

# Two new self-report questionnaires for forensic psychiatric patients

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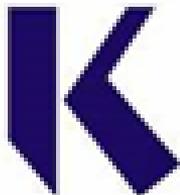
FPC de Kijvelanden  
Erasmus University Medical Center

[www.Agressiehanteringstherapie.nl](http://www.Agressiehanteringstherapie.nl)



## Why two new instruments?

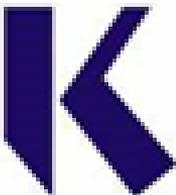
- Evaluation of treatment modules for specific dynamic criminogenic needs: **moral maturity** and **attitudes toward women**
- Production measures instead of multiple-choice measures
- Psychometric properties investigated in Dutch forensic psychiatric populations



# Aggression Control Therapy-Long Version\*

- Anger management
- Social skills
- Moral reasoning
- Prosocial thinking
- Character formation (consequences of behavior on short and long term)
- Prosocial network
- Attitudes towards women
- Evaluation and report

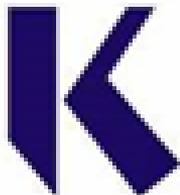
\* Hornsveld, Soe-Agnie, Donker, & Van der Wal (2008)



# Moral reasoning

**Discussing the following problem situations**

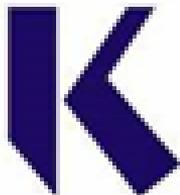
- **Jim's problem situation**
- **Melvin's problem situation**
- **Lesley's problem situation**
- **Ronald's problem situation**
- **Jan's problem situation**
  
- **Practicing a patient's moral dilemma**



# Attitudes towards women

**Practicing the following skills:**

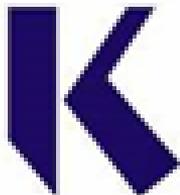
- **Showing a need of intimacy**
- **Reacting on a refusal**
- **Reacting on an approach**
- **Discussing sexuality**
- **Deepening of intimacy**



## **Adapted Version of the Sociomoral Reflection Measure (SRM-AV)\***

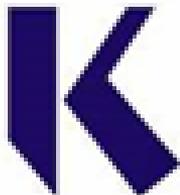
**Sociomoral Reflection Measure-Short Form (SRM-SF; Gibbs, Basinger, & Fuller, 1992) measures moral maturity. First, respondents react on a statement about a moral dilemma by means of a three point scale: “very important,” “important,” and “not important.” After that, they illustrate their reaction shortly in writing.**

**\* Hornsveld, Kraaimaat, & Zwets (2012)**



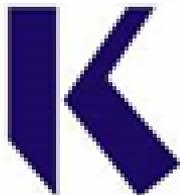
## **Adapted Version of the Sociomoral Reflection Measure (SRM-AV)**

- **20 statements about moral dilemmas were added to the 11 propositions of the SRM-SF. For example: “How important is it for people not to steal things?”**
- **First, respondents react on a statement by means of a five point scale, running from “very unimportant” to “very important.” After that, they justify their reaction shortly in writing.**
- **Written reactions are scored on a seven point scale, based on the four phases and three transitional phases of Gibbs et al. (1992).**



# Reliability

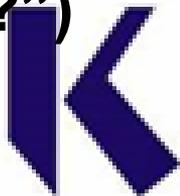
- **31-item version: interrater reliability = .86 in 25 inpatients**
- **Removal of 11 items with the lowest interrater reliability**
- **Remains a 20-item version: internal consistency = .94, interrater reliability = .84, and test-retest reliability = .77 in 71 inpatients**



## Provisional factor structure

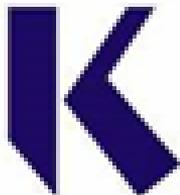
Four provisional factors:

1. **Expecting decent behavior from others** (e.g., “How important is it for people to keep promises to friends?”)
2. **Addressing others with regard to their behavior** (e.g., “Imagine that you notice a friend of yours is dealing in hard drugs. How important is it that dealing is prohibited?”)
3. **Exhibiting decent behavior to others** (e.g., “In general, how important is it for people to be honest?”)
4. **Being helpful to others** (e.g., “How important is it to help a physically disabled person when necessary?”)



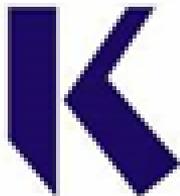
## Validity in 132 inpatients and 33 outpatients

		SRM-AV
Age		.22*
PCL-R	Psychopathy	-.13*
	Affective	-.15*
	Lifestyle	-.14*
	Antisocial	-.20*
NEO-FFI	Neuroticism	.01
	Agreeableness	.26**
STAS	Trait anger	-.10
PFS-AV	Hostility	-.13
AQ-SF	Physical aggression	-.02
	Verbal aggression	-.16*



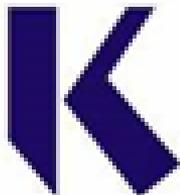
## Comparison with 65 soccer players and 87 secondary vocational students

- The patient group had **significantly lower** total scores on the SRM-AV than the soccer players and the secondary vocational students
- Regarding the four provisional factors of the SRM-AV, a significant difference between patients and soccer players was found on factor 1, 2, and 3.
- The secondary vocational students scored significantly higher than the patients on all four factors



## Provisional conclusions

- The finding that nine of the eleven items of the original SRM-SF could be part of the SRM-AV seems in line with the statement of Gibbs, Basinger, Grime, and Snarey (2007) that “multi-method convergence is found for **common moral values ..... across cultural groups.**”
- However, regarding the other eleven items of the SRM-AV, responses may be determined by the **context** in which the instrument will be used (e.g., item 19: “How important is it that lesbian women are not discriminated?”)



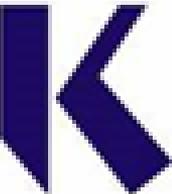
## **Attitudes towards Women Inventory (AWI)\***

**Hypermasculine Inventory (HMI; Mosher & Sirkin, 1984)** measures macho personality constellation:

- calloused sex attitudes toward women
- violence as manly
- danger as exciting

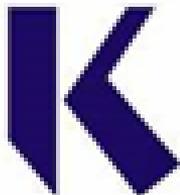
**Attitudes toward Women Scale (AWS; Spence & Helmreich, 1972)** measures people's beliefs about behaviors spheres that have traditionally been divided along gender lines but could be shared equally by men and women

\* Hornsveld, Timonen, Kraaimaat, Zwets, & Kanters (2013)



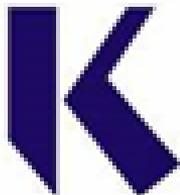
## **Attitudes toward Women Inventory (AWI)**

- **Items derived from HMI, AWS and clinical practice. For example: “A woman who has sex with many men is a slut.”**
- **First, respondents react on a statement by means of a five point scale, running from “totally disagree” to “totally agree.” After that, they illustrate their reaction shortly in writing.**
- **Written reactions are scored on a seven point scale, running from “not at all masculine” to “extremely masculine.”**



## Reliability

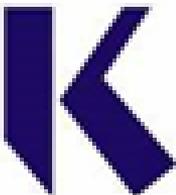
- **28-item version: internal consistency = .76, interrater reliability = .89 in 33 inpatients**
- **Removal of items with an interrater reliability of .65 or lower and items with an item-total correlation lower than .30**
- **Remains a 12-item version: internal consistency = .82, interrater reliability = .94**
- **Test-retest reliability = .85 in 52 inpatients**



## Provisional factor structure

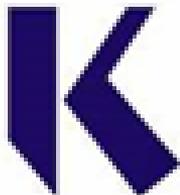
Three provisional factors:

1. **Sexist behavior of men** (e.g., “If a woman is drunk, you are allowed to do everything with her.”)
2. **Inappropriate behavior of women** (e.g., “It is inappropriate when a woman proposes to a man.”)
3. **Duties of women** (e.g., “Women should be busy with raising their kids instead of trying to make a career.”).



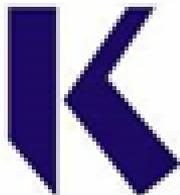
## Validity in 78 inpatients and 36 soccer players

		Patients	Soccer players
Age		-.27*	-.11
PCL-R	Psychopathy	.02	---
	Affective	.13	---
NEO-FFI	Neuroticism	.02	.18
	Agreeableness	-.32**	-.33*
	Conscientiousness	-.24*	.09
STAS	Trait anger	.07	.28*
PFS-AV	Hostility	.40**	-.12
AQ-SF	Verbal aggression	.34**	.29
	Anger	-.13	.34*



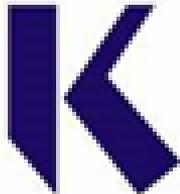
## Provisional conclusions

- In patients, the attitudes toward women may be especially based on **distrust and annoyance**, and in soccer players more on **powerlessness**
- Although no differences were found in total scores on the AWI between patients and soccer players, the first group scored significantly higher on items 7 and 8 which refer to **sexual violence**
- The sexually violent patients did not score significantly higher on items than the remaining non-sexually violent patients
- **Different norms for different countries**, depending on their Masculinity Index (Hofstede, 1980)



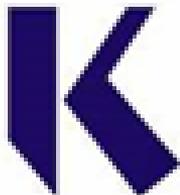
## **General conclusions**

- **There are indications that self-report questionnaires can be reliable and valid in forensic psychiatric patients when they have the format of a production-measure**
- **However, disadvantage is that respondents must have a sufficient command of the Dutch language in reading and writing**
- **For questionnaires about moral issues, specific norms need to be determined for each country or culture**
- **A manual with examples for the scoring of each item is still necessary**



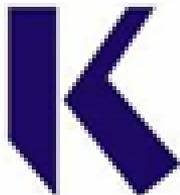
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