

including genetic liability, aberrant serotonergic function, neuropsychological deficits and structural and functional brain abnormalities. However, few functional brain imaging studies have been conducted using tasks of clinically relevant functions such as impulse control and reinforcement processing. Here we report on a study investigating the neural basis of behavioural inhibition and reward sensitivity in ASPD using functional magnetic resonance imaging (fMRI).

**Methods:** 17 medication-free male individuals with DSM IV ASPD and 14 healthy controls were included. All subjects were screened for Axis I pathology and substance misuse. Scanner tasks included two block design tasks: one Go/No-Go task and one reward task. Scanning was carried out on a 1.5T Phillips system. Whole brain coverage was achieved using 40 axial slices with 3.5mm spacing a TR of 5 seconds. Data were analysed using SPM5 using random effects models.

**Results:** Results of the Go/No-Go task confirmed brain activation previously described in the processing of impulse inhibition, namely in the orbitofrontal and dorsolateral prefrontal cortex and the anterior cingulate, and these were enhanced in the PD group. The reward task was associated with BOLD response changes in the reward network in both groups. However, these BOLD responses were reduced in the ASPD group, particularly in prefrontal areas.

**Conclusions:** Our results further support the notion of prefrontal dysfunction in ASPD. However, contrary to previous studies suggesting “hypofrontality” in this disorder, we found task specific increased and decreased BOLD responses.

### S09.04

Ethical implications of neurobiological research findings in offender patients

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**Background:** Over the last century, there has been considerable interest in whether developments in neuropsychiatry can explain and help prevent antisocial behaviour. These historical discussions will be reviewed to put the current debates in context.

**Method:** I will present arguments for and against the use of neuropsychiatric data by the state for the purposes (a) of excusing antisocial behaviour and (b) predicting antisocial behaviour.

**Conclusions:** I will suggest that neuropsychiatric research can contribute to the development of proper questions about responsibility and public safety, but cannot provide the answers.

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## S10. Symposium: QUALITY OF ASSURANCE OF FORENSIC PSYCHIATRIC EXPERT OPINION (Organised by the AEP Section on Personality Disorders)

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### S10.01

Standards of expert opinion concerning criminal responsibility in Germany

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Abstract not available at the time of printing.

### S10.02

Statement on criminal prognosis and risk assessment in Switzerland

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In Switzerland, forensic psychiatric assessment is a legally defined prerequisite for a trial, if the judges are in doubt about the defendants mental healthiness. In every such case assessment of criminal responsibility and prognosis is mandatory. The Swiss law knows since long the preventive and temporally limitless detention of mentally ill offenders, if their mental state and therefore their dangerousness cannot be ameliorated by means of therapy. Actually around 130 mentally ill offenders are under preventive detention, with an additional 12 every year. In 1993 a Swiss prisoner, sentenced for two cases of sex murder and several cases of rape, killed during his unattended free weekend trip a young girl. As a consequence committees reviewed procedures for risk assessment and decisions about release in high risk offenders, finding important shortcomings. In 1996 commissions for the assessment of offenders dangerous to the public began their work and a catalogue for risk assessment was defined. These commissions do not take decisions, they only advise responsible authorities upon their request. Since the introduction of those commissions, no severe reoffences occurred in any of the cases reviewed. For risk assessment the commissions use an instrument called “Catalogue for risk assessment in offenders dangerous to the public” which was developed in Basel. This catalogue is rather a toolbox, not an instrument to measure dangerousness. With this method a systematic and standardized assessment between cases and over time is ensured.

### S10.03

Quality standards of expertise concerning sexual offenders in Belgium

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In the aftermath of a highly mediatized sex offender case the Belgian authorities decided harsher legal rules for sex offenders and at the same time developed a comprehensive treatment pathway from prison to community. Forensic psychiatry needs tools for the measurement of outcome, quality and service evaluation.

Psychiatric Reports for legal purposes play a key role for the entry of sex offenders into the penal legal system and their orientation toward the treatment pathway, including their return to the community.

In order to improve the questionable quality of the Psychiatric Reports we are in the process of creating qualitative criteria for these Psychiatric Reports, a basic template for the report itself and an adapted training including an accreditation as ‘expert’.

The aim is to meet the quality standards of validity, reliability and comparability. Developing guidelines in this domain at a European level is desirable notwithstanding the diversities of penal laws.

### S10.04

Expert testimony in the context of preventive detention according to section sign 66 of the German penal code

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**Background:** Matters of preventive detention are important for forensic psychiatry, but so far rarely discussed. Preventive detention can be accommodated, if a repeat offender shows a disposition for further significant delinquency. Court requires expert opinion to reveal information about the personal foundations of this disposition.