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Quality of Life (QOL): Which contribution to the Good Lives Model (GLM) ?

Xavier Saloppé, T.-H. Pham, P. Oswald

► To cite this version:

Xavier Saloppé, T.-H. Pham, P. Oswald. Quality of Life (QOL): Which contribution to the Good Lives Model (GLM) ?. Annual Meeting of the International Association of Forensic Mental Health Services (IAFMHS), Jun 2017, Split, Croatia. hal-04475097

HAL Id: hal-04475097

<https://hal.univ-lille.fr/hal-04475097v1>

Submitted on 23 Feb 2024

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Poster –IAFMHS GLM QDV 2017 final

Poster · June 2017

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 **Xavier Salgado**
Service psychiatrie Centre Hospitalier de Saint-Anand Les Eaux, Centre de recherche en Santé Sociale, Université de Lille
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 **Pierre Oswald**
Université de Mons
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 **T. H. Pflanz**
Université de Mons
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Introduction

- The Good Lives Model (GLM) is a humanist approach to rehabilitating forensic people that inspires international care teams. According to this model, the improvement of psychological well-being is major element to consider in order to reduce the risk of recidivism (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016 ; Ward, Mann, & Gannon, 2007).
- In addition, the primary needs (physical health, autonomy, emotional balance, social, affective and family relations, happiness, etc.) are at the heart of the GLM and cover important areas of quality of life (QOL, physical health, Psychological, social relationship, environment).
- The perceived QOL can thus be a possible operationalization of the GLM.

Aims of the Study

To test the hypothesis of a negative association between the generic and specific measures of QOL and the risk of sexual and violent recidivism

Method

- The participants (n=55) are patients from the Forensic Psychiatric Hospital (FPC) in Centre Regional Psychiatrique “Les Marronniers” in Tournai, Belgium.

- Participants completed :

✓ Two measures of QOL :

- Generic QOL : World Health Organization Quality Of Life - BREF (WHOQOL-BREF; Harper, & Power, 1998; Saloppé, & Pham, 2006). It consists of 26 items on a 5-point Likert scale. A higher score meaning a higher quality of life. The instrument is divided into 4 domains : Physical health, Psychological health, Social relationship and Environment.

- Specific QOL : Measuring Quality of Prison Life – patient version (MQPL; Liebling & Arnold, 2004; Wong, Douglas, & Theny, 2008). It consists of 97 items on a 5-point Likert scale. A higher score meaning a higher quality of life. The instrument is divided into 15 domains : Respect, Humanity, Relation, Trust, Fairness, Order and Security, Safety, Development Resettlement, Development Offending Behavior Programs Development Family, Dignity, Entry into Custody, Suicide and Self-harm, Race, Relations, Healthcare and Wellbeing.

- ✓ Complementarity of generic / specific measures : Example for the social support (Devault & Fréchette, 2002):

- Social Relations (WHOQOL-BREF): Informal Social Support (Family)
- Relations (MQPL): Formal Social Support (staff)

✓ Four risk measures :

- Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Rice, & Harris, 1998).
- Risk for Sexual Violence Protocol (RSVP; Hart, Kropp, & Laws, 2003).
- Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Quinsey, 1993).
- Historical Clinical Risk-20 (HCR-20; Webster, Douglas, Eaves et Hart, 1997).

Results

Characteristics descriptives (Age, Length of stay, IQ)

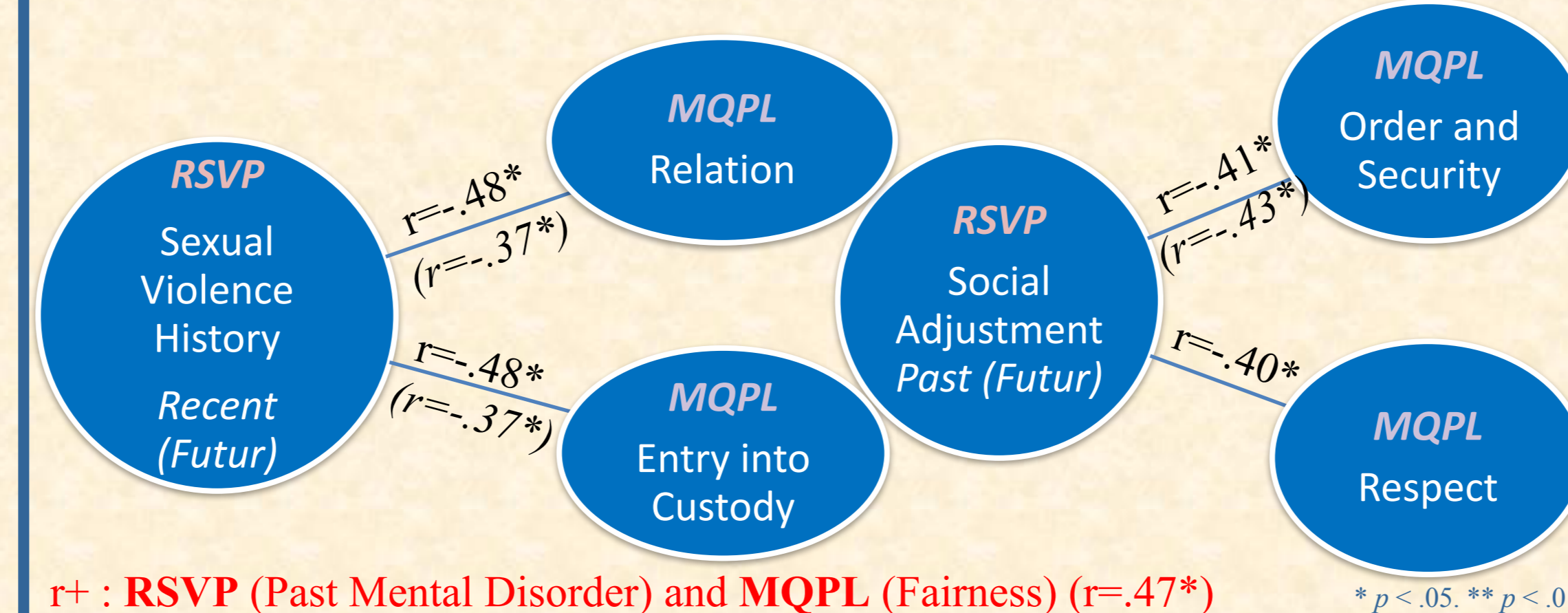
	Mean	SD	Range
Age	48,41	12,10	25,31-78,28
WAIS-III (Silverstein's two-subtest abbreviation, Wechsler, 2000)	74,39	16,73	44-125
Length of stay (years)	8,72	6,90	.53-34,83
Social Desirability total score (Crowne & Marlowe, 1960)	21,00	4,64	8-31

* p < .05. ** p < .01.

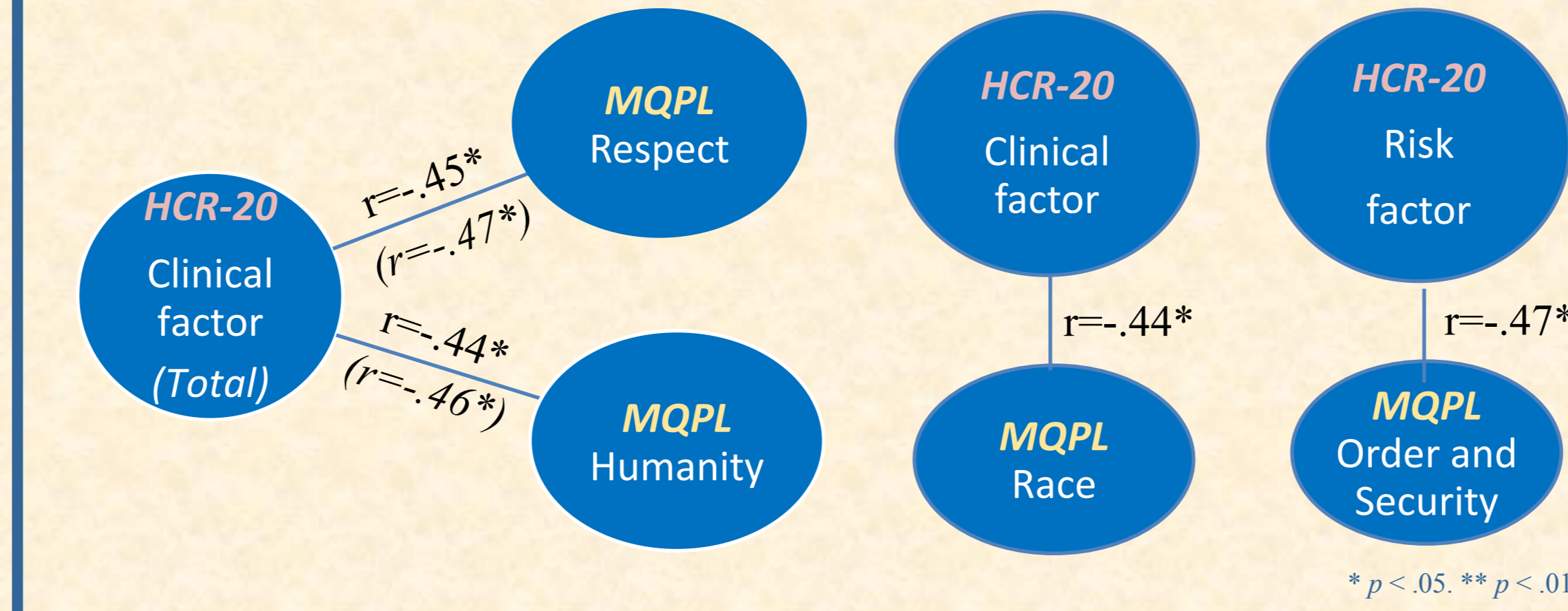
r- : QI/WHOQOL-BREF and MQPL total score (r=-.30*; r=-.33*)
r+ : Social Desirability total score / MQPL Total score (r=.27*)

For the data analysis, these variables were controlled with partial correlations

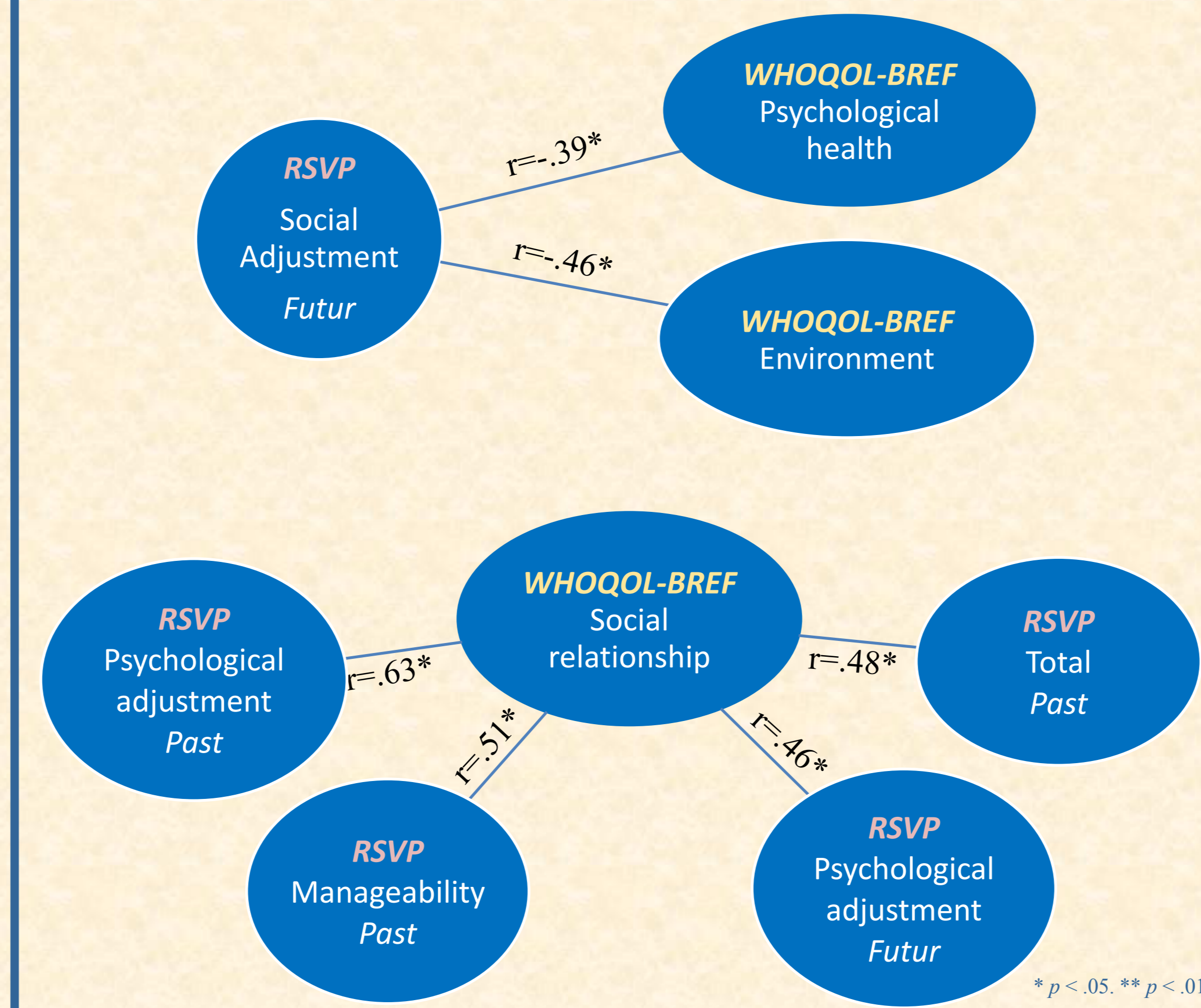
Partial correlations (MPQL and RSVP, n=24)



Partial correlations (MPQL and HCR-20, n=21)



Partial correlations (WHOQOL-BREF and RSVP, n=29)



Discussion and Conclusion

- The results generally support the contribution of QOL measures as operationalization of the GLM in relation to the instruments of structured clinical judgment that integrate the dynamic variables but also the historical domain.

- No significant correlations for static risk assessments.

➡ In line with the idea that the GLM is a dynamic model.

➡ Therefore, it's important to **systematize longitudinal assessments**.

- ⚠ The Social relationship domain requires special attention !

➡ Social relationship domain is positively associated with the Risk of sexual recidivism and offence measure (Van Damme, Hoeve, Vermeiren, Vanderplasschen, & Colins, 2016).

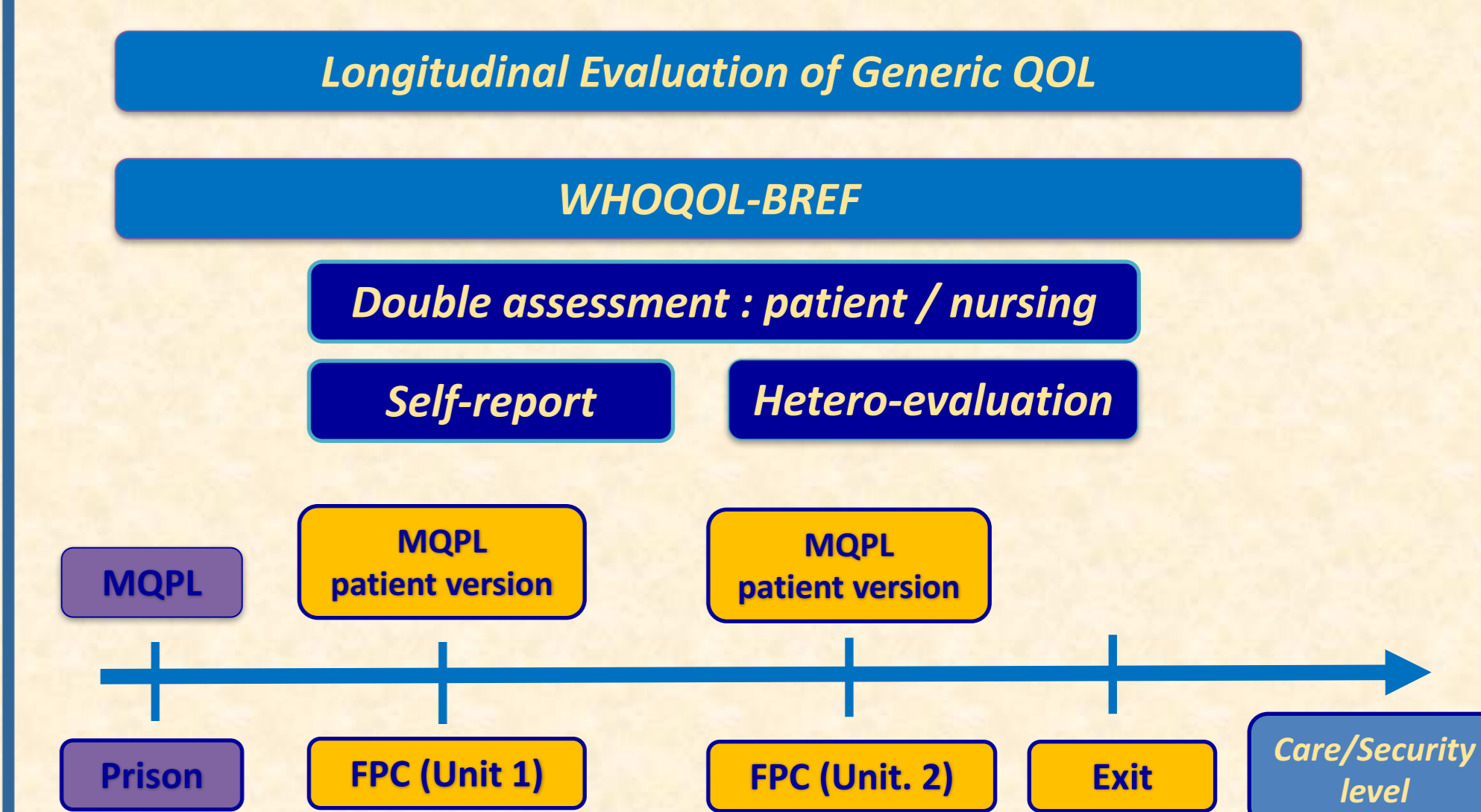
➡ An association has been found between psychopathy and this domain (Pham & Saloppé, 2013).

➡ It is important to outline what we want to improve :

Prosocial Expectations ➡ Antisocial Outcome

➡ Importance of contextualizing the results by a **double evaluation and an accurate assessment** of the patient's relational environment and its interactions.

- These two aspects can be overcome via this evaluation model :



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