

# Summary

## Outpatient supervision programs for forensic psychiatric patients after an intramural punishment or measure – A systematic review

In the future outpatient supervision of offenders who have been placed under a hospital order may possibly contribute to reducing recidivism and preventing new victims and thus also lead to an improvement of mobility within the system of placement under a hospital order (*terbeschikkingstelling*), hereinafter “TBS”. For that reason, it is important to gain insight into the different forms of supervision in the Netherlands and in other countries and to gain insight into the possible effects of these supervisory programmes. This literature study is mainly based on publications on outpatient supervision for forensic psychiatric patients after an intramural punishment or measure. It is an inventory of supervisory programmes and their assumed operable mechanisms and evaluation studies of the programmes. The following questions served as a guideline:

1. Which forms of outpatient supervision for forensic psychiatric patients after a criminal measure or punishment are available in the Netherlands and in other countries?
2. On which presumed operable mechanisms is the outpatient supervision based?
3. What is known about the effectiveness of the supervisory programmes?

This report gives answers to the questions posed above on the basis of a systematic review of publications, (policy) documents and studies. After a first broad selection of literature, 327 publications were requested for a second selection.

Of these publications, 65 studies were ultimately chosen for this study.

In this selection the difference between Dutch TBS offenders and forensic psychiatric patients in other countries was taken into account as far as possible. While in the Dutch TBS clinics a large part of the patients are persons with a personality disorder, in Anglo-Saxon countries these persons usually end up in “normal” prisons and are part of the regular prison population. Therefore, foreign literature on prisoners as a group can also relate to offenders with personality disorders. For that reason, when screening publications we always checked at which group the supervisory programme was specifically aimed. If the programme was intended for mentally disturbed offenders, serious violent and/or sex offenders, dangerous offenders or high-risk offenders (therefore TBS comparable groups), this literature was also selected for this review, even if the group being studied was part of the normal prison population.

The supervision described in this publication can be sub-divided into two, non-mutually exclusive, types. The first type of supervision involves forms of aftercare and is partly aimed at re-socialisation and reintegration in society. The second type of supervision involves *technical supervision*, this includes both the use of technical means of observation (electronic supervision, electronic monitoring system, polygraph) and registration of - in particular - sex offenders and informing local residents (*notification*).

### *Aftercare*

In aftercare programmes intensive supervision is combined with treatment, therapy, care and social support in housing, employment, education and training, leisure activities and financial matters. The combination of control (security) and treatment

and support (re-socialisation) is, in our opinion, a prerequisite for effective aftercare. A number of elements that are important for a successful reintegration repeatedly recur in the literature on aftercare. Our *basic assumption* is that the following mechanisms underlie a successful aftercare:

- 1: phased release
- 2: active case management
- 3: involvement of forensic psychiatric expertise
- 4: observation and monitoring of behaviour and movements
- 5: exchange of information
- 6: involvement of the social environment

Up to now, the effects of aftercare programmes for the forensic psychiatric patients have only been studied to a very limited extent. While studies have since been carried out into the effects of interventions on the regular psychiatric population and on the regular prison population, evaluation studies on interventions for this specific “TBS-like” population have scarcely been conducted. To date, two qualitatively reasonable effect studies (from the United States and Canada) have shown that *active case management* (mechanism 2) as operable mechanism is possibly effective in reducing recidivism in mentally disturbed offenders. In addition to this, indications for evidence of the involvement of the social environment as operable element of aftercare (mechanism 6) were found in one study (from Canada). The remaining effect studies in this area (from Germany and Canada) were of insufficient quality in order to be able to draw concrete conclusions about the effectiveness of the evaluated programme in question.

A concrete pronouncement on the effectiveness of aftercare cannot generally be made yet on the basis of the collected literature, as scarcely any qualitatively good studies on this type of supervision of TBS offenders or similar groups in other countries are available. In the literature and in the public debate the positive effects of aftercare are often considered as indisputable and “scientifically” proven. For the time being, there is little empirical support for this certainty.

Perhaps the effects of supervisory programmes that are aimed at the regular prison population or the regular psychiatric population have been sufficiently studied. If so, then lessons may possibly be learned from this. For that reason, there will be a follow-up to this study. In the second part (that will be provided in the summer of 2006), effect studies from the regular psychiatry and prison systems will be examined. We will look to see whether scientific evidence can indeed be found in these areas for the assumed mechanisms of aftercare that have been unravelled in this study. The question will then be under which conditions and in which context the mechanisms found, which play a part in the case of psychiatric patients and/or regular prisoners, can be applied to and can be operable for the forensic psychiatric population.

#### *Technical means of observation*

Most countries have set strict selection criteria for *electronic supervision* and as result of this relatively few prisoners are eligible for this form of supervision. In practice, this involves low-risk persons who are considered to have a very small chance of recidivism. For that reason, persons with a mental or personality disorder are often excluded from participating in electronic supervision in advance.

In the Netherlands a pilot project on electronic supervision for TBS offenders in the transmural phase was recently started. Low-risk persons who can be counted on to stick to the agreements are eligible. Staff members of the clinics believe that electronic supervision could play a part in the regulation of the patients’ behaviour. Their assumption being that bad habits could be broken by means of the supervision and as a result of this, an actual change in behaviour would occur. Practically all effect studies into electronic supervision are focussed on the regular prison

population and not on the TBS-like group within the population. In one study from the United States the effect of electronic supervision on violent and sex offenders was specifically examined. This study showed that electronic supervision is not effective in reducing recidivism, but it did find indications for the belief that electronic supervision has a favourable effect on the treatment of sex offenders.

*Electronic monitoring systems* have been developed in a few countries in the judicial area in order to alleviate pressure on cell capacity and to save costs. Bottlenecks that have emerged in the implementation have to do with the labour intensiveness of the supervision, with the inaccuracies in the system in respect of determination of location and with the so-called blind spots: at many locations, in particular in the large cities, contact cannot be made with three satellites, as a result of which the location of the person in question cannot be registered. In the Netherlands a few pilot projects with the monitoring system were also carried out recently by TBS clinics. During the pilot project similar problems to those in the implementation were encountered. The system is not watertight and can be easily sabotaged. In this sense, the electronic monitoring system can contribute less to the protection of society against the danger of recidivism of TBS offenders than would perhaps seem at first sight. Staff members of TBS clinics do believe that the passive monitoring system can serve as a tool for treatment, checking compliance with agreements and as an extra incentive to comply with the rules.

The polygraph (lie detector) is sometimes used, particularly in the United States, in supervisory programmes that are specifically aimed at sex offenders. It is assumed in the literature on the polygraph that the polygraph in combination with a treatment programme can have a deterrent effect on account of the fear of discovery of the undesirable problem behaviour. For the time being, there is no scientific evidence for this assumption: no study has been carried out into the effect of the polygraph on the recidivism of sex offenders. Studies have revealed that the polygraph may possibly have a favourable effect on sex offenders who are motivated to change their problem behaviour. The polygraph could perhaps be considered in their case as extra encouragement. In the case of unmotivated sex offenders on the other hand, the polygraph will have little or no effect on the treatment, as they respond aberrantly or negatively to the polygraph.

#### *Registration and notification*

For a number of years several countries have been recording the names and addresses of convicted offenders in a national registration system. While the registration of the data of offenders can be aimed at informing agencies such as the justice authorities and the police and thus support them in the exercise of their functions, notification involves disclosing information about, in particular, sex offenders to a larger public. It is assumed that the release of information will enable "ordinary" citizens to also play a part in the protection of the community against sex offences. Knowledge of a sex offender will increase the social control of sex offenders, parents will be able to keep a better eye on and instruct their children and this will thereby lead to an increase in safety. For the time being, no studies have been carried out into the effects of registration and notification on the recidivism of (sex) offenders.

It can be said in conclusion that in several countries various initiatives have been developed and implemented for supervision of TBS offenders and comparable groups, but that for the time being there is very little empirical support to be found for the, often considered indisputable, effects of long-term supervision. Effect studies in other sub-areas will have to be consulted in order gain a better insight into the possible operability of the assumed mechanisms.