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So, in this podcast, we're going to talk to Franz Flutterd about the concept which

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is called ERM, and ERM stands for Early Recognition Method.

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Okay, my name is Franz Flutterd.

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I'm a senior researcher in the highest secured forensic hospital in the Netherlands, and

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I'm also a member of the competence center, the expert center in Oslo, from Oslo University

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Hospital, and I'm also affiliated to Molde University College as associate professor

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and similar to the University of Southern Denmark.

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On all those institutes, we study and we give classes and we share knowledge about risk

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management.

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One of the risk management strategies I'm for the last 20 years involved in, it's which

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our team developed ourselves in the late 90s.

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It's the early recognition methods, ERM, which is a risk management strategy in which we

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identify early warning signs of deterioration.

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And this deterioration could be aggression and violence, but it could also be psychosis

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or traumatic behaviors like self-harm behaviors.

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So this was developed in the late 90s and tested and we now have an evidence-based ERM

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package including a protocol and early detection plan.

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And we successfully identified and applied this strategy to patients with severe offenses

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and mental health problems.

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We do it in the Netherlands, in Belgium, in Germany, in Norway, in Sweden.

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So it's interesting.

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We developed a strategy which actually fits probably to more countries than only the Netherlands.

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And then Colab came in, that was very welcome for me because Colab, the aims of Colab is

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to that clinicians and practitioners and academics across Europe meet and develop and share knowledge.

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And specific, the ERM fits very well to this platform of colleagues across Europe to me.

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So I was very pleased to be able to introduce ERM as an example of a strategy which could

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be used as well in mental health services as also in prison services.

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We already started in Oslo and in another prison in Norway, in two prisons to apply

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ERM in a sense that we trained the staff to recognize early warning signs of disturbing

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behaviors or disturbing thinking processes in their business.

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And by means of identifying the early warning signs of deterioration in business, it's more

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easier for staff to have a kind of framework to start conversations with the business.

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Not only about security, but also about the question, how are you doing?

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And when you are not doing fine, how could you recognize the early process that you lose

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control or the early process that your anger or aggression would develop?

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And by means of this ERM dialogues, we noticed that as well as business staff, as what we

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noticed in mental health services, that it is easier to connect to the client.

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The client could be a patient in mental health, but the client could also be in prison services.

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So to connect easier to the client and to have a kind of better understanding, how aggression

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or anger or disturbing feelings or behaviors develop helps enormously to decrease long

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moments of stabilization.

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Stabilization and recovery is one of the main results of ERM, which we studied intensively

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in mental health services.

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But we also started to more or less study this in prison services and then qualitative

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study.

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And we know from some cases in prison services, the prisoners says, well, since the staff

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is not only speaking with me about the offense I commit, he or she is also speaking with

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me about the early signs, the early process of I'm not doing well.

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It's easier for me to have these conversations.

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It's not so threatening and actually it's far more fitting to what I experienced during

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my stay in the prison services.

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So this concept, it's a nice example, how a strategy developed in mental health services

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initially for patients with schizophrenia in the further development, also contributed

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to decrease of incidents for patients with aggression problems.

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And in prison services, it contributes to a better understanding between staff and prisoners

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about the early signs of deterioration.

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Of course, not all the prisoners, quite some prisoners who say, don't bother with me because

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semi-therapeutic approaches, but we do have some interesting cases of patients staying

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in prison services, suffering from mental health issues.

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And I'm really pleased that there is staff who understand that mental health issues in

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prison services could be addressed by risk management strategy.

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So this is what we further developed.

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We have more knowledge about what ERM does, how it develops.

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We also have some improved knowledge about which early warning signs count for the group

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prisoners, when you would compare this to the group of patients and mental health institutes.

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And by means of this knowledge about early warning signs and how to build up these dialogues,

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this early science dialogues, we think we could contribute to have also for prison staff

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to use the knowledge and practice we developed in mental health services.

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It's very, very welcome that we know how the staff in prison services experience to use the ERM.

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So, and this across Europe.

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In the CoLab, formally I got a non-academic role, meaning that I should concentrate on

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ERM, how to provide training sessions to staff, how to disseminate ERM across also prison

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services and across Europe.

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So what I did in my non-academic role, actually I'm an academic, but I did this in a trainer's role.

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I did in the support for, and totally for quite some months.

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I traveled many times to Norway to give classes to students.

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I had a meeting with probation services.

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I visited many times the prisons, two prisons in Norway, discussing the ERM, try to coach them,

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to assist them to have a first stage of appliance of ERM in prison services.

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And we, well, this process of exchanging knowledge and getting more also insight how they could work

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also in probation and prison services.

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We managed actually, I think we met the aims of CoLab, which is we met internationally.

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We disseminated and started to see often more countries and we published this in the ERM book.

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So I hope this will be the start of new developments.

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I think I'm convinced that in prison services, when the business is also suffering from mental health

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issues, we should pay more attention for it.

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And then in an evidence-based manner.

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Hans, can I ask you, you talk about the tool or the approach being really useful to staff in the prison service.

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Is there a limit to the professional background these staff need to have in order to use the system?

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I'm thinking that the ERM has potential to be used by a range of professionals

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and it can help them act in concert with the inmate.

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Yes, well, I do, you could say the best case scenario would be that you have well-trained staff

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with a lot of knowledge about signs and symptoms and so, but that's not the case.

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Well, we distinguish between, we could say we have the full package of ERM and the full

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protocol and this is applied in mental health services where we train staff who already have

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enough knowledge about signs and symptoms and about anger and aggression. But apart from it,

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we have a kind of prison service version of the ERM protocol. You could say it's more or less

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light version in which we don't emphasize that much on the therapeutic process of changing

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behaviors but we tend to focus more on what are early warning signs, how could you identify and

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describe early warning signs, how you could have basic conversations with your prisoners

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that it's not ending up in a full therapeutic session but just basic

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conversations. Well, I was more or less, I think when you've dedicated staff

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and a staff who has an eye and an antenna for more than security and kind of business services

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then it's rather easy to learn to use the prison service version of the ERM.

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So it's no need to have high rocket skilled staff, you need a dedicated staff who has an

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open mind for behaviors and is willing to understand more about

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prisoners than only security. Yes and in an extension of that, could these

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staff have a background as social workers for instance who work with the prisoners?

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Yes, the nice thing about where we developed ERM and studied it for the first time in 2002

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in the Vomestagkliniek in the Netherlands, the staff which take care for the patients

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they call themselves social therapists and these are staff from all kinds of backgrounds.

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These are nurses, they're social workers, they are former prison staff, they are psychologists,

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they are group workers and so this is a variation of staff where we initially

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developed further and tested the ERM framework. So we do have quite some experience to

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have a very diverse staff group applying this package. Yes and I think it's really interesting

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that you talk about the prisoners themselves also using the ERM actively and I understood you

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correctly in that. That was the aim initially but to be frank we did succeed in

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having prisoners working themselves with the package that I think it's a bridge too far

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for purposes. Most of the prisons, they are in prison to do their

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punishment and do the time but what we do notice for example this prison in the Netherlands

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where what we call revolving door prisoners stay. They are many times in prison services

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because they have constantly relapses of the same, you could say not aggressive but

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addicted problems and behaviors but they tend to accept better within the ERM

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framework that the business staff starts to discuss this with them. What could we do to avoid you to

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come back in the business service when you have committed a new crime because you need drugs and

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you use drugs. So drugs use is a specific team which could be very nicely addressed

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by the ERM and from another angle in one of the prisons in Oslo, a women prison

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and they noticed that many of those prisoners had committed self-harm.

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They scratched themselves and they injure themselves and by means of the ERM it was

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somewhat easier for the staff to address this topic of self-harm and to find out what is the

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meaning behind it that it happened. So it's not about we don't allow you to do it but it's more

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about what is happening to you that you deteriorate and that you feel so bad that you start

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to scratch yourself or harm yourself or pushing cigarettes on your skin. So the ERM framework

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it's more or less would say opening the gate to speak with business about other things than security.

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It sounds to me like the ERM provides a clear language

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which is used to monitor and to act that the professional staff use but it maybe it provides

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a clear language and a scale and a map for how to acknowledge when that prisoners can use

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to see when do I start to not feel so good so that they can express it and they can take up

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an active position in relation to it. Is that a fair? Yes that's a very interesting and important

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topic you address now that's the language we use. We did in a master study in Norway

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and apart discourse analysis by means of the full core theory and we scrutinized the text and the

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words and the sentences we used in the protocol and we used in the training for the staff. It wasn't

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and then discourse analysis for the mental health version of ERM but we learned from it.

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It's so important that you know what words you use and which language you use and how you address

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the language in a strategy like ERM but this is highly important and actually

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it's a pity that the CoLab hasn't limited the time because within the CoLab it would be very

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interesting to see how could we in collaboration with the colleagues across the countries.

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How could we do and kind of scrutinizing or an analysis of the discourse we use in protocol for

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prison services and that's not done yet but that would be marvelous interesting because it is

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important the wording and how you use language. Yes and I think if I was to express myself in a way

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that is maybe immediately useful to people who work with prisoners or people who come out of prison

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to help people manage their own lives and well-being it seems to me that

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a clear and simple language for that certain signs that people themselves can look out for

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others can help them look out for is an extremely useful tool in terms of helping people feel better.

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You've just finished listening to the podcast

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