INTERPROFESSIONAL COLLABORATION DURING OFFENDER TRANSITIONS

Theoretical considerations, working models and the potential of the HCR-20

Hean, S. Bjørkly, S. & Ødegård, A.
The demand on services when offenders make a transition between prisons or from prison back into society is complex and demanding.

It calls for the development of new interagency collaboration arrangements.
WORKSHOP AIM

- We argue that managing collaborations during transitions requires a multiple prong approach.

- This workshop explores with participants three tools with which to enhance these collaborations.
TOOL 1: ACTIVITY SYSTEMS THEORY AND CHANGE LABORATORIES

TOOL 2: AN ATTITUDINAL/RELATIONAL EVALUATION OR ANALYTICAL TOOL (PINCOM)

TOOL 3: HCR20 AS AN OPERATIONAL/INDIVIDUAL LEVEL TOOL AND BOUNDARY OBJECT RECOGNISABLE BY DIFFERENT INSTITUTIONS

OPEN DISCUSSION
DEFINITIONS

Transitions
- the process or a period of changing from one state, condition, location, or institution to another (Oxford Dictionary 2010).

Definition of collaborative practice
- occurring when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings (World Health Organisation 2010).

Boundary objects
- Objects that facilitate the transfer, translation and transformation of knowledge between stakeholders from different groups (Carlile, 2004).
CULTURAL HISTORICAL ACTIVITY SYSTEMS THEORY AND CHANGE LABORATORIES MODELS AS A MEANS OF IMPROVING TRANSITIONS

Sarah Hean
University of Stavanger, Norway
Bournemouth University, UK
Activity systems theory is a reflective tool that helps articulate at an abstract and systems level:

- The activity or work process of focus e.g. risk assessment during transition.
- the key players, norms and tools that govern the transition.

It can be used as part of structured interventions that enable professionals:

- Identify local challenges that face transitions
- develop context specific innovations to these challenges
Figure 1: High security prison activity systems (adapted from Engeström, 2007)

Figure 2 Boundary space where activity overlap
Think of a relevant offender transition

(adapted from Nielsen et al., 2017 COLAB personal communication, University College Absalon, Denmark)

<table>
<thead>
<tr>
<th>Code No.</th>
<th>System categories</th>
<th>Research questions</th>
<th>In the past? Currently and how would you like it in the future?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1</td>
<td>Subject</td>
<td>Whose perspective?</td>
<td></td>
</tr>
<tr>
<td>B.2</td>
<td>Object</td>
<td>What are these people working on? To achieve what?</td>
<td></td>
</tr>
<tr>
<td>B.3</td>
<td>Tools and signs</td>
<td>What is being used to achieve this?</td>
<td></td>
</tr>
<tr>
<td>B.4</td>
<td>Divisions of labour</td>
<td>How is the work shared?</td>
<td></td>
</tr>
<tr>
<td>B.5</td>
<td>Community</td>
<td>Who else is involved?</td>
<td></td>
</tr>
<tr>
<td>B.6</td>
<td>Rules</td>
<td>What supports or constrains the work?</td>
<td></td>
</tr>
</tbody>
</table>
THE CHANGE LABORATORY
Reflection continuum

ABSTRACT

(Theoretical Framework: Cultural historical Activity systems theory (CHAT))

CONCRETE

(Mirror of practice, e.g., video of interagency practice)

CHANGE LABORATORY INTERVENTION

Generation of social innovations
COLAB CONSORTIUM

Non academic

- KRUS, Norway
- FPC Dr S van Mesdag, the Netherlands (Forensic psychiatric institution)
- Footprints (third sector offender mentorship charity), UK

Academic

- Bournemouth University, UK
- University of Helsinki, Finland
- University of Stavanger, Norway
- Institute of Occupational Therapy, Finland
- University College Absalon, Denmark
- University of Neuchâtel, Switzerland
- HIM, NORWAY
PINCOM AS AN ANALYTICAL TOOL - INTERPROFESSIONAL REFLECTION IN COLLABORATION PROCESSES

Atle Ødegård
Molde University College and University of Stavanger,
Norway
Is collaboration taken for granted?

Interprofessional collaboration is a complex phenomenon and there is a need for conceptual models that enable professionals to reflect on different facets in their collaboration processes.
The transition....

Prison

Transition

Collaboration?
How?
Who?
When?

Society

How to enable collaboration in the transition process?
SOCIAL INNOVATION

It is suggested that the model could be used within a larger social innovation framework (abstract 1), and as a reflective tool during or after structured clinical assessment (abstract 3).
PINCOM – enables reflection about collaboration

Perception of Interprofessional Collaboration Model (PINCOM).

It contains 12 facets of collaboration on the individual-, group- and organizational level.
PINCOM – CONCEPTUAL FRAMEWORK

Investigate how professionals perceive interprofessional collaboration (PINCOM-Q was developed – a questionnaire).

https://nexusipe.org/informing/resource-center/pincom-q-perception-interprofessional-collaboration-model-questionnaire
12 FACETS OF COLLABORATION

- C1 = Motivation
- C2 = Role expectation
- C3 = Personal style
- C4 = Professional power
- C5 = Group leadership
- C6 = Coping
- C7 = Communication
- C8 = Social support
- C9 = Organizational culture
- C10 = Organizational aims
- C11 = Organizational domain
- C12 = Organizational environment
EXAMPLES

PERCEPTION OF INTERPROFESSIONAL COLLABORATION

ORGANIZATIONAL

GROUP

INDIVIDUAL

Organizational Culture/aims
Communication Group leadership
Motivation Prof. power
PINCOM + REFLECTION = DIALOGUES

- Use PINCOM and the factets suggested to reflect on collaboration issues.
  - Organizational issues? Do we need something else?
  - Group issues? Who is in the lead? Communication?
  - Individual issues? Motivation to participate? Professional power?
INTERPROFESSIONAL COLLABORATION IN TRANSITION PROCESSES: THE POTENTIAL OF THE HCR-20\textsuperscript{V3}

Stål Bjørkly
Molde University College
Oslo University Hospital
TOPICS

TRANSFER

HCR-20^V3

Relevance codes
Risk scenarios
Risk management strategies

BOUNDARY OBJECT?
<table>
<thead>
<tr>
<th>Historical Scale (History of Problems With...)</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. Violence</td>
</tr>
<tr>
<td>H2. Other Antisocial Behavior</td>
</tr>
<tr>
<td>H3. Relationships</td>
</tr>
<tr>
<td>H4. Employment</td>
</tr>
<tr>
<td>H5. Substance Use</td>
</tr>
<tr>
<td>H6. Major Mental Disorder</td>
</tr>
<tr>
<td>H7. Personality Disorder</td>
</tr>
<tr>
<td>H8. Traumatic Experiences</td>
</tr>
<tr>
<td>H9. Violent Attitudes</td>
</tr>
<tr>
<td>H10. Treatment or Supervision Response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Scale (Recent Problems With...)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Insight</td>
</tr>
<tr>
<td>C2. Violent Ideation or Intent</td>
</tr>
<tr>
<td>C3. Symptoms of Major Mental Disorder</td>
</tr>
<tr>
<td>C4. Instability</td>
</tr>
<tr>
<td>C5. Treatment or Supervision Response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Management Scale (Future Problems With...)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1. Professional Services and Plans</td>
</tr>
<tr>
<td>R2. Living Situation</td>
</tr>
<tr>
<td>R3. Personal Support</td>
</tr>
<tr>
<td>R4. Treatment or Supervision Response</td>
</tr>
<tr>
<td>R5. Stress or Coping</td>
</tr>
</tbody>
</table>
SEVEN STEP PROCEDURE

1. Gather relevant information
2. Determine presence of risk factors
3. Determine relevance of risk factors
4. Develop formulation of violence risk
5. Develop risk scenarios of violence
6. Develop management strategies
7. Develop final opinions
RELEVANCE

RISK FACTOR:
- Functionally related to past violence
- Likely to influence the person’s decision to act in a violent manner in the future
- Likely to impair the individual’s capacity to employ non-violent problem solving
- Context-dependent

- How can we use risk relevance in Interprofessional Collaboration work?
RISK SCENARIOS

- **Repeat**
  - Consider all past violence, not just most recent

- **Twist**
  - Change in motivation, victimology, behavioral topography

- **Escalation**
  - Including lethal or “worst case”

- **Improvement**
  - Including desistence or “best case”

How can we use risk scenarios in Interprofessional collaboration work?
RISK MANAGEMENT

- Many different approaches to mitigate risk
  - Monitoring
  - Treatment
  - Supervision
  - Victim safety planning

How can we use risk management in Interprofessional collaboration work?
The **transfer** institution:
knowledge concerning risk factors with high **relevance to risk scenarios and risk management**
This includes information of risk contexts and risk interactions

The **receiving** institution:
knowledge of risk contexts and risk interactions in this environment
Sharing and discussing this kind of information in planning the transfer may mitigate risk
RISK SCENARIOS AND RISK MANAGEMENT IN INTERPROFESSIONAL COLLABORATION WORK (I)

- **Scenarios** with:
  - Operationalised risk situations (context)
  - Operationalised RM strategies (prevention)

- **Assessment** of likelihood in receiving institution of:
  - Exposure to risk situations
  - Violence and severity if exposed
MEETING POINT

- Two types of expertise
- **Transfer context**
  - Knowledge about the evaluatee
  - Risk relevance and risk scenarios
  - Risk management strategies
- **Receiving context**
  - Knowledge about the new context
  - Risk relevance and risk scenarios in the new context
  - Possible risk management strategies in the new context

IPC discussion: **Resources, adaptation, and feasibility**
OPEN DISCUSSION
## DISCUSSION POINT 1 MAPPING THE ACTIVITY SYSTEM

(adapted from Nielsen et al., 2017 COLAB personal communication, University College Absalon, Denmark)

<table>
<thead>
<tr>
<th>Code No.</th>
<th>System categories</th>
<th>Research questions</th>
<th>In the past? Currently and how would you like it in the future?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1</td>
<td>Subject</td>
<td>Whose perspective?</td>
<td></td>
</tr>
<tr>
<td>B.2</td>
<td>Object</td>
<td>What are these people working on? To achieve what?</td>
<td></td>
</tr>
<tr>
<td>B.3</td>
<td>Tools and signs</td>
<td>What is being used to achieve this?</td>
<td></td>
</tr>
<tr>
<td>B.4</td>
<td>Divisions of labour</td>
<td>How is the work shared?</td>
<td></td>
</tr>
<tr>
<td>B.5</td>
<td>Community</td>
<td>Who else is involved?</td>
<td></td>
</tr>
<tr>
<td>B.6</td>
<td>Rules</td>
<td>What supports or constrains the work?</td>
<td></td>
</tr>
</tbody>
</table>
DISCUSSION POINT 2 CURRENT CHALLENGES

- What is the current status of collaboration between the professionals and services?
- What are the main challenges to collaboration in transitions?
- What aspects of collaboration has the greatest potential for change?
  - On the organizational level....?
  - On the group level....?
  - On the individual level....?
DISCUSSION POINT 3  RISK ASSESSMENT AND INTERPROFESSIONAL COLLABORATION

- How can we use risk relevance in Interprofessional Collaboration work?

- How can we use risk scenarios in Interprofessional collaboration work?

- How can we use risk management in Interprofessional collaboration work?
THANK YOU

- Sarah Hean
  - sarah.c.hean@uis.no
- Stål Bjorkly
  - stal.bjorkly@himolde.no
- Atle Ødegård
  - Atle.Odegard@HiMolde.no
EXAMPLE IN MORE DETAIL: HCR-20 RISK MANAGEMENT ITEMS IN IPC WORK

- R1. Professional Service and Plans
- R2. Living Situation
- R3. Personal Support
- R4. Treatment or Supervision Response
- R5. Stress or Coping