine screening, using the Baro (see abstract nbr. 40), with an active dialogue with parents about their input, their possibilities and ideas about solutions. Parents get more active in our conversations and in finding solutions for their child. The solutions deriving from the dialogue are more helpful for the adolescents than the solutions we thought of as professionals only.

## **O-107**

### **The legal framework for psychiatric care - criminal justice or mental health?**

Dirk Deboutte, Dirk Van West

*University of Antwerp, ANTWERP, Belgium*

#### **Purpose**

To compare and analyse the legal framework for the psychiatric care concerning delinquent children and adolescents in Belgium, The Netherlands and France from the point of view of the internationally accepted Rights of the Child.

#### **Methods**

In Belgium, there is a French speaking region, more France oriented and an Dutch speaking region (Flanders). In governmental policy this region is more inspired by the Netherlands.

The legal context of the three countries is compared and analysed.

#### **Results**

The new Belgian Law is the result of political compromises between the two cultures and in many aspects unclear.

In terms of the Rights of the Child, there are many problems in the three countries.

## **O-108**

### **Forensic Child and Adolescent Psychiatry in Switzerland 2008.**

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Various changes characterized the situation of the forensic Child and Adolescent Psychiatry in Switzerland. In 2007 a new juvenile law after a long period of preparation was launched.

The position of the intervention was strengthened, the age of criminal responsibility was increased from the age 7 to the age 10, and incarceration is no applicable for young people from age 16 on in severe cases of crime and refusal of cooperation in social and psychological or psychiatric intervention. Swiss psychologists started an educational approach for a certified psychologist in forensic psychology, and the Swiss forensic psychiatric association started a process of preparation of certification of a forensic specialty, a curriculum was developed for a perennial course for residents who want to become forensic specialists in adult or child psychiatry.

A new inpatient forensic department is under preparation at the Basel University, which will indicate a major step forward in services. The big disadvantage of the institution will be that it will be led by adult psychiatrists and child and adolescent psychiatrists are only allowed to use this institution as a source for research.

Future needs and directions are improvement in cooperation of the various disciplines involved and the development of specialization of the forensic child and adolescent psychiatry in Switzerland. New research opportunities and projects should be implemented in the near future.

## O-109

### **A critical review of Victim Offender Mediation in the Netherlands: the principles of voluntariness and confidentiality.**

Ido Weijers

*University of Utrecht, UTRECHT, The Netherlands*

In the Netherlands there is experience from a variety of perspectives with Victim Offender Mediation. Slachtoffer in Beeld, a foundation related to the Dutch Victim Support Organisation (Slachtofferhulp Nederland), has organised last year several hundreds of sessions of VOM all over the country by order of the Ministry of Justice. These sessions are concerned overall with more serious offences. Several other initiatives have been made, mostly concerning less serious cases, many of them organised as so-called 'Echt Recht'- or 'Real Justice'-conferences in schools and at the level of the police.

Three motives may be discerned for organising VOM: giving the floor to the victim; confronting the (young) offender; and diverting from the (juvenile) justice system. In this paper, the important principles of voluntariness (of the participation of all parties involved) and confidentiality (of all that can be discussed in a MOV session) will be discussed in the light of these three different motives.

## O-110

### **Victim Offender Mediation.**

Carolus van Nijnatten

*University of Utrecht, UTRECHT, The Netherlands*

Conversations between victims and juvenile offenders are a crucial element of Victim Offender Mediation. These conversations are reciprocal processes of giving and getting an explanation, of making and receiving an apology. For a mediation to be successful, a real dialogue has to be realized.

In general, the communicative context for mediation conversations are juvenile-unfriendly, conversations usually being organized in a formal way and taking place in office-like settings. Next to that, unclear and implicit role expectations may hamper effective mediation as juveniles act according to what they understand that is expected from them, which may be different from what the mediator and the victim expect.

More attention for the communicative role of the juvenile and the frame of mediation conversations will help to improve victim offender mediation.

## O-111

### **Victim Offender Mediation in Flanders (Belgium). A breakthrough of the restorative approach?**

Lieve Balcaen

*Ondersteuningsstructuur Bijzondere Jeugdzorg, BRUSSEL, Belgium*

Since 1999 there is a steady rise of the offer of victim-offender-mediation (VOM) for juvenile offenders. A few years later also conferencing got introduced in several districts. In 2006 this restorative offer became fixed in Belgian law. In principle VOM gets priority to all other measures and can be offered at all levels of the judicial process. At the level of the youth court also conferencing can be proposed to the parties. This resulted in an increase of referrals from about 2200 juveniles in 2006 to about 3500 juveniles in 2007. In about half of these cases parties agree to start the mediation process or conferencing. This means that VOM became the most important reaction to offences committed by juveniles.

Does this quantitative increase imply also that there is an actual greater participation of youngsters, parents and victims? If so, can they also make agreements about matters which normally belong to the competence of the judge? In which way are the mediation principles of voluntariness and confidentiality guaranteed?

We discuss these questions from the perspective of the mediator, starting from the ethical dilemmas they are confronted with, from their experiences and observations.

## O-112

### **Developments in the reconviction rates of juvenile offenders placed under a mandatory treatment order.**

Martine Blom, Bouke Wartna

*Ministry of Justice/WODC, THE HAGUE, The Netherlands*

In the Netherlands the reconviction rates of all juvenile offenders are monitored since 1997. New cohorts are added to the research each year. The Research and Documentation Centre (WODC) of the Ministry of Justice reports on recidivism among all juveniles detained in judicial institutions (Wartna e.a., 2008).

The central issue of this paper is how reconviction rates of juvenile offenders placed under a mandatory treatment order in the Netherlands evolved in the period 1997-2004. Apart from this, attention will be given to methods of measuring reconviction rates in general.

We will compare reconviction rates of juvenile offenders placed under a mandatory treatment order with reconviction rates of other juveniles detained in judicial institutions. Also, the question is addressed whether changes in reconviction rates can be explained by changes in the composition of the offender population. In order to give a more accurate estimation of the net development of the reconviction rates, we used a survival model in which population characteristics are included.

In this presentation results will be given and implications will be discussed.

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## O-113

### **Two steps forward, one step back...absconding and recidivism during leave of juvenile offenders: Facts and figures.**

Martin Hildebrand

*In private practice, DE BILT, The Netherlands*

As in other countries, in the Netherlands, from time to time, society is confronted with serious violent recidivism committed by juvenile offenders during leave, causing feelings of fear, anger, and concern in society.

For clinicians treating juvenile offenders placed under a mandatory treatment order, the so-called 'PIJ order' (placement in a juvenile justice institution), one of the main goals of the leave policy is testing treatment progress. It is argued that a gradual return to society is the best way to prepare a juvenile offender for his life after the residential treatment period. But, at what time is the juvenile offender ready to leave the treatment institution without posing a (serious) risk to society?

As a result of some adult forensic psychiatric patients recidivating with a serious crime during leave in 2004-2005, the Dutch Ministry of Justice asked the Expertise centre for Forensic Psychiatry (EFP) (1) to map all absconding incidents and recidivism during leave (supervised, unsupervised) between January 2005 - August 2006 and (2) to investigate what (clinically relevant, dynamic) patient characteristics are good predictors of absconding and/or recidivism.

In the present study, we will present findings on the assessment of absconding and recidivism during leave in the period January 2005 - August 2006 of juvenile offenders.

## O-114

### **Criminal pathways of serious juvenile delinquents after a mandatory treatment order.**

Inge Hempel, Hjalmar van Marle, Nicole Buck

*Erasmus University medical center, ROTTERDAM, The Netherlands*

Dutch serious juvenile delinquents with a mandatory treatment order are placed in judicial institutions under the Ministry of Justice. This treatment order is sentenced by the juvenile Court if there is a severe offence, the risk of re-offending, and further impairment of the psychological development is imminent. These juvenile delinquents constitute a heterogeneous group, based on their psychopathology (if present), duration of the sanction and type of offence. A part of the juvenile delinquents re-offend after release. However, until now it is not clear in what facilities re-offending juveniles are placed after reconviction. Because some of these individuals suffer from psychopathology, apart from prison, they may also be placed in (forensic) psychiatric institutions (TBS).

The aim of this exploratory study is two-fold. First, we examined where individuals who had been placed in a judicial institution as juveniles, were placed or have been admitted after re-offending. Thus, their criminal pathways were studied. Second, we studied whether these criminal pathways could be predicted by the psychopathology during the first placement, the type of offence for which these juveniles were convicted leading to the treatment order, and the duration of their treatment order.

Dutch serious juvenile offenders with a treatment order that ended between 1995 and 2003 were included in the study (N=768). Official records were used for data on reconvictions, offence characteristics and placements in psychiatric hospitals. The treatment files of the delinquents were used to score psychopathology factors.

Preliminary results show that at least fifty percent of the juvenile offenders were reconvicted within 9 years after leaving the judicial institution. They were placed in prison (45,1%) or forensic psychiatric institutions (4,9%), some of them receiving compulsory treatment. Placements in general psychiatric hospitals are far less common, less than seven percent of these patients is forced into treatment (6,25 %). Psychopathology scores mainly differed between offenders placed in prison and non-recidivists. Offence characteristics seem to have a relationship with different criminal pathways but duration of the treatment order does not discriminate between subgroups. In this presentation results will be given and several recommendations for treatment and future research will be discussed.

## O-115

### **Recidivism in serious juvenile offenders: risk factors for overall recidivism and seriousness of recidivism.**

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#### **Purpose**

The aim of this study is to examine on which specific risk factors recidivists differ from non-recidivists in a group of serious juvenile offenders. The second aim is to examine which risk factors are related to seriousness of recidivism and to harm reduction. Both static and dynamic risk factors as well as individual and environmental risk factors are taken into account.

#### **Methods**

Dutch serious juvenile offenders with compulsory treatment in a judicial institution (PIJ order) between 1996 and 2004 were included in the study. Files of the juvenile delinquents were used to score a list of 70 static and dynamic risk factors in all life areas (Juvenile Forensic Profile). Official reconviction data were used to register recidivism and seriousness of recidivism. First we looked whether risk factors in reoffending juveniles were different from those in non-reoffending juveniles. Our next question was which risk factors and factor scores predict seriousness of recidivism. Our last question was whether recidivism was less serious than the offenses committed before treatment; in other words if there was harm reduction after treatment. We also analyzed which risk factors predict harm reduction.

## Results

The results show that several risk factors correlate with recidivism. We found both dynamic and static risk factors that were related to seriousness of recidivism and to harm reduction.

## Conclusion

Because dynamic risk factors can be influenced by treatment, the fact that several of such factors were related to recidivism is a hopeful result for future treatment. From the results, several recommendations for treatment, future research and risk assessment will be given.

## O-116

### **Risk factors regarding recidivism of delinquent adolescents. Results of the follow-up of a prospective longitudinal study on delinquent adolescents.**

Aisha Perret<sup>1</sup>, Daniel Gutschner<sup>2</sup>, Lucas Keller<sup>2</sup>, Klaus Schmeck<sup>3</sup>, Jörg Fegert<sup>4</sup>

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<sup>4</sup>*Abteilung für Kinder- und Jugendpsychiatrie/-psychotherapie, des Universitätsklinik, ULM, Germany*

## Purpose

This presentation shows the results of the follow-up assessment of our prospective longitudinal study on delinquent adolescents in regard to externalising and internalising disorders, as well as to cognitive factors.

## Method

125 subjects (88% male and 12% female) in the ages of 10 to 21 years were included.

The first assessment was made in a multi-informant setting: Standardized tests for intelligence and attention, and a list of other questionnaires (self- and objective reports) were used. Furthermore, structured interviews were held to gain information about socioeconomic data and psychopathology (DIPS).

At the second time of measurement (2 years later), additional data about the progress of our subjects (recidivism, professional integration etc.) were recorded using information of the juvenile court.

## Results

Recidivistic youths show significant more externalizing disorders in terms of the assessment done by the parents than do the non recidivistic youths (t-Test, 1-tailed,  $p \leq .001$ ), though not regarding the self-reports. Regarding the internalizing disturbances the recidivistic adolescents show significantly more internalizing disorders than do the non recidivistic youths in reference to the objective reports done by the parents (t-Test, 1-tailed,  $p \leq .05$ ). The recidivistic youths do not differ significantly from the non recidivistic regarding cognitive factors (t-Test, 1-tailed,  $p = .408$ ).

## Conclusion

The dynamic variables externalizing and internalizing behaviour (assessed by the parents) are important factors in estimating the future behaviour of the delinquent adolescent. Though, intelligence is no determining factor for possible recidivism.

## O-117

### **Doing Justice: Meeting the mental health needs of New Zealand adolescent offenders.**

Claire Gormly, Sarah Lilley

*Te Korowai Whaariki, WELLINGTON, New Zealand*

Over the past decade international literature and research in the forensic arena has broadened its scope to include a focus on the mental health needs of adolescents who come into contact with the criminal justice system. Adolescent offenders share similarities with their adult counterparts in terms of the high prevalence rates of mental illness. To date in New Zealand however, policy and legislation have not taken into consideration the mental health needs of adolescents involved in the criminal justice system. The Central Regional Youth Forensic Service is a new initiative designed to improve the outcome for young people with mental illnesses who are involved with the Criminal Justice System.



This presentation aims to provide a review of international research of the prevalence rates of mental illness in adolescent offenders and to provide an evidence-based foundation upon which youth forensic mental health services in New Zealand may be developed. In this presentation we will discuss the continuing development of the youth forensic service within the wider adult forensic mental health service (Te Korowai Whaariki). We will consider how this is informed by international research and literature and also the current New Zealand legislation. Future challenges and directions will be discussed, including the possibility of a nation wide policy for the provision of youth forensic mental health services. We would like to invite discussion regarding international initiatives in this area.

## O-118

### **Prevalence of mental disorders in Swiss Youth Welfare and Juvenile Justice Facilities.**

Kaspar Scheidegger

*Universitäre Psychiatrische Klinik (UPK), BASEL, Switzerland*

#### Purpose

Children in residential care and juvenile justice system are a high risk population for the development of mental disorders, because they accumulate psychosocial and biological risk factors in their families. We assessed the psychopathology of more than 300 adolescents and young adults with standardised methods and gained a representative Database of their mental health. This is the first study in Switzerland and we want to compare the psychopathology of young Swiss offenders to international findings and try to differentiate their mental health needs.

#### Methods

The study aggregates epidemiologic questions and a pre-post analysis without control group with semi-structured Interviews and computerized psychometric testing.

We recruited more than 300 adolescents (12 to 26 years old) out of 31 Youth Welfare and juvenile justice Institutions in the German speaking part of Switzerland to assess them with computer based inventories and clinical interviews (K-SADS, SKID-II) to admit ICD-10 diagnoses including personality disorders. The psychopathology of the sample can be described with research criteria of the ICD-10 and personality psychopathology based upon SKID-II interviews made by experienced psychiatrists and psychologists with the adolescents and their primary warden.

#### Results

We found a high incidence of psychiatric morbidity. Externalizing pathologies were more represented than internalizing disorders. Comorbidity with multiple diagnoses was frequent. Psychotic disorders were relatively rare, related probably to our diagnostical approach, counting only full ICD-10 criteria. We found a range of personality disorders, also depending on the Type of institution where the adolescent lives. We will be able to give insight on our diagnostical findings and relate them to types of institutions, delicts, legal basis of admission and sociodemographic patterns.

#### Conclusion

Psychiatric disorders and comorbidity of adolescents in residential care institutions attached to juvenile justice programs in Switzerland are high and comparable to findings in other countries. Availability for psychiatric treatment and team support differs in between Institutions. Since we know that psychiatric morbidity and its treatment is a major factor in the success of a residential care measure, we believe, that our findings support the evaluation of the needs of adequate psychiatric screenings and treatment.

## O-119

### **Mental disorder among adolescents in detention: A systematic review and metaregression analysis.**

Niklas Långström<sup>1</sup>, Helen Doll<sup>2</sup>, Seena Fazel<sup>2</sup>

<sup>1</sup>*CVP, STOCKHOLM, Sweden*

<sup>2</sup>*Oxford University, OXFORD, United Kingdom*

#### Objective

To elucidate psychiatric treatment needs of adolescents in juvenile detention and correctional facilities, we systematically reviewed and meta-analyzed the research literature on the prevalence of mental disorders among youth in these settings.

## Method

Surveys of psychiatric morbidity based on interviews of unselected populations of detained youth were identified by computer-assisted searches, scanning of reference lists, hand-searching of journals, and correspondence with authors of relevant reports. The gender-specific prevalence of mental disorders (life-time conduct disorder, current attention deficit hyperactivity disorder [ADHD], current major depression, or current psychotic illness) together with potentially moderating study characteristics were abstracted from publications. Meta-regression was used to identify possible causes of differences in disorder prevalence across surveys.

## Results

Twenty-five surveys involving more than 13,000 boys and almost 3,000 girls (mean age: 15.6 years, range 10-19 years) met inclusion criteria. Among boys, 53% had had any lifetime conduct disorder, 12% had concurrent ADHD, 11% concurrent major depression, and 3% concurrent psychotic illness. Corresponding figures for girls were 53% for conduct disorder, 18% for ADHD, 29% for major depression, and 3% for psychotic illness. Metaregression suggested that surveys using the Diagnostic Interview Schedule for Children (DISC) yielded lower prevalence estimates for depression, ADHD, and conduct disorder, while studies with psychiatrists acting as interviewers had lower prevalence estimates only for depression.

## Conclusions

Marked gender differences for psychiatric morbidity were found among adolescents in detention and correctional facilities; girls were more often diagnosed with major depression and ADHD than were boys, contrary to findings from adult prisoners and general population surveys. Further, incarcerated youth of both genders were approximately 10 times more likely to suffer from psychosis than the general adolescent population. The findings should have implications for the assessment and treatment of psychiatric morbidity for youth in detention.

## O-120

### **Psychopathology, personality traits and delinquency in a residential care and juvenile justice sample in Switzerland.**

Hanneke Singer, [Anja Prestel](#)

*Universitätsklinik Ulm, ULM, Germany*

## Purpose

Psychopathology and personality traits can determine effectiveness of pedagogic interventions in residential care. Therefore we examined children and adolescents in residential care institutions to describe coherences between dimensional psychopathology, personality traits and delinquency among children and adolescents.

## Methods

300 children and adolescents (age 12-26 years; mean 16.6; SD =2.9) out of 34 residential care institutions in Switzerland participated at the first measuring time. Data was collected computer based by self-assessment as well as assessment by caretakers using standardized questionnaires (CBCL/YSR, CABCL/YASR, Maysi-2, JTCI, YPI). Delinquency was assessed by structured questions answered by adolescents and caretakers.

## Results

Analyses are ongoing. First results suggest high average scores in almost all scales and sub-scales of the CBCL and YSR (mean CBCL total score: T= 65,6; SD= 8,2). Thus, more than three-quarter of the participants were rated as falling above the clinical cut-off on CBCL total score. Correlations between different measurements show coherences between psychopathology and personality features.

For example, Externalizing Problems of the YSR were significantly associated with high Novelty Seeking, low Persistence, low Self-Directedness and low Cooperativeness ( $r = .42 - .50$ ).

On the basis of distinguishing criminal respectively psychopathological profiles groups of juveniles will be explored. Final results of the Suisse MAZ sample will be presented at the conference.

## Conclusion

Children and adolescents in residential care show generally high rates of psychopathological phenomena. It can be assumed that juvenile delinquents show specific abnormal psychopathology and personality profiles. Further prospective research about the link between personality and delinquency is needed.

## O-121

### **The Effect of Prison on Mental Health of Young Offenders**

Vicky Bell

*The University of Manchester, LIVERPOOL, United Kingdom*

#### Background

It is now recognised that the mental health needs of juveniles in custody are high. There has been some research looking at the effect of prison environment on the mental health of prisoners, but this has been limited to adults and does not readily translate to juveniles. Therefore it is timely to examine the impact of prison on the mental health needs of this group.

#### Aims

To examine the effect of the prison environment on mental health by looking at changes in mental health functioning over a 6 month time period.

#### Method

Participants aged between 15-18 have been recruited from a Young Offenders Institution and assessed using a detailed assessment battery designed to investigate changes in mental health functioning.

#### Results

So far 180 participants have completed the baseline assessments within 30 days of reception into custody. Preliminary results indicate high levels of mental health needs on reception into custody. Follow-ups are at 3 and 6 months. Results of the follow-ups are currently being analysed and will be discussed.

#### Discussion

To date there have been limited studies looking at the effect of prison environment on the mental health of young offenders. The findings will be discussed in relation to the limited research and possible service improvements

## O-122

### **Limitations of ADHD medication in juvenile delinquents.**

Alexa Rutten, Chijs van Nieuwenhuizen, Ilja Bongers

*GGzE, EINDHOVEN, The Netherlands*

#### Purpose

Stimulant medication is the most commonly used treatment for Attention Deficit Hyperactivity Disorder (ADHD). The 700% increase in psychostimulant use that occurred in the 1990s justifies concern about the potential effects on child behaviour problems (Le Fever, 2003). The purpose of this presentation is to obtain more insight in effects and use of ADHD medication on juvenile delinquents with psychiatric disorders and possible limitations.

#### Methods

Review of current knowledge of the treatment of ADHD within juvenile delinquents, based on recent literature and own experience.

#### Results

Stimulants are an efficacious and safe treatment for ADHD. The majority of studies, however, have focused on the school-aged population, with less research conducted among adolescents (Brown, 2005). In addition, a subset of ADHD patients will either fail to respond to stimulants or have side effects that preclude their use (Pliszka, 2003). Some patients, especially among the juvenile delinquent population, forget to take their medication.

The alternative is once-daily (extended-release) treatment but this treatment is not completely repayed by most health insurances. There also might be some concern about possible misuse of the stimulant medication especially among addicted patients (Volkow, 2003).

The stimulants have been found to improve functioning in a number of domains - at least in the short term. In general, effect sizes have been found to vary among symptom domains with the strongest effects of stimulant medication being demonstrated on measures of attention and impulsivity whereas only modest effect sizes have been reported for academic achievement.

There are only a few studies that investigate the effect of medication in populations with co-morbidity (e.g., ODD, CD), which is most likely the case in juvenile delinquents with psychiatric problems (Vreugdenhil, 2003)

#### Conclusion

ADHD is associated with impairment and comorbidity throughout the life span especially in juvenile delinquents (Vermeiren, 2006). Serious concerns remain about the efficacy and safety of medication for use in these adolescents. Because systematic review of the effects of pharmacological treatment fails to support the conceptualization that the clinical problems presented by ADHD can be effectively treated by medication alone, alternative treatments for ADHD also have to be investigated.

## O-123

### **Clinical effectiveness of neurofeedback with juvenile delinquents suffering from ADHD-problems & comorbid disorders: preliminary results.**

Chijs van Nieuwenhuizen

GGzE, EINDHOVEN, The Netherlands

#### Purpose

Youngsters in forensic mental health care suffer from complex and multiple behavioural problems which are, to a certain extent, untreatable (Sukhodolsky, 2006). These complex behavioural problems are often related to a dysfunctional regulation of brain activity (John, 1988). Neurofeedback is a training method to correct the regulation of the brain activity by feedback. In the presentation, the preliminary results are presented of a study pertaining to the feasibility and clinical effectiveness of neurofeedback youngsters with severe ADHD-problems and comorbid psychiatric disorders.

#### Methods

The study was conducted in two hospitals for adolescents with severe behavioural problems. In total 15 male clients between 16 to 24 years old will be included in the study. The adolescents were enrolled after a positive screening for severe AD(H)D-problems. Exclusion criteria for the study were: an IQ lower than 80, an instable EEG pattern, a medical condition which causes attention deficit or hyperactivity. Information about the behaviour problems related to AD(H)D were assessed during two measurement moments pre and post treatment using a semi-structured interview, questionnaires, neuropsychological tests, and an EEG assessment (assessed only prior to treatment). The neurofeedbacktraining was conducted in 40 sessions, three times a week, total duration of the training is three months.

#### Results

The preliminary results will be presented. The characteristics of the participants and deviation from the normal population will be described. Moreover, the first results related to the feasibility and clinical effectiveness of the intensive neurofeedbacktraining in adolescents with severe ADHD-problems and comorbid psychiatric disorders are discussed.

#### Conclusion

The neurofeedback treatment seems feasible when the treatment is incorporated in the individual treatment program of the adolescents. At face value, the neurofeedbacktraining seems to have clinical relevance: hyperactivity and impulsivity are - according to parents and ward personnel - less present.

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## O-124

### **Neurofeedback as a treatment modality in forensic psychiatry and it's underlying neurophysiologic underpinnings.**

Ben Reitsma

*Brain Dynamics Groningen, GRONINGEN, The Netherlands*

#### Purpose

In this presentation neurofeedback will be presented as a treatment modality in forensic child and adolescent psychiatry. The procedure and it's developmental history will be described in detail. Furthermore, the (electro-) neurophysiological underpinnings will be presented (arousal regulation and clinical symptoms).

#### Methods

An overview of applied diagnostic procedures (EEG and event related potentials, source location, database comparisons) and treatment objectives (spectrogram and coherence based interventions).

#### Results

Scientific data about neurofeedback treatment will be provided from an evidence-based research frame of reference.

#### Conclusion

The present state of neurofeedback and available research data holds a promise for neurofeedback as a treatment modality in forensic psychiatry.

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## O-125

### **Will medication prevent delinquent behaviour in ADHD?**

Richard Klein<sup>1</sup>, Adam Cohen<sup>1</sup>, Theo Doreleijers<sup>2</sup>

<sup>1</sup>Centre for Human drug Research, LEIDEN, The Netherlands

<sup>2</sup>VU University medical center, AMSTERDAM, The Netherlands

#### Background

A diagnosis of Attention-deficit hyperactivity during childhood is associated with an increased incidence of delinquent behaviour later on in life. We performed a literature search to investigate whether drug treatment of ADHD is related to the development of delinquent behaviour in adolescence and adulthood.

#### Methods

A Pubmed/Medline search was performed to identify articles relevant to the topic. Papers reporting on a relationship between drug treatment for ADHD and development of delinquent behaviour into adolescence and adulthood were eligible for inclusion in this review.

#### Results/Conclusions

An overview of the existing literature is presented. An attempt is made to draw conclusions from the available evidence as to whether delinquent behaviour is influenced by drug therapy. Directions for future research will be proposed.

## O-126

### **Dysfunctional families in proactive role: how a child could be involved in criminality.**

Gyula Sófi

*VADASKERT Child-psychiatry, BUDAPEST, Hungary*

There is a long history of research focusing on family dysfunction with future criminal offending. In most cases, delinquent juveniles have been viewed as individuals came from single-parent - broken - homes. In contrast, on a structural base, an intact family would protect a child from involving in criminal acts. Our datas - collected from the beginning of the democratic changes in Hungary, in 1989, and presented on the IXth EFCAP Congress, Padua - shows that the function of a family is better predict for later delinquency. We have found, that the levels of juvenile delinquency are much higher in youth if there is an inadequate parentel involvemnet in a teenager's life. Our findings suggests the need for a more intense family-therapy with the families of a delinquent youth.

## O-127

### **Structured risk assessment for child abuse with the CARE-NL: A file-based validation study.**

Corine de Ruiter, Ingrid Candel

*Maastricht University, MAASTRICHT, The Netherlands*

Child abuse is a serious threat to a child's physical and emotional well-being, and often a precursor to antisocial behaviour. Thus, the prevention of child abuse is a public health priority. Child protection workers have to judge the risk of recurring child abuse in the cases that come to their attention. This risk judgment is still mostly conducted on the basis of clinical experience and unstructured judgment. In a previous experimental study, we found that child protection workers, compared to psychology students, conducted risk assessments in a rather unstructured way and focused their attention too much on irrelevant details (de Ruiter, Candel, de Jong, & Reus, in preparation).

In this second study, we examined whether the Child Abuse Risk Assessment-NL (CARE-NL; de Ruiter & de Jong, 2006), a structured professional judgment guideline for risk assessment in cases of (suspected) child abuse, would offer a means to improve risk assessments in the child protection field. The CARE-NL contains 18 risk factors which have been empirically proven to predict the (re-) occurrence of child abuse and neglect. These risk factors have to be coded by the professional, who arrives at a final risk judgment on the basis of these codings. Two-hundred-and-eleven files from four Dutch Child Abuse Reporting Agencies (AMKs) were coded by four raters for child abuse risk by means of the CARE-NL. Interrater reliability was satisfactory. However, many of the files did not contain information on the relevant risk factors, particularly information on parental risk factors, such as mental health problems and parenting skills, was lacking. The child abuse risk ratings were related to the presence of out-of-home-placement two years later. An AUC-value of .78 was obtained by means of Receiver Operating Characteristics analysis, supporting the predictive value of the CARE-NL for the seriousness of the child abuse.

Implications of this research for child protection services will be discussed and future research plans with the CARE-NL will be presented.

## O-128

### **Maternal and Paternal Parenting Styles: Unique and Combined Links to Adolescent and Young Adult Delinquency.**

Machteld Hoeve<sup>1</sup>, Judith Dubas<sup>2</sup>, Jan Gerris<sup>3</sup>, Peter van der Laan<sup>4</sup>, Wilma Smeenk<sup>4</sup>

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<sup>4</sup>*NSCR, LEIDEN, The Netherlands*

The goal of the present study was to examine fathers' and mothers' parenting styles in relation to adolescent and young adult delinquency. Authoritative, authoritarian, permissive and neglectful styles were identified by applying cluster analysis on parenting data of 330 families. Results revealed that levels of delinquency were the lowest in families with at least one authoritative parent. A significant parenting style by sex interaction was found: neglectful parenting was related to higher levels of delinquency in males and permissive parenting was linked to delinquency in females. A long-term relationship was found between fathers' neglectful parenting style and delinquency in male young adults.



Furthermore, the level of delinquency was dependent on the combination of mother's and father's parenting styles. For example, when the mother was neglectful, the level of delinquency of their son depended on the style of the father: boys with neglectful fathers had higher levels of delinquency than boys with permissive fathers.

## O-129

### **Can behavioural parent trainings have iatrogenic effects on children's externalizing problem behaviour? Findings from a controlled universal prevention trial.**

Manuel Eisner

*University of Cambridge, CAMBRIDGE, United Kingdom*

Various meta-analyses suggest that behavioural parent trainings are an effective way to reduce child problem behaviour. As a result, such trainings have become increasingly popular as a universal and indicated early prevention strategy. However, few if any studies have yet examined whether such trainings can, under certain circumstances, also have iatrogenic effects.

The proposed paper will examine this question by presenting findings from a large cluster-randomized controlled field trial conducted in the city of Zurich. The study comprises a cohort of 1223 children, clustered within 56 schools, who entered the first year of primary school in 2003, as well as their families. The intervention consisted of the Triple P course, an evidence-based parent training developed by Matthew Sanders, University of Queensland, Australia. The study adopted a multi-informant approach to assessing intervention outcomes including parent assessments, teacher assessments, and child self-assessments both before the intervention and 3 and 15 months after the intervention. The main outcome measures are the Alabama Parenting Questionnaire and the Social Behaviour Questionnaire.

The analysis will present both ITT and TTR results using hierarchical models to account for the clustered nature of the data. Furthermore, to account for partial take-up into the treatment condition, a propensity score matching approach will be adopted.

Results suggest, in line with most other research, positive effects on the primary caregivers' self-reported parenting behaviour. However, no positive effects are found for any of the child behaviour outcomes. In contrast, preliminary findings suggest some negative according to some informants.

The discussion will examine several explanations for this unexpected finding and explore its implications for parent training as a universal prevention strategy.

## O-130

### **The BARO: it's usefulness for a systematic exploration of risk and protective factors amongst juvenile delinquents.**

André van der Laan<sup>1</sup>, Coen van der Schans<sup>1</sup>, Theo Doreleijers<sup>2</sup>, Stefan Bogaerts<sup>1</sup>

<sup>1</sup>WODC, THE HAGUE, The Netherlands

<sup>2</sup>De Bascule, DUIVENDRECHT, The Netherlands

According to the 'What Works Principles' it is most beneficiary to invest in interventions which meet the needs of the population. In this respect it is usefull for policy makers to have an overview regarding risk and protective factors amongst juveniles within the judiciary chain. In the Netherlands, the BARO is used by the child protective service as a diagnostical instrument. The BARO is developed to give a first indication of problems in multiple domains of functioning by juvenile offenders. This indication is used to advise the juvenile court about the sentence. Although the BARO explores multiple domains of functioning, its primarily purpose is practical. In order to conduct a population based survey into the risk and protective factors of juvenile delinquents who had come in contact with the child protective service, we explored the usefulness of the BARO. The BARO can be used for quantitative research but needs nessecary alterations. In this presentation we will focus on the reconstruction of the BARO, in order to use it for the survey, and several encountered complications concerning the datacollection. In addition, some preliminary results of a survey conducted under 750 juvenile delinquents will be presented.

## O-131

### **BARO: Psychiatric Pathology and Recidivism.**

Cyril Boonmann

*VU university medical center, AMSTERDAM, The Netherlands*

#### Objective

To protect society from persistent delinquents, risk assessment instruments are needed to detect those at highest risk of persisting. In the Dutch juvenile justice system, adolescent offenders, aged 12 to 18, who are brought to court, are assessed by the Child Welfare Council (CWC). During the assessment, a standardized screening instrument the BARO (Basis RaadsOnderzoek / Basic Council Examination) is being used for the detection of psychiatric pathology. However, the CWC does not use a standardized instrument to assess risk of future offending. In the literature, psychiatric pathology has been found to be predictive of recidivism (Moffit, 2002). Therefore, the BARO, although designed to assess psychopathology, may also be predictive of future offending. The current study investigates the validity of the BARO as a risk assessment tool for criminal recidivism.

#### Methods

A retrospective study of BARO-screened adolescent offenders (N = 1000+) was conducted. All respondents were screened in 2005 for psychiatric pathology. A follow-up study in 2008 investigated if recidivism as apparent by police and court records was related to BARO results three years earlier.

#### Results

The results of this research will be presented at the EFCAP Congress 2008.

#### Conclusions

The conclusions will be based on the results of this research. Therefore the conclusions will also be presented at the EFCAP Congress 2008.

## O-132

### **The application of the BARO.ch screening instrument within a Swiss residential care and juvenile justice sample.**

Sarah Jäggi

*Institut für forensische Kinder- und Jugendpsychologie, -psychiatrie und -beratu, BERN, Switzerland*

#### Purpose

The BARO.ch is an instrument currently used to examine a sample of 300 adolescents in 31 Swiss residential care institutions. As a screening interview for helping to decide whether a special treatment is necessary and what further interventions are useful, the BARO.ch should be able to detect adolescents with a psychiatric pathology.

#### Methods

At the first measuring time of the study clarification and goal-attainment in Swiss youth welfare and juvenile justice institutions (MAZ) adolescents and the residential care staff were interviewed with the semi-structured screening instrument by a team of psychologists, psychiatrists and social workers. Beside the BARO.ch there was also used a structured psychiatric interview (K-SADS) and a standardized questionnaire (CBCL/YSR) to explore the psychiatric pathology of the sample. For analysing the sensitivity and specificity of the BARO.ch, (his ability to discriminate between adolescents with or without mental health problems) it was compared with the results of the other instruments used for the assessment of dimensional psychopathology.

#### Results

Other studies showed significant correlations between the evaluation of the mental health according to the BARO.ch and the diagnosis stated on the basis of the ICD-10 System. Despite the ongoing analyses of the current study one can anticipate similar results. We are expecting to fortify earlier results and to show that the BARO.ch is a sensitive instrument in detecting adolescents with the need of further psychiatric examinations.

#### Conclusion

The BARO.ch provides a useful instrument to discriminate between healthy and psychological burdened adolescents.

## O-133

### **Validation of the Washington State Juvenile Court Pre-Screen Assessment (WSJCPA) for the Netherlands.**

Claudia van der Put<sup>1</sup>, Geert Jan Stams<sup>1</sup>, Peter van der Laan<sup>1</sup>, Theo Doreleijers<sup>2</sup>

<sup>1</sup>*University of Amsterdam, AMSTERDAM, The Netherlands*

<sup>2</sup>*VU university medical center, AMSTERDAM, The Netherlands*

Although there is an urgent need for an instrument to evaluate the risk for recidivism of juvenile delinquents, only two standardized assessment instruments are available in the Netherlands: the BARO (Dorelijers, Bijl, Veldt, & Van der Loosbroek, 1999) and the SAVRY (Lodewijks, Doreleijers, De Ruiter, & Wit-Grouls, 2001). The first instrument has been implemented by the Child Protection Board, but it is not an instrument primarily developed for risk assessment. The BARO evaluates the need for psychosocial care, and therefore, should be considered a needs assessment instrument rather than a risk assessment instrument. It does not warrant inferences about offence recidivism. The SAVRY is an instrument that only evaluates violent crime risk. Apart from the disadvantage that it only evaluates violent crime risk, a major disadvantage is that the SAVRY can only be administered by trained psychologists who have become familiar with the client. As such, the SAVRY is not a suitable instrument for assessing recidivism by workers of the Child Protection Board and/or juvenile probation workers.

Therefore, the Dutch M.O Group made a decision to implement a new instrument assessing the risk for re-offending, which overcomes the disadvantages of the SAVRY and BARO. Their choice fell upon the Washington State Juvenile Court Pre-Screen Assessment, an instrument that classifies youth into three levels of risk, each with distinctly different recidivism rates (see Washington State Institute for Public Policy Report: Assessing Risk for Re-Offense: Validating the Washington State Juvenile Court Assessment, 2004).

The proposed study examines the predictive validity of the Pre-Screen for the Netherlands by testing the strength of the associations between both criminal and social history risk factors measured by the pre-screen and recidivism in a sample of 1.000 juvenile delinquents who are on probation or have been released.

At this moment the study is still ongoing and therefore the results and conclusions will be presented later this year (August 2008).

## O-134

### **eBAROfi.**

Leo Heikkilä<sup>1</sup>, Juho Kaivosoja<sup>2</sup>

<sup>1</sup>*City of Helsinki, HELSINKI, Finland*

<sup>2</sup>*Otaniemi Technical institute, ESPOO, Finland*

An electronic tool of BAROfi in FileMaker pro -software database was developed in two year BARO implementation project 2006-08 in Helsinki for laptop use to guide interviewer to remember all domains with the youngster, parent(s) and the third informant. With this tool social worker can systematically analyze the information, go through the worry scale and produce the summary for feed back discussion with the youngster and family or referral for larger diagnostic consultation.

The tool was developed and tested with 39 offenders but is not since then used in larger scale due to resistance from the Information Service Sector as insecurity of electronic secretes reasons which are to be solved in the narrow future.

Pictures of eBAROfi 2006 (in Finnish): <http://users.tkk.fi/~jkaivoso/ebaro/>

## O-135

### **Accreditation of interventions for young offenders.**

Th. van der Heijden<sup>1</sup>, L. Boendermaker<sup>2</sup>

<sup>1</sup>Ministry of Justice, THE HAGUE, The Netherlands

<sup>2</sup>Netherlands Youth Institute, UTRECHT, The Netherlands

#### **Aim**

An important objective of the Dutch Ministry of Justice is to prevent for (first time) offending and to reduce recidivism. One way to realize this aim is to stimulate the development and implementation of effective interventions for (young) offenders by means of accreditation of interventions.

In 2005 the Accreditation Panel for Behavioural Programmes for offenders was established.

The Panel assesses the quality of behavioural programmes for both young offenders and adult offenders. Approved interventions may be expected to reduce or prevent for recidivism.

Research has shown that behavioural programmes are particularly effective if they are well-structured, aimed at the appropriate risk groups and criminogenic needs, and are executed with all due care. Behavioural programmes that teach (cognitive) skills are generally most effective. To be able to assess whether behavioural programmes are promising, the Ministry of Justice formulated a number of quality criteria. These criteria closely resemble the criteria used by the accreditation panels in England & Wales, and Canada.

In this presentation the aims and work of the Accreditation Panel will be discussed and an overview will be given of the interventions accredited so far, especially the one for young offenders.

## O-136

### **The Dutch Database of effective youth interventions.**

M. de Graaf

The Netherlands Youth Institute, UTRECHT, The Netherlands

#### **Aim**

In the light of a growing interest in the Dutch youth sector in evidence-based practice and 'what works' a database of effective youth interventions and an associated website ([www.nji.nl/jeugdinterventies](http://www.nji.nl/jeugdinterventies)) has been developed. The Database of Effective Youth Interventions gives professionals, policy-makers, researchers and financiers information on effective youth interventions carried out in the Netherlands.

The database holds information on interventions whose effectiveness has either been demonstrated by effect studies in the Netherlands, or for which this effectiveness can be assumed on solid theoretical grounds. This also applies to interventions developed outside The Netherlands which have proved to be effective over there.

The database is principally intended to stimulate and support practitioners striving to supply the highest possible quality of care services to young people and their carers. In recent years, demand for the combination of practice development and effect studies has grown strongly in the Netherlands. The database and the associated website set out to meet this demand: they make scientific findings on the effectiveness of youth interventions accessible to care workers in the field, and at the same time they stimulate the improvement of the care provisions on offer. In other words, the database and the website bring research and practice together in one place.

The database is not primarily intended (and not yet quite suited) for use as a tool to select for financing only those interventions that are designated as particularly effective; the current level of knowledge about what works and does not work is inadequate for this purpose. Moreover, it is essential that practice is given space both to develop new interventions and to assess the effectiveness of existing, as yet untested practices. The Database of Effective Youth Interventions can assist in this process by providing inspiring and well-documented examples of effective interventions (top down approach) and by working with a developmental model of effectiveness (bottom up approach).

The database is publicly accessible via the website [www.nji.nl/jeugdinterventies](http://www.nji.nl/jeugdinterventies); the information held in the database is in Dutch. The Database of Effective Youth Interventions is developed and maintained by the Netherlands Youth Institute (NJI).

In this presentation the contents of the Database will be shown and the working methods will be discussed.

#### O-137

##### **Accreditation of (non-judicial) interventions in the Netherlands.**

G. van den Berg

*The Netherlands Youth Institute, UTRECHT, The Netherlands*

##### **Aim**

Over the last few years the Dutch Database of effective youth interventions has grown into a real body of knowledge and is presented on the internet. The next step in the process of stimulating the use of evidence based interventions has been the installation of a committee for the accreditation of interventions for children, youth, their parents and other educators. Drawing on the descriptions in the database and on the existing documentation of the interventions this committee evaluates the theoretical basis of these interventions as well as the empirical evidence.

In this presentation the work of this accreditation committee will be discussed and some of the recently accredited interventions will be described in more detail.

#### O-138

##### **Assessing and modifying implicit cognitive processes in adolescent substance abuse.**

Reinout Wiers

*University of Amsterdam, AMSTERDAM, The Netherlands*

During the past decade various tools have been developed to assess implicit cognitive processes in addictive behaviours. Acknowledgment and assessment of implicit processes have been accompanied by dual process models of addictive behaviours (Wiers & Stacy, 2006). In these models, the general picture is that at least two semi-independent systems influence addictive behaviours: a fast associative "impulsive" system, in which stimuli are automatically evaluated in terms of their emotional and motivational significance, and a slower "reflective" system, which includes controlled processes related to conscious deliberations and emotion regulation. There is accumulating evidence that individual differences in both the relatively automatic appetitive processes and executive control processes are involved in the development of addictive behaviours, and that both systems are still developing during adolescence. When alcohol and drugs are misused during adolescence, the appetitive impulsive processes become stronger, while the reflective controlled processes are negatively influenced (see for a review Wiers et al., 2007). I will present recent data demonstrating that executive functions moderate the influence of implicit vs. explicit cognitive processes in adolescent substance use (Thush et al., 2008). Next, I will discuss clinical implications of this model and show new ways to interfere with relatively automatic cognitive processes in addiction, using newly developed re-training procedures (Schoenmakers et al., submitted; Wiers et al., 2006).

#### O-139

##### **Affective decision-making, risk taking and substance dependence in adolescents with Disruptive Behaviour Disorders.**

Walter Matthys<sup>1</sup>, Dennis Schutter<sup>2</sup>, Irene van Bokhoven<sup>1</sup>, Louk Vanderschuren<sup>1</sup>, John Lochman<sup>3</sup>

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##### **Purpose**

Of all psychiatric disorders, Disruptive Behaviour Disorders (DBD) are the most likely to predispose to substance use disorders (SUD). However, the underlying mechanism of this increased risk remains poorly understood. Behavioural genetic research has shown that adolescent conduct disorder, adult antisocial behaviour, alcohol dependence and drug dependence share a highly heritable general vulnerability (Hicks et al., 2004). Behaviourally, this common genetic vulnerability may translate as abnormalities in reward and punishment processing. The aim of the study was to examine impaired affective decision-making, i.e., favoring immediate rewards despite long term punishments, as a vulnerability factor for SUD in adolescents with a DBD.

## Methods

To assess affective decision-making the Iowa Gambling Task (IGT) (Bechara et al., 1994) was used. In this task, it is not possible to calculate the net gains and losses when making decisions. Instead, one needs to develop an estimate or intuition of which choices are risky and which ones are profitable in the long run. Performance of 53 adolescents (mean age  $17.1 \pm 1.6$  years) with a DBD from forensic psychiatric, orthopsychiatric and juvenile judicial institutions was compared with 98 healthy controls (HC) (mean age  $17.5 \pm 1.6$  years). Twenty five adolescents with DBD were comorbid with substance dependence (SD) and 28 were not.

## Results

Adolescents with a DBD with and without SD did not show the typical learning curve of HC on the IGT, suggesting impaired affective decision-making in adolescents with DBD. Moreover, although adolescents with overall DBD did not take more risks than HC adolescents, adolescents with both DBD and SD did take more risks than adolescents with DBD but without SD.

## Conclusion

It is the combination of impaired decision-making and increased risk taking that characterizes adolescents with DBD and SD. However, it is unclear whether impaired affective decision-making and increased risk taking are vulnerability factors for SD in adolescents with DBD or are (in part) caused by exposure to substances.

## O-140

### Quality pre-trial mental health reports of youngsters.

Nils Duits<sup>1</sup>, Steven van der Hoorn<sup>1</sup>, Maaïke ten Berge<sup>2</sup>

<sup>1</sup>NIFP, AMSTERDAM, The Netherlands

<sup>2</sup>Erasmus University & NIFP, ROTTERDAM & DEN HAAG, The Netherlands

## Purpose

Juvenile pre-trial mental health evaluations and advices for juvenile court as a basis for decisions can have far reaching consequences for juvenile delinquents and society. Improvement of quality and guidelines are therefore needed. The paper presents the development of an instrument for measuring quality of pre-trial mental health evaluations.

## Methods

One can examine quality of the diagnostic evaluation for juvenile court from the perspective of utility; users must define what they expect from quality and professionals must define what is possible. This has been done on the basis of a double concept mapping consensus method. By this the quality of juvenile pre-trial mental health evaluations has been clarified. This has enabled the development of an instrument for quality assessment of reports, the STAR (standardised assessment of reports)

## Results

The STAR has 46 items in 7 domains: 1) expertise evaluator, 2) formal aspects, 3) history and system, 4) functioning and development, 5) functioning and offence, 6) advice and 7) realization. The instrument is used for supervision of forensic experts, file research and regular quality evaluations.

## Conclusion

The STAR is an instrument that can objectify quality of pre-trial mental health evaluations and it enables quality management. The development of the instrument, the instrument itself and preliminary results will be presented.

## References

Duits, N. (2006). *Quality of pre-trial mental health evaluation of youth*. Assen: van Gorcum



## S-001

### **Psychopathology of adolescent girls in detention compared to girls in inpatient mental healthcare.**

Sander van Doorn

Lucretia Nauta, Sannie Hamerlynck, Robert Vermeiren, Theo Doreleijers  
*VU university medical center, The Netherlands*

Several studies have shown high rates of psychopathology among adolescents in detention. Besides externalizing disorders, internalizing disorders were shown to reach high levels in female detained samples. As detention centres are not primarily equipped to meet psychiatric needs, it should be investigated what characteristics are related to placement of these girls in detention and not in mental health care.

For this purpose, a sample of 256 detained females (mean age 15.4  $\pm$  1.3) was compared to a sample of 45 inpatient females in psychiatric clinics (mean age 15.8  $\pm$  1.4). Socio-demographic characteristics, mental health history and psychiatric problems were investigated using file-information, and self-report questionnaires.

Compared to detained girls, girls in mental healthcare more often suffered from internalizing disorders and dissociation, whereas externalizing problems were more frequently seen in girls in detention centres. Females in detention centres more often came from an ethnic minority group, while girls in mental healthcare were more often previously involved in mental healthcare and their parents were more often higher employed.

The results of this study suggest that type of psychopathology as well as socio-economic status may play a role in the involvement with either service sector.

Keywords: psychopathology, adolescents, female, mental health, detention

## S-002

### **SAVRY characteristics in boys with sexual violent crimes.**

Alexandr Serov

Syrovkashina K. V., Serov A.D., Oshevsky D.S., Tkachenko A.A.  
*Serbsky National Center for Social and Forensic Psychiatry, Moscow, Russia*

The researches of last years established a number of risk assessment instruments to predict a risk of violent offending. Good quality and predictive validity of SAVRY as a risk assessment tool was shown in a number of studies (Doreleijers et al., 2007; Dozortseva, 2007; Lodewijks, 2007). Our purpose was to compare SAVRY characteristics in a sample of juveniles who committed sexual violent crimes (n=24) with those of perpetrators of non-sexual violent crimes such as murders and severe bodily harm (n=92). The data was processed using statistical analysis.

Both groups showed high level of the SAVRY risk factors. Juveniles with sexual violent crimes committed more often violent acts in their life history. They displayed higher scores in such individual risk factors as risk taking and anger management problems in comparison with the juveniles with violent crimes, as well. In the juveniles' group with violent crimes such items as violence at home, peer rejection and peer delinquency were more expressed.

Evident distinction of the sexual offenders' group was lack of protective factors in comparison with the juveniles with violent crimes. Strong social support, adaptive personality traits and positive attitude to treatment were significantly less expressed in boys with sexual offences.

The results allow conclude that there is a significant difference in violence risk factors in male juveniles with sexual and non-sexual violent criminal acts concerning individual traits, historical and social factors. High number of violent acts, risk taking and anger management problems, lack of protective factors are specific for the sexual offending group. It shows the importance of considering not only special risk factors concerning sexual sphere by risk assessment in cases of juveniles perpetrators of sexual violent offences, but also factors related to violent behaviour in general.

## S-003

### **Temperament in relation to antisocial behaviour in adolescents.**

Sara Steegen, Annelore Roose, Laurence Claes & Patricia Bijttebier  
*University of Leuven, Belgium*

Several authors have pointed to aspects of temperament as important indicators of vulnerability to psychopathology in general and antisocial behaviour in particular. Data will be presented on the associations of reactive as well as self-regulative aspects of temperament with different types of antisocial behaviour in non-referred adolescents.

## Abstracts Student Presentations

### S-004

#### **Self report measure of Psychopathology – The YPI (Youth Psychopathology Trait Inventory) and thoughts about the measurement of psychopathology.**

Benedict Weizenegger, Klaus Schmeck

*D.p.t.f. Ch & Adol Psychiatry, University Basel, Switzerland*

The psychopathology in adolescents is normally assessed using interview-based checklists, for example the PCL-YV. As an alternative, the Youth Psychopathic Trait Inventory (YPI) is a self-report measure of psychopathic traits in adolescence.

Self-report measures of psychopathology include some limitations: As mentioned in the literature regarding the APSD (a screening tool for psychopathology), the main limitations are related to the transparency of the items and the single trait item responses. The authors of the YPI (Andershed and Colleagues) recognised that the measurement of psychopathic traits may be associated with deceptive self-perception. Due to these limitations, they framed the key questions in a more positive light, in order to gain transparency and to prevent response bias. In several studies, the YPI appeared as a valid and reliable measurement. It describes the dimensional psychopathology through a three factor structure and demonstrates the ability to identify a "psychopathic-like" subgroup which is characterised by more severe defiant behaviour. To our knowledge, only one study examined the validity of the YPI in a community sample of adolescents. A standardisation sample is still required.

The YPI is used as a measure of the dimensional psychopathology within the model project „MAZ“ (clarification and goal-attainment in Swiss youth welfare and juvenile justice institutions). First results of the model project MAZ in relation with the YPI, such as the epidemiologic description of psychopathology of Swiss juvenile inmates, will be presented shortly.

Finally, a quick overview of the planned standardisation project of the YPI will be shown. The sample of the project will be recruited in high schools and vocational schools. The subjects will be assessed with a questionnaire battery containing the JTIC, YPI, SPS-J / SDQ and a standardized self-report measure of conduct problems in community samples. We hypothesize that the YPI displays discriminant validity and is suitable for screening psychopathic traits and allowing for a more detailed child and adolescent psychiatric assessment.

### S-005

#### **Risk Assessment Instruments in Forensic Psychological Examination (Russian Experience).**

Olga Shipshina

*South Forensic Centre, Rostov-on-Don, Russia*

This study was fulfilled in order to find out general possibility and might be limits of implantation of Risk Assessment Instruments in Russian juvenile justice. Thus a retrospective analysis of 39 forensic examinations of young offenders committed violent crimes was carried out with the help of SAVRY (Structured Assessment of Violent Risk in Youth, Borum, Bartel, Forth) and RNA (Risk/Needs Assessment, Andrews, Bonta, Hoge). The analysis shows that both methods allow to reveal risk of repeated commission of offences in Russian environment. However RNA "underestimates" the general risk level in comparison with SAVRY. RNA shows more likely the general tendency with reference to risk of repeated commission of offences while SAVRY in a greater degree allows to reveal concrete sphere in which young offenders has serious problems that causes a repeated commission (first of all, it concerns to Individual/Clinical Risk Factors and Historical Risk Factors).

## Abstracts Poster Presentations

### P-001

#### **Multidimensional Treatment Foster Care.**

Saskia Moonen

*Salvation Army, UTRECHT, The Netherlands*

MTFC is a effective alternative to group or residential treatment, incarceration and hospitalization for adolescents who have problems with chronic antisocial behaviour, emotional disturbance and delinquency. Community families are recruited, trained and closely supervised to provide MTFC-places adolescents with treatment and intensive supervision at home, in school and in the community; clear an consistent limits with follow-through on consequences; positive reinforcement for appropriate behaviour; a relationship with a mentoring adult and separation form delinquent peers.

Program content:

Training for community families

A preservice training in behaviour management methods to provide youth with a structured and therapeutic living environment . After placement ongoing training-on-the job by attending a weekly group meeting where supervision is provided and daily telephone calls to check on youth progress and problems.

Services to the youth's family.

Family therapy is provide for the biological of other aftercare family, with the ultimate goal of returning the youth back to the home. The parent are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the placement. Parents are encouraged to have frequent contact with the programmsupervisor to get information about their child's progress in the program.

Services to the youth

Youth participate in a structured daily behaviour management program implemented in the MTFC home. Individual, skill-focused therapy and skillscoaching is provided weekly for the youth. School attendance, behaviour and homework completion are closely monitored and interventions are conducted as needed for youth in the schools.

Duration of the program:

from 6 untill 12 months

Coordination and community liaison

Frequent contact is maintained between the programmsupervisor and the youth's parole/probation officer, teachers, work supervisors and other involved adults

Evidence of effectiveness

Evaluations of MTFC in the US have demonstrated that program youth compared to control group youth:

- spent 60 % fewer days incarcerated at 12 month follow-up;
- had significantly fewer subsequent arrests;
- ran away from their programs, on average, three times less often;
- had significantly less hard drug use in the follow-up period; and
- quicker community placement from more restrictive setting (e.g. hospital, detention)

### P-002

#### **Forensic observation, evaluation and treatment: a new initiative in the Netherlands.**

Ronald Visser, Ellie Trossel, Nils Duits

*NIFP, THE HAGUE, The Netherlands*

On may 16th 2008 on a starting conference at the Leiden Academic Medical Center (LUMC) a new initiative in the Netherlands has been presented: a unique cooperation between Dutch academic centers, forensic mental health centers for youngsters, youth prisons and the Netherlands Institute for Forensic Psychiatry and Psychology (NIFP) to improve the evaluation and treatment of the youngsters with the most severe crime and psychiatric history. It's called Forensic Consortium for Adolescents (ForCA).

In 2009 the consortium will also have two units for the evaluation of youngsters: one pre-trial and the other one for the evaluation of youngsters within a coercive treatment program (PIJ).

The youth prison that will be chosen to exploit these units, colleagues from the other prisons, the mental health institutions and the NIFP will present the latest state of affairs. Also we are eager to get input for our working methods, employee policy and techniques in communication and cooperation in order to better the effect of the evaluations and treatment programs partly by improving the feedback between those involved in treatment and those involved in the forensic evaluations.

### **P-003**

#### **Initial test of a fourth generation risk-need assessment instrument for children and adolescents with or at risk for antisocial behaviour: ESTER.**

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##### **Purpose**

To test the inter-rater reliability and external validity of the structured assessment instrument ESTER. ESTER involves structured assessment and follow-up of evidence-based risk and protective factors and interventions in youths (0-18 years) with, or at risk for, antisocial behaviour. In line with fourth generation risk-need assessments, ESTER is explicitly developed so that repeated assessments can be done, as often as every fourth week if needed. This makes it possible to systematically follow the youth from intake/first assessment to case closure and to follow how risk- and protective factors change over time. The easy-to-use ESTER computer software produce various easy-to-grasp PDF-summaries involving graphs and tables of each individual assessment as well as over-time graphs of risk- and protective factors. The summaries are used by the professional to analyze the case but also in the communication with the care-givers and the youth. ESTER is also explicitly developed to be used by all different professions that work with children and adolescents (i.e., preschool teachers and teachers, special teachers, social workers, psychologists, psychiatrists) and is aimed to make the collaboration between these professionals more effective.

##### **Methods**

Twenty-five different units (social work offices, institutions for youths with drug abuse, pre-schools, schools etc) around Sweden are followed in their usage of ESTER during 2008 and 2009. All units are working with children under the age of 18 with or at risk for developing antisocial behaviour. To test the inter-rater reliability, two different raters conduct ESTER-assessments on the same youth. The external validity is tested with questionnaires to parents, teachers, and the youths themselves (when older than 10 years). The practical usefulness is also evaluated in conjunction with each individual ESTER-assessment.

##### **Results**

Data will be available at the time of the conference and analyses will focus on inter-rater reliability and external validity.

##### **Conclusions**

Conclusions concerning this initial empirical test of ESTER will be drawn and discussed.

### **P-004**

#### **Effective components and principles in interventions for young children with or at risk for conduct problems - A systematic review.**

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##### **Purpose**

Children with an early onset of conduct problems are at great risk for life-long trajectories of persistent antisocial behaviour and a wealth of other pervasive negative consequences in adulthood. Even though various interventions have been successfully implemented for this group of children, there are still limitations in the general knowledge on how best to assist the heterogeneous group of young children with conduct problems and their families.

The overall aim of this review is to summarize and critically evaluate timely interventions provided to preschool children with conduct problem behaviours, evaluate risk factors that should be intervened with in different ages, and suggest principles for how to improve early interventions with children with or at risk for conduct problems.

#### Method

The review focuses primarily on synthesizing previous research reviews and meta-analyses, through a systematic literature search of relevant databases. More specific questions: (1) What are the effective components in interventions for children with or at risk for conduct problems? (2) Which moderators and mediators for treatment outcome have been evaluated? (3) Based on knowledge from basic research, which empirically-based risk and protective factors would be most relevant and powerful to evaluate and intervene with for children in different ages? (4) How can and should these factors be assessed and intervened with, for preschool children in particular, based on what has been learned from the present review?

#### Results

Preliminary results of the systematic review will be presented.

#### Conclusions

Conclusions concerning effective treatments, effective principles for intervention, assessment, and subcategories of risk and protective factors are drawn. Suggestions of ways forward for both research and practice are provided.

### P-005

#### **Evaluation of social programs with integrated approaches to quality in an organization dedicated to children, youth and families vulnerable.**

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The Centre for Social Programs is an organization whose mission is to promote quality of life in childhood, youth, families and socio-cultural development, creating conditions for the equal opportunities and autonomy. The vision of the organization is to enhance the quality of integrated systems, ethics and environment that generates strengths and values in children. Mission and vision based on theoretical approach applied in the evaluation of social programs, which includes assessing the quality of life of people receiving services, quality of service being offered, quality of working life of staff, resilience and the ethics of organizational responsibility. The objectives of the evaluation are aimed at assessing the exposed aspects of the quality and effectiveness of the programs in the center, train staff in that approach and generate continuous improvement processes. The methodology has been applied the participatory action research, with the protagonists of the department: people receiving services, managers, staff workers and suppliers. The process and results of the assessment showed the usefulness of this methodology, enabling the rethink what, why and how it is working on individual programmes, make decisions to improve and move towards integrated systems of quality. In its conclusions, highlights the need to systematize this integrated approach in the models, standards and best practices of quality.

### P-006

#### **Antisocial behaviour in adolescents with immigration background: the impact of risk- and protective factors.**

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#### Purpose

A body of research shows that immigration is an important risk factor for the development of antisocial behaviour. There is some evidence, however, that for example psychosocial risk factors moderate the relation between immigration and antisocial behaviour. Recent research confirms that adolescents with immigration background differ with non-immigrant adolescents in many other moderating factors. In this study we focus on the moderating effects of parental and school support, and the experience of violence.

## Method

960 adolescents between 11 and 18 years of age took part in this study. Basis of the survey is the self-report questionnaire "Social and Health Assessment". The sample was divided into two groups: adolescent with (n = 521) and without (n = 439) immigration background.

For investigating the influences of risk and protective factors on antisocial behaviour linear regression analyses were conducted in both groups.

## Results

In both groups the main effect of the development of antisocial behaviour (both conduct problems and severe delinquency) was being witness of violence. A stepwise forward conditional regression produced six (groups of immigrants) vs. three variables (group of non-immigrants) that explained 25% -38% of the variance. Whereas in the group of the adolescents with immigration background particularly two factors of school (attachment to school, self academic motivation), age and the employment of parents have a significant effect on development of conduct problems, in the group of non-immigrants the second strong effect after witness of violence, is the parental control followed by attachment to school. To clarify the variance of severe delinquency in both groups being witness of violence has also the main effect, in addition, in the group of adolescents with immigration background the attachment to school is the second moderating factor for development of severe delinquency. The results accentuate the need for a different proceeding in preventive measures and treatment of delinquency by adolescents with or without immigration background.

## P-007

### **Continuity, comorbidity and longitudinal associations between depression and antisocial behaviour in middle adolescence: A 2-year prospective follow-up study.**

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## Purpose

The study investigated continuity, comorbidity and longitudinal associations between depression [a Finnish modification of Beck depression inventory (RBDI), Raitasalo 1995, Kaltiala-Heino et al. 1999] and antisocial behaviour [Youth self-report (YSR), Achenbach 1991] in middle adolescence.

## Methods

Data were used from a community sample of 2070 adolescents who participated in a 2-year prospective follow-up study.

## Results

The results indicate that both depression and antisocial behaviour had considerable continuity, and concurrent comorbidity between these disorders was strong. In contrast to several previous studies, antisocial behaviour did not predict subsequent depression, but conversely, depression predicted subsequent antisocial behaviour among girls. Among boys history of depression seemed to protect from subsequent antisocial behaviour. Gender differences in longitudinal associations are discussed.

## Conclusion

Findings indicated that antisocial behaviour and depression had considerable continuity in middle adolescence. Concurrent comorbidity between depression and antisocial behaviour was also remarkable. Among girls depression predicted subsequent antisocial behaviour in a 2-year span. The present study offers implications for the prevention and treatment of adolescent depression and antisocial behaviour.

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## P-008

### **Self-control and externalizing behaviour in preschoolers: A multi-method and multi-informant study.**

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#### **Purpose**

At the individual level, self-control is considered an important predictor of delinquent behaviour. Self-control develops during childhood and is relatively stable thereafter. The concept of self-control has been studied by several disciplines that all use their own definitions and procedures of measurements.

In the current study, we set three different approaches side by side: the temperament approach, the behavioural control approach and the cognitive approach.

We studied the relationships between the different measurements of self-control and investigated possible underlying general dimensions. Furthermore, we studied the relationship between self-control and externalizing behavioural problems.

#### **Methods**

The subjects (N=81) were participants in a longitudinal study on predictors of externalizing behaviour in boys. At the current follow-up, the mean age was 4.6 years (SD=.12, range=4.35-4.84). Self-control was measured with multiple methods: temperament questionnaire (Children's Behaviour Questionnaire), behavioural observations (delay-of-gratification tasks: Effortful Control Battery), and cognitive tasks (Amsterdam Neuropsychological Tasks). Information about externalizing behavioural problems was obtained from multiple informants (mother and teacher) by means of the CBCL/C-TRF (scales: 'aggression', 'attention problems') and the Physical Aggression Questionnaire of Tremblay et al. IQ, measured by means of the SON-R 2.5-7, was used as a control variable.

#### **Results**

By means of factor analyses different dimensions could be distinguished: 'cognitive attention', 'motor control', 'delay-of-gratification' and 'self-control temperament'. It was possible to combine the tasks of the different approaches into one 'total self-control' scale, except for 'self-control temperament' that seem to form a separate scale.

Correlational analyses showed that 'Self-control temperament' was significantly related to externalizing problems, but only if they were reported by the mother. 'Cognitive attention' and 'Motor control' were significantly related to TRF Attention problems and TRF Aggression. 'Delay of gratification' was correlated with Physical aggression reported by the teacher and TRF attention problems. However, when controlled for IQ, 'Cognitive control' and 'Motor control' were no longer significant predictors of externalizing problems.

#### **Conclusion**

The amount of self-control (expressed as the ability to wait) and IQ are related to the use of physical aggression in preschool boys. With respect to general aggression and attention problems, IQ seems to be a better predictor than measures of self-control.

## P-009

### **Screening for mental health symptoms among male juvenile detainees and its predictive validity for recidivism.**

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## Purpose

Several studies have shown that mental health problems reach very high levels in incarcerated juvenile delinquents (Vermeiren et al 2006), emphasizing the need of mental health intervention. As it has not been studied yet to what extent such problems are related to outcome, this study aims at studying mental health problems of juvenile detainees and the predictive validity for recidivism during a 3 year follow-up period.

## Methods

In 2002-2004 adolescents entering 't Nieuwe Lloyd, a Dutch juvenile detention center for boys, were assessed by means of two standardized screening-questionnaires; the SDQ and the MAYSI-2. Information about crime-related characteristics and recidivism within three years was derived from the national registry data-base JDS.

## Results

Mean age of participants (N=508) was 16.9 years (S.D. = 1.4), and 52% had ethnic minority status. Almost half (46,3%) of the sample scored above the clinical cut-off score on at least one of the following 4 MAYSI-2 subscales (angry-irritable, alcohol/drug use, suicidal ideation and thought disturbances). The subscale traumatic experiences wasn't included but 81,4% scored above the clinical cut-off point. Overall, offenders from Dutch origin scored significantly higher than non-Dutch offenders on all MAYSI-2 subscales. With regard to age-related differences, older youth (>16) were found to report more alcohol/drug use and more traumatic experiences. On the SDQ, rates of boys scoring above the clinical cut-off were 26,7% for conduct problems, 16,3% for hyperactivity-inattention and 22,5% for peer-problems. Moroccan youth scored significant lowest on conduct disorders and Dutch youth scored significant highest on hyperactivity-inattention. As information on recidivism has just become available (April 2008) this aspect cannot be reported here yet.

## Conclusion

As expected, substantial rates of mental health problems were found in this large sample of male juvenile detainees, which argues for systematic screening and diagnostic assessment of all youths entering these facilities. Importantly, in order to interpret findings correctly, ethnic differences should be investigated further. A next step of this study will be to study the predictive value of mental health problems for recidivism.

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## P-010

### Conduct disorders and emotional problems among juvenile offenders.

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The study was aimed to investigate co occurrence of emotional and behaviour disorders among adolescents in dependence of such factors as mental illness, delinquency and their comorbidity. 260 male in age 17 (+/-1) years were interviewed: 110 adolescents with brain damages - during coercive treatment, 50 patients with the same diagnosis -during voluntary outpatient treatment, 40 persons with deviant behaviour without any psychopathology and 60 - from social normative sample. All of them were measured by 3 instruments: K-SADS, Achenbach Check-List and Scale of Tendency to Deviant Behaviour (TDB) (Oryol, 2004).

## Results.

Compare analysis data from TDB revealed that individuals with deviant and criminal behaviour (mentally ill) have a highest score of self-destructive tendencies.

It should be marked, that in all groups the level of anxiety was higher, then the presence of an-other symptoms. But, the upper limit was registered among mentally ill offenders.

In the group of deviant adolescents without mental pathology delinquency was associated with anxiety, aggressiveness - with ADHD, syndrome of opposite behaviour in the past and conduct disorders in general. Hence, there were no correlations between scales "aggressiveness"and "external problems".

Among mentally ill offenders delinquency was significantly connected with general problems, external problems, and attention problems and syndrome of opposite deviant disorders in presence.

Unexpected fact was, that aggressiveness was associated only with mental problems, moreover it was not in connection with delinquency and external problems. Drug abuse in the past and present correlated significantly with major depression. That means probably symptomatic nature of this addiction.

Revealed phenomenon - association of aggressiveness with mental problems at one hand, and unconnectedness with delinquency at the other hand, allow us to propose the presence of one dispositional factor of conduct problems. One of them is a deficit of social recognition processes. It leads to the prevalence of aggressive responses.

#### Conclusion

The predict factors of violence risk among adolescents with brain damages are deficit of social recognition processes. It seems that latter is associated with emotional disorders and socialization problems. The presence of HDAD leads mostly to the delinquent problems.

### P-011

#### **Gender differences of the aggressive behaviour in the pre-adolescence period.**

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30 children of 10-11 years old (15 boys, and 15 girls), which were learning in the average educational establishment was interviewed in aim to check the following hypothesis. In adolescents 10-11 years of inclined to the externalizing-charge type of behaviour: prevail the boys have physical aggression, while in girls - verbal. The methods were: the children variant of Bass - (Darki); the Rozentsveyg test (children version ).

#### Results

Statistical processing of results was conducted with the use of a criterion U - Mann - Whitney. The results, which we obtained, reveal general tendency toward an increase in the aggressiveness both in the boys and in girls. In this sample the level of aggression goes off scale, but in boys it is manifested in essence physically, although verbal level also very high. While in girls it is verbal. (Physical aggression in boys 77%, in girls 34%; Indirect in boys 39%, in girls 48%; Verbal in boys composes 72%, in girls 70%; Level of negativism in boys 73%, in girls 59%). These results can give us the foundations for assuming about the fact that the level of the aggressiveness of junior adolescents grows. On the basis the procedure of Rozentsveyg, we can make the following conclusions. There is an explicit interrelation between the extra-punitive reactions according to the self-protected type and the aggression. Children with this type of reactions to the frustration frequently react aggressively, falling into the complex, frustrating situation (70% of boys and 40% of girls have demonstrated precisely this type of reaction).

#### Conclusion

Boys of 10-11 years old exceed on the level of the physical aggression of their contemporaries. The level of verbal aggression in the girls' sample is not lower than the level of verbal aggression in the adolescents of the boys of 10-11 years old.

### P-012

#### **Parents in the lead for need; the surplus value of a working group of experts-by-experience.**

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#### Purpose

Research has shown that the amount of psychiatric disorders in delinquent youth is high and increases during different stages of their involvement within the juvenile justice system, reaching a prevalence of 90% in incarcerated juvenile delinquents(1). Unfortunately, not all institutions are aware of this phenomenon, which leads to missing diagnoses, untreated youth and a great burden on the families involved. Therefore, at the initiative of T. Doreleijers, Balans(2) and NVA(3) started in 2006 the Working group Forensic Care. In this group both professional experts and parents with

expertise by experience participate. Our main aim is to inform the relevant institutions about the high prevalence of psychiatric disorders in delinquent youth and to reinforce the position of the parents it concerns.

#### Methods

Main activities of the Working Group:

- Website: ([www.steunpuntforensischezorg.nl](http://www.steunpuntforensischezorg.nl))
- Symposium (2007) for parents and professionals in the forensic field.
- Articles in the magazines of the NVA and Balans.
- Individual parent-to-parent support
- Research activities:
- Interviews about interactions between parents and workers in the forensic field
- Brainstorm sessions about what parents and professionals need to deal better with the problems they are confronted with

#### Results

Overall, parents of children with delinquent behaviour need informational and social support, geared toward the judicial and forensic field, but also the opportunity to influence the policymakers in this field.

#### Conclusion

Considerable changes in the juvenile justice system are needed, in terms of information services by and to parents, and their contribution to policy making. The role of parents as source of knowledge and experience perspective should be taken into account for research as well as better diagnostics and treatment(4).

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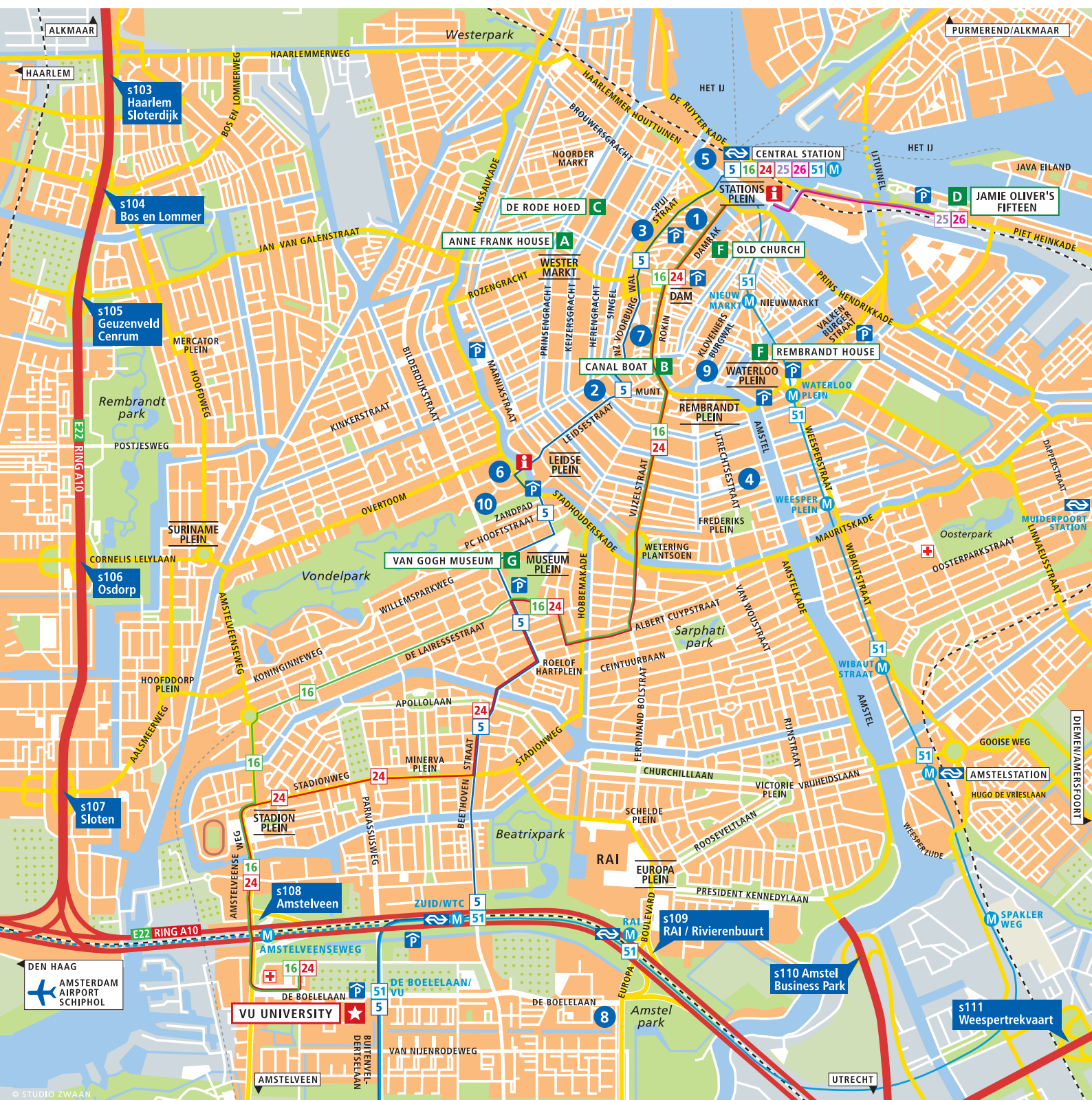
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# EFCAP2008 AMSTERDAM VENUES



## Key

- METRO
- TRAM 5
- TRAM 16
- TRAM 24
- TRAM 26
- TRAM 26
- TRAM/LIGHTRAIL 51
- HIGHWAY
- CITY ROUTE
- EXIT
- CAR PARK
- HOSPITAL / FIRST AID
- TOURIST INFO
- 500 m

## EFCAP 10th Anniversary Congress 2008

- VU University

## Social Programme

- Anne Frank House
- Boat Tour Departure
- De Rode Hoed / Walking Dinner
- Jamie Oliver's Fifteen / Diner dansant
- Old Church
- Rembrandt House
- Van Gogh Museum

## Hotels

- Avenue Hotel
- Ambassade Hotel
- Golden Tulip Amsterdam Centre
- Hotel Orlando
- Ibis Amsterdam Centre
- NH Amsterdam Centre
- NH City Centre
- Novotel Amsterdam City
- Stayokay Amsterdam Stadsdoelen
- Stayokay Amsterdam Vondelpark

## programme efcap 10th anniversary congress

Time		Tuesday, October 21	Wednesday, October 22	Thursday, October 23	Friday, October 24	Time
8:30	9:00	8:30 registration desk open for pre-congress courses	8:30 registration desk open in the VU	8:30 registration desk open in the VU	8:30 registration desk open in the VU	8:30
9:00	9:30	9:00 pre-congress courses	9:00 opening speech <i>Prof. T. Doreleijers</i> State secretary: <i>Ms. Albayrak</i> keynote lecture <i>Prof. T. Grisso</i>	9:00 keynote lectures <i>Prof. R. Kalliala-Heino</i> <i>Prof. A. Raine</i>	9:00 keynote lectures <i>Prof. S. Bailey</i> <i>Prof. R. Loeber</i> <i>Juvenile orchestra</i>	9:00
9:30	10:00					9:30
10:00	10:30					10:00
10:30	11:00	10:30 coffee & tea break	10:30 coffee & tea break	10:30 coffee & tea break		10:30
11:00	11:30	11:00 pre-congress courses continued	11:00 parallel sessions I & master class	11:00 parallel sessions III	11:00 coffee & tea break	11:00
11:30	12:00				11:30 parallel sessions V & master class & student symposium	11:30
12:00	12:30					12:00
12:30	13:00	12:30 lunch break	12:30 lunch & poster viewing	12:30 lunch & poster viewing		12:30
13:00	13:30					13:00
13:30	14:00	13:30 pre-congress courses continued			13:30 Lunch & poster dismantling	13:30
14:00	14:30		14:00 parallel sessions II & master class	14:00 parallel sessions IV & master class		14:00
14:30	15:00				14:30 inaugural speech <i>Prof. Robert Vermeiren</i>	14:30
15:00	15:30	15:00 coffee & tea break			15:30 reception VU University	15:00
15:30	16:00	15:30 pre-congress courses continued	16:00 coffee & tea break	16:00 coffee & tea break		16:00
16:00	16:30					16:30
16:30	17:00	16:30 keynote lecture <i>Prof. E. Simonoff</i>	16:30 keynote lecture <i>Prof. C. Bordin</i>	16:30 keynote lecture <i>Prof. R.E. Tremblay</i>		16:30
17:00	17:30	17:00 registration & welcome in the Old Church				17:00
17:30	18:00					17:30
18:00	18:30					18:00
18:30	19:00	18:00 opening lecture <i>Prof. L. Augimeri</i>	18:30 concert buffet de Rode Hoed			18:30
19:00	19:30			19:00 congress dinner Jamie Oliver's Fifteen		19:00
19:30	20:00					19:30
20:00	20:30					20:00
20:30	21:00					20:30
21:00	21:30					21:00
21:30	22:00					21:30
						22:00