

AMERICAN ACADEMY
OF
PSYCHIATRY AND THE LAW

50TH ANNUAL MEETING

October 24-27, 2019
Baltimore, Maryland



The American Academy of Psychiatry and the Law is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The American Academy of Psychiatry and the Law designates this live activity for a maximum of *31.75 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Fiftieth Annual Meeting
American Academy of Psychiatry and the Law
October 24-27, 2019
Baltimore, Maryland**

OFFICERS OF THE ACADEMY

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PAST PRESIDENTS

Christopher R. Thompson, MD	2017-18	Larry H. Strasburger, MD	2001-02	J. Richard Ciccone, MD	1986-87
Emily A. Keram, MD	2015-16	Jeffrey L. Metzner, MD	2000-01	Selwyn M. Smith, MD	1985-86
Graham Glancy, MB	2014-15	Thomas G. Gutheil, MD	1999-00	Phillip J. Resnick, MD	1984-85
Robert Weinstock, MD	2013-14	Larry R. Faulkner, M.D	1998-99	Loren H. Roth, MD	1983-84
Debra Pinals, MD	2012-13	Renée L. Binder, MD	1997-98	Abraham L. Halpern, MD	1982-83
Charles Scott, MD	2011-12	Ezra E. H. Griffith, MD	1996-97	Stanley L. Portnow, MD	1981-82
Peter Ash, MD	2010-11	Paul S. Appelbaum, MD	1995-96	Herbert E. Thomas, MD	1980-81
Stephen B. Billick, MD	2009-10	Park E. Dietz, MD, PhD, MPH	1994-95	Nathan T. Sidley, MD	1979-80
Patricia R. Recupero, MD, JD	2008-09	John M. Bradford, MB	1993-94	Irwin N. Perr, MD	1977-79
Jeffrey S. Janofsky, MD	2007-08	Howard V. Zonana, MD	1992-93	G. Sarwer-Foner, MD	1975-77
Alan R. Felthous, MD	2006-07	Kathleen M. Quinn, MD	1991-92	Seymour Pollack, MD	1973-75
Robert I. Simon, MD	2005-06	Richard T. Rada, MD	1990-91	Robert L. Sadoff, MD	1971-73
Robert T.M. Phillips, MD, PhD	2004-05	Joseph D. Bloom, MD	1989-90	Jonas R. Rappeport, MD	1969-71
Robert Wettstein, MD	2003-04	William H. Reid, MD, MPH	1988-89		
Roy J. O'Shaughnessy, MD	2002-03	Richard Rosner, MD	1987-88		

2019 ANNUAL MEETING CHAIR

Susan Hatters Friedman, MD

EXECUTIVE OFFICES OF THE ACADEMY

**One Regency Drive, P. O. Box 30, Bloomfield, CT 06002-0030
Office: 860-242-5450 Fax: 860-286-0787 Toll Free: 800-331-1389
E-mail: Office@AAPL.org Website: www.AAPL.org**

Jeffrey Janofsky, MD
Medical Director

Jacquelyn T. Coleman, CAE
Executive Director

CALL FOR PAPERS 2020

The 51st Annual Meeting of the
American Academy of Psychiatry and the Law will be held in
Chicago, IL – October 22-25, 2020

WELLNESS IN FORENSIC PSYCHIATRY

Inquiries may be directed to Ryan Wagoner, MD or Trent Holmberg, MD

The Program Co-Chairs welcome suggestions for a mock trial or other special presentations well in advance of the submission date. Abstract submission forms will be posted online at www.AAPL.org.

The deadline for abstract submission is February 3, 2020



FUTURE ANNUAL MEETING DATES and LOCATIONS

52nd Annual Meeting
October 28-31, 2021 – Vancouver, BC, Canada

53rd Annual Meeting
October 27-30, 2022 – New Orleans, LA

GENERAL INFORMATION

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REGISTRATION DESK (Harborside Ballroom Foyer)

Hours of Operation

Wednesday	7:30 a.m. - 6:30 p.m.
Thursday	7:30 a.m. - 6:30 p.m.
Friday	7:30 a.m. - 6:30 p.m.
Saturday	7:30 a.m. - 6:30 p.m.
Sunday	7:30 a.m. - 12:30 p.m.

AAPL BOOKSTORE Harborside Ballroom Foyer

ALL STAR MEDIA Harborside Ballroom Foyer

PRESENTATION CODES

T = Thursday F = Friday S = Saturday Z = Sunday



SUPPORT THE AIER!
American Academy of Psychiatry and the Law
Institute for Education and Research (AIER)

The AIER was developed to stimulate educational and research activities, provide educational resources and activities, and to aid education and research by encouraging tax-exempt contributions to forensic education and research programs.

MERCHANDISE FOR SALE

All proceeds used to fund AIER grants.

	ORIGINAL PRICE	AT MEETING PRICE
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Contributions can be also be made online at www.aapl.org.

The American Academy of Psychiatry and the Law's Institute for Education and Research, Inc., is exempt from federal income taxes as a public charity under IRS Section 501(c) (3).



A MESSAGE TO PHYSICIAN ATTENDEES CONTINUING MEDICAL EDUCATION CHANGES

I. Gaps: In compliance with the Updated Accreditation Criteria of the Accreditation Council for Continuing Medical Education (ACCME), the Education Committee of AAPL has identified “professional practice gaps.”

Definition: A “professional practice gap” is the difference between what a health professional is doing or accomplishing compared to what is achievable on the basis of current professional knowledge.

For this Annual Meeting the following gaps have been identified based on the AAPL Educational Mission Statement printed on the next page:

1. Not practicing forensic psychiatry at the highest level attainable based on current knowledge of the fundamentals of the field.
Need: Improvement in knowledge of civil, criminal, and correctional forensic psychiatry.
2. Lacking the knowledge of content or technique to teach psychiatrists the fundamentals of forensic psychiatry in the most effective ways.
Need: Knowing new content and effective ways to teach forensic psychiatry.
3. Lacking the ability to conduct or assess research in forensic psychiatry.
Needs: 1. Knowing how to do research or 2. Knowing the outcomes of research in forensic psychiatry and how to apply those outcomes to forensic practice.

II. Changes in behavior/objectives: It is intended that, as a result of attending this meeting, psychiatrists will be able to identify changes in *competence or performance* that are desirable.

Definitions: Competence” is knowing how to do something. “Performance” is what a psychiatrist would do in practice if given the opportunity.

Participants will improve their competence or performance in forensic psychiatry in the following three areas:

1. Service, including treatment of forensic patients, development of service delivery strategies, and enhancement of consultative abilities at the interface of psychiatry and the legal profession;
2. Teaching, including new methods of training of forensic psychiatrists and classification of the tasks and functions of forensic psychiatrists; and
3. Research, gaining access to scientific data in area that form the basis for practice of discipline.

III. Evaluation: The Updated Accreditation criteria are designed to integrate with the new requirements for maintenance of certification. (For more information see www.ABPN.org.) Physicians are expected to perform self assessments of their practice, but AAPL, as an organization accredited by the ACCME, is expected to measure how its educational activities assist physicians in this activity. Questions on the evaluation form address your intended changes in competence or performance. In a few months, we will contact all physician meeting attendees to ask you if you actually HAVE experienced changes in competence or performance. Your responses, now and in the future, will assist us and ultimately you in determining educational activities that are most useful to you.

Thank you in advance.

Liza H. Gold, MD and Annette L. Hanson, MD
Co-chairs, Education Committee



AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

Continuing Medical Education Mission Statement

The Bylaws of the American Academy of Psychiatry and the Law place education first among the purposes for which the Academy exists.

Purpose: Through the education process, the Academy desires to: promote the exchange of ideas and experiences that enrich the field of psychiatry and the law, provide practical knowledge for members and others with an interest in this area, foster the development of future psychiatrists in this field, and encourage research.

Target Audience: Our target audience includes members and other psychiatrists interested in forensic psychiatry.

Content areas: Each educational offering of the Academy shall have as content areas subjects that improve skills in at least one of the following: 1) practice, including treatment of forensic patients and forensic examinations in the criminal and civil context, development of service delivery and risk management strategies, and enhancement of consultative abilities at the interface of psychiatry and the law; 2) teaching, including developing new and improving existing methods of forensic training of psychiatrists; and 3) research, including the development and application of scientific data in areas that form the basis for practice of the discipline. The scope of the Academy's educational activities includes forensic psychiatric aspects of civil, criminal, and correctional issues, and other related topics.

Types of activities: The Academy carries out its educational mission through the Annual Meeting, the Semiannual Meeting, the Forensic Review Course, the *Journal of the American Academy of Psychiatry and the Law*, the AAPL Newsletter, the Learning Resource Center, the website, committees and ethics and practice guidelines.

Results: The Academy expects the results of its CME program to be improvement in competence or performance.

Adopted: September 5, 2008

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST

It is the policy of the American Academy of Psychiatry and the Law (AAPL) to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. In order to comply with the ACCME's Updated Standards for Commercial Support, the American Academy of Psychiatry and the Law requires that anyone who is in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest pertaining to the content of the presentation. Should it be determined that a conflict of interest exists as a result of a financial relationship of a planner of the CME activity, the planner must recuse himself or herself from the planning for that activity or relevant portion of that activity. Should it be determined that a conflict of interest exists as a result of a financial relationship of a proposed presenter at a CME activity, the proposed presenter and the Education Committee must agree on a method to resolve the conflict. Refusal to disclose a conflict or the inability to resolve an identified conflict precludes participation in the CME activity.

The ACCME definition of a commercial interest is "...any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients." The ACCME does not consider providers of clinical services or publishers to be commercial interests.

All speakers have been advised of the following:

- Slides, posters, and handouts may not contain any advertising, trade names or product group messages of any commercial entity.
- If a presentation describes the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug, it is the speaker's responsibility to disclose this information during the presentation.
- Presentations must give a balanced view of therapeutic options. Use of generic names contributes to this impartiality. If the content of a presentation includes trade names, where possible, trade names from several companies should be used.
- Recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Instances of bias or failure to conform to any of the above instructions should be reported to the Education Committee by means of the evaluation form. Please be as specific as possible in reporting.

Also, please note that while discussing one's book is not a conflict of interest, presenters are discouraged from actively promoting it.

FINANCIAL DISCLOSURES

All those in control of content for this meeting returned signed statements regarding financial relationships.

SPEAKERS/PRESENTERS

The following speakers/presenters have indicated that they have no financial relationship pertaining to the content of their presentation:

Abi Zeid Daou, M.; Abukamil, R.; Adi, A.; Alexander, J.C.; Allen, T.; Allgire, J.; Alvarez-Toro, V.M.; Anfang, S.A.; Annas, G.D.; Antonius, D.; Aoun, E.; Appeah, H.O.; Appel, J.; Appelbaum, P.; Armontrout, J.; Ash, P.; Audu, M.; Aziz, R.; Baglolo, S.; Bahekar, P.P.; Bailey, K.; Baker, S.E.; Baldwin, M.; Baranoski, M.; Barger, C.; Bates Billick, S.; Beattie, A.L.; Becker, S.; Beckford, E.; Benedek, E.P.; Benforado, A.; Bernet, W.; Binder, R.; Booth, B.D.; Bouskill, S.L.; Broderick, P.J.; Bronfin, E.; Bryant, P.A.; Buchanan, A.; Burns, T.M.; Bursztajn, H.J.; Calleo, K.; Campbell, C.; Candilis, P.; Carpenter, J.T.; Carroll, J.D.; Cerny-Suelzer, C.A.; Chaimowitz, G.A.; Champaneria, A.; Champion, M.K.; Chatterjee, S.; Chien, J.; Choi, O.; Choptiany, M.; Ciccone, J.R.; Ciuffetelli, G.M.; Coffman, K.L.; Coleman, J.; Collins, P.I.; Constant, J.; Crichton, J.; Cripps, S.; Cromer, J.D.; Crowley, B.; Danzig, A.; Darby, W.C.; Datta, V.; Davidson, M.; DeTrana, C.M.; DiCiro, M.; Dinwiddie, S.; Drogin, E.Y.; Drumbly, M.A.; Dufour, M.; Dunn, M.H.; Durkin, M.; Durns, T.; Dvoskin, J.A.; Egan, G.; Elkhatib, R.M.; Falls, B.A.; Farrell, H.; Faziluddin, S.R.; Felthous, A.; Fisher, C.E.; Fleisch, S.; Ford, E.; Fozdar, M.; Francis, L.D.; Freitas, C.; Friedman, J.; Frierson, R.L.; Frischer, K.; Frizzell, W.A.; Garvey, K.; Ghossoub, E.; Gilbo, N.; Gill, R.C.; Glancy, G.D.; Glezer, A.; Gold, L.; Gosal, R.; Gowensmith, N.; Granacher, R.P.; Grayson, K.; Greenspan, M.B.; Grewal, L.Z.; Griffith, E.E.H.; Grover, M.; Guarda, A.; Guina, J.; Gulrajani, C.; Gutheil, T.G.; Hall, R.; Hanko, V.; Hanson, S.; Harris, J.C.; Harsch, B.C.; Hassan, S.; Hatters-Friedman, S.J.; Healey, L.; Heintzman, M.; Heller, L.; Herman, S.P.; Hoge, S.K.; Holbrook, E.R.; Holden, C.E.; Holmberg, T.C.; Holoyda, B.; Holzer, J.; Hu, J.; Hussain, N.; Huston Colley, J.; Jackson, S.; Jain, A.; Janofsky, J.S.; Jones, L.K.; Jones, R.; Joshi, A.; Joshi, K.G.; Junewicz, A.; Kambam, P.R.; Kapoor, R.; Karns, R.; Karydi, A.; Kaufman, H.; Kaur Bhullar, D.; Kaye, N.S.; Kersten, C.; Khan, J.S.; Khoury, R.; Kleinman, S.; Knoll, J.; Knox, A.; Kolla, N.J.; Komrad, M.S.; Korenis, P.; LaCroix, C.; Lamberti, J.S.; Landess, J.; Lane, S.D.; Lapchenko, M.; Lavach, B.; Lee, L.; Lee, W.G.; Leidenforst, C.M.; Levin, A.P.; Lewis, D.; Lluberis, N.; Magalotti, S.; Mamak, M.; Mankad, M.; Marett, C.P.; Mark, J.A.; Martin, P.S.; Maskrey, C.N.; Master, M.G.; Mazur, S.; McAnallen, J.; McCallum, K.; McClung, M.; McCoy, B.; McNeil, D.E.; Mela, M.; Metzner, J.; Michaelsen, K.; Michel, S.; Misquitta, D.A.; Mohelnhoff, B.S.; Molden, R.K.; Morris, D.R.; Mroczkowski, M.; Musselman, M.; Nagle, M.; Nahas, Z.; Nanton, A.; Negron-Munoz, R.E.; Nesbit, A.E.; Newman, A.; Newman, W.J.; Nicoli, D.; Noffsinger, S.; Nordstrom, B.R.; Noriko, M.; Noroian, P.; Nygren, D.; Ogundipe, K.A.; Olangunju, A.T.; Ostermeyer, B.; Ouaou, R.H.; Pagan-Gonzalez, M.; Park, B.; Parke, S.G.M.; Parker, G.; Penn, J.; Peterson, S.E.; Piel, J.L.; Pigott, T.A.; Pinals, D.A.; Pozios, V.K.; Prabhu, M.; Prat, S.S.; Rajagopal, L.; Raker, I.; Ramachandran, G.; Ray, I.; Reeves, D.; Reid, W.H.; Resnick, P.; Roberts, V.C.; Rodriguez-Guzman, J.; Rogers, M.; Rolin, S.; Roof, J.; Rosenbaum, K.B.; Rosmarin, D.; Ross, N.E.; Rotter, M.; Rozel, J.S.; Russell, M.; Saxton, A.; Scalise, D.J.; Schoelerman, R.; Schwenke, T.; Scott, C.; Semenova, Y.; Seyffert, M.; Shugarman, R.S.; Sidhu, N.; Silva, M.; Simpson, A.; Simpson, J.; Sloan, L.; Soliman, S.; Solis, O.L.; Sorrentino, R.; Sparr, L.F.; Steinberg, A.G.; Stevens, K.; Sundararaj, D.; Swartz, M.; Tamburello, A.; Thomas, T.; Thomas, W.; Thompson, C.; Thrun-Nowicki, M.; Tizenberg, B.N.; Traverso, G.B.; Traverso, S.; Trestman, R.L.; Tuck, A.N.; Tyagi, S.; Valoo, K.; VanDercar, A.; Vanderpool, D.; Vo, E.; Wagoner, R.C.; Waldron, G.; Wall, B.; Wasser, T.; Weinstock, R.; Weisman, R.L.; Weiss, K.J.; Welch, K.M.; West, S.G.; Westmoreland, P.; Westphal, A.; Whittle, M.C.; Wigren, C.; Wilbanks, L.; Wilk, C.M.; Wolfe, N.; Wood, M.E.; Wortzel, H.; Yakush, B.; Yanase, M.; Yarnell-MacGrory, S.; Zahedi, S.; Zhang, T.; Zonana, H.

PROGRAM AND EDUCATION COMMITTEE MEMBERS DISCLOSURE

The following meeting planners in control of content for this meeting have indicated that they have no relevant financial relationships with any commercial interests.

Anacker, L.; Aoun, E.; Ash, P.; Billick, S.; Chaimowitz, G.; Champion, M.; Coleman, J.; Dike, C.; Ellis, R.; Falls, B.; Fedoroff, J.; Ferguson, E.; Ferranti, J.; Frierson, R.; Gold, L.; Guina, J.; Gulrajani, C.; Hanson, A.; Hatters Friedman, S.; Henry, S.; Holzer, J.; Johnson, N.; Kaempf, A.; Kapoor, R.; Kaye, N.; Klein, C.; Michaelsen, K.; Newman, W.; Noffsinger, S.; Ostermeyer, B.; Parker, G.; Prabhu, M.; Preven, D.; Price, M.; Reichlin, S.; Rosmarin, D.; Schiffman, E.; Scott, C.; Silberberg, J.; Stolar, A.; Subedi, B.; Tamburello, A.; Thompson, C.; Toborowsky, R.; Wills, C.

The following Program and Education Committee members made a declaration or a financial relationship and agreed to recuse themselves from discussions where a potential bias could exist.

Gary Chaimowitz: Received speaker honoraria from Lundbeck Pharmaceutical Company and served on Advisory Board of Sunovion Pharmaceutical Company

J. Paul Federoff: Stockholder with Canopy Corporation

Andrea Stolar: Received consulting fee from MetLife Disability Company



SPECIAL EVENTS

WEDNESDAY, OCTOBER 23, 2019

	TIME	PLACE
AIER Meeting	7:00 a.m. – 8:30 a.m.	Essex A-C
Council Meeting	8:45 a.m. – 1:00 p.m.	Essex A-C
Council with Committee Chairs	6:00 p.m. – 7:00 p.m.	Galena
Committee Reception and Dinner (ticket required)	7:00 p.m. – 10:00 p.m.	Harborside Ballroom D-E

THURSDAY, OCTOBER 24, 2019

	TIME	PLACE
Past President's Breakfast	7:00 a.m. – 8:00 a.m.	James
Newsletter Committee	7:00 a.m. – 8:00 a.m.	Iron
ADFPF Reception (for fellowship program faculty, fellows and potential applicants)	6:00 p.m. – 7:00 p.m.	Harborside Ballroom B
Debate	7:00 p.m. – 9:00 p.m.	Harborside Ballroom D-E
Women of AAPL Reception	9:00 p.m. – 10:00 p.m.	Harborside Ballroom B

FRIDAY, OCTOBER 25, 2019

	TIME	PLACE
Research Breakfast	7:00 a.m. – 8:00 a.m.	Iron
Rappeport Fellows Breakfast	7:00 a.m. – 8:00 a.m.	Heron
AAPL Business Meeting	8:00 a.m. – 9:30 a.m.	Harborside Ballroom D
Reception for Meeting Attendees	6:00 p.m. – 7:30 p.m.	Harborside Ballroom C

SATURDAY, OCTOBER 26, 2019

	TIME	PLACE
ECP and Fellows Breakfast (for those in the first seven years after training and current fellows)	7:00 a.m. – 8:00 a.m.	Kent A-C
Midwest AAPL Chapter Meeting (chapter meetings by request only; contact AAPL staff)	6:00 p.m. – 7:00 p.m.	Essex A-C

COFFEE BREAKS WILL BE HELD IN THE HARBORSIDE BALLROOM FOYER

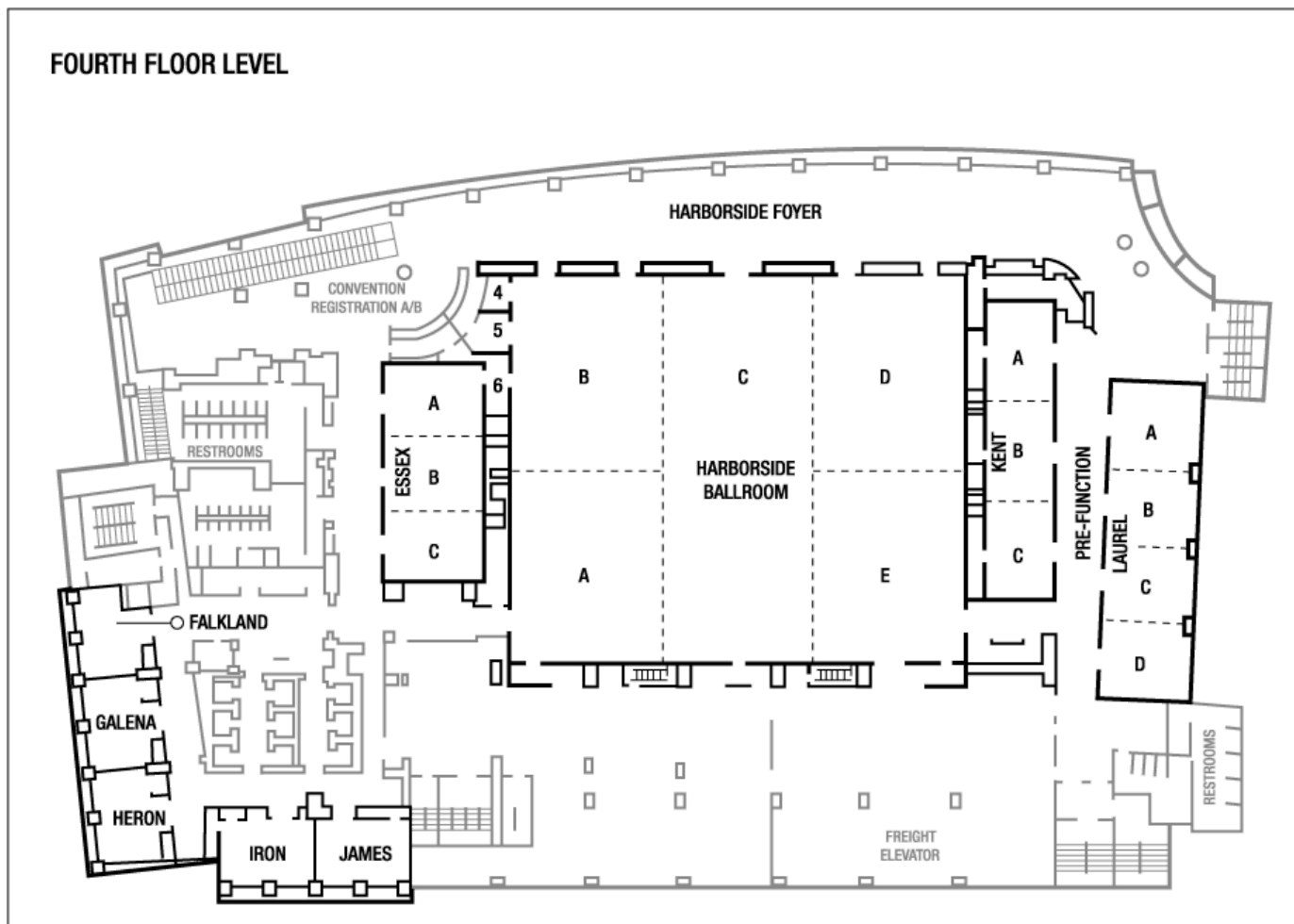
For locations of other events scheduled subsequent to this printing, check the registration desk.



Baltimore Marriott Waterfront
700 Aliceanna Street
Baltimore, Maryland 21202 USA

Phone: +1 410-385-3000
Fax: +1 410-895-1900
Toll-free: +1 800-228-9290
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SET THEM TO VIBRATE.**

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OUTSIDE THE MEETING ROOM.**

**IF YOU ARE PARTICIPATING IN A
PRESENTATION UTILIZING THE
AUDIENCE RESPONSE SYSTEM (ARS)
REMEMBER TO RETURN YOUR CLICKER.**

(SESSION MODERATORS HAVE BEEN ASKED TO ENFORCE THESE POLICIES)

**American Academy of Psychiatry and the Law
Fiftieth Annual Meeting**

OPENING CEREMONY

Thursday, October 24, 2019

8:00 a.m. - 10:00 a.m.

WELCOME AND INTRODUCTIONS

Richard L. Frierson, MD
President

PRESENTATION OF RAPPEPORT FELLOWS

Susan Hatters Friedman, MD
Britta Ostermeyer, MD
Co-Chairs, Rappeport Fellowship Committee

Lisa M. Harding, MD
Kansas University School of Medicine

Dustin B. Stephens, MD, PhD
University of California, Los Angeles

Nathaniel Morris, MD
Stanford University

Natasha Thrower, MD
Baylor College of Medicine

Gowri Ramachandran, MD
George Washington University

Ashley Van Dercar, MD
University Hospitals Cleveland Medical Center

AWARD PRESENTATIONS

Jeffrey L. Metzner, MD

Red Apple Award

Aimee C. Kaempf, MD

Golden Apple Award

Gregory B. Leong, MD

Howard V. Zonana, MD

Best Teacher in a Fellowship Program

William C. Darby, MD

Seymour Pollack Award

Raymond F. Patterson, MD

Amicus Award

Sara L. Elsdon

Young Investigator Award

Andrew Tuck, MD

2018 Poster Awards

Greg Iannuzzi, MD

Patricia Ortiz, MD

AAPL INSTITUTE FOR EDUCATION AND RESEARCH

Debra A. Pinals, MD

OVERVIEW OF THE PROGRAM

Susan Hatters Friedman, MD
Chair, Program Committee

INTRODUCTION OF THE PRESIDENT

Kaustubh G. Joshi, MD

PRESIDENT'S ADDRESS

Richard L. Frierson, MD

ADJOURNMENT

Susan Hatters Friedman, MD
Chair, Program Committee

AWARD RECIPIENTS



RED APPLE OUTSTANDING SERVICE AWARD

This award is presented for service to the American Academy of Psychiatry and the Law.

AIMEE C. KAEMPF, MD

Aimee C. Kaempf, M.D. is the recipient of the 2018 outstanding service award, which is awarded in recognition of service to AAPL.

Dr. Kaempf has been an active member of AAPL. Since 2011, she has been a member of the Gender Issues Committee and the Education Committee. She has been a member of the Maintenance of Certification Task Force since 2014 and chair since 2017. The task force has developed ABPN-approved self-assessment and performance in practice (PIP) tools for members. The AAPL Self-Assessment Exam is offered quarterly and provides members with the 24 self-assessment CME credits required for recertification.

During Dr. Kaempf's tenure (2016-18) as chair of the Gender Issues Committee, the committee addressed gender issues in correctional settings, gender bias in the practice of forensic psychiatry, advances in transgender legislation, interpersonal violence, and sexual harassment and assault. The committee's work on gender issues in correctional settings led to a collaboration with the Correctional Forensic Psychiatry Committee in the development of an AAPL Practice Resource for Prescribing in Women's Prisons (in press). Finally, the committee has encouraged mentoring and networking for women in forensic psychiatry and has helped to promote the annual Women of AAPL event.

GOLDEN APPLE AWARD

This award is presented in recognition of AAPL members who are over 60 and who have made significant contributions to the field of forensic psychiatry.

GREGORY B. LEONG, MD

The Golden APPL is awarded in recognition of AAPL members (60 years or older), who have made significant contributions to the field of forensic psychiatry.

Gregory Leong, M.D. is currently a Clinical Professor of Psychiatry and Behavioral Sciences at the University of Southern California. He has contributed substantially to the field of forensic psychiatry over the past 30+ years. His publications have included 148 articles and 47 book chapters, with unique expertise in the areas of misidentification syndromes and the Tarasoff duty in the criminal justice arena.

He has been involved with the start-up process in three forensic psychiatry fellowships: UCLA, University of Washington, and UC Irvine, and he served as the Director of Forensic Psychiatry Fellowship at the University of Washington.

Dr. Leong's participation in AAPL committees have included the Executive Council as Councilor, the AAPL Newsletter as Associate Editor, and JAPPL as Associate Editor. Beyond AAPL, he currently serves on the editorial boards of the Journal of Forensic Sciences and Behavioral Sciences and the Law.

Dr. Gregory Leong's significant forensic contributions has been performed while employed in public sector with direct psychiatric patient care positions at the local County, State, and Federal levels.

HOWARD V. ZONANA
BEST TEACHER IN A FELLOWSHIP PROGRAM
This award is selected by the AAPL Awards Committee from nominations submitted by individuals familiar with the nominee's qualities as a teacher.

WILLIAM C. DARBY, MD

This award recognizes excellence in teaching forensic psychiatry by a junior faculty member teaching in a forensic fellowship program.

This year's awardee is William Connor Darby, M.D., who is the Associate Director, UCLA Forensic Psychiatry Fellowship Program. His nomination letter included the following:

He is a superb teacher, supervisor, and mentor in our fellowship and has done an incredible job in a very short time of fostering new interest in forensic psychiatry in medical students and residents as well as enriching the education of our forensic fellows...

He created the VA forensic clinic he directs into one of the highlights of our UCLA program. He cleverly developed compensation and pension assessments of veterans into a great teaching vehicle for civil disability assessments.

In Dr. Darby's role as associate fellowship director, he has improved the learning opportunities offered to fellows by meeting with relevant court administrative personnel and mental health court judges to have UCLA appointed to the Los Angeles Country Court Panel. He does an outstanding job supervising them on these cases. The fellows rate these cases with his supervision as the most educational experiences out of all their rotations.

SEYMOUR POLLACK AWARD

To recognize distinguished contributions to the teaching and educational functions of forensic psychiatry.

RAYMOND F. PATTERSON, MD

The Seymour Pollack Award recognizes APA members, who have made distinguished contributions to the teaching and educational functions of forensic psychiatry. This year's awardee is Raymond F. Patterson M.D.

His titles have included Medical Director for the Division of Forensic Programs and later Associate Superintendent of General Clinical Programs (both at Saint Elizabeths Hospital), and Commissioner of Mental Health for the District of Columbia. In 1992, Dr. Patterson became the Director of Forensic Services for the State of Maryland and Superintendent of Clifton T. Perkins Hospital Center. During his tenure, he established the first Forensic Review Board for the State.

Dr. Patterson has a long career of community service in providing consultation and training to the courts and in the community. He has provided training regarding mental illness to judges in the District of Columbia and Baltimore, law enforcement agencies including the United States Secret Service, U.S. Marshals Service, the D.C. and Baltimore Police Departments, and presentations to numerous professional organizations.

Dr. Patterson has written articles and book chapters regarding forensic psychiatry with specific focus on education, training and administrative leadership, presidential assassins, terrorists, and conditions of confinement, and mental health services for individuals released from prisons.

AMICUS AWARD

The Amicus Award is presented in recognition of devoted service and numerous contributions over many years to AAPL by a non-member of the Academy.

SARA L. ELSDEN

Sara Elsden joined AAPL in 2010, recruited after working for its association management company, for four years as the assistant to the company's Accounting Manager. She brought to AAPL her accounting background as well her love of reading and writing, which she developed at Syracuse University as an English major. She says she has enjoyed her role as Editorial Assistant for AAPL's Journal, serving as the liaison between the Editor, contributors and reviewers, and now assists the AAPL membership on a variety of topics, having been promoted to Executive Assistant.

Earlier, Sara worked as a teaching assistant for children with special needs in the West Hartford, Connecticut elementary schools while raising her two children, Emily and Nathan. She also developed a background in office management and accounting while working as an office manager for The Southland Corporation for seven years prior to having children. Aside from her son and daughter, she is also the proud mother of her second rescue dog, Luke, all of whom have brought her years of joy and inspiration.

A key attribute for Journal work is patience. Sara stands out for her respectful but competent demeanor and for her cheerful and helpful nature in all AAPL activities.

DISTINGUISHED LECTURERS



Thursday, October 24, 2019

AMANDA KNOX

Wrongful Convictions: Causes and Solutions – The Differences Between USA and Italy Criminal Justice Systems

Amanda Knox is an exoneree, journalist, and the author of *The New York Times* best-selling memoir *Waiting to Be Heard*. Between 2007 and 2015, Knox spent nearly four years in an Italian prison and eight years on trial for a murder she didn't commit. The controversy over Amanda's case made international headlines for nearly a decade and thrust her into the spotlight, where she was vilified, shamed, and harassed. Amanda now works to shed light on the issues of wrongful conviction, truth-seeking, and public shaming. Her essays and journalism have been published in *Marie Claire*, *USA Today*, *The Los Angeles Times*, *The Seattle Times*, *Seattle Magazine*, *BROADLY*, and the *West Seattle Herald*. She is currently the host of *The Scarlet Letter Reports* on Facebook Watch.

Friday, October 25, 2019

ADAM BENFORADO, JD

Hidden Bias: Why Our Criminal Justice System Comes Up Short

Adam Benforado is a professor of law at the Drexel University Kline School of Law and the best-selling author of *Unfair: The New Science of Criminal Injustice*. His research is focused on applying insights from psychology and neuroscience to legal issues. A graduate of Yale College and Harvard Law School, he served as a clerk for Judge Judith Rogers on the U.S. Court of Appeals for the District of Columbia Circuit and an attorney at Jenner & Block in Washington, D.C. He has published numerous scholarly articles in law reviews and scientific journals, and his popular writing has appeared in *The New York Times*, *Washington Post*, *Scientific American*, *Slate*, and *The Atlantic*.

Saturday, October 26, 2019

STEPHEN A. YOUNG, MD

Forensic Concerns in the Unique Practice Environment of the Foreign Service

Dr. Stephen Young is a graduate of the Tufts University School of Medicine. He completed his residency in general psychiatry and a fellowship in forensic psychiatry at the Walter Reed Army Medical Center. He has obtained faculty appointments at the Uniformed University School of Health Sciences, The University of Florida, and the University of South Carolina. He has a wide variety of interests and has published in the areas of Mood Disorders in Women and Clinical Outcomes for Insanity Acquittes. For the past 12 years he has practiced as a Regional Psychiatrist for the Department of State, which has included tours in Senegal, Colombia, Japan, Washington D.C., the United Kingdom, and currently in Greece. He has also served as the Director of Mental Health Services for the Department of State. Dr. Young is originally from Boston; he is married and has one daughter and two grandchildren.

THURSDAY, OCTOBER 24, 2019

POSTER SESSION A

7:00 AM – 8:00 AM /
9:30 AM – 10:15 AM

HARBORSIDE FOYER

THURSDAY

T1 Varenicline and Pathological Intoxication

Kenneth J. Weiss, MD, Philadelphia, PA

T2 Binary, Bayes, Bots, and Bias: Future Use of AI in Forensic Psychiatry

Brian A. Falls, MD, Austin, TX
Harold J. Bursztajn, MD, Cambridge, MA

T3 Is It Okay to Say Sorry? The Legal Do's and Dont's After a Suicide

Nina E. Ross, MD, Pittsburgh, PA
Gary M. Ciuffetelli, MD, Pittsburgh, PA
Whitney Thomas, MD, Pittsburgh, PA
John S. Rozel, MD, Pittsburgh, PA

T4 Conditional Release Revocation: NGRI vs. MDOs

Jeremy Huston Colley, MD, New York, NY
Melinda DiCiro, PsyD, Sacramento, CA

T5 Impact of Immigration Detention Centers on Mental Health

Darmant Kaur Bhullar, MD, Bronx, NY
Panagiota Korenis, MD, Bronx, NY

T6 Is it Rape? Determining IDD Capacity to Consent

Brandon C. Harsch, MD, MPH, Chapel Hill, NC
Nicole Wolfe, MD, Butner, NC

T7 The Art of Documentation: A Forensic and Clinical Teaching Model

Jarrold A. Marks, MD, Boston, MA
George David Annas, MD, MPH, Syracuse, NY
James L. Knoll, IV, MD, Syracuse, NY

T8 Cyberstalking: When Protected Speech Becomes a Credible Threat

Olaya L. Solis, MD, Powell, OH
George David Annas, MD, MPH, Syracuse, NY

T9 Psychiatrists' Knowledge and Views on Guns and Mental Illness

Kaustubh G. Joshi, MD, Columbia, SC
Megan Nagle, DO, Columbia, SC
Richard L. Frierson, MD, Columbia, SC
Martin Durkin, MD, Columbia, SC
Alexandra Karydi, PhD, Columbia, SC

T10 Physician-Assisted Death and Psychiatric Advance Directives

Deepika Sundararaj, MD, Springfield, MA
Shannon Mazur, DO, Springfield, MA
Stuart A. Anfang, MD, Springfield, MA

T11 State v. Curtis: Who Bears the Burden of Proof in Competency Hearings?

Laura Sloan, MD, Minneapolis, MN
Chinmoy Gulrajani, MD, Minneapolis, MN

T12 Poster Withdrawn

T13 Should You Always Tweet What Is On Your Mind?

Katya Frischer, MD, JD, New York, NY
Matthew Grover, MD, Katonah, NY
Leena Rajagopal, MD, Edgewater, NJ

T14 Educating Psychiatry Residents in Lethal Means Counseling

Bridget McCoy, MD, Albuquerque, NM
Matthew Grover, MD, Bronx, NY
Corey Barger, MD, Albuquerque, NM
Elizabeth Beckford, MD, Bronx, NY
Sarah Becker, MD, Bronx, NY
Merrill Rotter, MD, Bronx, NY

OPENING CEREMONY 8:00 AM – 10:00 AM **HARBORSIDE BALLROOM A-C**

T15 AAPL's Past and AAPL's Future: Forensic Training and Professional Advocacy

Richard L. Frierson, MD, Columbia, SC

COFFEE BREAK 10:00 AM – 10:15 AM HARBORSIDE FOYER

PAPER SESSION #1 10:15 AM – 12:00 PM **KENT A-C**

T16 Monitoring Bias in Forensic Psychological Evaluations

Neil Gowensmith, PhD, Denver, CO
Kate McCallum, PhD, Denver, CO

T17 Controversial Conversations: Discussing Gun Rights and Ownership

Gowri Ramachandran, MD, Washington, DC
Eindra Khin Khin, MD, Washington, DC

T18 Laws and Ethics of "Service Animals" and "Emotional Support Animals"

Joshua D. Carroll, MD, San Francisco, CA
Brian S. Mohlenhoff, MD, San Francisco, CA
Charlie Kersten, JD, San Francisco, CA
Dale E. McNeil, PhD, San Francisco, CA
Renée L. Binder, MD, San Francisco, CA

PANEL DISCUSSION 10:15 AM – 12:00 PM **ESSEX A-C**

T19 Heavy Petting: A Forensic Psychiatrist's Guide to Bestiality

Brian J. Holoyda, MD, Sacramento, CA
Renée Sorrentino, MD, Weymouth, MA
John Allgire, BA, Bellingham, WA
Carl Wigren, MD, Seattle, WA

PANEL DISCUSSION 10:15 AM – 12:00 PM **HARBORSIDE BALLROOM D-E**

T20 Forensic Psychiatry in the US: A 50+ Year Retrospective

Trent C. Holmberg, MD, Draper, UT
Paul S. Appelbaum, MD, New York, NY
Brian Crowley, MD, Washington, DC
Joel A. Dvoskin, PhD, Tucson, AZ
William H. Reid, MD, Horseshoe Bay, TX

WORKSHOP 10:15 AM – 12:00 PM **GRAND BALLROOM I-III**

T21 Autism and Illegal Images of Children: What's the Deal?

Alexander Westphal, MD, PhD, New Haven, CT
 Paul A. Bryant, MD, New Haven, CT
 Joseph Chien, MD, Marylhurst, OR
 Stephanie Yarnell-Mac Grory, MD, PhD, Providence, RI

WORKSHOP 10:15 AM – 12:00 PM **LAUREL A-D**

T22 Contagion of Violence and Self-harm Behaviors: The Impact of Media

Praveen R. Kambam, MD, Los Angeles, CA
 Ryan C. Wagoner, MD, Lutz, FL
 Vasilis K. Pozios, MD, Harrison Turnpike, MI
 Britta Ostermeyer, MD, Oklahoma City, OK
 Philip Saragoza, MD, Ann Arbor, MI

LUNCH 12:00 PM – 2:00 PM HARBORSIDE BALLROOM A-C

T23 Wrongful Convictions: Causes and Solutions – The Differences Between USA and Italy Criminal Justice Systems

Amanda Knox, Seattle, WA

PANEL DISCUSSION 2:15 PM – 4:00 PM **HARBORSIDE BALLROOM D-E**

T24 50 Years of Evolution in Civil Commitment Law

Steven K. Hoge, MD, Manhasset, NY
 Paul Appelbaum, MD, New York, NY
 Abhishek Jain, MD, New York, NY
 Li-Wen Lee, MD, New York, NY

RESEARCH IN PROGRESS #1 2:15 PM – 4:00 PM **KENT A-C**

T25 The Need to Update Legal Systems Regarding Undue Influence

Steven A. Hassan, MEd, Newton, MA
 Thomas G. Gutheil, MD, Brookline, MA

T26 More than Fear: Control and Coercion in Sex Trafficking Cases

Tianyi Zhang, MD San Francisco, CA
 Vivek Datta, MD, San Francisco, CA

T27 Forensic Psychiatry in the Age of Artificial Intelligence

Peter S. Martin, MD, Buffalo, NY

PANEL DISCUSSION 2:15 PM – 4:00 PM **LAUREL A-D**

T28 Anorexia and Assisted Suicide: Coercion vs. Self-Determination?

Patricia Westmoreland, MD, Denver, CO
 Angela Guarda, MD, Baltimore, MD
 Annette Hanson, MD, Jessup, MD
 Mark S. Komrad, MD, Towson, MD

WORKSHOP 2:15 PM – 4:00 PM **ESSEX A-C**

T29 Fanatics, Incels, and Trolls: The Forensic Expert's Guide

Andrew Nanton, MD, Seattle, WA
 Alan Newman, MD, San Francisco, CA
 James Armontrout, MD, Menlo Park, CA
 Michael Rogers, MD, El Cerrito, CA

COURSE 2:15 PM – 6:15 PM **GRAND BALLROOM I-III**

T30 Psychiatric Evaluations of Custody Disputes

Stephen Paul Herman, MD, New York, NY
Maria G. Master, JD, MD, New York, NY
Megan Mroczkowski, MD, New York, NY

COFFEE BREAK 4:00 PM – 4:15 PM HARBORSIDE FOYER

WORKSHOP 4:15 PM – 6:15 PM **HARBORSIDE BALLROOM D-E**

T31 Who Needs Experts? Determinations of Risk in Civil Commitment

Steven K. Hoge, MD, New York, NY
Alec Buchanan, MD, New Haven, CT
Merrill Rotter, MD, Bronx, NY

PANEL DISCUSSION 4:15 PM – 6:15 PM **ESSEX A-C**

T32 Treatment of Justice Involved Psychiatric Patients in Italy & the USA

J. Richard Ciccone, MD, Rochester, NY
Giovanni B. Traverso, MD, Trequando, Italy
Simona Traverso, MD, Siena, Italy
Robert L. Weisman, DO, Rochester, NY
J. Steven Lamberti, MD, Rochester, NY

PANEL DISCUSSION 4:15 PM – 6:15 PM **LAUREL A-D**

T33 Forensic Psychiatry, Liaison to Policy Makers: New Mental Health Laws

Christopher R. Thompson, MD, Los Angeles, CA
Karen B. Rosenbaum, MD, New York, NY
Charles Scott, MD, Sacramento, CA
Robert L. Trestman, MD, PhD, Roanoke, VA
Michael K. Champion, MD, Honolulu, HI
Beth Lavach, Washington, DC

PANEL DISCUSSION 4:15 PM – 6:15 PM **KENT A-C**

T34 From Proscribed to Prescribed: Marijuana's Impact on Forensics

Maria Lapchenko, MD, Cleveland, OH
Adrienne Saxton, MD, Northfield, OH
Sara G. West, MD, Broadview Heights, OH

DEBATE 7:00 PM – 9:30 PM **HARBORSIDE BALLROOM D-E**

T35 The Most Influential Landmark Case Since the Founding of AAPL

Peter Ash, MD, Atlanta, GA
Susan J. Hatters Friedman, MD, Cleveland, OH
Jacob Appel, MD, JD, New York, NY
Phillip J. Resnick, MD, Cleveland, OH
Alan Newman, MD, San Francisco, CA
Richard Martinez, MD, Denver, CO

***Your opinion of today's sessions is very important!
While it's fresh in your mind, PLEASE complete the evaluation form
for today's program so we can continue to offer CME in the future.***

T1 VARENICLINE AND PATHOLOGICAL INTOXICATION

Kenneth J. Weiss, MD, Philadelphia, PA

THURSDAY**EDUCATIONAL OBJECTIVE**

Participants will understand that persons using the smoking-cessation drug varenicline, with or without a history of mental illness, are susceptible to unexpected reactions, ranging from nightmares to psychosis and delirium, with implications for criminal responsibility.

SUMMARY

Persons exhibiting violence associated with unexpected or unknown effects of substances, including prescription medications, can be excused from criminal responsibility if pathological (involuntary) intoxication can be proven. The smoking-cessation medication varenicline has been linked to distortions of cognition, behavior and consciousness, sometimes associated with criminal conduct. In this presentation, the participant will learn about the history of varenicline, including its "black box" warning (2009-2016), and litigation over the labeling (thousands of lawsuits against the manufacturer). The accumulated evidence suggests that its use, while not officially contraindicated in persons with mental illness, places patients at risk for neuropsychiatric adverse effects. However, not all analyses agree. Since physicians continue to prescribe varenicline in the at-risk population, there are residual questions about patients' understanding of the risks and benefits, whether assuming risk of it undermines a defense of pathological intoxication, and the pathways to helping courts understand the dynamics involved. Learners will review the pharmacology of varenicline, clinical research and case reports, litigation, case vignettes, and how criminal defendants may be excused from culpability. This material is relevant to forensic professionals in criminal and civil areas, psychiatrists in clinical practice, and practitioners in institutional and correctional settings.

REFERENCES

Thomas KH, Martin RM, Knipe DW, et al: Risk of neuropsychiatric adverse events associated with varenicline: systematic review and meta-analysis. *BMJ* 350:h1109, 2015

Purvis TL, Nelson LA, Mambourg SE: Varenicline use in patients with mental illness: an update of the evidence. *Expert Op Drug Saf* 9(3):471-82, 2010

QUESTIONS AND ANSWERS

1. In a typical pathological intoxication defense to a crime, in addition to demonstrating lack of awareness of the effect of the substance, the defendant must prove:
 - A. Lack of consciousness during the act
 - B. Legal insanity
 - C. Genetic susceptibility to the substance's effects
 - D. Remorse for the act
 - E. Total recovery from the effects

ANSWER: B

2. Varenicline's putative mechanism of action includes:
 - A. Mixed serotonin and norepinephrine reuptake inhibition
 - B. Nicotine receptor subtype agonism
 - C. Momoamine oxidase A potentiation
 - D. Diminishing release of dopamine in "reward centers"
- E. B and D

ANSWER: E

T2 BINARY, BAYES, BOTS, AND BIAS: FUTURE USE OF AI IN FORENSIC PSYCHIATRY

Brian A. Falls, MD, Austin, TX

Harold J. Bursztajn, MD, Cambridge, MA

EDUCATIONAL OBJECTIVE

To better understand: the use of AI in forensic psychiatric evaluation and diagnosis; AI's potential for forensic objectivity and bias; and ways to ensure that AI is utilized to the psychiatric community's advantage, rather than to its detriment.

SUMMARY

Increasingly, society relies upon artificial intelligence (AI) to perform tasks more efficiently, thoroughly and cheaply than humans ever have. In fact, some technology experts predict that by 2030, AI will overtake 800 million jobs while simultaneously increasing the GDP by \$16 trillion. How will psychiatry manage the progressive integration of software systems that might triage, evaluate, diagnose, and even treat psychiatric patients? And what are the implications of forensic use of AI? Regarding forensic objectivity, AI might protect against some already-known human biases such as overconfidence. Yet it also introduces risk of biases that may escape human recognition or understanding. While individual biases of human evaluators may be conspicuous to other human observers, machine bias may be undetectable, owing at least in part to the extreme speeds and complex algorithms with which AI processes voluminous data sets. Considering such potential biases and limitations to their detection, we argue that if AI were to be incorporated into future forensic evaluations, human contributions and oversight of any AI work would be crucial. We explore safeguards needed to help psychiatrists collaborate with AI toward the ultimate goal of achieving more-objective, less-biased evaluations that surpass the abilities of either humans or machines working alone.

REFERENCES

Tiffin PA, Paton LW: Rise of the machines? Machine learning approaches and mental health: opportunities and challenges. *British Journal of Psychiatry* 213(3):509-510, 2018

Dwyer DB, Falkai P, Koutsouleris N: Machine learning approaches for clinical psychology and psychiatry. *Annual Review of Clinical Psychology* 14:91-118, 2018

QUESTIONS AND ANSWERS

1. In what year did the MIT Artificial Intelligence Laboratory start work on the world's first psychiatric AI program?
 - A. 1952
 - B. 1964
 - C. 1976
 - D. 1988
 - E. 2000

ANSWER: B

2. Which of the following AI processes or properties likely has the greatest potential to either minimize or augment the risk of bias?
 - A. Bayesian inference
 - B. Computer processing speed
 - C. Rigorous description methods
 - D. Synthetic consciousness
 - E. Volume of processed data

ANSWER: D

T3 IS IT OKAY TO SAY SORRY? THE LEGAL DO'S AND DONT'S AFTER A SUICIDE

Nina E. Ross, MD, Pittsburgh PA
 Gary M. Ciuffetelli, MD, Pittsburgh, PA
 Whitney Thomas, MD, Pittsburgh, PA
 John S. Rozel, MD, Pittsburgh, PA

EDUCATIONAL OBJECTIVE

To address common legal concerns surrounding post-suicide conversations with family and provide guidelines for teaching general psychiatrists about the legal do's and dont's of these conversations.

SUMMARY

Reaching out to a patient's family after a bad outcome is an expected practice in the medical field. In psychiatry, patient suicide is one of the most impactful adverse outcomes that over half of psychiatrists will experience at least once in their career. But while much is written about conversations after negative outcomes in the general medical literature, little has been written about the discussion after suicide. Furthermore, psychiatrists are often wary of the implications of this interaction, particularly around issues of malpractice and confidentiality. Through this poster, we aim to show how the concepts derived from the medical literature can be modified to address the concerns of the mental health provider after a patient suicide. Concepts discussed include HIPAA after patient death, saying "sorry" versus apologizing, and psychiatrist transparency versus "deny and defend." We also offer an example format for teaching psychiatrists this knowledge, based on our experiences teaching psychiatry residents at UPMC Western Psychiatric Hospital. Armed with the "do's and dont's" of the post-event conversation, the provider will then be able to engage more effectively with the family during this critical time.

REFERENCES

Chemtob CM, Hamada RS, Bauer G, et al: Suicides and impact on psychiatrists. *Am J Psych* 145(2):224-228, 1988
 Friend MD, Jackson J, Doctor D, et al: Of condolence. *English Journal* 344(15):1162-1164, 2001

QUESTIONS AND ANSWERS

1. When meeting with a patient's family after a patient's completed suicide, what increases the risk of the family considering a malpractice lawsuit?
 - A. Hearing the clinician say, "I'm sorry"
 - B. Feeling blamed by the clinician
 - C. The clinician disclosing errors if errors were made
 - D. The clinician crying during the meeting

ANSWER: B

2. What is true about Healthcare Portability and Accountability Act (HIPAA) regulations after a patient's death?
 - A. The clinician can only speak with someone who has been formally identified as next-of-kin
 - B. A clinician has to wait 50 years before speaking with any non-family member
 - C. A clinician can use his or her judgment to identify close friends or family to speak with
 - D. A clinician can only speak with family if a lawyer is present

ANSWER: C

T4 CONDITIONAL RELEASE REVOCATION: NGRI VS. MDOs

Jeremy Huston Colley, MD, New York
Melinda DiCiro, PsyD, Roseville, CA

EDUCATIONAL OBJECTIVE

To understand differences in parole revocation for NGRI and MDO in California.

SUMMARY

We compared factors related to revocation of conditional release (CONREP) of two groups: Not Guilty by Reason of Insanity (NGRI) Acquittees, directly committed to a state hospital after trial, and Mentally Disordered Offenders (MDO), committed after a prison sentence. We hypothesized that MDOs would have a higher rate of CONREP revocation, greater “Big Eight” criminogenic needs and fewer psychiatric care needs. We followed a group of NGRI and MDO patients discharged to CONREP (n=202), then compared CONREP-revoked to CONREP-retained MDO and NGRI patients on criminogenic and clinical risk factors. MDOs were more likely to be revoked than NRIs (OR 3.25). Sub-sample analyses showed the groups did not differ on most historical and criminogenic factors. However, NRIs had longer lengths of hospital stay and more antisocial personality indicators. Primary precipitants to revocation were psychiatric decompensation and treatment noncompliance closely followed by substance abuse. Contrary to expectations, MDOs were more likely to be revoked for psychiatric decompensation. Other factors, such as divergent hospital release criteria, CONREP incentives, and divergent commitment criteria may explain differences.

REFERENCES

Bonta J, Andrews DA. The Psychology of Criminal Conduct (6th ed.). London: Routledge, Taylor & Francis Group, 2017

Broderick C, Azizian A, Kornbush R, et al: Patient Assaults, Staff Assaults, and Repeatedly Violent Patients, in Violence in Psychiatry. Edited by Warburton K and Stahl S. Cambridge University Press, 2016

QUESTIONS AND ANSWERS

1. Which population, the NRIs or MDOs, had more criminogenic historical risk factors?

- A. MDOs
- B. NRIs
- C. No difference

ANSWER: C

2. Of the primary reasons for parole revocation among both NRIs and MDOs, which one was most common?

- A. Psychiatric decompensation
- B. Treatment non-compliance
- C. Substance use
- D. Both A and B

ANSWER: D

T5 IMPACT OF IMMIGRATION DETENTION CENTERS ON MENTAL HEALTH

Darmant Kaur Bhullar, MD, Bronx NY
Panagiota Korenis, MD, Bronx, NY

EDUCATIONAL OBJECTIVE

Learn about the adverse effect immigration detention centers have on mental health and implement better treatment services.

SUMMARY

The number of people forcibly displaced worldwide due to persecution, generalized violence, or human rights violations has increased dramatically, with approximately 68.5 million migrants around the world. In addition to the excessive levels of trauma asylum seekers endure in their home countries, the multiple chronic stressors and emotional distress they are exposed to in detention centers leads to poor mental health. Studies have identified psychiatric disorders such as anxiety disorder, depression, post-traumatic stress disorder (PTSD), and somatoform disorders in this population. Some of the identified stressors in detention

centers are loss of liberty, social isolation, abuse from staff, poor social support, and uncertainty regarding their immigration status. Studies from several countries have noted the adverse impact detention centers have on mental health. In the United Kingdom, after a median detention of thirty days, 76% of detained asylum seekers were clinically depressed compared to 26% of non-detained asylum seekers. Similarly, in the United States, after a median detention of five months, 77% suffer from anxiety, 50% from PTSD, and 86% from clinical depression. Literature review demonstrates that these individuals endure environments that worsen their symptoms without adequate mental healthcare to cope, which should be a basic human right.

REFERENCES

Silove D: Policies of deterrence and the mental health of asylum seekers. JAMA 284(5):604, 2000
 Robjant K, Hassan R, Katona C: Mental health implications of detaining asylum seekers: systematic review. British Journal of Psychiatry 194(4):306-312, 2009

QUESTIONS AND ANSWERS

1. Which psychiatric diagnosis is not commonly seen in immigration detention centers?

ANSWER: Schizophrenia

2. Where are suicidal detainees commonly taken for safety?

ANSWER: Maximum security jails

T6 IS IT RAPE? DETERMINING IDD CAPACITY TO CONSENT

Brandon C. Harsch, MD, MPH, Chapel Hill, NC
 Nicole Wolfe, MD, Butner, NC

EDUCATIONAL OBJECTIVE

To enhance awareness and educate professionals on the capacity for individuals with intellectual disability to provide sexual consent and to protect them from harm.

SUMMARY

This is a case report of an adolescent male who was the victim of sexual assault at the age of 17 perpetrated by an older male coworker. He has a diagnosis of Down syndrome and is in the intellectual disability/moderate category with a full-scale IQ of 57. His reporting of the sexual assault was restricted by his significant language and knowledge limitations, obedience to the perpetrator, as well as his inability to interpret the meaning of these events. Although his work supervisor learned of the incidents soon after, there was delay of several months before his parents and school were informed. This case will highlight the clinical and legal perspectives of victims who cannot properly express themselves and address how they are subject to predatory behaviors. This poster aims to delineate the process from successful initiating behaviors on the part of the offender to offending in the workplace, delays in reporting, and the need for forensic assessment of the victim’s capacity to consent.

REFERENCES

Murphy G, O’Callaghan A. Capacity of adults with intellectual disabilities to consent to sexual relationships. Psychological Medicine 34(7):1347-1357, 2004
 Curtice M, Mayo J, Crocombe J. Consent and sex in vulnerable adults: a review of case law. British Journal of Learning Disabilities 41(4):280-287, 2013

QUESTIONS AND ANSWERS

1. Which of the following statements regarding individuals with intellectual disability is false?

- A. Individual cognitive profiles based on neuropsychological testing are more useful for understanding intellectual abilities than a single IQ score
- B. Lack of communication skills may predispose to disruptive and aggressive behaviors
- C. IQ test scores are sufficient to assess reasoning in real-life situations and mastery of practical tasks
- D. Gullibility is often a feature, involving naivete in social situations and a tendency for being easily led by others

ANSWER: C

2. Which of the following is true regarding sexual activity and sexual understanding among individuals with intellectual disability?
- A. Those that are sexually active are more likely to engage in unsafe sex
 - B. They are more likely to have an STI or unwanted pregnancy
 - C. They have lower levels of sexual knowledge compared with their peers
 - D. All of the above

ANSWER: D

T7 THE ART OF DOCUMENTATION: A FORENSIC AND CLINICAL TEACHING MODEL

Jarrod A. Marks, MD, Boston, MA
George David Annas, MD, Syracuse, NY
James L. Knoll IV, MD, Syracuse, NY

EDUCATIONAL OBJECTIVE

The authors present a model of teaching psychiatric residents the art of documentation. This model emphasizes cogent documentation as a core competency of psychiatric education and examines documentation from a clinical and forensic perspective.

SUMMARY

Good clinical documentation is a fundamental skill that must be acquired during psychiatric residency training. Learning the art of documentation is an iterative process that should begin early in residency and be revisited throughout training. Forensic psychiatrists are well poised to introduce residents to documentation from a clinical, ethical, and forensic perspective. We lay the groundwork for thinking about documentation not only as clinical text but as a text that could potentially serve as a courtroom exhibit. This poster introduces an educational model of teaching the art of documentation to best prepare residents for independent practice. We not only provide a theoretical framework for documentation but also provide practice advice and common pitfalls to avoid. Time is built into the curriculum to revisit concepts in various clinical settings and across the four years of general training.

REFERENCES

- Baerger D: Risk management with the suicidal patient: lessons from case law. *Professional Psychology: Research and Practice* 32(4):359-366, 2001
- Shea SC: *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors* (2nd Ed.). Chichester: New York, 2002

QUESTIONS AND ANSWERS

1. Which of the following is a purpose of documentation?
- A. Communicate clinical information to current and future caregivers
 - B. Justify care to 3rd party payers
 - C. Inform professional standards review organizations
 - D. Create basis for defense in a malpractice action
 - E. All of the above

ANSWER: E

2. Teaching the art of documentation should occur during which years of residency?
- A. As an intern-year orientation
 - B. During the PGY2 year
 - C. During the PGY3 year
 - D. During all 3-4 years of residency

ANSWER: D

T8 CYBERSTALKING: WHEN PROTECTED SPEECH BECOMES A CREDIBLE THREAT

Olaya L. Solis, MD, Powell, OH
George David Annas, MD, Syracuse, NY

EDUCATIONAL OBJECTIVE

To improve awareness about cyberstalking; to improve knowledge about the challenges posed to the legal system by this behavior that challenges First Amendment protections; and to improve skills in an arena on which expert opinion may be sought for threat assessments and psychic harm evaluations.

SUMMARY

Texting, emailing, and snap-chatting are just a few examples of how interpersonal communications have become instantaneous. With accessibility can also come unwanted communications, such as those involving fear, intimidation, or credible threats to the receiver—also known as cyberstalking. Victims of such actions can suffer devastating psychological consequences; however, prosecuting these crimes, sometimes called “personal terrorism,” is not as simple as it may seem. This poster will highlight two cases involving these issues and concisely summarize the literature on the demographics of cyberstalking. It is important for both psychiatrists and legal experts to be knowledgeable about patterns of behavior seen in these cases and possible legal challenges faced by victims trying to bring evidence of credible threats. The expert opinion of psychiatrists may be sought by attorneys on behalf of their clients, or directly by the courts, in regard to threat assessments, consideration for parole, or in the arena of civil litigation for psychic harm. By learning about these topics, we may be better equipped to answer the questions of when does protected speech cross the line into harassment, and when does it pose a credible danger to the victim?

REFERENCES

Department of Justice, Executive Office for United States Attorneys. Cyber Misbehavior. Vol 64, Number 3, May 2016

Recupero PA. The mental status examination in the age of the internet. J Am Acad Psychiatry Law 38(1):15-26, 2010

QUESTIONS AND ANSWERS

1. Which feature(s) need(s) to be present for communication to be considered cyberstalking?
 - A. The use of internet, email, or other electronic communications to stalk
 - B. A pattern of malicious behaviors
 - C. Places the victim in reasonable fear of death or bodily injury or causes or would be reasonably expected to cause substantial emotional distress to the victim or to the victim's immediate family
 - D. All of the above

ANSWER: D

2. Why is prosecution of suspected cyberstalking challenging for the legal system?
 - A. The accused may cite First Amendment protections
 - B. Electronic communications may be anonymous, which makes source hard to prove
 - C. Law enforcement personnel must show that there is either a credible threat to the victim or two or more acts that point to a credible threat
 - D. Many states do not have laws specifically addressing online stalking
 - E. All of the above

ANSWER: E

T9 PSYCHIATRISTS' KNOWLEDGE AND VIEWS ON GUNS AND MENTAL ILLNESS

Kaustubh G. Joshi, MD, Columbia, SC
Megan Nagle, DO, Columbia, SC
Richard L. Frierson, MD, Columbia, SC
Martin Durkin, MD, Columbia, SC
Alexandra Karydi, PhD, Columbia, SC

EDUCATIONAL OBJECTIVE

To identify if there are knowledge deficits among South Carolina psychiatrists about gun laws pertaining to mentally ill persons and to measure the attitudes of South Carolina psychiatrists about persons with mental illness having access to firearms.

SUMMARY

Laws limiting gun access to persons with mental illness are often enacted after mass shootings, but mass shootings account for less than 1% of the total deaths from gun violence and most mass shooters are not suffering from severe mental illness. Unfortunately, suicide accounts for approximately 65% of deaths due to firearms. Psychiatrists may not be aware of restrictions barring gun ownership for persons with severe and persistent mental illness. This study was designed to measure actual knowledge and attitudes among South Carolina psychiatrists about laws restricting gun access for persons with mental illness. This survey of S.C. psychiatrists (n= 613) had a 33.3% return rate and revealed significant knowledge deficits pertaining to the gun laws restricting gun ownership for persons with mental illness. Only one third of respondents knew that civil commitment to a mental health facility would result in a patient losing his or her right to obtain a concealed weapons permit or to legally possess a gun. Psychiatrists who owned firearms were more supportive of gun ownership for persons with mental illness. There is a need for further education during residency regarding gun ownership and mental illness and more Continuing Medical Education (CME) offerings on this subject.

REFERENCES

Gold LH, Simon RI. Gun Violence and Mental Illness. Arlington, VA: American Psychiatric Association, 2016.
S.C. Code Ann. §23-31-1030 and 23-31-1040

QUESTIONS AND ANSWERS

1. Suicide accounts for approximately what percentage of deaths due to firearms?

- A. 25%
- B. 35%
- C. 45%
- D. 55%
- E. 65%

ANSWER: E

2. Approximately how many people die from gun violence in the United States each year?

- A. 10,000
- B. 20,000
- C. 30,000
- D. 40,000
- E. 50,000

ANSWER: C

T10 PHYSICIAN-ASSISTED DEATH AND PSYCHIATRIC ADVANCE DIRECTIVES

Deepika Sundararaj, MD, Springfield MA
Shannon Mazur, DO, Springfield, MA
Stuart A. Anfang, MD, Springfield MA

EDUCATIONAL OBJECTIVE

To consider the ethics factors at play when assessing for physician-assisted death and what role psychiatric advance directives may have in these decisions.

SUMMARY

Physician-assisted death (PAD) is a controversial subject that has been gradually gaining more attention in the United States with current legalization in eight jurisdictions. Discussion of PAD becomes even more charged in the context of psychiatric illnesses. Although the practice is limited in the United States to patients with terminal illness, other countries such as the Netherlands have considered mental health disorders as a primary condition justifying PAD. Psychiatrists need to be aware of the considerations that go into evaluating a patient for PAD. Here, we review literature pertaining to factors that may need to be considered for PAD in the setting of psychiatric illnesses, while also considering the role psychiatric advance directives might play in these decisions. We will review international examples of PAD for psychiatric patients, and explore what role (if any) advanced directives may play.

REFERENCES

Gopal AA. Physician-assisted suicide: considering the evidence, existential distress, and an emerging role for psychiatry. J Am Acad Psychiatry Law 43(2):183-90, 2015
Shields LS, Pathare S, van der Ham AJ, et al: A review of barriers to using psychiatric advance directives in clinical practice. Adm Policy Ment Health 41:753-766, 2014

QUESTIONS AND ANSWERS

1. What are the requirements in order for a patient to be "qualified" to choose to end his or her own life in the United States?
 - A. Be a capable/competent adult (18 years of age or older)
 - B. Be a resident of the state
 - C. Be determined by medical evaluation to be suffering from a terminal disease
 - D. Have made a voluntary expression of a desire to die
 - E. All of the above

ANSWER: E

2. Which of the following has been deemed to be a barrier to psychiatric advance directives at the health professional level?
 - A. Fear of complete treatment refusal
 - B. Lack of knowledge and training
 - C. Fear that the directives will interfere with implementation of care
 - D. Professional's reluctance to facilitate the directive
 - E. All of the above

ANSWER: E

T11 STATE V. CURTIS: WHO BEARS THE BURDEN OF PROOF IN COMPETENCY HEARINGS?

Laura Sloan, MD, Minneapolis, MN
Chinmoy Gulrajani, MD, Minneapolis, MN

EDUCATIONAL OBJECTIVE

To demonstrate an understanding of the issues related to burden of proof in competency hearings and the state specific treatment of these issues in light of Supreme Court precedent.

SUMMARY

In this poster we present a recent opinion from the Minnesota Supreme Court and discuss its implications on clinical forensic psychiatry. Mr. Curtis, a defendant facing charges of fourth degree sexual contact, was found competent to proceed to trial. He challenged this finding, arguing that the trial court failed to place the burden of proof on the State and that he was incompetent because the state had failed to prove him competent by a fair preponderance of the evidence. The central question presented is: once the issue of a defendant's competency has been raised, does the State or the defendant bear the burden of proving that the defendant is competent? The Minnesota Supreme Court relied on its precedent and the opinion of the United States Supreme Court in Medina v. California in reversing Mr. Curtis's conviction. This poster discusses the differential treatment this issue has received in various states and how it comports with the Supreme Court's opinion in Medina v. California.

REFERENCES

State v. Curtis, Minnesota Supreme Court A17-0373 (2018)
Medina v. California, 505 U.S. 437 (1992)

QUESTIONS AND ANSWERS

1. In an adversarial hearing for Competency to Stand Trial:

- A. The evidentiary standard for Competence is Fair Preponderance of the Evidence.
- B. The evidentiary standard for Incompetence is Fair Preponderance of the Evidence.
- C. Both A and B are Correct.
- D. Neither A nor B are Correct

ANSWER: C

2. As outlined by the U.S. Supreme Court in *Medina v. California*, who bears the burden of proof in competency hearings?

- A. The prosecution
- B. The defendant
- C. Whichever side first raised the issue of the defendant's competence
- D. Varies by states

ANSWER: D

T12 POSTER WITHDRAWN

T13 SHOULD YOU ALWAYS TWEET WHAT IS ON YOUR MIND?

Katya Frischer, MD, JD, New York, NY
Matthew Grover, MD, Katonah, NY
Leena Rajagopal, MD, Edgewater, NJ

EDUCATIONAL OBJECTIVE

To determine the current policies addressing physician expression in social media/public forums by relevant organizations and the legal implications around these policies and guidelines.

SUMMARY

Lara Kollab, MD was a first-year resident at Cleveland Clinic in Ohio. She has a history of using Twitter and other social media venues to express hateful and anti-Semitic remarks. Specifically in 2012, while still an undergraduate at John Carroll University, she tweeted "ahha ewww.. ill purposely give all the yahood [Jews] the wrong meds." In 2018, Cleveland Clinic fired Dr. Kollab once it learned she had posted anti-Semitic sentiments on her social media accounts. This incident raises the question of whether physician expression is protected by the First Amendment and the extent to which such expressions should be addressed by the medical establishment. This poster will review policies addressing social media expressions by doctors by the American College of Physicians, the Federation of State Medical Boards, the AMA and ACGME and review case law describing how state licensing boards have addressed this issue. Finally, the poster will discuss whether professionalism requires physicians and the organizations overseeing physicians to set a standard of public discourse to maintain trust in the medical profession and in the physician patient relationship.

REFERENCES

Federation of State Medical Boards: Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice. Eules, TX: Federation of State Medical Boards, 2012

Farnan JM, Snyder Sulmasy L, Worster BK, et al: Online medical professionalism: patient and public relationships: policy statement from the american college of physicians and the federation of state medical boards. *Ann Intern Med* 158(8):620-7, 2013

QUESTIONS AND ANSWERS

1. Which of the following organizations has developed a position paper relating to online medical professionalism?

- A. American Psychiatric Association
- B. American College of Physicians
- C. American Academy of Psychiatry and the Law
- D. Federation of State Medical Boards
- E. B and D

ANSWER: E

2. The Federation of State Medical Boards specifically discourages physicians from interacting with current or past patients:

- A. Face to face
- B. By email
- C. On personal social networking sites
- D. On the office phone

ANSWER: C

T14 EDUCATING PSYCHIATRY RESIDENTS IN LETHAL MEANS COUNSELING

Bridget McCoy, MD, Albuquerque, NM
 Matthew Grover, MD, Bronx, NY
 Sarah Becker, MD, Bronx, NY
 Corey Barger, MD, Albuquerque, NM
 Elizabeth Beckford, MD, Bronx, NY
 Merrill Rotter, MD, Bronx, NY

EDUCATIONAL OBJECTIVE

Education for psychiatry residents on counseling about firearm safety is scarce and minimally studied. This project aims to provide a formalized education for psychiatry residents so they are better equipped to not only assess for access to firearms but counsel patients in order to reduce that access.

SUMMARY

Firearm suicide deaths constitute six out of every ten firearm deaths in the United States. Questions related to firearms access are a key component to a thoughtful suicide and violence risk assessment in both clinical and forensic evaluations. Means restriction is one of the few empirically based strategies to reduce the number of suicide deaths; however, there has been an identified gap in education and practice of counseling patients in crisis on means restriction. Psychiatry residents are expected to discuss access to weapons with their patients; however, they are not often taught how to address it as part of a comprehensive risk mitigation strategy. Furthermore, variation in state laws impacts options for securing firearms as part of a risk mitigation strategy. This poster will offer a survey from two different training programs of residents' knowledge and attitudes related to firearms both before and after a training session adapted from the Counseling on Access to Lethal Means (CALM) online training. Additionally, psychiatry consultations completed in an emergency room (ER) setting will be reviewed both before and after the training to determine the impact of the training on resident history taking and assessment skills.

REFERENCES

Betz ME, Wintemute, GJ. Physician counseling on firearm safety: a new king of cultural competence. JAMA 314(5):449-450, 2015

Allchin A, Chaplin V. Breaking through barriers: the emerging role of healthcare provider training programs in firearm suicide prevention. Consortium for Risk-Based Firearm Policy. 2017

QUESTIONS AND ANSWERS

1. Which of the following states have Gun Violence Protection Order-type laws?

- A. California
- B. Indiana
- C. Oregon
- D. Washington
- E. All of these states
- F. None of these states

ANSWER: E

2. The name of the most prominent lethal means safety counseling course is represented by which of the following acronyms?

- A. CALM
- B. CAGE
- C. C-SSRS
- D. CSNY

ANSWER: A

T15 AAPL'S PAST AND AAPL'S FUTURE: FORENSIC TRAINING AND PROFESSIONAL ADVOCACY

Richard L. Frierson, MD, Columbia, SC

EDUCATIONAL OBJECTIVE

To examine the current state of forensic training in the United States and to explore future challenges and the need to advocate for the profession.

SUMMARY

Since its inception in 1969, the American Academy of Psychiatry and the Law (AAPL) has been devoted to the teaching of forensic psychiatry, and in 2019 the teaching of our profession remains an essential part of AAPL's core mission statement. As AAPL celebrates its 50th Anniversary, it seems fitting to examine the history of forensic training in the United States and the current status of forensic psychiatry teaching in general psychiatry residencies and forensic psychiatry fellowships. After a brief review of the history of AAPL and forensic psychiatry training, this presentation will explore the current state of Graduate Medical Education (GME) in the US, the growing popularity of psychiatry as a specialty and forensic psychiatry as a subspecialty, the Accreditation Council for Graduate Medical Education's (ACGME's) requirements for forensic training, and the methods currently used to teach (or not teach) forensic psychiatry to general psychiatry residents. This presentation will also examine the current status of forensic psychiatry fellowship training. Additionally, future challenges to forensic training in both residencies and fellowships will be discussed, as well as the need for AAPL and others in the profession to advocate for increased forensic teaching in a manner that leads to the production of both general and forensic psychiatrists who are competent to practice independently and who are sufficient in number to meet the growing demands for forensic expertise.

REFERENCES

Ford E, Gray S, Subedi B: Finding common ground: educating general psychiatry residents about forensic psychiatry. *Acad Psychiatry* 41:783-8, 2017

Wasser T, Sun A, Chandra S, et al: The benefits of required forensic clinical experiences in residency. *Acad Psychiatry* 43:76-81, 2017

QUESTIONS AND ANSWERS

1. Which of the following psychiatric subspecialties has seen the largest 5-year increase in the percentage of new training programs?

- A. Addiction Psychiatry
- B. Child and Adolescent Psychiatry
- C. Consultation Liaison Psychiatry
- D. Forensic Psychiatry
- E. Geriatric Psychiatry

ANSWER: D

2. How many ACGME-accredited forensic psychiatry fellowships are currently in existence, and how many U.S. states lack a forensic psychiatry fellowship within their borders?
- A. 38, 12
 - B. 48, 24
 - C. 58, 12
 - D. 38, 24
 - E. 48, 12

ANSWER: B

T16 MONITORING BIAS IN FORENSIC PSYCHOLOGICAL EVALUATIONS

Neil Gowensmith, PhD, Denver, CO
Kate McCallum, PhD, Denver, CO

EDUCATIONAL OBJECTIVE

To present one agency's method for monitoring base rates and the potential for bias in their forensic evaluations and encourage the practice of self-monitoring across the field.

SUMMARY

The potential for bias in forensic evaluation is well established. The University of Denver's Forensic Institute for Research, Service, and Training developed a database to monitor both base rates of evaluation variables and potential sources of bias in their forensic evaluators. The database proved to be capable of analyzing various sources of potential bias. Most independent variables showed no differences in outcome variables (i.e., no significant differences in forensic opinions in terms of defendant ethnicity, severity of charges, etc.). However, significant differences did arise when examining some specific factors. Evaluators were less likely to provide a favorable opinion to the retaining attorney and/or defense attorney when assigning a personality disorder diagnosis. Additionally, the amount of times an evaluator had worked with an attorney was related to the likelihood of a favorable opinion. Although humbling, the realizations that evaluator opinions may be influenced by personality qualities of the evaluatee or working relationships with attorneys are precisely why the development and utilization of a "bias detection database" is so critical in forensic evaluation practice. Quality improvements in this agency, as well as implications and recommendations for others in practice, will be discussed.

REFERENCES

Murrie DC, Boccaccini MT, Guarnera LA, et al: Are forensic experts biased by the side that retained them? *Psychological Science* 24(10):1889-1897, 2013

Neal T, Brodsky S. Forensic psychologists' perceptions of bias and potential correction strategies in forensic mental health evaluations. *Psychology Public Policy and Law* 22(1):58-76, 2016

QUESTIONS AND ANSWERS

1. Results showed that the number of times an evaluator had worked with an attorney was:
- A. Significantly related to an opinion favorable to the defense attorney
 - B. Significantly related to an opinion favorable to the retaining attorney
 - C. Both A and B
 - D. Not significantly related to any outcome

ANSWER: A

2. Results showed evaluators were more likely to provide a favorable opinion to the retaining attorney if:
- A. The defendant was female
 - B. The evaluator had charged a fee for the evaluation
 - C. The defendant was charged with only misdemeanor offenses
 - D. The evaluation was completed by multiple evaluators (i.e. with a postdoctoral fellow)

ANSWER: D

T17 CONTROVERSIAL CONVERSATIONS: DISCUSSING GUN RIGHTS AND OWNERSHIP

Gowri Ramachandran, MD, Washington, DC
Eindra Khin Khin, MD, Washington, DC

EDUCATIONAL OBJECTIVE

To consider the role of physicians in conversations about gun rights and ownership; to understand underlying policy involving psychiatry and gun violence.

SUMMARY

The often-heated debate about gun rights and regulations demonstrates how physicians from all specialties can often be drawn into conversations that merge issues of legality, ethics, and medicine. While the medical community has promoted efforts to encourage gun safety as part of larger efforts to draw attention to the catastrophic effects of gun violence in the clinical setting, physicians may find themselves faced with the challenge of engaging patients in healthy discussions about this controversial topic without imposing opinions or biases. Furthermore, physicians may find that they are unfamiliar with relevant legislation; there are statewide variations in policies, which in turn affect implementation even at the federal level. Despite these perceived concerns and obstacles, conversations between physicians and their patients about guns are imperative in promoting safer practices.

REFERENCES

Swanson JW, McGinty EE, Fazel S, et al: Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology* 25(5):366-376, 2015

Shapiro L, Chinoy S, Williams A: Analysis: How strictly are guns regulated where you live? Available at https://www.washingtonpost.com/graphics/2017/national/assault-weapons-laws/?utm_term=.3fd5b59853c5. Accessed August 2019.

QUESTIONS AND ANSWERS

1. Guns are implicated in the following types of violence:

- A. Suicide
- B. Homicide
- C. Both of the above
- D. None of the above

ANSWER: C

2. Although not standardized at the state or federal levels, individuals deemed to be high-risk who may be ineligible for gun ownership may include those with a history of:

- A. Inpatient psychiatric admissions
- B. Violent misdemeanors or felonies
- C. Domestic violence charges or stalking
- D. Unpaid taxes
- E. A, B, and C

ANSWER: E

T18 LAWS AND ETHICS OF “SERVICE ANIMALS” AND “EMOTIONAL SUPPORT ANIMALS”

Joshua D. Carroll, MD, San Francisco, CA
Brian S. Mohlenhoff, MD, San Francisco, CA
Charlie Kersten, JD, San Francisco, CA
Dale E. McNiel, PhD, San Francisco, CA
Renée L. Binder, MD, San Francisco, CA

EDUCATIONAL OBJECTIVE

To improve the forensic psychiatrist’s knowledge about the differences between service animals and emotional support animals and the differences in the laws and regulations that apply to each.

SUMMARY

The use of animals for therapeutic benefit is well established. For individuals with a disability such as blindness, trained service dogs can be used effectively to enhance the ability to live independently and allow fuller participation in society. An emotional support animal is an untrained animal that is used to support a person disabled by an emotional or mental disorder. A mental health or medical professional needs to write a letter saying that the animal is needed for the mental health of the person with the disability. This paper describes the legal framework for service animals and emotional support animals and the differences between them. We summarize information about the Americans with Disabilities Act, the Fair Housing Act, the Air Carrier Access Act, and the Individuals with Disabilities Education Act. We also summarize the clinical research on emotional support animals and argue that, although there are few studies on the clinical effectiveness of emotional support animals, a broader body of research indicates that animals may have positive clinical outcomes in medical and mental illness. Finally, we suggest there is a need for further research and provider education on emotional support animals.

REFERENCES

Younggren JN, Boisvert JA, Boness CL: Examining emotional support animals and role conflicts in professional psychology. Prof Psychol Res Pr 47(4):255-260, 2016

Boness CL, Younggren JN, Frumkin IB: The certification of emotional support animals: differences between clinical and forensic mental health practitioners. Professional Psychology: Research and Practice 48(3):216-23, 2017

QUESTIONS AND ANSWERS

1. In addition to dogs, which of the following animals can qualify as a service animal:
- A. Cats
 - B. Miniature horses
 - C. Hamsters
 - D. Pigs
 - E. Rabbits

ANSWER: B

2. The Air Carrier Access Act that prohibits discrimination aboard airplanes is administered by the:
- A. Americans with Disabilities Act
 - B. The Airline Deregulation Act
 - C. The Department of Transportation
 - D. The Equal Employment Opportunity Commission
 - E. The Federal Housing Act

ANSWER: C

T19 HEAVY PETTING: A FORENSIC PSYCHIATRIST'S GUIDE TO BESTIALITY

Brian J. Holoyda, MD, Sacramento, CA
Renée Sorrentino, MD, Weymouth, MA
Detective John Allgire, BA, Bellingham, WA
Carl Wigren, MD, Seattle, WA

EDUCATIONAL OBJECTIVE

To describe the scientific literature regarding human-animal intercourse, including its prevalence and participants' motivations; to delineate the history and current state of legislation related to bestiality in the United States and internationally; and to discuss investigative techniques, including the use of online forums and geotracking, used to identify bestiality offenders.

SUMMARY

Human-animal intercourse, or bestiality, has occurred since earliest recorded human history, yet the scientific community knows relatively little about people who have sex with animals. Alfred Kinsey's original research indicated that human-animal sexual contact was a relatively common phenomenon, at least among farm-raised boys. More recent research has identified various types of individuals who have sex with animals, including self-identified 'zoophiles' who report being sexually attracted to or having relationships with their pets, as well as incarcerated sexual offenders who report histories of bestiality in addition to other forms of animal cruelty. Over time, the majority of nations around the world have established legislation to punish individuals deemed to have engaged in bestiality. Various legal grounds for punishing acts of bestiality exist, including moral or religious proscriptions, treating animals as property, and considerations of animal rights. Though somewhat rare, law enforcement agencies do investigate reports of animal cruelty that involve bestiality. This panel will summarize the available scientific literature regarding bestiality, including its prevalence, potential motivations for the behavior, and its association with violence; describe the development of legislation punishing human-animal intercourse in the United States and abroad; and delineate investigative techniques that law enforcement have used in bestiality cases.

REFERENCES

Holoyda BJ, Sorrentino R, Friedman SH, et al: Bestiality: an introduction for legal and mental health professionals. *Behav Sci Law* 36:687-97, 2018

Holoyda BJ: Animal maltreatment law: evolving efforts to protect animals and their forensic mental health implications. *Behav Sci Law* 36:675-86, 2018

QUESTIONS AND ANSWERS

1. Which of the following is true regarding the diagnosis of other specified paraphilic disorder (OSPD) zoophilia?
 - A. All individuals who have sex with animals may be diagnosed with OSPD-zoophilia
 - B. Bestiality is a prerequisite for a diagnosis of OSPD-zoophilia
 - C. The diagnosis of OSPD-zoophilia requires that the individual has a paraphilic interest in animals on which he or she has acted or that causes him or her subjective distress
 - D. DSM-5 does not mention zoophilia at all
 - E. All self-identified zoophiles meet the criteria for a diagnosis of OSPD-zoophilia

ANSWER: C

2. Which of the following is not true regarding bestiality legislation?
 - A. In some Middle Eastern nations, bestiality may be punishable by death.
 - B. There is an increasing trend to decriminalize bestiality in the United States.
 - C. Many states have additional requirements for offenders convicted of bestiality, including forfeiture of animals, fees, and mandatory counseling.
 - D. In some states bestiality is a misdemeanor offense, in others it is a felony offense, and in some states there are no laws prohibiting bestiality.
 - E. States where bestiality is a misdemeanor offense are increasingly changing their laws to change the offense to a felony or to add felony specifications to state statute.

ANSWER: B

T20 FORENSIC PSYCHIATRY IN THE US: A 50+ YEAR RETROSPECTIVE

Trent C. Holmberg, MD, Draper, UT
Paul S. Appelbaum, MD, New York, NY
Brian Crowley, MD, Washington, DC
Joel A. Dvoskin, PhD, Tucson, AZ
William H. Reid, MD, Horseshoe Bay, TX

EDUCATIONAL OBJECTIVE

To better inform current forensic practice by gaining an in-depth understanding of the evolution of the subspecialty and the way its practice has evolved over the last 50-plus years; and to be aware of the past history of neglectful and sometimes abusive conditions of confinement of forensic patients.

SUMMARY

“Those who cannot remember the past are condemned to repeat it” (George Santayana). Many currently practicing forensic psychiatrists are not fully aware of the history of our subspecialty, and therefore miss an opportunity to learn from the successes and mistakes of those who have gone before. This panel discussion will be led by forensic experts with extensive leadership experience within the field. We will review the roots and origins of the establishment of forensic psychiatry, including the founding of AAPL in 1969. We will also trace how the practice of forensic psychiatry has evolved since that time. The “darker side” of our history will also be discussed. We will highlight the neglectful and sometimes abusive conditions under which forensic patients have been confined over the years, using “Titicut Follies,” a 1967 documentary film about Bridgewater State Hospital, as an example. A 25-year legal battle was waged over this film, and it was not allowed to be released to the general public until 1991. This dispute, which pitted patient privacy against the public's right to know, was the first known instance in American history of a film being banned from general distribution for reasons other than obscenity, immorality or national security.

REFERENCES

Quen JM: Law and psychiatry in America over the past 150 years. *Hosp Community Psychiatry* 45(10):1005-10, 1994
 Gutheil, TG: The History of Forensic Psychiatry. *J Am Acad Psychiatry Law* 33(2):259-262, 2005

QUESTIONS AND ANSWERS

1. Who wrote “A Treatise on the Medical Jurisprudence of Insanity”?
 - A. Karl Menninger
 - B. Samuel B. Woodward
 - C. Isaac Ray
 - D. Bernard Gluek, Sr.
 - E. Manfred Guttmacher

ANSWER: C

2. In what was possibly the first instance of expert witness testimony, an expert witness testified in:
 - A. The inquest over the assassination of Julius Caesar
 - B. The James Hatfield trial (attempted assassination of King George III)
 - C. The M’Naughten case (murder of Edward Drummond)
 - D. The Charles Guiteau trial (assassination of President James Garfield)

ANSWER: A

T21 AUTISM AND ILLEGAL IMAGES OF CHILDREN: WHAT'S THE DEAL?

Alexander Westphal, MD, PhD, New Haven, CT
 Paul A. Bryant, MD, New Haven, CT
 Joseph Chien, MD, Marylhurst, OR
 Stephanie Yarnell-Mac Grory, MD, PhD, Providence, RI

EDUCATIONAL OBJECTIVE

This workshop will review the emerging topic that involves individuals with Autism Spectrum Disorder and illegal images of children. Attendees will have an improved understanding of this connection, increased confidence around evaluating these individuals, and a better understanding of how the diagnosis of Autism may specifically affect risk.

SUMMARY

Today access to the internet is almost universal. With this expansion comes widened access to the darker side of the internet, including graphic images of the sexual abuse of children. Subsequently, arrests for possession of such images have increased significantly. Anecdotal evidence suggests a developing trend: individuals with Autism Spectrum Disorder (ASD) may be arrested for such crimes at an increased frequency. Indeed, forensic evaluations of people with ASD arrested for the possession of child pornography are requested at seemingly disproportionate rates. Through this workshop we will introduce this emerging

trend and review potential theories to explain the phenomenon, along with covering the current published literature, with an emphasis on prevalence and outcomes. We will also review relevant case law. After providing the audience with a sound framework, we will guide them through several mock cases. Utilizing the audience response system and small group break-out sessions, the audience will actively work through complex cases where they will be asked to select appropriate assessment tools, interpret results, and make assessments around the impact of ASD and overall risk.

REFERENCES

Schottle D, Briken P, Tuscher O, et al: Sexuality in autism: hypersexual and paraphilic behavior in women and men with high-functioning autism spectrum disorder. *Dialogues Clin Neurosci* 19:381-93, 2017

Farris MS, Chien J: Greatly reduced sentence due to mild autism spectrum disorder deemed unreasonable. *J Am Acad Psychiatry Law* 46:388-90, 2018

QUESTIONS AND ANSWERS

1. Which of the following are characteristics of individuals with Autism Spectrum Disorder that may predispose them to view online illegal images of children?
 - A. Difficulties in understanding social and communication skills that hinder development of same-age romantic relationships
 - B. Physical hyper- or hypo-sensitivity that inhibits development of sexual relationships to others
 - C. Relative lack of sex education compared to non-autistic individuals, leading to propensity to seek out sexual instruction online
 - D. All of the above
 - E. None of the above

ANSWER: D

2. In which recent case did the United States Court of Appeals for the Fourth Circuit rule that a diagnosis of Mild Autism Spectrum Disorder is not a reasonable basis on which to give a greatly reduced sentence for possession of child pornography?
 - A. State v. Cook
 - B. United States v. Zuk
 - C. Miller v. Alabama
 - D. People v. Contreras
 - E. Hill v. Anderson

ANSWER: B

T22 CONTAGION OF VIOLENCE AND SELF-HARM BEHAVIORS: THE IMPACT OF MEDIA

Praveen R. Kambam, MD, Los Angeles, CA
Ryan C. Wagoner, MD, Lutz, FL
Vasilis K. Pozios, MD, Harrison Turnpike, MI
Britta Ostermeyer, MD, Oklahoma City, OK
Philip Saragoza, MD, Ann Arbor, MI

EDUCATIONAL OBJECTIVE

This workshop will offer an overview of the effects of news and entertainment media on self-violence and violence towards others, with an eye towards risk assessment of who may be more or less vulnerable to negative media effects and strategies to buffer such negative effects.

SUMMARY

Behavioral contagion is the phenomenon of the propensity of behaviors to be imitated by others who are around the original actor or have been exposed to media coverage. Such imitative behavior is particularly relevant to the forensic psychiatrist when it involves violence towards others and self-violence. While research on imitative suicide and journalistic guidelines for more responsible suicide reporting are more robust than other areas of behavioral contagion, should similar guidelines for fictional depictions and for mass violence exist? Dr. Ostermeyer will focus on discussing which particular news media story components promote suicide contagion and what information is helpful for public psychoeducation and suicide prevention. Dr. Wagoner

will describe the more national fervor regarding events such as mass shootings and the constant news coverage provided by national outlets. Drs. Kambam and Pozios will discuss the impact that social media and fictional depictions in entertainment media may have on contagion behaviors. Finally, a local journalist will be invited to participate to give perspectives from the vantage point of news media. Audience members will participate in small group exercises applying these concepts to a forensic psychiatrist’s consultation with and appearance on news programming.

REFERENCES

Gould MS. Suicide and the Media. *Ann NY Acad Sci* 932:200-24, 2001.
 Towers S, Gomez-Lievano A, Khan M, et al: Contagion in mass killings and school shootings. *Plos One* 10(7):1-12, 2015

QUESTIONS AND ANSWERS

1. The presence of which of the following in news media coverage of a suicide mitigates the risk of suicide contagion/imitative suicide?
 - A. Front-page coverage
 - B. Photographs of the location of the suicide death
 - C. Out of respect, focusing solely on the positive aspects of the deceased individual’s life
 - D. Description of the method of suicide
 - E. None of the above

ANSWER: E

2. Current literature suggests that mass shootings affect future shootings in which of the following ways?
 - A. No effect is found on future shootings
 - B. The only potential increase is within 100 miles of the initial shooting
 - C. There is a temporary increase in probability of subsequent shootings
 - D. The cumulative increase in probability of subsequent mass shootings is maintained for years

ANSWER: C

T23 WRONGFUL CONVICTIONS: CAUSES AND SOLUTIONS – THE DIFFERENCES BETWEEN USA AND ITALY CRIMINAL JUSTICE SYSTEMS

Amanda Knox, Seattle, WA

EDUCATIONAL OBJECTIVE

To describe some of the causes of wrongful convictions, explain potential solutions to wrongful convictions internationally, and demonstrate an understanding of the factors leading to the wrongful conviction in a case which has been described as the “trial of the century.”

SUMMARY

On any given week, international criminal justice systems see wrongful convictions, prosecutorial misconduct, aggressive interrogation techniques, and cases that test the limits of our empathy and morality. Amanda Knox’s trial encapsulates these systemic issues perhaps better than any other case in the 21st century. In 2007, Amanda Knox was accused of the murder of her roommate and fellow study abroad student Meredith Kercher in Perugia, Italy. She endured 53 hours of interrogation over a 5-day period, all in a language not her own. She was not given an interpreter or access to a lawyer during questioning, which eventually led to the European Court of Human Rights ordering Italy to pay damages because her rights were violated. Between 2007 and 2015, Ms. Knox spent almost four years in an Italian prison, and eight years on a trial for a murder she did not commit. Her case and the controversy surrounding it made international headlines for nearly a decade. In the spotlight, she was vilified, shamed, and harassed. Subsequently Ms. Knox has worked to shed light on the issues of wrongful conviction, truth-seeking, and public shaming. Amanda Knox is an exoneree, journalist, and author. In this session, Ms. Knox will speak to the specific social crises highlighted by her own harrowing experience, including the epidemic of misogyny, controversy hungry tabloid culture, fake news and misinformation, and the increasingly elusive sense of empathy. Ms. Knox will also discuss some differences between the U.S. and Italian criminal justice systems, differences which allowed her to experience the aforementioned eight years of trial.

REFERENCES

Knox A: *Waiting to Be Heard: A Memoir*. New York: Harper, 2013

Netflix: *Amanda Knox* (documentary). Directed by Blackhurst R and McGinn B. First screened September 2016

QUESTIONS AND ANSWERS

1. Data from the National Registry of Exonerations indicates that which of the following is a common contributing factor in wrongful conviction cases:

- A. False confession
- B. Misleading forensic evidence
- C. Mistaken eyewitness identification
- D. Official misconduct
- E. Perjury/false accusation
- F. All of the above

ANSWER: F

2. According to the National Registry of Exonerations, the number of years lost to prison by defendants exonerated for crimes they didn't commit was an average of ___ years per exoneratee.

- A. One
- B. Two
- C. Five
- D. Eleven
- E. Twenty

ANSWER: D

T24 50 YEARS OF EVOLUTION IN CIVIL COMMITMENT LAW

Steven K. Hoge, MD, Manhasset, NY
Paul Appelbaum, MD, New York, NY
Abhishek Jain, MD, New York, NY
Li-Wen Lee, MD, New York, NY

EDUCATIONAL OBJECTIVE

Participants will understand the emerging trends of commitment in a variety of contexts, the impact of evolving practices on the provision of treatment for patients, and implications for the field of these changes.

SUMMARY

The involuntary hospitalization of mentally ill individuals has evolved over the past 50 years, since the founding of AAPL. The use of civil commitment to provide treatment to traditional psychiatric patients has been eclipsed by newer applications for other categories of patients—typically for those who have presented with problematic behavior. Panelists will address the evolution of commitment in several contexts. Dr. Appelbaum will review developments in traditional civil commitment, which include an initial tightening of standards and procedures in the 1970s. By the 1990s, standards had loosened and outpatient commitment was growing in popularity as an alternative to inpatient commitment, a trend that has continued to this day. Dr. Hoge will review forensic commitments involving sex predators and insanity acquittees, and for restoration of competence to stand trial. Dr. Jain will review the use of civil commitment for substance abuse treatment, including its resurgence in the 1960s and again recently with increasing opioid overdose deaths. Dr. Lee will present the application of involuntary outpatient commitment to mentally ill inmates leaving prison, an innovative approach to re-entry treatment. The presenters will suggest likely future directions and encourage discussion with attendees about needed changes to the commitment system in these areas.

REFERENCES

Raad R, Appelbaum PS: Commitment to mental institutions, in Bioethics, 4th ed. Edited by Jennings B. Farmington Hills, MI: MacMillan Reference USA, 2014

Jain A, Christopher P, Appelbaum PS: Civil commitment for opioid and other substance use disorders: does it work? Psychiatric Services 69(4):374-6, 2018

QUESTIONS AND ANSWERS

- 1. As of 2015, what percentage of states had laws permitting commitment of adults for substance abuse treatment?
 - A. <10%
 - B. 10-30%
 - C. 30-50%
 - D. >50%

ANSWER: D

- 2. The number of sex offenders committed or detained under current sex predator commitment laws totals:
 - A. <1000
 - B. 1000-2000
 - C. 3000-4000
 - D. >4000

ANSWER: D

T25 THE NEED TO UPDATE LEGAL SYSTEMS REGARDING UNDUE INFLUENCE

Steven A. Hassan MEd, Newton, MA
Thomas G. Gutheil, MD, Brookline, MA

EDUCATIONAL OBJECTIVE

To teach and propose some models which could be useful in doing a forensic evaluation for undue influence.

SUMMARY

Current assessments of undue influence – a five-hundred-year-old legal concept – do not consider modern knowledge about hypnosis, social influence, nor characteristics of predatory or coercive individuals and organizations, nor how these forces influence informed consent. The “rational agent” notion pervades all legal systems. However, Kahneman and Tversky showed that humans characteristically use unconscious heuristics as shortcuts to make decisions, and only occasionally stop, look at hard data and do analytical “rational” evaluation. Several cases illustrate how social influence can be used to subvert an adult’s capacity to give informed consent. One case, for example, involves a pimp who recruited a woman to be his sex slave and murdered a man; she was convicted along with him. Two models – the Influence Continuum from ethical, healthy influence on one end to unethical destructive mind control on the other end and the BITE model of unethical mind control: Behavior Control, Information control, Thought Control and Emotional Control – may assist the forensic examiner.

REFERENCES

Hassan S: Combating Cult Mind Control: the #1 Best-Selling Guide to Protection, Rescue, and Recovery from Destructive Cults. Newton, MA: Freedom of Mind Press, 2018

Hassan S, Shah M: The Anatomy of Undue Influence Used by Terrorist Cults and Traffickers to Induce Helplessness and Trauma, so Creating False Identities. Ethics, Medicine and Public Health, Elsevier Journal, in press

QUESTIONS AND ANSWERS

1. What models can assist a forensic psychiatrist in assessing undue influence?

- A. Influence Continuum and BITE Model
- B. Cognitive Dissonance
- C. Cognitive Discontinuity
- D. Criminality Profiling

ANSWER: A

2. Which one of these is not part of the BITE Model?

- A. Emotion
- B. Thought
- C. Information
- D. Behavior
- E. Identity

ANSWER: E

T26 MORE THAN FEAR: CONTROL AND COERCION IN SEX TRAFFICKING CASES

Tianyi Zhang, MD, San Francisco, CA

Vivek Datta, MD, San Francisco, CA

EDUCATIONAL OBJECTIVE

To promote understanding of issues related to sex trafficking, drawing from relevant court cases, studies, and media portrayals. To describe and improve the role of the forensic psychiatrist in assessments and consultations in sex trafficking cases.

SUMMARY

In criminal cases related to human trafficking, the credibility of victims of trafficking is often called into question. Particularly at issue is why victims of trafficking did not take advantage of potential opportunities to flee. Expert testimony may be essential to help the trier of fact understand the behavior of trafficking survivors. We conducted LexisNexis and Casetext searches to determine how expert testimony was used in cases involving sex trafficking for which there was a judicial opinion. We found 8 relevant appellate-level cases and 9 district-level cases from 2000 to 2019. These published opinions include testimony from an expert witness elucidating the sex trafficker's use of control and coercion and how these techniques may produce seemingly anomalous behaviors in their victims. In 8 of these cases, the expert witness was a medical or mental health professional. The legal trend toward inclusion of expert witness testimony on the complex psychological concepts surrounding sex trafficking relationships highlights a growing area to which forensic psychiatrists may lend their expertise. This includes describing methods of force, fraud, and coercion, counterintuitive victim behaviors, and relevance of psychiatric diagnoses. The implications of our findings for forensic psychiatrists, judges, and policy makers are discussed.

REFERENCES

Raphael J, Reichert J, Powers M: Pimp control and violence: domestic sex trafficking of Chicago women and girls. *Women Crim Justice* 20:89-104, 2010

Joan AR: Entrapment and enmeshment schemes used by sex traffickers. *Sex Abuse* 28:491-511, 2016

QUESTIONS AND ANSWERS

1. In cases in which victims of human trafficking are defendants, psychiatric expert testimony is most likely to be used to support which of the following affirmative defenses?

- A. Insanity
- B. Necessity
- C. Duress
- D. Entrapment

ANSWER: C

2. In cases related to sex trafficking, the credibility of sex trafficking victims is most frequently scrutinized as the result of:
- Having a history of substance use
 - Not taking advantage of potential opportunities to escape from their traffickers
 - Demonstrating reluctance to testify against their traffickers
 - Having a history of a romantic relationship with their trafficker

ANSWER: B

127 FORENSIC PSYCHIATRY IN THE AGE OF ARTIFICIAL INTELLIGENCE

Peter S. Martin, MD, Buffalo, NY

EDUCATIONAL OBJECTIVE

To provide a comprehensive review of artificial intelligence in the context of forensic psychiatry, with a focus on utilization in risk assessment.

SUMMARY

The use of artificial intelligence (AI) is becoming increasingly commonplace in today's society, ranging from use in smartphones to experimentation in medical research. While research into the use of AI has begun in several branches of medicine, there have been limited applications to psychiatry. Here, we will provide a literature review of applications to date of AI in medicine, with a particular focus on forensic psychiatry. Given the nature of this information, sources of information for the review will include both traditional scholarly journals and pertinent results from the lay press for instances with commercial products. There will be an overview of various computer-assisted tools that have been applied to traditional social sciences. Pertinent examples will be highlighted to provide perspective for how these tools can be used in psychiatry. There will be a focus on how AI could be utilized in risk assessment algorithms to provide additional insights and/or improve predictive modeling. A hypothetical example will explore how the use of these tools could improve risk assessment in those involved in probation. A discussion for other future directions and challenges, in particular access to sufficient databases to allow for exploration of these concepts, will complete this review.

REFERENCES

- Constantinou AC, Freestone MC, Marsh W, et al. Causal inference for violence risk management and decision support in forensic psychiatry. *Decision Support Systems* 80:42-55, 2015
- Baumgartner K, Ferrari S, Palermo G: Constructing Bayesian networks for criminal profiling from limited data. *Knowledge-Based Systems* 21(7):563-572, 2008

QUESTIONS AND ANSWERS

1. Which of the following is a confirmed example of the use of artificial intelligence in risk assessment? A.
- Use of facial recognition to detect increased risk of recidivism for sexual violent predators
 - Detecting suicidality from Twitter accounts
 - Risk of suspensions for violent behavior of middle school students
 - Threat assessment for active shooter trainings
 - Risk of relapse of opioids in those recently released from jail

ANSWER: B

2. Which of the following is the most accurate explanation for concepts related to artificial intelligence?
- Deep learning attempts to replicate some part of human intelligence
 - Machine learning builds upon layers of abstractions from databases to construct higher-level meaning
 - Deep learning allows computers to learn "on their own" from large datasets
 - Artificial intelligence is a narrower description than either machine learning or deep learning
 - Deep learning builds upon layers of abstractions from databases to construct higher-level meaning

ANSWER: E

T28 ANOREXIA AND ASSISTED SUICIDE: COERCION VS. SELF-DETERMINATION?

Patricia Westmoreland MD, Denver, CO
Angela Guarda, MD, Baltimore, MD
Annette Hanson, MD, Jessup, MD
Mark S. Komrad MD, Towson, MD

EDUCATIONAL OBJECTIVE

This panel will cover international trends in physician-assisted suicide and medical euthanasia focusing on psychiatric concerns. Speakers will highlight anorexia nervosa as a disorder that illustrates several ethics dilemmas relevant to operationalizing access to assisted suicide for patients with psychiatric illness, poor quality of life and severe life-threatening medical comorbidity.

SUMMARY

Physician assisted suicide and medical euthanasia are considered unethical by the AMA/APA/WMA. First touted as a form of self-determination in patients with terminal medical illnesses, this practice is increasingly applied to non-terminal conditions. Belgium and the Netherlands have extended physician assisted suicide/medical euthanasia to mental illness that is considered “unbearable” and “untreatable.” Canada is exploring allowing psychiatric patients access to euthanasia. Patients with severe and enduring anorexia nervosa (SEAN) suffer debilitating physical illness. It is argued that, for some, the severity of their disorder qualifies as unbearable and untreatable suffering. Do such individuals have the capacity to refuse treatment? Should treatment be mandated in SEANs? Is involuntary treatment effective? Is there a time when treatment does more harm than good? What if a SEAN patient requests assisted suicide or euthanasia in a jurisdiction where it is legal? Dr. Hanson will present updated information on physician assisted suicide in the U.S. Dr. Komrad will discuss developments in Canada and the European practices of euthanasia for psychiatric patients; both will discuss implications for SEANs. Dr. Guarda will review coercion and involuntary treatment for anorexia. Dr. Westmoreland will discuss capacity and handling patients’ requests for terminating treatment and physician assisted suicide or euthanasia.

REFERENCES

Kim SYH, De Vries RG, Peteet JR: Euthanasia and assisted suicide of patients with psychiatric disorders in the Netherlands, 2011 to 2014. *JAMA Psychiatry* 73:362-368, 2016
Eddy KT, Tabri N, Thomas JJ, et al. Recovery from anorexia nervosa and bulimia nervosa at 22-year follow-up. *J Clin Psychiatry* 78(2):184-189, 2017

QUESTIONS AND ANSWERS

1. Regarding people requesting physician assisted suicide or medical euthanasia in the Netherlands:

- A. Over 4% of the population dies by medical euthanasia
- B. This percentage is declining
- C. 1% of those euthanized have strictly psychiatric disorders
- D. A and B
- E. A and C

ANSWER: E

2. With regard to anorexia nervosa (AN):

- A. AN has the highest mortality rate of any psychiatric illness
- B. According to a recent study, at 22 years of follow-up 2/3 of individuals with AN have recovered
- C. Recovery is not possible after longterm illness in AN
- D. A and B
- E. A and C

ANSWER: D

T29 FANATICS, INCELS, AND TROLLS: THE FORENSIC EXPERT’S GUIDE

Andrew Nanton, MD, Seattle WA
Alan Newman, MD, San Francisco, CA
James Armontrout, MD, Menlo Park, CA
Michael Rogers, MD, El Cerrito, CA

EDUCATIONAL OBJECTIVE

Conduct culturally proficient assessments of evaluatees who identify with online fringe groups. Attendees will learn how to educate themselves about fringe communities using resources beyond search engines, as much relevant activity is not indexed for search.

SUMMARY

As more social interaction moves online, people with unusual thinking have found new avenues to connect with each other, often exposing them to dangerous groups and ideologies. While fringe ideas are as old as humanity, recent groups and ideologies such as QAnon, Pro-Ana, and Incels have used both traditional internet and more recent social networking platforms to amplify their influence. In this session, the AAPL Technology Committee will address the roots, ideologies, and online platforms of these groups. Awareness allows evaluators to identify these ideologies as shared beliefs and perform an accurate forensic evaluation on someone suspected of sharing these ideologies. Those who attend this workshop will easily identify adherents and recognize ways to differentiate extreme and unusual beliefs from delusions. We will also explore the process of becoming radicalized through contact with fringe online communities. Because many of these communities are difficult to research using traditional search engines, the presenters will interactively demonstrate how to access so-called “Dark Web” materials and communities. Through a series of case presentations with small group discussions, attendees will also use their new understanding to interpret behavior and write more accurate forensic reports.

REFERENCES

Firkins A, Twist J, Solomons W, et al: Cutting Ties With Pro-Ana: A Narrative Inquiry Concerning the Experiences of Pro-Ana Disengagement From Six Former Site Users. *Qualitative Health Research* 29(10):1461-1473 2019
Rahman T, Resnick PJ, Harry B. Anders Breivik: Extreme Beliefs Mistaken for Psychosis. *J Am Acad Psychiatry Law* 44:28-35, 2016

QUESTIONS AND ANSWERS

1. References to which of the following would most strongly suggest exposure to a Pro-Ana community:
- A. “bulking” with anabolic steroids
 - B. “thinspo”
 - C. “roid rage”
 - D. “blesdress”
 - E. “purge-splurge”

ANSWER: B

2. Which of the following is most suggestive of a psychotic disorder instead of a “Sovereign Citizen” ideology in a criminal defendant:
- A. An Instagram post discussing the significance of the fringe on an American Flag
 - B. A belief that one’s parents registered them at birth as “a corporation”
 - C. A highlighted bible with references to “sheriffs”
 - D. Comments on a YouTube video about “quantum grammar”
 - E. Defendant has made multiple Facebook posts on their belief that they are infested with parasites

ANSWER: E

T30 PSYCHIATRIC EVALUATIONS OF CUSTODY DISPUTES

Stephen Paul Herman, MD, New York, NY
Maria G. Master, JD, MD, New York, NY
Megan Mroczkowski, MD, New York, NY

EDUCATIONAL OBJECTIVE

To raise the standards for performing psychiatric custody evaluations based upon current medical knowledge, up-to-date psychiatric concepts, vigilance regarding the fluidity of the legal system, and increased awareness of diversity.

SUMMARY

This course provides comprehensive, up-to-date information for the psychiatrist who evaluates child custody disputes. We examine what makes a medical approach unique and its relevance for our times. The course is divided into five sections: (1) the many reasons for a psychiatric evaluation, as opposed to a non-medical approach; (2) the history of child custody, from Greece to Native Americans, from Africa to English common law; (3) the methodology for the evaluation; (4) psychiatric recommendations; and (5) current issues, from LGBTQ parents and children to addiction and intimate partner violence. We provide a syllabus with recent legal and clinical references and ample time for audience questions and comments.

REFERENCES

Miller E, McCaw B: Intimate partner violence. *N Engl J Med* 380:850, 2019

Jappens M, Van Bavel J: Parental divorce, residence arrangements, and contact between grandchildren and grandparents. *Journal of Marriage and Family* 78(2):451, 2016

QUESTIONS AND ANSWERS

1. Which of the following describes the tender years presumption?

- A. All mothers should have custody of their children
- B. Still in effect in several states
- C. Following a family split, growth and development of young children is best in their mothers' care
- D. Satisfies Daubert criteria

ANSWER: C

2. An alcoholic Native American gives birth to a child with fetal alcohol syndrome. Which scenario is correct?

- A. According to IQWA, the child must be placed in foster care with a biological relative
- B. The Native American tribunal must order therapy for mother and child
- C. A social worker does a home evaluation
- D. The mother has supervised parenting time until sobriety for at least one year

ANSWER: C

T31 WHO NEEDS EXPERTS? DETERMINATIONS OF RISK IN CIVIL COMMITMENT

Steven K. Hoge, MD, New York, NY

Alec Buchanan, MD, New Haven, CT

Merrill Rotter, MD, Bronx, NY

EDUCATIONAL OBJECTIVE

Participants will understand jurisdictional differences in making determinations with respect to the sufficiency of evidence that patients are “dangerous” and, therefore, meet commitment criteria. The participants will understand the policy and practice tradeoffs that are associated with expert-based systems and lay-based systems.

SUMMARY

With the reform of civil commitment laws, which began roughly 50 years ago, most jurisdictions moved from a standard requiring proof of “need for treatment” to one requiring demonstration of “dangerousness” either to self or others. The new commitment standard was seen as an advance by reformers who sought to reduce psychiatrists’ discretion to invoke involuntary confinement. Courts would be able to make judgments regarding “danger” by lay standards, based on evidence of behavior. As time passed, mental health professionals have developed expertise in risk assessment. Risk assessment data and risk assessment tools have been employed in a variety of forensic and treatment commitment contexts. The development of an expert approach to risk assessment undermines the expectations of lay, non-professional commitment determinations. In this workshop, Dr. Rotter will review jurisdictional differences in how evidence of “dangerousness” is presented and reviewed by the courts, providing representative examples of states that use each model, expert and non-expert. Dr. Buchanan will present the advantages of utilizing professional judgments of future risk. Dr. Hoge will present the advantages of excluding professional judgments of experts and review the history of reform as it applies to such judgments.

REFERENCES

Scurich N, John RS: The effect of framing actuarial risk probabilities on involuntary civil commitment decisions. *Law and Human Behavior* 35(2):83-91, 2011
Schopp RF, Quattrocchi MR: Predicting the present: expert testimony and civil commitment. *Behavioral Sciences and the Law* 13(2):159-181, 1995

QUESTIONS AND ANSWERS

1. In the case of *Barefoot v. Estelle*, the Supreme Court noted that, by the standards of the time, expert predictions of future dangerous were accurate:
- A. 12% of the time
 - B. 33% of the time
 - C. 50% of the time
 - D. 66% of the time

ANSWER: B

2. Which of the following is NOT a common feature of civil commitment assessments:
- A. Identification of recent behaviors that place others at risk
 - B. Evaluation of signs and symptoms of mental illness related to problem behavior
 - C. Time and resources to obtain extensive historical records of hospitalization, arrest, and behavior
 - D. Assessment of current thoughts, threats, and plans of violence

ANSWER: C

T32 TREATMENT OF JUSTICE INVOLVED PSYCHIATRIC PATIENTS IN ITALY & THE USA

J. Richard Ciccone, MD, Rochester, NY
Giovanni B. Traverso, MD, Trequanda, Italy
Simona Traverso, MD, Siena, Italy
Robert L. Weisman, DO, Rochester, NY
J. Steven Lamberti, MD, Rochester, NY

EDUCATIONAL OBJECTIVE

Participants will be familiar with birth and death of the asylum in the United States and Italy. Participants will also be able to discuss the barriers and bridges in the US and Italy to development of effective community-based treatment options for the justice involved psychiatric patient.

SUMMARY

The deinstitutionalization of the mentally ill in the US and in Europe that began in the middle of the 20th century turned out to be a mixed blessing. In the US, many patients benefitted from discharge from the asylum but a number did not; they were arrested and housed in jails and prisons. In 1978, Italy passed the Basaglia Law that reformed the psychiatric system in Italy and directed the closing of all psychiatric hospitals except for forensic psychiatric hospitals. After the implementation of the Basaglia Law, Italian prisons became the home of many severely mentally ill individuals. In 2014, Italy became the first country to close forensic psychiatric hospitals (Law n. 81/2014) and rely on community-based treatment for the justice involved psychiatric patient. The panel will also discuss barriers in the US and in Italy to community management of the mentally ill offender, innovative programs in the US and Italy that seek to overcome those barriers, and efforts to mitigate the risk of workplace violence for staff providing the community-based treatment to the justice-involved individual

REFERENCES

Traverso S, Traverso GB: Revolutionary reform in psychiatric care in Italy: the abolition of forensic mental hospitals. *Criminal Behaviour and Mental Health* 27(2):107-111, 2017
Weisman RL, Lamberti JS, Ciccone JR: Community-based interventions for justice-involved individuals with serious mental disorders, in *Principles and Practices of Forensic Psychiatry*. Edited by Rosner R and Scott CL. Boca Raton, FL: CRC Press, 2017

QUESTIONS AND ANSWERS

1. Which of the following is true about forensic assertive community treatment (FACT) in the United States?
- A. FACT programs differ widely in their structure and function
 - B. There have been no rigorous randomized controlled trials of FACT
 - C. The R-FACT model utilizes mental health and criminal justice collaboration
 - D. Psychosis is unrelated to criminal recidivism
 - E. A and C
 - F. B and D
 - G. All of the above

ANSWER: E

2. What are “REMS?”
- A. Small closed therapeutic facilities that treat psychiatric patients who are both “not guilty for reason of insanity” and dangerous
 - B. Facilities which hold psychiatric offenders while they undergo forensic psychiatric examination
 - C. Facilities where psychiatrically ill offenders serve their sentence
 - D. Facilities for the evaluation of the defendant’s competence to stand trial

ANSWER: A

T33 FORENSIC PSYCHIATRY, LIAISON TO POLICY MAKERS: NEW MENTAL HEALTH LAWS

Karen B. Rosenbaum, MD, New York, NY
Charles Scott, MD, Sacramento, CA
Robert L. Trestman, PhD, MD, Roanoke, VA
Michael K. Champion, MD, Honolulu, HI
Debra A. Pinals, MD, Ann Arbor, MI
Christopher Thompson, MD, Los Angeles, CA
Beth Lavach, Washington, DC

EDUCATIONAL OBJECTIVE

Appreciate the importance of forensic psychiatrists educating legislative and regulatory bodies about forensic mental health issues and explain the role of the CFSO; identify mechanisms for AAPL to educate government about issues relevant to our practice; and identify current proposed government legislation relevant to forensic psychiatry.

SUMMARY

The Consortium of Forensic Science Organizations (CFSO) recently added the American Academy of Psychiatry and the Law (AAPL). The CFSO, composed of six forensic science organizations, provides a liaison between forensic science organizations and policy makers at the national level. This panel created by the Government Affairs Committee will address several bills that are new or in process in several states including California Assembly Bill 1810 (CA AB 1810) establishing a procedure of diversion for defendants with mental disorders through which the court would be authorized to grant pretrial diversion to a defendant suffering from a mental disorder; Virginia’s bill developing a web-based psychiatric bed registry (PBR) to collect, aggregate, and display data on the availability of acute beds in all inpatient psychiatric facilities and residential crisis stabilization units; and a bill in New York regarding women’s health in correctional facilities. We will also discuss working in collaboration with stakeholders developing language to further refine mental health law, and the challenges of drafting specific language across viewpoints. Finally, A CFSO legislative analyst will discuss other initiatives in more detail including VAWA (Violence Against Women Act) which was renewed on February 14, 2019.

REFERENCES

Montgomery BEE: Human rights: the violence against women act reauthorization is due. AM J Public Health 108(110):1490-1492, 2018

Gore R, Parker R: Analysing power and politics in health policies and systems. Global Public Health 14(4): 481-488, 2019

QUESTIONS AND ANSWERS

- 1. What is VAWA?
 - A. The Victims Against War Act
 - B. The Violation Against Women Act
 - C. The Voters Against Waste Association
 - D. The Volitional Anti-War Academy

ANSWER: B

- 2. How can Forensic Science Associations impact policy-making?
 - A. Using a liaison such as the CFSO to convey new data and ideas
 - B. By writing amicus briefs
 - C. By teaching each other at Academic meetings
 - D. There is no point in doing that as the government does not care what we think

ANSWER: A

T34 FROM PROSCRIBED TO PRESCRIBED: MARIJUANA'S IMPACT ON FORENSICS

Maria Lapchenko, MD, Cleveland, OH
Adrienne Saxton, MD, Northfield, OH
Sara G. West, MD, Broadview Heights, OH

EDUCATIONAL OBJECTIVE

To review the regulations governing the prescription of marijuana, relevant legal cases, and areas of special concern for forensic psychiatrists conducting criminal responsibility evaluations.

SUMMARY

The landscape of drug use in the United States is changing and evolving. Marijuana use, in particular, is gaining greater social acceptance and more states are legalizing it for recreational and medicinal purposes. As of 2018, thirty-three states have passed legislation legalizing marijuana in some form. However, the potential ramifications of marijuana’s legalization for people who have committed crimes while under its influence have yet to be fully elucidated. It is well known that a small, but significant number of marijuana consumers experience psychotic symptoms. With marijuana’s evolution from a proscribed to proscribed substance, criminal acts committed while in a psychotic state related to medicinal marijuana use may now be eligible for an involuntary intoxication defense. While no appellate level decisions addressing the issue of criminal responsibility in individuals who have committed crimes while under the influence of medicinal marijuana exist to date, trial courts have ruled on this issue. More rulings are likely to be on the horizon as marijuana gains wider acceptance.

REFERENCES

Goldstein RL: The Mickey Finn defense: involuntary intoxication and insanity. Available at: <https://pdfs.semanticscholar.org/3e93/331e74d264f8a288e73f2b2b8cd8f41596a6.pdf>
Piel J: The defense of involuntary intoxication by prescribed medications: an appellate case review. Available at: <http://jaapl.org/content/43/3/321>. Accessed August 2019.

QUESTIONS AND ANSWERS

- 1. Which of the following is true about medicinal marijuana?
 - A. Individual states determine the qualifying medical conditions for medical marijuana.
 - B. The federal government determines the qualifying conditions for medical marijuana.
 - C. Psychiatric disorders are excluded as qualifying conditions for medical marijuana.
 - D. Minors are ineligible for medical marijuana.
 - E. Physicians need not establish a doctor-patient relationship to prescribe marijuana.

ANSWER: A

2. Which of the following is not correlated with an increased risk of developing cannabis-induced psychosis:
- A. Younger age at first use
 - B. High CBD:THC ratio
 - C. Low CBD:THC ratio
 - D. History of psychosis
 - E. Mutation in the COMT gene

ANSWER: B

T35 THE MOST INFLUENTIAL LANDMARK CASE SINCE THE FOUNDING OF AAPL

Peter Ash, MD, Atlanta, GA
Susan Hatters Friedman, MD, Cleveland Heights, OH
Jacob Appel, MD, JD, New York, NY
Phillip J. Resnick, MD, Cleveland, OH
Alan Newman, MD, San Francisco, CA
Richard Martinez, MD, Denver, CO

EDUCATIONAL OBJECTIVE

To examine the impact of five important landmark court cases on mental health treatment.

SUMMARY

The Landmark Cases are studied by forensic psychiatrists, taught to forensic psychiatry fellows, and tested by the ABPN. Five noted forensic psychiatrists will present their arguments as to which is the most influential case in forensic psychiatry in the past 50 years: Wyatt v. Stickney, Roy v. Hartogs, Tarasoff v. Regents of University of California, U.S. v. John Hinckley, or Cruzan v. Director, Missouri Dept. of Health. There will be lively audience discussion, an opportunity to question the presenters, feedback using an audience response system, and, finally, the audience will vote and ultimately decide which is the most influential case since the founding of AAPL.

REFERENCES

Ash P: Group for the Advancement of Psychiatry Committee on Psychiatry and the Law. From Courtroom to Clinic: Legal Cases that Changed Mental Health Treatment. New York: Cambridge University Press, 2018.

Ford E, Rotter M: Landmark Cases in Forensic Psychiatry. New York: Oxford University Press, 2014

QUESTIONS AND ANSWERS

1. In assessing the influence of a Landmark legal case, it is important to consider:
- A. The impact of the case on subsequent legal cases and legal theory
 - B. The importance of the case for the practice of forensic psychiatry
 - C. The extent to which the case altered psychiatric treatment
 - D. The effect of the case on society at large
 - E. All of the above

ANSWER: E

2. How many cases discussed in the debate were decided in the first decade of AAPL's existence?
- A. 0
 - B. 1
 - C. 2
 - D. 3
 - E. 4-5

ANSWER: D

FRIDAY, OCTOBER 25, 2019

POSTER SESSION B

7:00 AM – 8:00 AM /
9:30 AM – 10:15 AM

HARBORSIDE FOYER

F1 Workplace Violence: Too Close to Home

Alexis L. Beattie, MD, Philadelphia, PA
Lubna Z. Grewal, MD, Denver, CO

F2 Outpatient Violence Assessment & Management of Homicidal Ideation

Caiti N. Maskrey, DO, Little Rock, AR
Raymond K. Molden, MD, Little Rock, AR
Lindsey Wilbanks, MD, Little Rock, AR

F3 Dissociative Identity Disorder and the Law

Reagan C. Gill, DO, Tulsa, OK

F4 No Law. The Right to Religion in a NY State Psychiatric Hospital

Daniel J. Scalise, MD New York, NY
Nadia Gilbo, MD, Bronx, NY
Matthew Grover, MD, Bronx, NY

F5 Stalking of Resident Psychiatrists in NYC: A Qualitative Study

Matthew Thrun-Nowicki, MD, New York, NY
Paul Appelbaum, MD, New York, NY

F6 Borrowed Valor: Can PTSD Develop from a Delusional Trauma?

Christopher P. Marett, MD, Cincinnati, OH
Rebecca Karns Brown, DO, Cincinnati, OH

F7 Civil Commitment for Substance Use: A User's Guide

Leah K. Jones, MD, Atlanta, GA

F8 Financial Domination: Intro to Implications in Forensic Psychiatry

Yelena Semenova, DO, Chicago, IL
Veronika Hanko, MD, Chicago, IL
Stephen Dinwiddie, MD, Chicago, IL

F9 Elopement in Patients with Mental Disorders: A Systematic Review

Stephanie L. Bouskill, MBBS, Hamilton, ON, Canada
Andrew T. Olangunju, MD, Hamilton, ON, Canada
Sebastien Prat, MD, PhD, CPsych, Hamilton, ON, Canada
Mini Mamak, PhD, Hamilton, ON, Canada
Gary A. Chaimowitz, MD, Hamilton, ON, Canada

F10 Legacy: An Asylum for the Care of Native Americans

Paul Noroian, MD, Worcester, MA

F11 Controversies About Psychopathy and Violence

Sebastien Prat, MD, Hamilton, ON, Canada
Gary A. Chaimowitz, MD, Hamilton, ON, Canada

F12 Animal Abuse: A Review of Reporting Requirements for Psychiatrists

William A. Frizzell, MD, Portland, OR
Joseph Chien, DO, Portland, OR

F13 Peer Support Over a Cup of Coffee – Intervening Before a Problem Worsens

Jeffrey S. Khan, MD, Houston, TX

COFFEE BREAK

9:30 AM – 10:00 AM

HARBORSIDE FOYER

FRIDAY

PAPER SESSION #2	10:00 AM – 12:00 PM	ESSEX A-C
F14 Term-of Years (or De Facto) Sentences Since Miller v. Alabama		
	Jennifer L. Piel, JD, MD, Seattle, WA	
F15 Using Technology to Improve Residents' Forensic Education		
	Tobias Wasser, MD, New Haven, CT Jason Hu, BA, New Haven, CT Ayala Danzig, MD, New Haven, CT Stephanie Yarnell-Mac Grory, MD, PhD, Providence, RI Katherine Michaelsen, MD, Seattle, WA Juan Rodriguez-Guzman, MD, San Juan, PR	
F16 Conduct Disorder: Biology and Developmental Trajectories		
	Alexandra Junewicz, MD, New York, NY Stephen Bates Billick, MD, New York, NY	
PANEL DISCUSSION	10:00 AM – 12:00 PM	HARBORSIDE BALLROOM A-B
F17 Juvenile Life Without Parole: When are Youth Irreparably Corrupt?		
	Olaya L. Solis, MD, Powell, OH Elissa P. Benedek, MD, Ann Arbor, MI Peter Ash, MD, Atlanta, GA Carol E. Holden, PhD, Ann Arbor, MI	
WORKSHOP	10:00 AM – 12:00 PM	LAUREL A-D
F18 "Insane Defenses": Nontraditional Insanity Defenses		
	Meghan Musselman, MD, Cleveland, OH Renée Sorrentino, MD, Weymouth, MA Brian Holoyda, MD, Sacramento, CA Stephen Noffsinger, MD, Cleveland, OH Phillip J. Resnick, MD, Cleveland, OH	
PANEL DISCUSSION	10:00 AM – 12:00 PM	HARBORSIDE BALLROOM D
F19 The Next Frontier: Neuroscience and Forensic Psychiatry		
	Elias Ghossoub, MD, Beirut, Lebanon Octavio Choi, MD, Stanford, CA Ziad Nahas, MD, Minneapolis, MN Christopher Thompson, MD, Los Angeles, CA William Newman, MD, Saint Louis, MO	
WORKSHOP	10:00 AM – 12:00 PM	HARBORSIDE BALLROOM E
F20 Challenges for Training in Forensic Psychiatry: The UK Experience		
	Mary C. Whittle, MB, MRCPsych, London, United Kingdom John McAnallen, MB, MRCPsych, London, United Kingdom Gerard Waldron, MB, MRCPsych, London, United Kingdom	
LUNCH	12:00 PM – 2:00 PM	HARBORSIDE BALLROOM C
F21 Hidden Bias: Why Our Criminal Justice System Comes Up Short		
	Adam Benforado, JD, Philadelphia, PA	
FLASH TALK SESSION #1	2:15 PM – 3:00 PM	ESSEX A-C
F22 Insanity in Utah – Current Status and Future Directions		
	Tyler Durns, MD, Salt Lake City, UT Trent Holmberg, MD, Draper, UT	

F23 Involuntary Clozapine Administration with Nasogastric Tube

Pratik Bahekar, MD, New Haven, CT

RESEARCH IN PROGRESS #2

3:00 PM – 4:00 PM

ESSEX A-C

F24 Palliative Care in Forensic Populations: Role of Forensic Psychiatry

Ahmad Adi, MD, Aurora, CO
 Stephanie Cripps, MD, Durham, NC
 Avee Champaneria, MBBS, Durham, NC
 Mehul Mankad, MD, Durham, NC

F25 Elderly Sex Offenders: Insights from the Missouri Registry

Elias Ghossoub, MD, Beirut, Lebanon
 Rita Khoury, MD, Beirut, Lebanon

PANEL DISCUSSION

2:15 PM – 4:00 PM

HARBORSIDE BALLROOM D

F26 Impact of DSM-5 Intellectual Disability on the Death Penalty

James C. Harris, MD, Baltimore, MD
 Paul S. Appelbaum, MD, New York, NY
 Marvin Swartz, MD, Durham, NC
 Jeffrey S. Janofsky, MD, Baltimore, MD

WORKSHOP

2:15 PM – 4:00 PM

HARBORSIDE BALLROOM E

F27 50 Years Post-Powell: Addiction and Culpability

Ashley H. VanDercar, MD, JD, Shaker Heights, OH
 Elie Aoun, MD, New York, NY
 Abhishek Jain, MD, New York, NY
 Corina Freitas, MD, Syracuse, NY

WORKSHOP

2:15 PM – 4:00 PM

LAUREL A-D

F28 What Forensic Psychiatrists Need to Know: Recent Research Findings

Nathan J. Kolla, MD, PhD, Toronto, ON, Canada
 Philip Candilis, MD, Alexandria, VA
 George Parker, MD, Indianapolis, IN
 Ryan Hall, MD, Lake Mary, FL

COURSE

2:15 PM – 6:15 PM

HARBORSIDE BALLROOM A-B

F29 Filicide: Trauma, Testimony and Treatment

Phillip J. Resnick, MD, Cleveland, OH

COFFEE BREAK

4:00 PM – 4:15 PM

HARBORSIDE FOYER

PANEL DISCUSSION

4:15 PM – 6:15 PM

LAUREL A-D

F30 Prosecuting Former Child Soldiers: Complex Considerations at the ICC

Landy F. Sparr, MD, Beaverton, OR
 Mark A. Drumbl, JSD, LLM, Lexington, VA
 Stuart B. Kleinman, MD, New York, NY
 Daniel Nicoli, DO, Portland, OR

PANEL DISCUSSION 4:15 PM – 6:15 PM **HARBORSIDE BALLROOM E**

F31 Reasonable Medical Certainty: Clear and Convincing or Legal Fiction?

Jeremy Huston Colley, MD, New York, NY
Merrill Rotter, MD, White Plains, NY
Andrew Levin, MD, Hartsdale, NY
Matthew W. Grover, MD, Katonah, NY

PANEL DISCUSSION 4:15 PM – 6:15 PM **ESSEX A-C**

F32 Drug Crises: Impact on Professional Autonomy and Standards of Care

Steven K. Hoge, MD, New York, NY
Elie Aoun, MD, New York, NY
Carl Erik Fisher, MD, New York, NY
Abhishek Jain, MD, New York, NY

AUDIOVISUAL SESSION 4:15 PM – 6:15 PM **HARBORSIDE BALLROOM D**

**F33 Insanity Evaluation of the Murderer of a Child
Video Peer Review (Members Only)**

David Rosmarin, MD, Newton, MA
James L. Knoll, IV, MD, Syracuse, NY
Adam Benforado, JD, Philadelphia, PA

***Your opinion on today's sessions is very important!
While it's fresh in your mind, PLEASE complete the evaluation form
for today's program so we can continue to offer CME in the future.***

F1 WORKPLACE VIOLENCE: TOO CLOSE TO HOME

Alexis L. Beattie, MD, Philadelphia, PA
Lubna Z. Grewal, MD, Denver, CO

EDUCATIONAL OBJECTIVE

Research in order to gain access to new scientific data on violence against mental healthcare workers, as well as improved data in areas that form the basis for practice of the discipline.

SUMMARY

Mental health care workers experience higher than average rates of violence in the workplace. Research has shown deficiency in research looking into the psychologic sequelae of workplace violence targeting mental health care providers. While research has been done to understand risk assessment more deeply, subsequent management of the inevitable damages caused by such violence is unknown. As assessors not only of risk, but of liability, we should be able to lead by example in responding to workplace violence. We submitted surveys to six sites at varying levels of mental health treatment to determine the rate of violence in each setting, the personal immediate effect of violence (physical and emotional), the residual sequelae (physical and emotional) of such an event, if any, as well as personal and institutional responses to these sequelae. We chose to survey the staff of a psychiatric emergency room in Philadelphia, a psychiatric hospital in suburban New York, a hospital in Denver, CO and several correctional institutions in Colorado to help get responses from a broad variety of settings. We are hoping that this initial data pool will help refine the questions we are asking and foster a deeper discussion regarding long term response to workplace violence.

REFERENCES

Anderson A, West S: Violence against mental health professionals: when the treater becomes the victim. *Innovations in Clinical Neuroscience* 8(3):34-39, 2011
d'Ettorre G, Pellicani V: Workplace violence toward mental healthcare workers employed in psychiatric wards. *Safety and Health at Work* 8(4):337-342, 2017

QUESTIONS AND ANSWERS

1. According to recent research, which of the following is NOT considered a characteristic of patients likely to act violently on an inpatient psychiatric unit?
 - A. Male gender
 - B. History of alcohol use
 - C. Diagnosis of bipolar disorder
 - D. Diagnosis of schizophrenia

ANSWER: C

2. According to the United States Department of Justice's National Crime Victimization Survey conducted from 1993 to 1999, what is the rate of non-fatal workplace violence against psychiatrists and mental healthcare professionals?
 - A. 25 per 1000
 - B. 68 per 1000
 - C. 125 per 1000
 - D. 200 per 1000

ANSWER: B

F2 OUTPATIENT VIOLENCE ASSESSMENT & MANAGEMENT OF HOMICIDAL IDEATION

Caiti N. Maskrey, DO, Little Rock, AK
Raymond K. Molden, MD, Little Rock, AK
Lindsey Wilbanks, MD, Little Rock, AK

EDUCATIONAL OBJECTIVE

To educate the audience on utilization of efficient, brief structured professional judgement (SPJ) violence assessment tools, appropriate for a time constrained outpatient setting. The audience will have an improved understanding of advantages of SPJ and will develop a plan to utilize these assessment tools in outpatient settings.

SUMMARY

A violence risk assessment should be performed when homicidal ideation is reported. Standard of care for violence assessment is met if it is documented that a reasonable assessment of risk was performed and a reasonable risk management plan was implemented. Structured professional judgment violence risk assessment instruments are the most widely used and validated measure to assess violence risk. However, most of these instruments were designed to be used in a forensic and/or correctional setting. Limitations in the use of these instruments in an outpatient setting include expense, length of time to complete, and extensive collateral information required. Thus, leaving most assessments in general psychiatric outpatient settings to unstructured clinical judgement, which lacks transparency, has low reliability, and has low predictive validity. A literature review was undertaken to examine available violence risk screening assessment instruments that can be effectively and efficiently utilized in an outpatient setting. Three free structured professional judgment screening instruments were identified and are presented, compared, and contrasted: The Violence Risk Screening 10 (V-RISK 10), Short-Term Assessment of Risk and Treatability (START), and Violence Screening and Assessment of Needs (VIOSCAN). Management strategies to reduce violence risk while in an outpatient setting are proposed.

REFERENCES

Warburton KD, Stahl SM: Violence in psychiatry. Cambridge: Cambridge University Press, 2016

Yang M, Wong SC, Coid J: The efficacy of violence prediction: A meta-analytic comparison of nine risk assessment tools. Psychological Bulletin 136:740-767, 2010

QUESTIONS AND ANSWERS

1. Which of the following are considered dynamic, modifiable risk factors for violence?

- A. Major mental illness
- B. Substance abuse
- C. Lack of insight
- D. All of the above

ANSWER: D

2. Which of the following types of violence risk assessments are considered to be evidence-based, comprehensive, and management oriented?

- A. Actuarial risk assessments
- B. Structured professional judgement
- C. Unstructured clinical judgement
- D. None of the above

ANSWER: B

F3 DISSOCIATIVE IDENTITY DISORDER AND THE LAW

Reagan C. Gill, DO, Tulsa, OK

EDUCATIONAL OBJECTIVE

Teaching consultants about latest information regarding DID as well as understanding latest research on DID.

SUMMARY

Dissociative identity disorder has been ill-portrayed in the media for decades. Due to expert skepticism and a lack of research, forensic training around this disorder is limited. Can dissociative identity disorder be simulated if testing physiological response? Are there specific brain changes found in dissociative identity disorder? Is dissociative identity disorder actually a subgroup of borderline personality disorder patients? This poster will review the current research attempting to prove or disprove this disorder as well as discuss how the courts have ruled regarding this highly contested diagnosis.

REFERENCES

Brand BL, Webermann, AR, Snyder BL, et al: Detecting clinical and simulated dissociative identity disorder with the test of memory malingering. Psychol Trauma 11(5):513-520, 2019

Nakic M: Dissociative identity disorder in the courtroom. J Am Acad Psychiatry Law 146-148, 2012

QUESTIONS AND ANSWERS

1. Which brain changes are found in patients with dissociative identity disorder?

- A. Larger ventricles
- B. Smaller hippocampal volumes
- C. Smaller amygdalar volumes
- D. Both B & C

ANSWER: D

2. What percentage of board-certified psychiatrists believed that dissociative identity disorder should be included in DSM-IV?

- A. 75%
- B. 50%
- C. 33%
- D. 5%

ANSWER: C

F4 NO LAW. THE RIGHT TO RELIGION IN A NY STATE PSYCHIATRIC HOSPITAL

Daniel J. Scalise MD, New York, NY
 Nadia Gilbo MD, Bronx, NY
 Matthew Grover, MD, Bronx, NY

EDUCATIONAL OBJECTIVE

To better understand the religious rights of committed psychiatric patients and to appreciate the challenges and benefits to providing access to religious practices at a state psychiatric hospital in New York City.

SUMMARY

The list of rights given to every patient admitted to a New York State psychiatric hospital includes the right to practice the religion of your choice. The First Amendment to the US Constitution states that no law may be passed to restrict the free exercise of religion. As states become more religiously diverse, providing access to religious services at government hospitals becomes more difficult. Records of one state-run hospital in the Bronx reveal that out of 155 patients: 60 (39%) were Catholic; 10 (6.4%) were Protestant; 8 (5.1%) were Jewish; 8 (5.1%) were Baptist; 6 (3.9%) were Muslim; 2 (1.3%) were Jehovah’s Witness; 1(0.6%) each were non-denominational, Pentecostal, Episcopalian, Santeria, Voodoo, and Rastafarian; 7 (4.5%) had no religious affiliation; and the remaining 34 (22%) were unknown. Patients at state hospitals often have few social resources and may benefit the most from religious involvement. Moreover, a recent systemic review suggests a treatment benefit to increased integration of religious providers. The authors review the literature surrounding religious practices in psychiatric hospitals and present a case of a middle-aged Muslim man with schizophrenia, and the challenges and benefits he encountered in practicing his faith in a state hospital.

REFERENCES

Vaillant G, Templeton J, Ardel M, et al: The natural history of male mental health: health and religious involvement. *Social Science and Medicine* 66(2), 221-231, 2008

Pennybaker S, Hemming P, Roy D, et al: Risks, benefits, and recommendations for pastoral care on inpatient psychiatric units: a systematic review. *J Psychiatr Pract* 22(5):363-381, 2016

QUESTIONS AND ANSWERS

1. What is the legal obligation of NY state Psychiatric hospitals to provide for the religious practice of committed inpatients?

ANSWER: *The state is required to provide reasonable accommodation for the religious practice of every committed patient.*

2. What are some of the benefits and challenges to increased integration of religious practice to state hospitals?

ANSWER: *State psychiatric patients often have few social resources and benefit from the support of a religious community, however given the number of different religious practices it is a challenge for the state to provide for the individual religious preferences of each patient.*

F5 STALKING OF RESIDENT PSYCHIATRISTS IN NYC: A QUALITATIVE STUDY

Matthew Thrun-Nowicki, MD, New York, NY
Paul Appelbaum, MD, New York, NY

EDUCATIONAL OBJECTIVE

To examine the phenomenon of stalking of residents through semi-structured interviews with directors of residency programs to ascertain basic trends of stalking phenomena in this population.

SUMMARY

Since legal and psychiatric conceptualizations of stalking emerged in the 1990s, several studies have identified mental health professionals as a special population suspected to be at increased risk for being stalked. For example, a recent qualitative study of psychiatrists in the U.K. found that a substantial proportion of respondents experienced difficulties in obtaining support, which may be at least partially attributable to public perceptions of psychiatrists being less vulnerable to negative consequences leading to less support being sought. This is especially concerning when considering doctors undertaking their residency training in psychiatry. Residents-in-training represent a unique population worthy of study for several reasons. For one, they are usually beginning their careers in psychiatry and may be more vulnerable to negative consequences of being stalked. Secondly, although residency programs are ACGME-accredited institutions and should have several opportunities to report concerns at various systemic levels, they may differ with respect to their institutional protocols for addressing such issues, and residents may not be aware of them. As such, this study seeks to provide a preliminary bridge towards viewing stalking phenomena from the standpoint of psychiatric residents.

REFERENCES

Pinals DA and Group for the Advancement of Psychiatry: Committee on Psychiatry and Law. Stalking: Psychiatric Perspectives and Practical Approaches. New York: Oxford University Press, 2007

Maclean L, Reiss D, Whyte S, et al: Psychiatrists' experiences of being stalked: a qualitative analysis. J Am Acad Psychiatry Law 41(2):193-9, 2013

QUESTIONS AND ANSWERS

1. When did anti-stalking laws become widespread across the United States?

- A. 1970s
- B. 1980s
- C. 1990s
- D. 2000s

ANSWER: C

2. Which populations have been identified as higher risk for being victims of stalking than the general population?

- A. College students
- B. Mental Health professionals
- C. Clergy
- D. Both A and B
- E. All the above

ANSWER: D

F6 BORROWED VALOR: CAN PTSD DEVELOP FROM A DELUSIONAL TRAUMA?

Christopher P. Maret, MD, Cincinnati, OH
Rebecca Karns Brown, DO, Cincinnati, OH

EDUCATIONAL OBJECTIVE

This poster presents a case of a man ordered for competency restoration who experienced PTSD symptoms in response to a delusional trauma. It explores the ongoing debate regarding the nosology of PTSD, reviews the common pathways between PTSD and psychotic disorders, and examines potential treatment options.

SUMMARY

The diagnosis of PTSD remains controversial. Experts disagree on what clusters of symptoms should indicate PTSD. This has led to differing definitions between versions of the DSM and ICD and corresponding epidemiologic differences. Perhaps most controversial is the DSM 5 Criterion A, which states that “the person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.” Some experts have posited that the resultant dysfunction and distress are more important than the particulars of a given trauma. This poster presents a case of a man with many symptoms of PTSD though with an unusual trauma history. The patient had a diagnosis of schizophrenia and many delusions. Over several months, he shared vivid delusions related to combat experiences in Iraq. Yet his family shared that he had never served in the military. We will explore whether someone with a delusional trauma could ostensibly develop PTSD. We will also review neurobiological, epigenetic, psychodynamic, and other common pathways between PTSD and psychotic disorders. Finally, we will explore how these findings might inform treatment.

REFERENCES

Guina J, Baker M, Stinson K, et al: Should posttraumatic stress be a disorder or a specifier? Towards improved nosology within the DSM categorical classification system. *Curr Psychiatry Rep* 19:66, 2017

O’Conghaile A, DeLisi L. Distinguishing schizophrenia from posttraumatic stress disorder with psychosis. *Curr Opin Psychiatry* 28(3):249-55, 2015

QUESTIONS AND ANSWERS

1. Proponents of an expanded definition of PTSD would most likely argue that:
 - A. PTSD criteria should include separate “avoidance” and “mood/cognitive” clusters rather than lumping these symptoms into an “avoidance/numbing” cluster.
 - B. A greater number of symptom clusters should be added to the definition of PTSD in order to allow greater diagnostic specificity.
 - C. The ICD-11 PTSD criteria offer more robust sensitivity than the DSM-5 PTSD criteria.
 - D. Criterion A should be revised or abolished altogether.

ANSWER: D

2. Evidence for a link between PTSD and psychotic disorders includes all of the following EXCEPT:
 - A. Common epigenetic pathways (e.g. CACNA1C expression)
 - B. Aberrant cannabinoid receptor 1 (CB1) binding
 - C. Large twin and family studies that demonstrate an association between the heritability of PTSD and the heritability of schizophrenia
 - D. A large genome-wide association study (GWAS) consortium has reported evidence of an overlap of some associated PTSD risk genes with a GWAS of schizophrenia

ANSWER: C

F7 CIVIL COMMITMENT FOR SUBSTANCE USE: A USER'S GUIDE

Leah K. Jones, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

To provide an overview of civil commitment laws for substance use to demonstrate how commitment criteria, treatment duration, and patient rights vary across states, as well as the problems that have arisen in implementation, potential ethical pitfalls, and questions of efficacy and safety based on data from programs in Massachusetts.

SUMMARY

In 2017, the number of drug overdose deaths increased to 70,237, and more than half involved some form of opioid. That figure has increased each year since 1999, and one response to the worsening crisis in many states has been the use of civil commitment. Laws for civil commitment were first written in the late 1800s in the context of treating “inebriates” via commitment to sober-house hospitals, and even then questions of efficacy, ethics, and logistics limited the use of such laws. Since the ever-growing opioid crisis however, many states have returned to the idea of civil commitment as a viable form of treatment – currently 38 states and the District of Columbia have civil commitment laws, an increase from 18 states in 1991. The questions of efficacy, ethics, and logistics are still unanswered, however, as existing research shows that there is little to

no evidence to support the idea of involuntary treatment being effective, and complications could worsen outcomes for those committed. This poster will give an overview of commitment laws, and examine the most recent outcome data from treatment programs in Massachusetts and the issues that have arisen as the number of petitions and commitments have increased.

REFERENCES

Jain A, Christopher P, Appelbaum PS: Civil commitment for opioid and other substance use disorders: does it work? *Psychiatric Services* 69(4):374-376, 2018

Health in Justice Action Lab: Laws Authorizing Involuntary Commitment for Substance Use. Available at: <http://www.lawatlas.org/datasets/civil-commitment-for-substance-users>. Accessed August 2019.

QUESTIONS AND ANSWERS

1. Civil commitment laws in all states require an evaluation by a clinician. In how many of those states is the result of the evaluation the sole determinant in the outcome of the commitment process?

- A. 38
- B. 12
- C. 3
- D. 0

ANSWER: C

2. The duration of involuntary treatment varies from state to state. The length of commitment ranges from:

- A. 3 – 5 days
- B. 30 – 90 days
- C. 5 days to 1 year
- D. 3 days to 2 years

ANSWER: D

F8 FINANCIAL DOMINATION: INTRO TO IMPLICATIONS IN FORENSIC PSYCHIATRY

Yelena Semenova, DO, Chicago, IL
Veronika Hanko, MD, Chicago, IL
Stephen Dinwiddie, MD, Chicago, IL

EDUCATIONAL OBJECTIVE

To provide an overview of this phenomenon, discuss a case in which a financial dominatrix was psychiatrically evaluated, and review medicolegal issues potentially raised by FinDom

SUMMARY

It is a classic tale of two individuals meeting online. However, the tale takes an unexpected twist: the female is a financial dominatrix and the male a “cash slave” or “pay pig.” The two engage in a Bondage-Discipline-Dominance-Submission (BDSM) relationship, where through a variety of agreements and arrangements the woman dominates (and may completely take over) the man’s finances, thus providing the man with erotic gratification. If (or when) arrangements lead to impairment, the dominated individuals in such a “FinDom” arrangement likely would merit a diagnosis of Sexual Masochism Disorder. Although the FinDom phenomenon has received some media attention, little is known regarding the psychiatric characteristics of individuals in such relationships. However, this lifestyle and sexual preference suggests a number of legal scenarios in which psychiatric testimony could prove relevant, particularly in situations in which financial misdeeds are alleged. We present an overview of this phenomenon, discuss a case in which a financial dominatrix was psychiatrically evaluated, and review medicolegal issues potentially raised by FinDom.

REFERENCES

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association, 2013

Saint Thomas S: What Is Financial Domination? Inside the Fetish Where Women Verbally Abuse Men For Cash. Available at: <https://www.menshealth.com/sex-women/a19546970/what-is-financial-domination-fetish>. Accessed August 2019.

QUESTIONS AND ANSWERS

1. The dominated individuals in such a “FinDom” arrangement likely would merit a diagnosis of what disorder?
- Other Specified Sexual Dysfunction
 - Voyeuristic Disorder
 - Fetishistic Disorder
 - Sexual Masochism Disorder
 - Male Hypoactive Sexual Desire Disorder

ANSWER: D

2. What are some potential legal cases that may involve a Financial Domination Situation?
- Embezzlement
 - Contractual Dispute
 - Extortion
 - Divorce Proceedings/Child Custody
 - Bankruptcy
 - All the above

ANSWER: F

F9 ELOPEMENT IN PATIENTS WITH MENTAL DISORDERS: A SYSTEMATIC REVIEW

Stephanie L. Bouskill, MBBS, Hamilton, ON, Canada
 Andrew I. Olangunju, MD, Hamilton, ON, Canada
 Sebastien S. Prat, MD, Hamilton, ON, Canada
 Mini Mamak, PhD, CPsych, Hamilton, ON, Canada
 Gary A. Chaimowitz, MD, Hamilton, ON, Canada

EDUCATIONAL OBJECTIVE

Investigate the definitions, prevalence and predictors of elopement available in the current literature and review potential mitigating interventions to decrease risk of elopement in hospitalized patients

SUMMARY

Patient elopement from hospital wards can result in deleterious consequences related to safety, community perceptions of organizations, and the therapeutic relationship between patient and staff. Despite the potential severity of these consequences, there remains a paucity of research into elopement behaviour, in both general psychiatric and forensic populations. In this study, we explore the current literature available on the elopement behaviours of psychiatric inpatients. We aim to consolidate a number of research barriers to investigating the topic, including varying definitions of elopement/absconding/escape behaviour and look to quantify the prevalence, associated predictors and potential interventions to mitigate risk of elopement. A comparison between general and forensic populations will assist us in determining the commonalities and differences between groups, which can be used to guide risk assessment and intervention specific to forensic psychiatry.

REFERENCES

- Cullen AE, Jewell A, Tully J, et al: A prospective cohort study of absconion incidents in forensic psychiatric settings: can we identify those at high-risk? Plos One 10(9), 2015
- Wilkie T, Penney SR, Fernane S, et al: Characteristics and motivations of absconders from forensic mental health services: a case-control study. BMC Psychiatry 14:91, 2014

QUESTIONS AND ANSWERS

1. What percentage of patients remain absent without leave beyond 72 hours?
- 25%
 - 10%
 - 75%
 - 50%

ANSWER: A

2. Which is not a risk factor for elopement specific to forensic patients?

- A. Expressed negative affect
- B. History of sexual offending
- C. Minimum secure unit
- D. Gender

ANSWER: D

F10 LEGACY: AN ASYLUM FOR THE CARE OF NATIVE AMERICANS

Paul Noroian, MD, Worcester, MA

EDUCATIONAL OBJECTIVE

To review the social and legal forces that led to the creation, development and then the closure of an American psychiatric hospital that was devoted to the care of Native Americans.

SUMMARY

Separate psychiatric hospitals were created for Americans from different minority groups in the 1800s. Most were for the treatment of mentally ill African-Americans. The facilities expanded to include thousands of patients, with integration eventually occurring as a result of the Civil Rights Act of 1964. Many of the hospitals were created during the doctrine of "Separate But Equal" that stemmed from the US Supreme Court decision in Plessy v. Ferguson, 163 U.S. 537 (1896). One of the hospitals, the Hiawatha Asylum for Insane Indians was created in Canton, South Dakota for the treatment of Native Americans. The facility was opened through an act of Congress in 1898. This poster will review the creation of America's only psychiatric facility devoted to the care of Native Americans and how the care it provided was influenced by social and legal movements of the time. Its history will be compared and contrasted with those of other American mental health facilities created for the treatment of different minority groups.

REFERENCES

Wyatt v. Stickney, 344 F. Supp. 387 (M.D. Ala. 1972)

Birnbaum M: A right to treatment. J Amer Bar Assoc 46(5):499-505, 1960

QUESTIONS AND ANSWERS

1. Which case established minimum standards for humane psychiatric care in Alabama state hospitals?

- A. Rogers v. Commissioner
- B. Lake v. Cameron
- C. Wyatt v. Stickney
- D. Youngberg v. Romeo

ANSWER: C

2. Whose 1960 article in the Journal of the American Bar Association proposed a constitutional right to treatment for committed psychiatric patients?

- A. Ricky Wyatt
- B. Isaac Ray
- C. Judge Bazelon
- D. Morton Birnbaum

ANSWER: D

F11 CONTROVERSIES ABOUT PSYCHOPATHY AND VIOLENCE

Sebastien S. Prat, MD, Hamilton, ON, Canada

Gary A. Chaimowitz, MD, Hamilton, ON, Canada

EDUCATIONAL OBJECTIVE

Raising awareness of the issue of risk assessment with psychopaths.

SUMMARY

Psychopathy is a common diagnosis made when assessing violent offenders. The Psychopathy Checklist-Revised (PCL-R) is the gold standard tool to assess the presence of this diagnosis. Newer tools have been developed, such as Psychopathy Personality Inventory, but this is not commonly applied to the forensic context at this time. Assessing psychopathy does not equal assessing risk. The development of the assessment tools has evolved to identify the criteria that accurately define this pathological construct.

According to some research, the antisocial item of the PCL-R, which is associated with violent behavior, misidentifies the antisocial behavior of some individuals with psychopathy. The other issues that are identified when assessing the risk of violence is related to the fact that high scores on the PCL-R are not associated with high risk. Therefore, using other risk assessment tools is necessary to accurately identify the risks; some of them have an item directly related to the PCL-R, but include many more aspects that allow a broader assessment. Some clinicians continue to use psychopathy as the sole method to identify risk without appreciating the difference between diagnosis and behavior. This presentation will help identify the key aspects of psychopathy and risk of violence

REFERENCES

Skeem JL, Monahan J, Mulvey EP: Psychopathy, treatment involvement, and subsequent violence among civil psychiatric patients. *Law and human behavior* 26(6):577-603, 2002

Vitacco MJ, Neumann CS, Jackson RL: Testing a four-factor model of psychopathy and its association with ethnicity, gender, intelligence, and violence. *Journal of Consulting and Clinical Psychology* 73(3): 466, 2005

QUESTIONS AND ANSWERS

1. Which facet does not represent one of the best characteristics of psychopathy according to some researchers?

ANSWER: Antisocial behaviour

2. Should the PCL-R be excluded when assessing the risk of violence for psychopaths?

ANSWER: No

F12 ANIMAL ABUSE: A REVIEW OF REPORTING REQUIREMENTS FOR PSYCHIATRISTS

William A. Frizzell, MD, Portland OR
Joseph Chien, DO, Portland, OR

EDUCATIONAL OBJECTIVE

This poster will discuss a case encountered by the authors of an individual admitted to an inpatient psychiatric unit who reported engaging in animal abuse. We will examine research regarding the relationship between animal maltreatment and mental health disorders and review what animal abuse reporting requirements exist in different states.

SUMMARY

Animal maltreatment is a challenging issue for a psychiatrist to encounter clinically. An individual who engages in animal cruelty raises concern for having a diagnosis of conduct disorder or antisocial personality disorder, with the former diagnosis explicitly listing animal cruelty as a criterion. What would further assist in the challenge of treating a patient who has engaged in animal cruelty is understanding the relationship between this behavior in adults and other mental health disorders. In this poster, we will discuss a case of a young male with a diagnosis of post-traumatic stress disorder treated on an inpatient psychiatric unit who reported a history of animal abuse. We will use this case as a means to examine research that exists regarding the relationship between adults who commit animal maltreatment and mental health disorders. Another domain of this poster will be examining what, if any, reporting duties exist for mental health providers who treat individuals who have committed animal abuse. Lastly, we will review the literature regarding violence toward other humans in adults who have engaged in animal abuse.

REFERENCES

Felthous AR, Kellert SR: Childhood cruelty to animals and later aggression against people: a review. *Am J Psychiatry* 144:710-17, 1987

Patterson-Kane E: The relation of animal maltreatment to aggression, in *Animal Maltreatment: Forensic Mental Health Issues and Evaluations*. Edited by Levitt L, Patronek G, and Grisso T. Oxford, UK: Oxford University Press, 2016, pp 140-158

QUESTIONS AND ANSWERS

1. Which DSM-5 Diagnosis explicitly lists animal cruelty as a criterion?

- A. Antisocial Personality Disorder
- B. Conduct Disorder
- C. Histrionic Personality Disorder
- D. Schizophrenia

ANSWER: B

2. An estimate of animal abuse in the general population that would lean towards the lower end is:

- A. 1-5%
- B. 2-10%
- C. 5-15%
- D. 20-35%

ANSWER: B

F13 PEER SUPPORT OVER A CUP OF COFFEE — INTERVENING BEFORE A PROBLEM WORSENS

Jeffrey S. Khan, MD, Houston, TX

EDUCATIONAL OBJECTIVE

This poster will expand upon the "cup of coffee" model of early intervention for professionalism concern and discuss the development of a physician peer network for reducing stigma around professionalism and mental health early intervention.

SUMMARY

Professionalism and disruptive behavior that are concerning for underlying mental health problems are a frequent reason for fitness for duty examinations. As forensic psychiatrists, we are often consulted to complete these evaluations. These are often at the direction of the medical board or a physician's employer with significant licensure and job consequences if found unfit. While there has been more focus on professionalism and wellness overall in the medical field, there is still significant stigma around making reports or seeking help if a concern arises. Many physicians are fearful of retaliation while the reported physician may fear being sent for treatment. A model at our institution is the use of a "cup of coffee" intervention with the Professionalism office; however, this is a limited intervention and with limited means for remediation. Using the peer support model may offer a route of decreased stigma in seeking help as well as increasing the availability of trained professionalism support staff who can assist in treating professionalism concerns or referring to a higher level of care as needed.

REFERENCES

Brooks E, Early SR, Gendel MH, et al: Helping the healer: population-informed workplace wellness recommendations for physician well-being. *Occupational Medicine* 68(4): 279-281, 2018

Cox CL, Gabry MM, Johnson L: Peer coaching: a process for developing professionalism, achieving instructional excellence, and improving student learning. *Thresholds in Education* 17(4):23-26, 1991

QUESTIONS AND ANSWERS

1. What percentage of physicians may exhibit fluctuations in mood as a warning sign for problem behavior?

- A. 80%
- B. 33%
- C. 67%
- D. 50%
- E. 20%

ANSWER: C

2. What is a requirement for a peer coaching program to be successful?
- A. An atmosphere of trust and respect
 - B. Peers not at the same institution
 - C. Peers who have never experienced professionalism concerns
 - D. Punitive interventions only

ANSWER: A

F14 TERM-OF-YEARS (OR DE FACTO) SENTENCES SINCE MILLER V. ALABAMA

Jennifer L. Piel, JD, MD, Seattle, WA

EDUCATIONAL OBJECTIVE

Describe U.S. Supreme Court cases on juvenile sentencing; understand the underlying principles in the evolving standards for sentencing juvenile offenders; discuss divergent jurisdictional interpretations of the U.S. Supreme Court's rulings on juvenile sentencing.

SUMMARY

Since the landmark case of *Roper v. Simmons* in 2005, the U.S. Supreme Court has ruled in a series of cases on sentencing for juvenile criminal offenders. Emphasizing that children are different for the purposes of criminal punishment, the Court has incrementally held that it violates the Eighth Amendment's prohibition against cruel and unusual punishment to impose death or life without parole for most juvenile offenders. Although the Supreme Court rulings establish minimum standards, they do not proscribe a clear framework for implementation. States have, accordingly, responded in divergent ways due to differences in interpreting and implementing the Supreme Court precedent. Using the recent California case of *People v. Contreras* (2018) as backdrop, this paper presentation will discuss an area where there exists a split in jurisdictions, that is juvenile term-of-life sentences that amount to de facto life sentences without parole. This paper presentation will summarize *Contreras*, the historical precedent supporting juvenile justice reform, and jurisdictional responses to the notion of sentencing juveniles to de facto life sentences. The presentation will also discuss a proposed legislative response for meaningful periodic opportunities for juveniles to be considered for release.

REFERENCES

People v. Contreras, 4 Cal. 5th 349 (2018)

Mills JR, Dorin AM, Hritz AC. Juvenile life without parole in law and practice: chronicling the rapid change underway. *Am Univ L Rev* 65:535-605, 2016

QUESTIONS AND ANSWERS

1. How many countries sentence people to life without parole for offenses committed before age 18?
- A. One
 - B. Five
 - C. Ten
 - D. Fifty

ANSWER: A

2. The U.S. Supreme Court in *Graham v. Florida* (2010) held that it is unconstitutional to sentence juveniles to life without parole for nonhomicide offenses in violation of which Amendment?
- A. First
 - B. Fourth
 - C. Fifth
 - D. Eighth

ANSWER: D

F15 USING TECHNOLOGY TO IMPROVE RESIDENTS' FORENSIC EDUCATION

Tobias Wasser MD, New Haven, CT
Jason Hu, BA, New Haven, CT
Ayala Danzig, MD, New Haven, CT
Stephanie Yarnell-MacGrory, MD, PhD, Providence, RI
Katherine Michaelson, MD, Seattle, WA
Juan Rodriguez-Guzman, MD, San Juan, PR

EDUCATIONAL OBJECTIVE

Appreciate the rationale for developing novel educational interventions for general psychiatrists and trainees; describe evidence base for using interactive, case-based format for teaching forensic psychiatry to residents; and discuss opportunities for and challenges of implementing online training, such as modules.

SUMMARY

Psychiatrists without specialty forensic training routinely encounter forensic questions and treat justice-involved patients, which underscores the importance of adequate forensic training in general psychiatry residency. However, some residency programs may face challenges providing adequate forensic instruction due to lack of local forensic psychiatrists or other forensic resources. Novel training approaches are needed to fill this gap. The presenters used AIER funding to develop two interactive online tutorials introducing trainees to core forensic concepts. Here the presenters describe the development, dissemination, and preliminary impact of two online learning modules designed to teach general psychiatry residents about basic forensic psychiatry principles: confidentiality and the duty to third parties. The modules are based on adult learning theory and synthesize clinically relevant vignettes from historically significant legal cases. Resident responses to embedded pre- and post-module questions demonstrate that the modules reached learners across the U.S., that even advanced residents had relatively low pre-module subject matter knowledge, and that completion was associated with a statistically significant improvement in residents' knowledge of these two forensic topics. This work shows one potential avenue for filling gaps in the forensic education within general psychiatry training.

REFERENCES

Lewis CF: Teaching forensic psychiatry to general psychiatry residents. *Acad Psychiatry* 28(1):40-6, 2004
Williams J, Elbogen E, Kuroski-Mazzei, A: Training directors' self-assessment of forensic education within residency training. *Acad Psychiatry* 38(6):668-71, 2014

QUESTIONS AND ANSWERS

1. The Accreditation Council of Graduate Medical Education (ACGME) requires that all psychiatry residents have an experience in forensic psychiatry lasting:
 - A. 4 weeks
 - B. 2 weeks
 - C. 8 weeks
 - D. No specified duration

ANSWER: D

2. Adult learning theory indicates that the following approach to teaching medical trainees is LEAST effective:
 - A. Lectures
 - B. Interactive, case-based sessions
 - C. Problem-based learning
 - D. Team-based learning

ANSWER: A

F16 CONDUCT DISORDER: BIOLOGY AND DEVELOPMENTAL TRAJECTORIES

Alexandra Junewicz, MD, New York, NY
Stephen Bates Billick, MD, New York, NY

EDUCATIONAL OBJECTIVE

To review physiologic and neuroimaging findings in youth with conduct disorder, and to provide comparisons to physiologic and neuroimaging findings in adults with antisocial personality disorder and psychopathy.

SUMMARY

For centuries, attempting a successful rehabilitation of youth with antisocial behaviors has challenged juvenile justice systems and society. More recently, advances in science and neuroimaging have permitted a deeper understanding of the biological underpinnings of antisocial behavior and psychopathic tendencies. This paper will review biological findings in youth with conduct disorder, highlighting comparisons to biological findings in adults with antisocial personality disorder and psychopathy. Overall, youth with conduct disorder exhibit several biological findings that are similar to adults with antisocial personality disorder and psychopathy, consistent with theories that conduct disorder is a neurodevelopmental disorder that progresses to these adult conditions. Treatment interventions not only mitigate this progression, but also induce biological changes. Biological findings may prove useful in guiding interventions to rehabilitate youth and change the developmental trajectory of antisocial behaviors.

REFERENCES

Moffitt TE, Arseneault L, Jaffee SR, et al: Research review: DSM-V conduct disorder: research needs for an evidence base. *J Child Psychol Psychiatry* 49(1):3-33, 2008

McDonough-Caplan HM, Beauchaine TP: Conduct disorder: a neurodevelopmental perspective, in *Developmental Pathways to Disruptive, Impulse-Control, and Conduct Disorders*. Edited by Martel M. London: Academic Press, Elsevier Inc, 2018, pp 53-89

QUESTIONS AND ANSWERS

1. Which of the following correctly describes how physiologic and neuroimaging findings in youth with conduct disorder compare to such findings in adults with antisocial personality disorder and psychopathy?
 - A. Youth with conduct disorder exhibit physiologic and neuroimaging findings that are generally similar to findings in adults with antisocial personality disorder or psychopathy
 - B. Similarities in physiologic and neuroimaging findings are consistent with theories that conduct disorder is a neurodevelopmental disorder that progresses to these adult conditions
 - C. Both A and B
 - D. None of the above

ANSWER: C

2. Which of these statements correctly describes the relationship between biological findings in youth with conduct disorder and treatment interventions?
 - A. Treatment interventions may induce biological changes
 - B. Biological findings may predict treatment outcomes
 - C. Biological findings may prove useful in guiding interventions to rehabilitate youth
 - D. All of the above

ANSWER: D

F17 JUVENILE LIFE WITHOUT PAROLE: WHEN ARE YOUTH IRREPARABLY CORRUPT?

Olaya L. Solis, MD, Powell, OH
 Elissa P. Benedek, MD, Ann Arbor, MI
 Peter Ash, MD, Atlanta, GA
 Carol E. Holden, PhD, Ann Arbor, MI

EDUCATIONAL OBJECTIVE

To improve knowledge on recent landmark cases regarding extreme juvenile punishments, specifically LWOP; to improve knowledge about characteristics of juvenile offenders; and to increase expertise in evaluators on traits that may represent “irreparable corruption” in advising courts during Miller hearings.

SUMMARY

The United States is the only country in the world in which it is legal to sentence a minor to a life sentence without eligibility for release from prison. Recent Supreme Court of the United States landmark decisions have banned Juvenile Life Without Parole (JLWOP) as a violation of the Eighth Amendment. In *Miller v. Alabama*, the Court banned mandatory LWOP sentences for youth convicted of homicide crimes; LWOP is excessive for all but the “rare juvenile offender whose crime reflects irreparable corruption.” This panel will provide an

overview of landmark case rulings on extreme punishments for juveniles, explore the characteristics of what is known about juvenile offenders, and raise factors that may arise in both legal and psychiatric discussions about rehabilitation potential for juveniles. The panel will include the perspective of a forensic psychologist who has evaluated many juvenile LWOP offenders and has testified in Miller hearings.

REFERENCES

Grisso T, Kavanaugh A. Prospects for developmental evidence in juvenile sentencing based on Miller v. Alabama. *Psychology, Public Policy, and the Law* 2(3):235-249, 2016

Pagan BT, Wyant K, Chien, J, et al: Prevalence Rates of Acute Stress Disorder Symptomatology and Association to Juvenile Crime Involvement. *J Am Acad Psychiatry Law*, 2019

QUESTIONS AND ANSWERS

1. Which of the following is the SCOTUS case that held that mandatory LWOP sentences are unconstitutional for juvenile offenders, even for those convicted of homicide?

- A. Roper v. Simmons
- B. Graham v. Florida
- C. Miller v. Alabama

ANSWER: C

2. The Miller decision identified several developmental reasons that juveniles constituted a class with special protection in homicide cases. Which of the following is a reason?

- A. Decisional
- B. Dependency
- C. Rehabilitation Potential
- D. Legal Competency
- E. Offense Context
- F. All of the above

ANSWER: F

F18 "INSANE DEFENSES": NONTRADITIONAL INSANITY DEFENSES

Meghan Musselman, MD, Cleveland, OH
Renée Sorrentino, MD, Weymouth, MA
Brian Holoyda, MD, Sacramento, CA
Stephen Noffsinger, MD, Cleveland, OH
Phillip J. Resnick, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Participants will learn about unconventional psychiatric diagnoses and conditions that have been used in the insanity defense. Participants will learn about recent cases in which nontraditional psychiatric conditions have resulted in an insanity acquittal. Participants will review how to evaluate an individual with a nontraditional psychiatric condition for criminal responsibility.

SUMMARY

An insanity defense is raised in 1% of felony cases and is successful in just a quarter of those. The mental disease or defect necessary for an insanity defense is jurisdictionally defined. According to the American Academy of Psychiatry and the Law Practice Guidelines for Insanity Defense Evaluations, acceptable practices for the establishment of a mental disease or defect should contain "at least a narrative description of a scientifically based disorder, symptom cluster or syndrome." Successful insanity defenses most commonly involve a psychotic diagnosis. However, nonpsychotic disorders, including disorders not defined in the DSM, have been raised in the insanity defense. While these idiosyncratic syndromes and disorders often do not meet the Daubert standard, they have nonetheless successfully been the basis of insanity defenses. This workshop will review cases of unconventional insanity defenses, including parasomnias, dissociative identity disorder, paraphilic disorders, posttraumatic stress disorder, battered woman syndrome and psychiatric diagnoses associated with cult-related phenomena. The current science for these atypical diagnoses will be discussed. The role of gender bias in such atypical insanity defenses will be discussed. In conclusion, the treatment and legal consequences of successful insanity defenses in atypical conditions will be reviewed.

REFERENCES

Farrell HM: Dissociative identity disorder: medicolegal challenges. *J Am Acad Psychiatry Law* 39:402-6, 2011
Holoysa B, Newman W: Between belief and delusion: cult members and the insanity plea. *J Am Acad Psychiatry Law* 44:53-62, 2016

QUESTIONS AND ANSWERS

1. Which of the following is the prevailing defense used in a case of NGRI with multiple personalities?
 - A. Alter-in-control approach
 - B. Each-alter approach
 - C. Host-alter approach
 - D. None of the above

ANSWER: A

2. Diagnoses raised in insanity defenses of cult-related murders have included which of the following?
 - A. Paranoid Schizophrenia
 - B. Delusional Disorder
 - C. Personality Disorder
 - D. All of the above

ANSWER: D

F19 THE NEXT FRONTIER: NEUROSCIENCE AND FORENSIC PSYCHIATRY

Elias Ghossoub, MD, Beirut, Lebanon
Octavio Choi, MD, Stanford, CA
Ziad Nahas, MD, Minneapolis, MN
Christopher Thompson, MD, Los Angeles, CA
William Newman, MD, St. Louis, MO

EDUCATIONAL OBJECTIVE

To learn about neurobiological and neuroradiological correlates to antisocial behavior; to understand the potential role of neuromodulation in forensic psychiatry settings; and to appreciate the legal and ethical challenges surrounding the use of neuroscience and neuromodulation in forensic practice.

SUMMARY

The development of neuroscience and neuromodulation has reshaped our understanding of mental processes and has started to influence how we diagnose and treat psychiatric disorders. Although forensic psychiatry remains mostly reliant on clinical assessment and judgment, the future might bring about significant changes to the standards of practice. Structural and functional abnormalities in the prefrontal and temporal cortices and the limbic system have been found to be associated with antisocial behavior, including aggression and deception. Neuroscience can potentially inform the forensic psychiatrist's opinion in risk assessment, malingering detection and diagnostic ascertainment; however, utilizing neuroscience in that context faces significant challenges of admissibility, as evidenced by *U.S. v. Semrau*. Furthermore, recent studies regarding the effects of neuromodulation to manage violent behavior have shown interesting results. Given the limited pharmacological options available to manage aggression, this research might open the door for the use of neuromodulation as an effective treatment strategy for aggressive patients in forensic settings. Our panel will first review the latest research identifying neurobiological and neuroradiological markers of antisocial behavior. Secondly, we will present potential interventions targeting antisocial behavior through neuromodulation. Finally, we will discuss forensic applications and ethical and legal challenges associated with these budding technologies.

REFERENCES

Kraft CJ, Giordano J: Integrating brain science and law: neuroscientific evidence and legal perspectives on protecting individual liberties. *Front Neurosci* 11:621, 2017.
Ruff CC, Ugazio G, Fehr E: Changing social norm compliance with noninvasive brain stimulation. *Science* 342:482-4, 2013.

QUESTIONS AND ANSWERS

1. In *U.S. v. Semrau*, an fMRI-based lie detection test was determined inadmissible under the Federal Rule of Evidence 702 because:
 - A. The probative value of the technique outweighs its prejudicial impact
 - B. The technique did not meet the “general acceptance test”
 - C. The technique did not have real-life error rates
 - D. The technique was not subjected to peer review

ANSWER: C

2. Which of the following brain regions has been found have a causal role in social norm compliance once stimulated by transcranial direct current stimulation (tDCS)?
 - A. Right lateral prefrontal cortex
 - B. Amygdala
 - C. Right orbitofrontal cortex
 - D. Right superior parietal lobule

ANSWER: A

F20 CHALLENGES FOR TRAINING IN FORENSIC PSYCHIATRY: THE UK EXPERIENCE

Mary C. Whittle, MB, MRCPsych, London, United Kingdom
John McAnallen, MB, MRCPsych, London, United Kingdom
Gerard Waldron, MB, MRCPsych, London, United Kingdom

EDUCATIONAL OBJECTIVE

Delegates will learn about training in forensic psychiatry in the UK. They will explore teaching techniques, innovations and how training requirements are fulfilled within limited resources. Using practical examples, participants will work through challenging scenarios and gain insights to help them improve their teaching across a variety of forensic settings.

SUMMARY

Forensic psychiatry training is facing considerable challenges in the shifting social, political and economic environment in the UK. In this workshop we will examine the Royal College of Psychiatrists (UK) curriculum in Forensic Psychiatry and explain how training is managed and funded in the UK. We will discuss how, in practice, teaching and assessment of trainee’s competence is assessed across hospital, community, correctional, court and criminal justice establishments countrywide. We will describe innovations in teaching methods and examine how improvements in the learning experience and environment can be made with limited resources and across establishments managed by disparate systems. We will explore and debate how best practice is modelled for trainees across a variety of settings. Using practical examples and referencing best practice in forensic psychiatry in the UK, participants will discuss challenging scenarios and gain insights to help them improve their teaching and evaluation techniques.

REFERENCES

Royal College of Psychiatrists: A Competency Based Curriculum for Specialist Training in Psychiatry; February 2010 (update approved 2 October 2014, revised March 2016 and May 2017). Available at: https://www.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/general_psychiatry_curriculum_march_2019.pdf?sfvrsn=9e53c99a_4. Accessed August 2019.

Professional Development Framework for Educators: Health Education England (HEE). Available at: www.hee.nhs.uk. Accessed August 2019.

QUESTIONS AND ANSWERS

1. Forensic psychiatry training in the UK is completed in:
 - A. 3 years
 - B. 5 years
 - C. 1 year

ANSWER: A

2. Competency requirements for forensic psychiatry training in the UK include:
- A. The ability to describe the links between psychopathology, victimization, mental disorder, behavior and crime
 - B. Understanding of the impact of secure institutions
 - C. Ability to use a full range of management strategies including seclusion, de-escalation, breakaway and care and restraint
 - D. All of the above

ANSWER: D

F21 HIDDEN BIAS: WHY OUR CRIMINAL JUSTICE SYSTEMS COMES UP SHORT

Adam Benforado, JD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

To highlight unappreciated psychological dynamics affecting judges, jurors, witnesses, experts, attorneys, and police officers that can lead to errors and injustice; and identify potential solutions designed to address existing biases and ensure a fairer and more accurate criminal justice system.

SUMMARY

Even if our criminal justice system operated exactly as it was designed to, we would still end up with wrongful convictions, trampled rights, and unequal treatment. This is because the roots of injustice lie not inside the dark hearts of racist police officers, dishonest prosecutors, or corrupt judges, but within the minds of each and every one of us. Our existing legal structures and tools often fail us because they are based on an incorrect understanding of human nature—flawed assumptions about how police officers assess risk, why criminals commit crimes, what deceit looks like, how eyewitness memories work, what drives us to punish, and how best to deter repeat offenders. Until we address these issues head-on, our investigative, adjudicatory, and correctional institutions will fail to deliver on their charges, and the inequality we see now will only widen, as powerful players and institutions find ways to exploit the weaknesses of our legal system. Moving forward, we must adopt an evidence-based approach to justice, embracing progress and replacing gut instinct with empirically derived best practices for our legal actors.

REFERENCES

- Benforado A: *Unfair: The New Science of Criminal Injustice*. New York: Crown, 2015
Stevenson B: *Just Mercy*. New York: Spiegel & Grau, 2014

QUESTIONS AND ANSWERS

1. Confirmation bias:
- A. has not been shown to influence forensic evidence testing.
 - B. is the tendency to search for or interpret new evidence in a way that confirms one's preconceptions.
 - C. cannot influence Supreme Court justices because, unlike other legal actors, they are trained to be objective.
 - D. is best addressed by ensuring that individuals do not engage in independent evaluations of evidence (e.g., a fingerprint analyst should be informed that a sample comes from a suspect that already confessed).

ANSWER: B

2. In *Scott v. Harris*,
- A. Victor Harris was caught with roughly three kilograms of cocaine in his car.
 - B. Victor Harris sued Officer Scott based on a violation of his Sixth Amendment rights.
 - C. the video footage of the police chase came from a cell phone held by a passenger in Victor Harris's car.
 - D. the police chase ended when the police rammed Victor Harris's car.

ANSWER: D

F22 INSANITY IN UTAH – CURRENT STATUS AND FUTURE DIRECTIONS

Tyler Durns, MD, Salt Lake City, UT
Trent Holmberg, MD, Draper, UT

EDUCATIONAL OBJECTIVE

Educate audience members on the proposed re-introduction of the insanity defense in Utah, and discuss the pros and cons of the proposed statute.

SUMMARY

Following John Hinckley Jr.'s attempted assassination of Ronald Reagan and subsequent finding of not guilty by reason of insanity, many states significantly restricted or abolished their insanity statutes. Utah is one of the states that abolished their insanity defense, and they remain among only four states that currently do not have an insanity defense statute. Utah is the third fastest growing state in the entire country, and its population is expected to nearly double in the next 50 years. Although there is no legal insanity defense, Utah does allow a person to enter a "guilty but mentally ill" plea or to present a diminished capacity defense. There is also a "special mitigation" statute that allows for a downward departure in the severity of the prison sentence imposed on an insane defendant. For the 2019 legislative session, Utah lawmakers have proposed a bill to re-introduce the insanity defense. This proposed legislation would essentially bring back the M'Naughten Rule. Under the proposed bill, the defendant would be considered insane if, at the time of the commission of the offense, he or she was "unable to appreciate the nature and quality of the wrongfulness" of his or her actions.

REFERENCES

Insanity Defense Amendments, HB0225, General Session (2019)

Special mitigation reducing the level of criminal homicide offense – Burden of proof – Application to reduce offense, 76-5-205.5, General Session (2009)

QUESTIONS AND ANSWERS

1. What state(s) are currently lacking the insanity defense?

- A. Utah
- B. Montana
- C. Idaho
- D. Kansas
- E. all of the above

ANSWER: E

2. What stipulation prohibits a defendant from being exempt from criminal responsibility?

- A. First-break psychosis without evidence of mental illness prior to the crime
- B. Voluntarily having consumed, injected, or ingested alcohol, controlled substances, or volatile substances at the time of the alleged offense with no other concerns for mental illness
- C. Carrying both diagnoses of bipolar disorder and schizophrenia
- D. Having a major neurocognitive disorder secondary to a traumatic injury
- E. Patient already on a psychotropic medication at time of offense

ANSWER: B

F23 INVOLUNTARY CLOZAPINE ADMINISTRATION WITH NASOGASTRIC TUBE

Pratik P. Bahekar, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

Ethics of involuntary clozapine administration with nasogastric tube and review of The People of the State of Colorado Petitioner-Appellee, In the Interest of C.J.R., Respondent-Appellant.

SUMMARY

Medina makes it clear: there are circumstances in which it is appropriate to administer strong medicines to incompetent patients without consent. A study examining involuntary treatment for schizophrenia in Denmark reported the use of NG tube in less than 1% of cases. Minnesota court of appeals affirmed the trial court's order to authorize the involuntary administration of clozapine and allowing the use of a nasogastric tube, if necessary. Beneficence and non-maleficence present an ethical dilemma. Apart from intrusive

NG tube, involuntary clozapine administration also calls for enforced blood collection and other medical interventions to manage its life-threatening side effects. Agranulocytosis, seizures, and cardiotoxicity are not unique to clozapine. Flash talk will also focus on strategies to minimize side effects, such as measurement of CRP, and troponin for reducing the incidence of cardiotoxicity. Clozapine is effective in reduction of self-harm and suicide rates. Its antiviolence effect is independent of BPRS improvement. Increased rates of discharge from special hospitals of the UK were noted after one year of continuous clozapine treatment. Reducing violent behavior and crime are important outcomes. Therefore, clozapine use in offenders with mental disorders should be regarded as a risk-reducing strategy.

REFERENCES

Till A, Selwood J, Silva E: The assertive approach to clozapine: nasogastric administration. BJPsych Bulletin 43:21-26, 2019

The People of the State of Colorado vs Petitioner-Appellee, In the Interest of C.J.R. (CO. Ap.2016)

Clozapine in Special Hospital: a retrospective case-control study Mark Swinton & Andrew Haddock Published online: 09 Dec 2010

QUESTIONS AND ANSWERS

1. Does clozapine reduce violent behavior in schizophrenia?

ANSWER: Yes

2. In a retrospective case-control study of patients treated with Clozapine in the UK Special Hospital had a substantially better outcome in terms of their likelihood of achieving discharge to other settings if:

- A. Clozapine was continued for three months
- B. Clozapine was combined with another antipsychotic
- C. Clozapine was continued for twelve months
- D. Clozapine was a confounding variable

ANSWER: C

F24 PALLIATIVE CARE IN FORENSIC POPULATIONS: ROLE OF FORENSIC PSYCHIATRY

Ahmad Adi, MD, Aurora, CO
Stephanie Cripps, MD, Durham, NC
Avee Champaneria, MBBS, Durham, NC
Mehul Mankad, MD, Durham, NC

EDUCATIONAL OBJECTIVE

To educate forensic psychiatrists about aspects of palliative care in correctional settings and what they can do to advocate for humane care for terminally ill prisoners.

SUMMARY

There is an increasing population of incarcerated older individuals, making it imperative that adequate palliative care be provided in this setting. Unfortunately, based on previous reviews, most data on this topic tends to be qualitative and based on a small sample size. The objective of this review is to explore and describe palliative care aspects that are relevant to forensic psychiatrists, and to discuss their role in providing humane care in this population. Research shows that many older inmates often think about their own mortality, and per literature, the implications of delivering adequate palliative care extend beyond just the costs associated with caring for older inmates. Data collected from US prison surveys show that more than half of prisons had a prison hospice program. In an attempt to enrich a prison hospice environment as well as address shortages in healthcare workers working in correctional settings, many prison hospices involve other younger inmates in the care of older inmates through prison volunteering program. Forensic psychiatrists can be involved at the level of education and training: from training prison hospice volunteers to education/consultation with prison leadership to developing plans for palliative care.

REFERENCES

Wion RK, Loeb SJ. End-of-Life care behind bars: a systematic review. American Journal of Nursing 116(3):24-37, 2016

Maschi T, Marmo S, Han J. Palliative and end-of-life care in prisons: a content analysis of the literature. International journal of prisoner health 10(3):172-97, 2014

QUESTIONS AND ANSWERS

1. Based on US prison data, which of the following is true regarding aging and terminally ill prisoners?
- A. Higher death anxiety does not lead poorer health outcomes
 - B. More than half of US prisons have prison hospice programs
 - C. The percentage of older prisoners has remained stable over the last several decades
 - D. Palliative care in prisons is not an area where there is significant shortage of providers

ANSWER: B

2. According to data available from prison hospice programs, most prison hospice volunteers are trained by:
- A. Physicians (Psychiatry or Palliative Care)
 - B. Social workers
 - C. Prison security/administration
 - D. Nursing staff

ANSWER: D

F25 ELDERLY SEX OFFENDERS: INSIGHTS FROM THE MISSOURI REGISTRY

Elias Ghossoub, MD, Beirut, Lebanon
Rita Houry, MD Beirut, Lebanon

EDUCATIONAL OBJECTIVE

To identify epidemiological and criminological characteristics of elderly registered sex offenders; and to discuss risk assessment and management of elderly sex offenders

SUMMARY

As the population is aging, there is increasing evidence that the elderly are committing more crimes, including sex offenses. Previous studies have shown that the risk of sexual offending and recidivism decreases with age. However, to the best of our knowledge, there are no US studies that focus on the elderly population of sex offenders and describe their characteristics. Our study's objective is to describe the epidemiological and criminological characteristics of elderly registered sex offenders. We analyzed the publicly available database of Missouri registered sex offenders and selected the population of those who had offended when they were 65 years old or above, up until 12-31-2018. We found that around 1% of all registered sex offenders committed offenses as elders, of which 90% were first time offenders. More than 70% of elderly offenders committed Tier 3 offenses. The most common charge was child molestation, followed by possession of child pornography. Victims' age ranged between 1 and 80 years. Risk assessment and management implications will be discussed.

REFERENCES

- Booth BD. Elderly sexual offenders. *Current Psychiatry Reports* 18(4):34, 2016
- Chua J, Cheung G, Friedman SH, et al: What are the characteristics of first time older sexual offenders? *International Psychogeriatrics* 30(5):647-662, 2018

QUESTIONS AND ANSWERS

1. What is the most common charge among elderly registered sex offenders in Missouri?
- A. Child Molestation
 - B. Possession of Child Pornography
 - C. Rape
 - D. Statutory Sodomy

ANSWER: A

2. What is the percentage of first time offenders among elderly registered sex offenders in Missouri?
- A. 5%
 - B. 50%
 - C. 75%
 - D. 90%

ANSWER: D

F26 IMPACT OF DSM-5 INTELLECTUAL DISABILITY ON THE DEATH PENALTY

James C. Harris, MD, Baltimore, MD
Paul S. Appelbaum, MD, New York, NY
Marvin Swartz, MD, Durham, NC
Jeffrey S. Janofsky, MD, Baltimore, MD

EDUCATIONAL OBJECTIVE

Review and discuss the application of a diagnosis of intellectual disability in capital cases involving eligibility for the death penalty and the role of the DSM-5 definition of intellectual disability in such decisions.

SUMMARY

The U.S. Supreme Court ruled in *Atkins v. Virginia* (2002) that the execution of those with mental retardation [DSM-5 intellectual disability (ID)] is unconstitutional, a violation of the Eighth Amendment. However, it was left to the states to develop their own statutes defining ID. Definitions varied widely: some states focused exclusively on a “bright line” IQ cut-off of 70; other state courts established their own nonscientific “common sense” definitions (Texas’s *Briseno* factors). The DSM-5 definition (2013) that shifted from a focus on the IQ number to an emphasis on the application of intelligence to adaptive functioning in everyday life was followed by new legal challenges in two Supreme Court cases. APA and AAPL joined in the preparation of amicus briefs that were influential in decisions in favor of the plaintiffs. In 2014, the U.S. Supreme Court held in *Hall v. Florida* that Florida’s rigid IQ cutoff of 70 for determining ID in capital cases is unconstitutional. In 2017 and 2019, the Supreme Court rejected the Texas standard (*Briseno*) for evaluating ID because it is not “informed by the medical community’s diagnostic framework.” Panelists will discuss application of ID diagnoses in capital cases and the role of the DSM-5 ID definition.

REFERENCES

Harris JC, Greenspan S. Definition and Nature of Intellectual Disability in *Clinical Handbook of Evidence-Based Practices for Individuals with Intellectual Disabilities*. Edited by Singh NN. Switzerland: Springer International Publishing, 2016.

Hall v. Florida Amicus Brief, 572 U.S. 701, 704 (2014)

QUESTIONS AND ANSWERS

1. Which of the following is TRUE:

- A. ID/IDD is categorized as a Neurocognitive Disorder
- B. Severity is defined by extent of adaptive deficits in 3 Domains of Functioning and not by a range of IQ scores
- C. Unlike previous classifications, there is no one specific cut off age that defines the developmental period
- D. There is a definitional shift away from a focus on the IQ number to an emphasis on the application of intellectual functions (criterion 1) to Adaptive Functioning in everyday life

ANSWER: A

2. In *Hall v. Florida*, the Supreme Court found the Florida statute unconstitutional. What was the reason given? Which of the following is TRUE?

- A. The State of Florida did not include onset in the developmental period in its definition of ID/IDD
- B. The Florida Court created its own “common sense” definition of ID/IDD modeled on John Steinbeck’s character Lennie in his book “*Of Mice and Men*”
- C. Florida chose a specific IQ of 70 in defining ID/IDD without considering the required standard error of measurement
- D. Florida chose a specific IQ of 75 in defining ID/IDD instead of using the standard error of measurement

ANSWER: C

F27 50 YEARS POST POWELL: ADDICTION AND CULPABILITY

Ashley H. VanDercar, MD, JD, Shaker Heights, OH
Elie Aoun, MD, New York, NY
Abhishek Jain, MD, New York, NY
Corina Freitas, MD, Syracuse, NY

EDUCATIONAL OBJECTIVE

Understand how courts define addiction and the role of addiction in criminal responsibility; summarize Powell v. Texas (1968) and the evolution of related case law over the past 50 years; and examine if and where the “line” should be drawn when determining the impact of addiction-based-behaviors on culpability.

SUMMARY

Forensic psychiatrists must be precise and accurate with their language. The term “addiction” can often be unclear in a legal setting. In 1968, in Powell v. Texas, the Supreme Court referenced this “definitional confusion,” attributing it to the “undeveloped state of the psychiatric art, [and the] conceptual difficulties.” This “definitional confusion” continues today. Courts frequently acknowledge that addiction is a disease. Yet, in general, it is excluded from the use of the insanity defense, and addiction and the behaviors that occur as a direct result, are treated as a choice. Conversely, defendants that gain entry to drug courts are treated under the disease model. This raises the question: to what extent does, or should, addiction absolve a defendant of criminal responsibility? In this workshop, presenters will spend the first 40 minutes providing a review of the definition of addiction and its relevant case law. The audience will then spend the remainder of the workshop actively participating in examination of cases based on either the choice model or the disease model of addiction, and have an opportunity to debate the ethical and practical considerations of each model.

REFERENCES

Powell v. Texas, 392 U.S. 514 (1968)

Morse SJ: Addiction, Choice and Criminal Law. Faculty Scholarship at Penn Law. Available at: http://scholarship.law.upenn.edu/faculty_scholarship/1608. Accessed August 2019.

QUESTIONS AND ANSWERS

1. What definition model is used when defining addiction in courts?

- A. Choice model
- B. Jurisprudence model
- C. Disease model
- D. Dangerousness model
- E. A and C

ANSWER: E

2. The Powell v. Texas Supreme Court decision upheld the:

- A. Choice model
- B. Jurisprudence model
- C. Disease model
- D. Dangerousness model

ANSWER: A

F28 WHAT FORENSIC PSYCHIATRISTS NEED TO KNOW: RECENT RESEARCH FINDINGS

Nathan J. Kolla, MD, PhD, Toronto, ON, Canada
Philip Candilis, MD, Alexandria, VA
George Parker, MD, Indianapolis, IN
Ryan Hall, MD, Lake Mary, FL

EDUCATIONAL OBJECTIVE

To provide forensic psychiatrists with recent research updates in the field to help guide their practice.

SUMMARY

Busy forensic psychiatrists often do not have the time to read numerous journal articles to keep up to date on the latest research findings. Yet, advances in the field have the potential to transform one's practice. Thus, it is imperative that AAPL members have an avenue to obtain this new knowledge. This workshop targets forensic psychiatrists who are keen on keeping abreast of latest research findings in forensic psychiatry. Each speaker will discuss key findings from a recent journal article and how these findings may impact one's practice. Then, the presenter will provide a brief critical appraisal of the article to highlight strategies that forensic psychiatrists may use on their own to evaluate the literature. The articles that will be discussed were chosen for their impact and relevance to various aspects of forensic psychiatry practice. Attendees will come away from the workshop armed with cutting edge knowledge and skills on how to evaluate articles that they may then read on their own.

REFERENCES

Tiihonen J, Taipale H, Meht J, et al: Association of antipsychotic polypharmacy vs monotherapy with psychiatric rehospitalization among adults. *JAMA Psychiatry* 76(5):499-507, 2019

Mossman D: Predicting restorability of incompetent criminal defendants. *J Am Acad Psychiatry and Law* 35(1):34-43, 2007

QUESTIONS AND ANSWERS

1. A person who is a sovereign citizen:

- A. May believe a gold fringe on a flag means a court is an Admiralty Court
- B. May assert that he/she is not subject to criminal law, only corporate law
- C. May claim that the 14th Amendment took away citizenship rights
- D. Is typically competent to stand trial
- E. All of the above

ANSWER: E

2. Which of the following treatments is associated with the lowest rate of re-hospitalization among patients with schizophrenia?

- A. clozapine
- B. risperidone
- C. aripiprazole
- D. clozapine + risperidone
- E. clozapine + aripiprazole

ANSWER: E

F29 FILICIDE: TRAUMA, TESTIMONY AND TREATMENT

Phillip J. Resnick, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Participants will be able to classify filicides, assess insanity, and identify the obstacles in treating filicidal parents.

SUMMARY

The motives for killing newborns (neonaticide) will be distinguished from the motives for the killing of children older than 24 hours (filicide). Child murder by parents will be divided into five categories: (1) altruistic (includes child homicide associated with suicide, and to relieve suffering); (2) acutely psychotic; (3) unwanted child; (4) child maltreatment (fatal battered child); and (5) spouse revenge. Videotaped examples of actual cases of altruistic filicide and neonaticide will serve as a basis for discussion. Dr. Resnick will discuss the perpetrators' and their spouses' reactions to the homicides. Gender differences in dispositions show that fathers are more likely to be incarcerated. Mothers are far more likely to be found insane than fathers. Fathers are more likely to commit familicide than mothers. The likelihood of parents in each category succeeding with an insanity defense will be addressed. Barriers to treatment will be identified. Finally, strategies for prevention will be covered.

REFERENCES

Resnick PJ: Filicide in the United States. *Indian Journal of Psychiatry* 58:S203-209, 2016

Hatters-Friedman S, Cavney J, Resnick PJ: Mothers who kill: evolutionary underpinnings and law. *Behavioral Sciences and the Law* 30:585-597, 2012

QUESTIONS AND ANSWERS

1. Which category of child murder is least frequent?

- A. Altruistic
- B. Spouse revenge
- C. Acutely psychotic
- D. Child maltreatment
- E. Unwanted child

ANSWER: E

2. The frequency of filicidal thoughts in postpartum depression is:

- A. 11%
- B. 21%
- C. 41%
- D. 61%
- E. 81%

ANSWER: C

F30 PROSECUTING FORMER CHILD SOLDIERS: COMPLEX CONSIDERATIONS AT THE ICC

Landy F. Sparr, MD, Beaverton, OR

Mark A. Drumbl, JSD, LLM, Lexington, VA

Stuart B. Kleinman, MD, New York, NY

Daniel Nicoli, DO, Portland, OR

EDUCATIONAL OBJECTIVE

To foster awareness of the International Criminal Court (ICC) among AAPL members and to show how psychiatric issues may intersect criminal responsibility on an international scale.

SUMMARY

The International Criminal Court (ICC) has jurisdiction to prosecute individuals for the crimes of genocide, crimes against humanity, and war crimes. Prosecutors at the ICC have brought charges against Dominic Ongwen, a former child soldier turned rebel commander, accused of war crimes in northern Uganda. The trial is one of the most significant in the ICC's 20-year history, and raises difficult questions of responsibility and blame. Ongwen, who was abducted by the Lord's Resistance Army (LRA) at the age of 10, is the first former child soldier to face trial and the first defendant to be both alleged perpetrator and victim of the same crimes. Led by Joseph Kony, a rebel leader who claimed spiritual inspiration, the LRA waged war across five countries in Africa for more than two decades. ICC judges have said that while defense psychiatric experts have implicitly found Ongwen mentally fit to stand trial, there have been concerns about his mental health in ICC detention. Finally, the defense has given notice that it will be filing a submission under the ICC's founding law that covers grounds on which an accused person can be affirmatively found not criminally responsible. The panelists have collective experience with international jurisprudence.

REFERENCES

Drumbl MA: Reimagining child soldiers in international law and policy. Oxford University Press, 2012

Derluyn I, Broekaart E, Schuyten G, et al: Post-traumatic in former Ugandan child soldiers. *Lancet* 363: 861-863, 2004

QUESTIONS AND ANSWERS

1. At the Dominic Ongwen trial the defense brought forward the affirmative defense of:

- A. Not Guilty by Reason of Insanity
- B. Diminished Capacity
- C. Duress
- D. Extreme Emotional Disturbance

ANSWER: C

2. The International Criminal Court statute allows that a person may be held criminally responsible if the material elements of the crime are committed with:

- A. Premeditation
- B. Wantonness
- C. Negligence
- D. Intent and knowledge

ANSWER: D

F31 REASONABLE MEDICAL CERTAINTY: CLEAR AND CONVINCING OR LEGAL FICTION?

Jeremy Huston Colley, MD, New York, NY
Merrill Rotter, MD, White Plains, NY
Andrew Levin, MD, Hartsdale, NY
Matthew W. Grover, MD, Katonah, NY

EDUCATIONAL OBJECTIVE

To discuss the uncertainty of psychiatric diagnosis and prognosis in the context of expert psychiatric testimony; to define “a reasonable degree of medical certainty,” in the context of expert psychiatric testimony; to determine to what extent that meaning translates to the legal standards of proof.

SUMMARY

Many jurisdictions require that psychiatric experts provide only testimony of which they are confident “to a reasonable degree of medical certainty.” This phrase, though, is not well defined by the law nor medicine. Moreover, the extent to which this definition corresponds to legal standards of proof are equally vague. Members of the panel will present approaches to defining this phrase, based on existing case law as well as legal and medical research, in the context of their own experiences in court as expert psychiatric witnesses. The discussion will include how experts, and courts, manage the uncertainty of psychiatry, the relevance of legal thresholds to medical opinion making and outline how distinctions between facts, values and opinions are vital to coherent and reliable expert psychiatric testimony and legal decision-making. Drs. Rotter and Colley will discuss the relationship, if any, between medical thresholds and legal standards. Drs. Levin and Grover will then present their understanding of and approaches to these thresholds and standards in criminal and civil cases.

REFERENCES

Addington v. Texas: 441 U.S. 418 (1979)

Barefoot v. Estelle: 463 U.S. 880 (1983)

QUESTIONS AND ANSWERS

1. The phrase “reasonable degree of medical certainty” was defined in what AAPL Landmark Case?

- A. Daubert v. Merrell Dow Pharmaceuticals
- B. Kumho Tire v. Carmichael
- C. Carter v. General Motors
- D. None of the above

ANSWER: D

2. In *Addington v. Texas*, the constitutionally minimum standard of proof for civil commitment decision was established as “clear and convincing.” Why?
- A. As a compromise between “beyond a reasonable doubt” and preponderance of evidence
 - B. To account for uncertainty in psychiatric diagnosis and prognosis
 - C. To symbolize the gravity of loss of liberty, even for the purposes of treatment
 - D. All of the above

ANSWER: D

F32 DRUG CRISES: IMPACT ON PROFESSIONAL AUTONOMY AND STANDARDS OF CARE

Steven K. Hoge, MD, New York, NY
Elie Aoun, MD, New York, NY
Carl Erik Fisher, MD, New York, NY
Abhishek Jain, MD, New York, NY

EDUCATIONAL OBJECTIVE

Participants will understand the how current social crises and movements have placed professional autonomy at risk and adversely affect the quality of care for patients. Specifically, the participants will learn about emerging practices involving the opioid crisis, medical marijuana, and drug treatment courts have undermined traditional professional prerogatives.

SUMMARY

Social crises and disruptions lead to rapid changes in long-established practices. This panel will address four areas in which loss of professional autonomy in determining standards of care threaten to undermine patient care. Dr. Aoun will discuss the opioid crisis and governmental responses, such as mandated training and prescription oversight. Dr. Hoge will discuss how these responses threaten physician autonomy and may affect the standard of care in practice and legal contexts. Dr. Jain will discuss how pharmaceutical companies are directly marketing their products to treatment courts. Dr. Fisher will discuss state expansion of medical marijuana indications to include uses that have no scientific support, such as the recent New York classification of opioid use disorder as a qualifying condition for medical cannabis, and related state regulations in other jurisdictions.

REFERENCES

Humphreys K, Saitz R: Should physicians recommend replacing opioids with cannabis? *JAMA* 321(7):639-640, 2019

National Academies of Sciences, Engineering, and Medicine. Pain management and the opioid epidemic: Balancing societal and individual benefits and risks of prescription opioid use. Washington, DC: The National Academies Press, 2017

QUESTIONS AND ANSWERS

1. How many U.S. states have drug courts?
- A. 50
 - B. 37
 - C. 25
 - D. 13

ANSWER: A

2. In 2017, prescription opioids were involved in what percentage of all U.S. overdose deaths?
- A. 48%
 - B. 24%
 - C. 12%
 - D. 6%

ANSWER: B

F33 VIDEO PEER REVIEW: INSANITY EVALUATION OF THE MURDERER OF A CHILD

David Rosmarin, MD, Newton, MA
James L. Knoll IV, MD, Syracuse, NY
Adam Benforado, JD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

This presentation will address the approach to murder insanity evaluations so as to maximize effective testimony and deal with ineffective counsel.

SUMMARY

Ruffin v. State reaffirmed the Texas insanity standard: "The test for determining insanity is whether, at the time of the conduct charged, the defendant—as a result of a severe mental disease or defect—did not know that his conduct was 'wrong.' Under Texas law, 'wrong' in this context means 'illegal.' Thus, the question for deciding insanity is this: 'Does the defendant factually know that society considers this conduct against the law, even though the defendant, due to his mental disease or defect, may think that the conduct is morally justified?'" Faced with defense counsel who is plainly ineffective or slothful, the psychiatrist has limited options. Although some fellowships teach to keep written communications beyond a final report to a minimum, memorializing one's concerns or advice can serve as evidence of ineffective assistance of counsel, potentially of use by appellate counsel. In this case, an early career psychiatrist was hampered by not being permitted to write a report and by counsel reviewing direct only minutes before testifying. The tactic of refusing to testify at the last minute can be explosive, with potential blowback. Whether videotaping exams and psychological testing are best practice practices or the standard of care will be addressed.

REFERENCES

Ruffin v. State, 234 S.W.3d 224 (2008)

Benforado, Adam. Unfair The New Science of Criminal Justice. New York: Crown Publishers, 2015

QUESTIONS AND ANSWERS

1. Which of the following support videotaping forensic exams:

- A. Promotes transparency in the profession
- B. Prevents cherry-picking of examinee responses
- C. Memorializes mental status of examinee
- D. Helps fact-finder observe demeanor of examiner and examinee
- E. All of the above

ANSWER: E

2. Which of the following best describes the Texas insanity standard?

- A. It allows for lacking subjective moral knowledge
- B. It allows for lacking objective moral knowledge
- C. It requires lacking legal knowledge for lacking moral knowledge

ANSWER: C

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SATURDAY, OCTOBER 26, 2019

POSTER SESSION C

7:00 AM – 8:00 AM /
9:30 AM – 10:15 AM

HARBORSIDE FOYER

- S1 *Held in Contempt: The Crisis of Court-Ordered Mental Health Care***
Viviana M. Alvarez-Toro, MD, Baltimore, MD
- S2 *The Need for a Mandatory Stepdown Transition into the Community***
Rober Aziz, MD, Lyndhurst, NJ
Najeeb Hussain, MD, Newark, NJ
Ipsita Ray, MD, Toronto, ON, Canada
- S3 *Female Forensic Pathways: Time's Up!***
Ipsita Ray, MD, Toronto, ON, Canada
Sumeeta Chatterjee, MD, Toronto, ON, Canada
Smita Tyagi, PhD, Toronto, ON, Canada
Suraya R. Faziluddin, MSW, RSW, Toronto, ON, Canada
Graham D. Glancy, MB, Toronto, ON, Canada
- S4 *Poster Withdrawn***
- S5 *Naloxone Provided to Recently Incarcerated Individuals on the Street***
Anna Jackson, MD, Nashville, TN
Sheryl Fleisch, MD, Nashville, TN
Jonathan Constant, DO, Nashville, TN
Daniel Nygren, MD, Nashville, TN
Mary Elizabeth Wood, PhD, Nashville, TN
- S6 *Comparing Defendants Charged With Different Classes of Misdemeanors***
Warren G. Lee, III, MD, Mansfield, TX
Kehinde A. Ogundipe, MD, Dallas, TX
Mitchell H. Dunn, MD, Dallas, TX
- S7 *Treating Victims of Crime: Applications to Correctional Psychiatry***
Erica R. Holbrook, MD, Columbus, OH
Douglas A. Misquitta, MD, Columbus, OH
- S8 *Psychotic vs. Non-Psychotic Offenders Executed on Death Row***
Andrew N. Tuck, MD, Durham, NC
Stephanie Rolin, MD, MPH, New York, NY
Marty Davidson, BA, Ann Arbor, MI
Benjamin R. Nordstrom, MD, PhD, Washington, DC
Paul S. Appelbaum, MD, New York, NY
- S9 *Castration for Female Sexual Offenders?***
Harriet O. Appeah, BS, Saint Louis, MO
William J. Newman, MD, Saint Louis, MO
- S10 *Competency to Stand Trial Opinions Among Professional Evaluators***
Holly Kaufman, PhD, Marietta, GA
Glenn Egan, PhD, Atlanta, GA
Peter Ash, MD, Atlanta, GA
Tomina Schwenke, PhD, Atlanta, GA
Maria Silva, PhD, Atlanta, GA
- S11 *The Truth about Competency Among Female Defendants in Corrections***
Maria Silva, PsyD Atlanta, GA
Holly Kaufman, PhD Atlanta, GA
Glenn Egan, PhD, Atlanta, GA
Tomina Schwenke, PhD, Atlanta, GA
Peter Ash, MD, Atlanta, GA
Melvin Pagan-Gonzalez, PsyD, Atlanta, GA

SATURDAY

S12 Impact of A Community Based Pre-Trial Forensic Evaluation Program

Boris N. Tizenberg, BA, Baltimore, MD
Lawrence Heller, PhD, Baltimore, MD
Christopher M. Wilk, MD, Baltimore, MD

S13 Recidivism of Incompetent Misdemeanor Defendants

Taylor M. Burns, MD, Atlanta, GA
Peter Ash, MD, Atlanta, GA

PANEL DISCUSSION

8:00 AM – 10:00 AM **HARBORSIDE BALLROOM D**

S14 The Many Faces of Causation

Thomas G. Gutheil, MD, Brookline, MA
J. Tyler Carpenter, PhD, Randolph, MA
Eric Y. Drogin, JD, PhD, Hingham, MA
Helen Farrell, MD, South Boston, MA
Steven Hassan, MEd, Newton, MA

PAPER SESSION #3

8:00 AM – 10:00 AM

ESSEX A-C

S15 Administrative Segregation: Reviewing for Quality of Study Designs

Graham D. Glancy, MD, Toronto, ON, Canada
Alexander Simpson, MD, Toronto, ON, Canada
Marissa Heintzman, Toronto, ON, Canada

S16 Bestiality Among Sexually Violent Predators

Brian J. Holoyda, MD, Sacramento, CA
Ravipreet Gosal, MD, St. Louis, MO
K. Michelle Welch, Richmond, VA

**S17 Outcomes of a Jail-based Competency Restoration Unit –
Peter Ash, MD, 2019 Isaac Ray Award Recipient**

Peter Ash, MD, Atlanta, GA
Victoria C. Roberts, MD, Atlanta, GA
Glenn Egan, PhD, Atlanta, GA
Kelly L. Coffman, MD, Atlanta, GA
Tomina Schwenke, PhD, Atlanta, GA
Karen Bailey, PhD, Atlanta, GA

WORKSHOP

8:00 AM – 10:00 AM

LAUREL A-D

S18 Pathology, Pediatrics and Psychiatry in Child Murder by Parents

Renée Sorrentino, MD, Weymouth, MA
Susan J. Hatters Friedman, MD, Cleveland, OH
Joshua Friedman, MD, PhD, Cleveland, OH
Carl Wigren, MD, Seattle, WA

PANEL DISCUSSION

8:00 AM – 10:00 AM **HARBORSIDE BALLROOM E**

S19 Drugs as Weapons: Terrorism, Prostitution, Gangs and Cartels

Ryan Wagoner, MD, Lutz, FL
Hassan Nagvi, MD, Atlanta, GA
Isis Marrero, MD, Tampa, FL
Gregory Iannuzzi, MD, Tampa, FL

WORKSHOP 8:00 AM – 10:00 AM **HARBORSIDE BALLROOM A**

S20 Forensic Assessment of Functional Neurological Symptom Disorder

Timothy Allen, MD, Lexington, KY
Vivek Datta, MD, San Francisco, CA
Manish Fozdar, MD, Raleigh, NC
Hal Wortzel, MD, Denver, CO
Jacob Holzer, MD, Belmont, MA

COURSE 8:00 AM – 12:00 PM **HARBORSIDE BALLROOM B**

S21 Working with Culture: Considerations for Forensic Evaluations

Maya G. Prabhu, MD, New Haven, CT
Sandy Simpson, MD, Toronto, ON, Canada
Madelon Baranoski, PhD, New Haven, CT
Mark McClung, MD, Seattle, WA
Margarita Abi Zeid Daou, MD, Worcester, MA

COFFEE BREAK 10:00 AM – 10:15 AM HARBORSIDE FOYER

WORKSHOP 10:15 AM – 12:00 PM **ESSEX A-C**

S22 Is There a Scientific Basis for Parenting Time Evaluations?

William Bernet, MD, Nashville, TN
Selena Magalotti, MD, Cleveland, OH
Astik Joshi, MD, Bossier City, LA
Peter Ash, MD, Atlanta, GA

PANEL DISCUSSION 10:15 AM – 12:00 PM **HARBORSIDE BALLROOM A**

S23 Prescribing for Women in Corrections

Anthony Tamburello, MD, Glassboro, NJ
Susan J. Hatters Friedman, MD, Cleveland, OH
Ryan Hall, MD, Lake Mary, FL

PANEL DISCUSSION 10:15 AM – 12:00 PM **HARBORSIDE BALLROOM E**

S24 Fifty Years are Enough: The Corrections of Tomorrow

Steven K. Hoge, MD, New York, NY
Elizabeth Ford, MD, New York, NY
Jeffrey Metzner, MD, Denver, CO
Robert Trestman, MD, Roanoke, VA

PANEL DISCUSSION 10:15 AM – 12:00 PM **HARBORSIDE BALLROOM D**

S25 AAPL at 50: A Look at How the Past Informs the Future

Jeffrey S. Janofsky, MD, Baltimore, MD
Jacquelyn Coleman, MA, Bloomfield, CT
Michael Norko, MD, Durham, CT
Howard Zonana, MD, New Haven, CT
J. Richard Ciccone, MD, Rochester, NY

SATURDAY

PANEL DISCUSSION	10:15 AM – 12:00 PM	LAUREL A-D
S26 Hot Topics in Corrections	Ariana Nesbit-Bartsch, MD, San Diego, CA Joseph Penn, MD, Conroe, TX Donald Reeves, MD, South Orange, NJ Keelin Garvey, MD, Tiverton, RI	
LUNCH	12:00 PM – 2:00 PM	HARBORSIDE BALLROOM C
S27 Forensic Concerns in the Unique Practice Environment of the Foreign Service	Stephen A. Young, MD, Washington, DC	
WORKSHOP	2:15 PM – 4:00 PM	HARBORSIDE BALLROOM A
S28 A Real Piece of Work: Update on Occupation-Related Vicarious Trauma	Jeffrey Guina, MD, Pontiac, MI Maya Prabhu, MD, New Haven, CT Pamela J. Broderick, MD, Cincinnati, OH Andrew P. Levin, MD, Hartsdale, NY	
PANEL DISCUSSION	2:15 PM – 4:00 PM	HARBORSIDE BALLROOM D
S29 License to Kill & Forget: Amnesia in Police Shooting Incidents	James L. Knoll, IV, MD, Syracuse, NY Corina Freitas, MD, Syracuse, NY Jon D. Cromer, SA, Appomattox, VA Charles Scott, MD, Sacramento, CA	
PANEL DISCUSSION	2:15 PM – 4:00 PM	HARBORSIDE BALLROOM B
S30 Entertainment Media Reviews: Fluff or Forensic Teaching Tool?	Karen B. Rosenbaum, MD, New York, NY Kenneth J. Weiss, MD, Philadelphia, PA Cathleen A. Cerny-Suelzer, MD, Cleveland, OH Tobias Wasser, MD, Cheshire, CT Susan J. Hatters Friedman, MD, Cleveland, OH	
RESEARCH IN PROGRESS #3	2:15 PM – 4:00 PM	LAUREL A-D
S31 Is the African Teenage Homicide Perpetrator Distinctly Different?	Moses Audu, MBBS, Jos, Plateau State, Nigeria Mansfield Mela, MBBS, Saskatoon, Saskatchewan, Canada	
S32 Forensic Evaluation of Theft with Eating Disorder	Maya Yanase, MD, Kyoto, Japan	
S33 Violent Gang Involvement in the South Asian Diaspora	Gowri Ramachandran, MD, Washington, DC Eindra Khin Khin, MD, Washington, DC	
PANEL DISCUSSION	2:15 PM – 4:00 PM	ESSEX A-C
S34 Bad or Mad: Send 'Em to Solitary?	Ryan S. Shugarman, MD, Alexandria, VA Anthony Tamburello, MD, Glassboro, NJ Joseph Simpson, MD, PhD, Hermosa Beach, CA KyleeAnn Stevens, MD, St. Paul, MN Sohrab Zahedi, MD, Farmington, CT	

COURSE 2:15 PM – 6:15 PM **HARBORSIDE BALLROOM E**

S35 *Developing and Maintaining a Successful Private Forensic Practice*

Patricia Westmoreland, MD, Denver, CO
William H. Reid, MD, Horseshoe Bay, TX
Camille LaCroix, MD, Boise, ID
Jeffrey Metzner, MD, Denver, CO
Hon Edward Bronfin, JD, Denver, CO

COFFEE BREAK 4:00 PM – 4:15 PM HARBORSIDE FOYER

RESEARCH IN PROGRESS #4 4:15 PM – 6:15 PM **ESSEX A-C**

S36 *Should Forensic Patients Have Access to Violent Video Games?*

Tobias D. Wasser, MD, Cheshire, CT
Reena Kapoor, MD, New Haven, CT

S37 *Aggressive Behavior During Inpatient Competency Restoration*

Douglas R. Morris, MD, Logansport, IN

S38 *Serious Mental Illness and Jail Recidivism*

Corey M. Leidenforst, PhD, Buffalo, NY
Daniel Antonius, PhD, Buffalo, NY
Ronald Schoelerman, LCSW, Buffalo, NY

S39 *A Fifty-State Survey of Insanity Acquittals*

Reena Kapoor, MD, New Haven, CT
Tobias Wasser, MD, New Haven, CT
Michael Norko, MD, New Haven, CT
Sarah E. Baker, MD, Dallas, TX

PANEL DISCUSSION 4:15 PM – 6:15 PM **LAUREL A-D**

S40 *Recent Cases and Why They Matter*

William Connor Darby, MD, Los Angeles, CA
Charles Scott, MD, Sacramento, CA
Robert Weinstock, MD, Los Angeles, CA
Jennifer Piel, MD, JD, Seattle, WA
Ashley VanDercar, MD, JD, Cleveland, OH
Adrienne Saxton, MD, Cleveland, OH
Eleanor Vo, MD, Ewing, NJ
Jacqueline Landess, MD, St. Louis, MO

PANEL DISCUSSION 4:15 PM – 6:15 PM **HARBORSIDE BALLROOM D**

S41 *Dementia on Death Row: Competence to be Executed in the Wake of Madison*

Sherif Soliman, MD, Charlotte, NC
Margaret Russell, Esq, Tampa, FL
Stephen Noffsinger, MD, Cleveland, OH
Robert H. Ouaou, PhD, Naples, FL

WORKSHOP 4:15 PM – 6:15 PM **HARBORSIDE BALLROOM E**

S42 *Child Sex Abuse Witnesses: Research and Practical Applications*

Annie Steinberg, MD, Narbeth, PA
Julia Curcio Alexander, PhD, Philadelphia, PA

SATURDAY

S43 Creative Solutions to the IST Crisis

Ariana Nesbit-Bartsch, MD, San Diego, CA
Debra A. Pinals, MD, Ann Arbor, MI
Jason Roof, MD, Sacramento, CA
Alan Felthous, MD, St. Louis, MO
Barry Wall, MD, Providence, RI

***Your opinion on today's sessions is very important!
While it's fresh in your mind, PLEASE complete the evaluation form
for today's program so we can continue to offer CME in the future.***

S1 HELD IN CONTEMPT: THE CRISIS OF COURT-ORDERED MENTAL HEALTH CARE

Viviana M. Alvarez-Toro, MD, Baltimore, MD

EDUCATIONAL OBJECTIVE

To educate forensic psychiatrists about the role they can play in the restructuring of court-ordered psychiatric treatment.

SUMMARY

As the Maryland Health Department was held in contempt in 2017 for failing to accommodate defendants in state psychiatric hospitals in a timely manner, a generalized and similar trend has also been growing across the United States. This poster outlines the different elements that led the Maryland Health Department to be held in contempt by a state trial court. By doing so, it analyzes the concept of “trans-institutionalization,” the shift of the mentally ill from state psychiatric hospitals to the correctional setting seen across the United States. In addition, it discusses certain events and statistics specific to Maryland. After setting the stage regarding how this problem came about, this poster explores various alternatives that could be helpful in its resolution. Among the alternatives discussed are some advanced by Judge Steven Leifman of the Eleventh Judicial Circuit in Miami-Dade County. Indeed, Judge Leifman’s initiatives have made headlines throughout the United States as viable options to treating the mentally ill outside of the criminal justice system. Finally, this poster concludes with a reflection on the issues and the alternatives that could address the mental health needs of those who are or could be involved in the criminal justice system.

REFERENCES

Wik A, Hollen V, Fisher W: Forensic Patients in State Psychiatric Hospitals: 1999-2016(Rep. No. 9). Available at: <https://www.nri-inc.org/media/1318/tac-paper-9-forensic-patients-in-state-hospitals-final-09-05-2017.pdf>. Accessed August 2019.

Inglehart JK: Decriminalizing mental illness—the Miami model. *New England Journal of Medicine* 374(18):1701-1703, 2016

QUESTIONS AND ANSWERS

1. Which of the following populations has increased the most among state psychiatric hospital groups?

- A. Competency restoration
- B. Not criminally responsible
- C. Civilly-committed

ANSWER: A

2. What are some interventions proposed by Judge Leifman to address the crisis of court-mandated mental health treatment?

- A. Pre-booking initiatives
- B. Post-booking initiatives
- C. Outpatient competency restoration
- D. All of the above

ANSWER: D

S2 THE NEED FOR A MANDATORY STEP-DOWN TRANSITION INTO THE COMMUNITY

Rober Aziz, MD, Newark, NJ
Najeeb Hussain, MD, Newark, NJ
Ipsita Ray, MD, Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

A mandated program into an involuntary outpatient or partial hospitalization prior to voluntary outpatient treatment is necessary for all forensic patients to improve follow-up and prevent re-hospitalization.

SUMMARY

Subsequent to the release of forensic psychiatric patients there are several options that are intended to provide them with further treatment, including voluntary outpatient treatment, partial hospitalizations, intensive outpatient programs, and involuntary outpatient commitment. This determination is often left to the discretion of the judge, the inpatient psychiatrist, and ancillary staff members, respectively. A study by David

Mancuso, PhD, entitled "Quality Indicators and Outcomes for Persons Discharged from State Psychiatric Hospitals," showed that one third of patients discharged from a state hospital setting were re-admitted to a state hospital within 540 days. We present a case of a patient with a ten-year hospitalization who was discharged to the community without provisions for outpatient mental health services. This patient with extensive forensic psychiatric history went from the most restrictive setting of a state hospital to voluntary outpatient services under the care of his aunt. This inevitably led to his psychiatric symptoms re-emerging. It is important for psychiatrists to utilize more restrictive outpatient settings to prevent re-hospitalizations. Perhaps a mandated program into an involuntary outpatient or partial hospitalization prior to voluntary outpatient treatment is necessary for all forensic patients to improve follow-up and prevent re-hospitalization.

REFERENCES

Mancuso D. Quality Indicators and Outcomes for Persons Discharged from State Psychiatric Hospitals. DSHS' Research and Data Analysis Division, REPORT NUMBER 3.41, 2015

An outpatient psychiatry program for offenders with mental disorders found not guilty by reason of insanity. Howard Kravitz and Jonathan Kelly, *Psychiatric Services* 1999 50:12, 1597-1605

QUESTIONS AND ANSWERS

1. How many patients discharged from a state hospital setting were re-admitted to a state hospital within 540 days?

- A. Three quarters
- B. One half
- C. One third
- D. One quarter
- E. One fifth

ANSWER: C

2. In this case, how many years was the patient in a state hospital prior to being discharged to the community without provisions for outpatient mental health services?

- A. 1 year
- B. 5 years
- C. 10 years
- D. 12 years
- E. 15 years

ANSWER: C

S3 FEMALE FORENSIC PATHWAYS: TIME'S UP!

Sumeeta Chatterjee, MD, Toronto, ON, Canada
Smita Tyagi, PhD, CPsych, Toronto, ON, Canada
Suraya R. Faziluddin, MSW, RSW, Toronto, ON, Canada
Graham D. Glancy, MD, Toronto, ON, Canada
Ipsita Ray, MD, Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

Understand gender-specific differences in female forensic profiles; identify current gaps in service delivery of this population; and apply this information to inform the development of a female forensic clinical pathway.

SUMMARY

Females make up approximately 15% of the Not Criminally Responsible on Account of Mental Disorder population in Canada (NGRI in the USA). The literature identifies appreciable differences between female and male forensic populations in regard to their psychosocial, clinical, and criminological profile. While the need for gender-specific care has been clearly identified, care provided to this population is often based on models developed for forensic male populations. The Forensic Women's Initiative at the Centre for Addiction and Mental Health seeks to address this service gap for women, in providing gender-specific assessment and rehabilitation. We describe the foundation and implementation of this evidence-based service that involves staff training, individualized assessment and treatment plans, gender-specific programming, and family engagement. We are conducting research on program evaluation, patient satisfaction and outcomes, staff competency, and fidelity to the model.

REFERENCES

Nicholls T, Crocker AG, Seto M, et al: The National Trajectory Project of individuals found not criminally responsible on account of mental disorder: Part 5: how essential are gender specific forensic psychiatric services? *Can J Psychiatry* 60(3):135-45, 2015

Long C, Collins L, Mason F, et al: Effective therapeutic practice in a secure women's service: from vision to reality. *The International Journal of Clinical Leadership* 17:79-82, 2011

QUESTIONS AND ANSWERS

1. What does the literature identify as differences between female and male forensic profiles?

- A. Psychosocial histories
- B. Diagnostic differences
- C. More violent offenses
- D. Higher rates of trauma and victimization

ANSWER: A, B, and D

2. Gaps in gender-specific care for female forensic populations include:

- A. Gender-specific assessments
- B. Cognitive behavioral treatment of anger
- C. Focus on relationships on relationships and parenting
- D. Paucity of outcome literature in gender-specific care

ANSWER: A, C, and D

S4 POSTER WITHDRAWN

S5 NALOXONE PROVIDED TO RECENTLY INCARCERATED INDIVIDUALS ON THE STREET

Anna Jackson, MD, Nashville, TN
Sheryl Fleisch, MD, Nashville, TN
Jonathan Constant, DO, Nashville, TN
Daniel Nygren, MD, Nashville, TN
Mary Elizabeth Wood, PhD, Nashville, TN

EDUCATIONAL OBJECTIVE

The purpose of this poster is to identify the rates of recent incarceration among street homeless individuals who are at risk of experiencing or witnessing an opioid overdose in Nashville, and to propose that release from incarceration is an opportunity to provide at risk individuals with naloxone.

SUMMARY

The Department of Health and Human Services declared the opioid crisis a public health emergency in 2017. The association between homelessness and incarceration has been documented, and it has been estimated that rates of homelessness among inmates was 7.5-11.3 times higher than the general population. In homeless persons, over 80% of overdose deaths include opioids, and individuals are at increased overdose risk following incarceration. Naloxone can be given by a layperson to reverse opioid overdose. However, cost is often prohibitive for individuals who experience homelessness. The Vanderbilt Street Psychiatry team partnered with the Nashville Prevention Program to provide free naloxone to appropriate persons on the street. Demographic information, rates of recent incarceration, and history of naloxone prescriptions will be collected upon providing an individual with naloxone. We will use this data to report the rates of incarceration within the past year in this population, which we predict to be greater than 30%. We also predict that less than 10% of those incarcerated within the prior year will have been provided with naloxone. Given the overlap between homelessness, exposure to opioid overdose, and incarceration, we propose that release from incarceration is an ideal time at which naloxone should be distributed.

REFERENCES

Greenberg GA, Rosenheck RA: Jail incarceration, homelessness, and mental health: a national study. *Psychiatric Services* 59(2):170-177, 2018

Bauer LK, Brody JK, Leon C, et al: Characteristics of homeless adults who died of drug overdose: a retrospective record review. *J Health Care Poor Underserved* 27(2):846-59, 2016

QUESTIONS AND ANSWERS

1. Which of the following is a risk factor for opioid overdose?

ANSWER: A person with an opioid use disorder who was recently released from incarceration

2. Who should be provided with naloxone?

ANSWER: All people at increased risk of experiencing or witnessing an opioid overdose

S6 **COMPARING DEFENDANTS CHARGED WITH DIFFERENT CLASSES OF MISDEMEANORS**

Warren G. Lee III, MD, Mansfield, TX
Kehinde A. Ogundipe, MD, Dallas, TX
Mitchell H. Dunn, MD, Dallas, TX

EDUCATIONAL OBJECTIVE

To compare the length of hospital stays for defendants charged with Class B misdemeanors vs. Class A misdemeanors at a Texas state hospital due to the inability to initiate involuntary medications.

SUMMARY

Following *Sell v. US*, securing involuntary mediations for the purpose of competency restoration in defendants has become more difficult across the country. A ruling in the Twelfth District Texas Court of Appeals further cements this trend. Per the majority opinion Class B misdemeanors don't constitute a "serious crime" because the sentence of imprisonment is not more than six months. This ruling prevents the initiation of involuntary medications for the sake of the competency restoration. Incompetent defendants that are non-adherent with medication regimens often remain the hospital for longer periods of time than those with more serious crimes due to their inability to be medicated involuntarily. Often, these Class B defendants will have their charges dismissed and then be committed civilly which leads to an even lengthier hospitalization. This project will compare the length of hospitalization for patients charged with Class A misdemeanors versus those with Class B misdemeanors.

REFERENCES

James D, Glaze L: Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics, 2006

Fuller D, Sinclair E: Emptying the New Asylums. Treatment Advocacy Center, 2017

QUESTIONS AND ANSWERS

1. What is the average wait time for a forensic hospital bed in Texas?

- A. 100 days
- B. 61 days
- C. 84 days
- D. 15 days

ANSWER: B

2. What percentage of jail inmates report mental health problems?

- A. 8%
- B. 25%
- C. 64%
- D. 83%

ANSWER: C

S7 TREATING VICTIMS OF CRIME: APPLICATIONS TO CORRECTIONAL PSYCHIATRY

Erica R. Holbrook, MD, Columbus, OH
Douglas A. Misquitta, MD, Columbus, OH

EDUCATIONAL OBJECTIVE

To increase awareness of the pervasive and costly nature of undertreated trauma in incarcerated and non-incarcerated populations; to inform about the development of a novel treatment program and its potential to address this problem; and to encourage research in the realm of incarcerated victims of crime and the after-effects of trauma.

SUMMARY

Incarcerated populations are far more likely to have suffered traumatic experiences than the general population. Given the significant relationships between trauma, psychiatric and medical comorbidity, and criminality, recidivism is ostensibly correlated with victimization; however, research in this area is almost non-existent. Victims of trauma in prisons, jails, and hospitals present enormous costs to society. Nonetheless, recognition of trauma and effective treatment for both victims of violence and offenders is still an underdeveloped area of research. Theoretically, if emotional trauma is identified earlier and victims receive appropriate interventions, the costs to society can be reduced in terms of healthcare expenses incurred by victims in the community and by alleviating the overflowing volume in the correctional system. In our poster we discuss the Stress, Trauma, and Resilience (STAR) Program's Trauma Recovery Center (TRC), which screens potential victims of violence in emergency and hospital settings; provides social services and longitudinal, specialized psychiatric care; and maintains a growing database for the purposes of research and improving services. Given the high likelihood that incarcerated individuals are, themselves, victims of trauma, we suggest that the STAR-TRC model may serve as a foundation for similar treatments to benefit victims remanded to correctional settings.

REFERENCES

Wolff N, Huening J, Shi J, et al: Trauma exposure and posttraumatic stress disorder among incarcerated men. *Journal of Urban Health* 91(4):707-719, 2014

Martin MS, Eljdupovic G, Mckenzie K, et al: Risk of violence by inmates with childhood trauma and mental health needs. *Law and Human Behavior* 39(6):614-623, 2015

QUESTIONS AND ANSWERS

1. What percentage of men inside state prisons has experienced physical, sexual, or emotional abuse during childhood and/or adulthood?
 - A. 10%
 - B. 25%
 - C. 50%
 - D. 75%

ANSWER: C

2. Victims of trauma are more vulnerable than non-victims to which of the following negative health outcomes?
 - A. Increased risk of cigarette smoking
 - B. Problematic alcohol use
 - C. Irritable bowel syndrome
 - D. All of the above

ANSWER: D

S8 PSYCHOTIC VS. NON-PSYCHOTIC OFFENDERS EXECUTED ON DEATH ROW

Andrew N. Tuck, MD, Durham, NC
Stephanie Rolin, MD, MPH, New York, NY
Marty Davidson, BA, Ann Arbor, MI
Benjamin R. Nordstrom, MD, PhD, Washington, DC
Paul S. Appelbaum, MD, New York, NY

EDUCATIONAL OBJECTIVE

The learner will be able to describe the differences between executed offenders in Texas with and without a history of psychosis.

SUMMARY

Little is known about executed offenders who have psychotic disorders and how they differ from other executed offenders. This study examined executed offenders in Texas to assess differences in demographics, offense characteristics, and last statements between these two groups. This study reviewed all offenders executed in Texas from January 2000 to December 2015. Information on demographics, offense characteristics, and last statements of these offenders were primarily obtained from the Texas Department of Criminal Justice (TDCJ). Mental health data was gathered from the Clark County Prosecutor database. Qualitative analysis of last statements was performed by two coders, with a Cohen's kappa of 0.92. A high percentage (7.5%) of offenders had a history of psychosis. Offenders with a history of psychosis were older at the time of offense and execution than individuals without psychosis, perhaps due to longer appeals. Offenders with a history of psychosis were more likely to have a prior violent offense. Offense characteristics were similar between the two groups. However, offenders with psychosis were more likely to admit guilt at the time of arrest. Analysis of last statements found that offenders with psychosis were less likely to express love.

REFERENCES

Abreu-Minero VE, Barker ED, Bedford R: Method of homicide and severe mental illness: a systematic review. *Aggression and Violent Behavior* 37:52-62, 2017

Baumgartner F, Davidson M, Johnson K, et al: *Deadly Justice: A Statistical Portrait of the Death Penalty*. Oxford University Press, 2017

QUESTIONS AND ANSWERS

1. Which group was more likely to admit guilt at the time of arrest: offenders with or without a history of psychosis?

ANSWER: Offenders with a history of psychosis

2. Which demographic was older at time of arrest and execution, and had spent longer on death row?

ANSWER: Offenders with a history of psychosis

S9 CASTRATION FOR FEMALE SEXUAL OFFENDERS?

Harriet O. Apeah, BS, St. Louis, MO
William J. Newman, MD, St. Louis, MO

EDUCATIONAL OBJECTIVE

To understand the complexities of punishing and rehabilitating female sexual offenders.

SUMMARY

In 2016, Alabama became the first state to propose surgical castration for male and female sexual offenders in a reintroduced bill. In 2018, a Connecticut lawmaker voiced his support for a similar bill on social media. California, Wisconsin, Oregon, Iowa, Florida, Georgia, Louisiana, Montana, and Texas allow castration of sexual offenders, but have vague language surrounding the sex of the perpetrator. The proposed bill drew attention to the unique challenges related to punishing and rehabilitating female sexual offenders. Between 2 and 5 percent of sexual offenders are female; their motives for committing sexual crimes can be different than the motives of male offenders. Castration should decrease sexual arousal; however, the bill does not explain how female castration would be performed. Surgical castration could mean removal of the ovaries or clitoris and chemical castration has not been shown to reduce sexual arousal in women. Some female offenders are motivated by childhood trauma and may not become sexually aroused from sexual assault; therefore, biological alterations may not have the desired impact on abnormal sexual behavior. This poster will provide an updated overview of castration legislation in the U.S. and discuss issues pertinent to the potential of female castration related to sexual offenses.

REFERENCES

Holly Baer. (March 7, 2016 Monday). Alabama can't castrate female pedophiles. *Daily Mississippian*: University of Mississippi. Retrieved from <https://advance-lexis.com.ezp.slu.edu/api/document?collection=news&id=urn:contentItem:5MD6-35Y1-JBSN-3057-00000-00&context=1516831>.

Oswald ZE: Off with his-analyzing the sex disparity in chemical castration sentences. *Mich. J. Gender & L* 19:471, 2012

QUESTIONS AND ANSWERS

1. How are female sexual offenders treated compared to their male counterparts?
 - A. Women who commit sexual assault are more likely to be sent to prison than men
 - B. Female sexual offenders receive harsher punishments than male sexual offenders
 - C. Women are given more lenient sentences and are more likely to have the cases dismissed in court
 - D. Both male and female sexual offenders receive similar sentences

ANSWER: C

2. What are the difficulties surrounding female castration?
 - A. Female sexual offenders will inevitably reoffend, so castration is futile.
 - B. Chemical castration of women has life-threatening side effects even though it is effective in reducing sexual libido.
 - C. States will legal castration have too many restrictions on how female castration is performed.
 - D. Female sexual offender prevalence is underestimated due to lack of reporting, which may limit the effect of castration as a deterrence for crime.

ANSWER: D

S10 COMPETENCY TO STAND TRIAL OPINIONS AMONG PROFESSIONAL EVALUATORS

Holly Kaufman, PhD, Marietta, GA
Maria Silva, PhD, Atlanta, GA
Tomina Schwenke, PhD, Atlanta, GA
Glenn Egan, PhD, Atlanta, GA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

The purpose of the current study is to examine decisional differences between evaluators conducting competency to stand trial evaluations, including rates at which male versus female evaluators, and psychiatrists versus psychologists rate defendants as competent or incompetent.

SUMMARY

Competency to stand trial evaluations are the most commonly requested criminal forensic evaluations. Research has focused on differences between defendants opined competent and incompetent to stand trial, but less attention has been given to how evaluators arrive at a decision. One study (Redding et al., 2001) found legal professionals (i.e., judges, defense attorneys, prosecutors) preferred to have a psychiatrist versus a psychologist conduct a forensic evaluation. Given this information, it is important to examine potential differences in opinion rates between psychiatrist and psychologists conducting competency to stand trial evaluations. The current study will examine rates of competency to stand trial decisions among psychiatrists and psychologists, as well as among male and female evaluators. This study will utilize archival data from the Emory Psychiatry and Law Service, a program that conducts court ordered competency to stand trial evaluations for Fulton County, a large, metropolitan county encompassing Atlanta, Georgia. Intrinsic and extrinsic factors that may lead to differing decisional rates among these groups will be discussed.

REFERENCES

Guarnera LA, Murrie DC, Boccaccini MT: Why do forensic experts disagree? Sources of unreliability and bias in forensic psychology evaluations. *Translational Issues in Psychological Science* 3:143-152, 2017

Warren JI, Murrie DC, Stejskal W, et al: Opinion formation in evaluating the adjudicative competence and restorability of criminal defendants: a review of 8,000 evaluations. *Behav Sci Law* 24(2):113-32, 2006

QUESTIONS AND ANSWERS

1. Which of the following is the most common type of criminal forensic evaluation?
 - A. Competency to stand trial
 - B. Competency to waive Miranda rights
 - C. Competency to be sentenced
 - D. Criminal responsibility

ANSWER: A

2. According to a 2001 survey, what percentage of judges, prosecutors, and attorneys preferred a forensic evaluation be conducted by a psychiatrist versus a psychologist?
- A. 27%
 - B. 46%
 - C. 68%
 - D. 79%

ANSWER: C

S11 THE TRUTH ABOUT COMPETENCY AMONG FEMALE DEFENDANTS IN CORRECTIONS

Maria Silva, PhD, Atlanta, GA
Holly Kaufman, PhD, Atlanta, GA
Glenn Egan, PhD, Atlanta, GA
Tomina Schwenke, PhD, Atlanta, GA
Peter Ash, MD, Atlanta, GA
Melvin Pagan-Gonzalez, PsyD, Atlanta, GA

EDUCATIONAL OBJECTIVE

The purpose of the current study is to examine factors that differ between male and female defendants in relation to competency to stand trial opinions. The aim is to identify gender-responsive treatment areas that providers can target in competency restoration efforts.

SUMMARY

Factors associated with adjudicative competency have gained more research interest in recent years. Previous studies examining such factors have largely focused on factors impacting male defendants' competency to stand trial. In particular, the literature has suggested that individuals with cognitive impairments and unmedicated psychosis are more likely to be opined incompetent to stand trial relative to individuals without cognitive impairments or those who are medication compliant. The literature has also suggested that female defendants are more likely to be restored to competency than their male counterparts. Nevertheless, there is a dearth of research on female defendants and factors associated with their adjudicative competency. The few studies that have been conducted on female defendants have centered on inpatient populations, diagnoses, and medication compliance. However, more research is warranted to identify differences between male and female defendants in correctional settings. This study examines gender differences as they pertain to adjudicative competency among male and female pre-trial defendants evaluated in correctional facilities in Georgia. The determinations of forensic evaluators will be analyzed to identify factors associated with competency opinions in relation to diagnosis, medication compliance, cognitive functioning, and demographic factors. Implications for gender-responsive competency restoration efforts will be discussed.

REFERENCES

- Warren JI, Chauhan P, Kois L, et al: Factors influencing 2,260 opinions of defendants' restorability to adjudicative competency. *Psychology, Public Policy, and Law* 19:498, 2013
- Kois L, Pearson J, Chauhan P, et al: Competency to stand trial among female inpatients. *Law and Human Behavior* 37:231, 2013

QUESTIONS AND ANSWERS

1. Identifying gender differences in competency opinions is important because:
- A. Male defendants are opined competent at disproportionately higher rates relative to female defendants
 - B. Female defendants have higher rates of mental health issues impeding competence
 - C. Treatment providers can target the unique needs of male and female defendants in competency restoration efforts
 - D. Male and female defendants respond differently to medications

ANSWER: C

2. Which of the following best describes the approach that takes gender differences into account in conducting evidence-based competency restoration:
- A. Gender-based
 - B. Gender-responsive
 - C. Gender-informed
 - D. Gender-neutral

ANSWER: B

S12 IMPACT OF A COMMUNITY BASED PRE-TRIAL FORENSIC EVALUATION PROGRAM

Boris N. Tizenberg, BA, Baltimore, MD
Lawrence Heller, PhD, Baltimore, MD
Christopher M. Wilk, MD, Baltimore, MD

EDUCATIONAL OBJECTIVE

Improve service delivery system and treatment of forensic patients.

SUMMARY

As referrals for inpatient competency restoration services increase, the number of inpatient beds have not increased commensurately. We hypothesized that community based pre-trial forensic evaluations conducted by the Medical Services Division at the Circuit Court for Baltimore City, Maryland would reduce referrals to hospitals, and thus reduce State costs accrued by hospitalization of forensic patients awaiting legal disposition and limit inpatient psychiatric bed utilization. We performed retrospective analysis of cases for defendants evaluated by the Medical Services Division for pre-trial forensic evaluations concerning questions of competency to stand trial and criminal responsibility. We evaluated longitudinal outcomes for defendants opined as incompetent, possibly incompetent, or not criminally responsible (NCR). Analyses were conducted using SPSS. Fewer defendants were definitively opined as incompetent to stand trial when the screening program was implemented. However, this was offset with more extension requests to the Court, but fewer defendants immediately adjudicated as incompetent to stand trial, thus lowering the burden on the state hospitals. Community based pretrial forensic evaluation programs can potential save the State money, increase availability of limited psychiatric beds, and limit adjudication of people as incompetent to stand trial. Implications for financial resources and civil liberties are discussed in that context.

REFERENCES

Fisher WH, Geller JL, Pandiani JA: The changing role of the state psychiatric hospital. Health Affairs 28(3):676-684, 2009

Wortzel H, Binswanger IA, Martinez R, et al: Crisis in the treatment of incompetency to proceed to trial: harbinger of a systemic illness. J Am Acad Psychiatry and the Law 35:357-3, 2007

QUESTIONS AND ANSWERS

1. What is a cost effective and safe setting where individuals can be evaluated for competency to stand trial?
- A. State hospital
 - B. Private Hospital
 - C. Courthouse
 - D. Private Residents
- ANSWER: C
2. What is a benefit of evaluating individuals for competency to stand trial prior to inpatient hospitalization in a state hospital?
- A. Decrease infringement on civil liberties
 - B. Delay the judicial process
 - C. Decrease the demand for forensic psychiatrists and psychologists
 - D. Increase inpatient admissions

ANSWER: A

S13 RECIDIVISM OF INCOMPETENT MISDEMEANOR DEFENDANTS

Taylor M. Burns, MD, Atlanta, GA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

Discuss the recidivism rates of incompetent misdemeanor defendants compared to misdemeanor defendants who are not mentally ill and evaluate the risks and benefits associated with the different dispositions of misdemeanor defendants.

SUMMARY

This study examines whether a sample of defendants arrested on misdemeanor charges and subsequently found incompetent to stand trial (N=126) commit further criminal offenses in the following 2 years at a higher rate than a matched sample of defendants who are not mentally ill. The results have implications for concerns about public safety that arise when considering the risks and benefits of various dispositions of cases involving seriously mentally ill misdemeanor defendants, such as whether to divert to mental health treatment, sentence to jail, create conditions of probation, or dismiss the charges.

REFERENCES

Boutros A, Kang SS, Boutros NN: A cyclical path to recovery: Calling into question the wisdom of incarceration after restoration. *Int J Law Psychiatry* 57:100-5, 2018

Gillis A, Holoyda B, Newman WJ, et al: Characteristics of Misdemeanants Treated for Competency Restoration. *J Am Acad Psychiatry Law* 44:442-50, 201

QUESTIONS AND ANSWERS

1. Research suggests that compared to defendants charged with misdemeanors evaluated as competent to stand trial (CST) when compared to those found incompetent to stand trial (IST), in the 2 years following evaluation CST defendants:
 - A. Are rearrested at a significantly higher rate than IST defendants
 - B. Are rearrested at about the same rate as IST defendants
 - C. Are rearrested at a significantly lower rate than IST defendants
 - D. Are rearrested at a rate that's unknown.

ANSWER: B

2. In comparing rates of rearrest of mentally ill defendants with other populations, the most important potentially confounding variable to control for is
 - A. Defendant's age
 - B. Type of crime
 - C. Time at risk (e.g, time out of an institution)
 - D. Rate of hospitalization post-release

ANSWER: C

S14 THE MANY FACES OF CAUSATION

Thomas G. Gutheil, MD, Brookline MA
J. Tyler Carpenter, PhD, Randolph, MA
Eric Y. Drogin, JD PhD, Hingham, MA
Helen Farrell, MD, Boston, MA
Steven Hassan, MEd, Newton, MA

EDUCATIONAL OBJECTIVE

To improve the understanding and practical application of causation in its many forms in forensic work.

SUMMARY

Dr. Carpenter will review and address how the clear and less obvious ways of understanding and choosing language expression may create a reliable and valid model of causation; the relationship between clinical science and the gatekeeping function will also be addressed. Mr. Hassan will draw on his own cult member experience and describe how charismatic cult leaders and coercive indoctrination can subvert preexisting

value systems and cause individuals to commit torts and crimes they would ordinarily never commit. Dr. Farrell will describe and discuss actual case examples of problematic causation analysis, including the recent cyberbullying suicide case, other profound effects on individuals and case law. Dr. Drogin will discuss legal aspects of causation in litigation and how causation arises within civil and criminal law to assign responsibility and apportion blame; he differences between clinical etiology and legal causation will be explored. Dr. Gutheil will moderate and discuss.

REFERENCES

Hassan S: *Combating Cult Mind Control*. Newton, MA: Freedom of Mind Press, 2018

Summers AD: Common sense causation in law. *Oxford J Legal Studies* 38(4):793-821, 2018

QUESTIONS AND ANSWERS

1. Causation is:

- A. Not identical with medical models of etiology
- B. Sometimes assessed by a “but for” analysis
- C. Plays a role in malpractice cases
- D. May be less relevant in workmen’s compensation cases
- E. All of the above

ANSWER: E

2. Legal and medical models of causation:

- A. Are identical in jurisdictions that adhere to the locality rule
- B. Are based on similar fact patterns but reflect different goals and standards
- C. Are similar in their requirement of proof by clear and convincing evidence
- D. Are identical in criminal proceedings but widely divergent in civil proceedings

ANSWER: B

S15 ADMINISTRATIVE SEGREGATION: REVIEWING FOR QUALITY OF STUDY DESIGNS

Graham D. Glancy, MD, Toronto, ON, Canada

Alexander Simpson, MD, Toronto, ON, Canada

Marissa Heintzman, Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

Participants will become familiar with the literature regarding administered segregation; be able to critically appraise the literature regarding the effects of administrative segregation; and learn whether there is a particular cutoff time regarding the effects of administrative segregation.

SUMMARY

There has been significant attention recently to the purported effects of administrative segregation (AS), previously known as solitary confinement, on mental health. These effects have been the subject of commentary by legislators, politicians, and the press. In this paper, we critically review the research on the mental health of inmates who have been placed in AS, after using various search modalities to capture all research that is available. In particular, we focus on whether there are any proven harmful effects of placement in AS, whether there is any particular time that should be the limit for length of stay in AS, and whether there is any evidence that AS affects those with mental illness differently than those without mental illness. We anticipate these findings to be useful in determining the best course of action for appropriately implementing administrative segregation in prisons.

REFERENCES

Morgan RD, Gendreau P, Smith P, et al: Quantitative syntheses of the effects of administrative segregation on inmates’ well-being. Available at: https://www.safealternativestosegregation.org/wp-content/uploads/legacy/files/morgan-et-al_effects-of-administrative-segregation.pdf. Accessed August 2019.

O’Keefe ML, Klebe KJ, Stucker A, et al: One year longitudinal study of the psychological effects of administrative segregation. Available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/232973.pdf>. Accessed August 2019.

QUESTIONS AND ANSWERS

1. Which of the following characteristics do NOT indicate the evidentiary strength of a scientific study?

- A. Baseline measures
- B. Standardized tests
- C. Involvement in legal representation of subjects
- D. Control group
- E. Longitudinal design

ANSWER: C

2. Which of the following is considered to be the highest level of evidence?

- A. Expert opinions
- B. Randomized controlled studies
- C. Meta-analysis
- D. Case reports

ANSWER: C

S16 BESTIALITY AMONG SEXUALLY VIOLENT PREDATORS

Brian J. Holoyda, MD, Sacramento, CA
Ravipreet Gosal, MD, St. Louis, MO
K. Michelle Welch, Richmond, VA

EDUCATIONAL OBJECTIVE

To describe the prevalence and characteristics of bestiality in all individuals found to be sexually violent predators in the state of Virginia between 2003 and 2017; delineate differences between SVPs with a history of bestiality and those without; and identify current challenges in the study of bestiality.

SUMMARY

Bestiality is a poorly understood aspect of human sexual behavior. There is a dearth of scientific research on the prevalence of bestiality, the motivations for which individuals engage in the behavior, and the risk that such individuals pose for interpersonal sexual and nonsexual violence. This study is a descriptive analysis of bestiality in all individuals found to be sexually violent predators in the state of Virginia between 2003 and 2017. Of 1248 SVPs, 33 (2.6%) had a history of engaging in bestiality. SVPs with a history of bestiality were significantly more likely to be victims of childhood sexual abuse ($p < 0.005$) and to engage in nonsexual animal abuse ($p < 0.0001$). They were most likely to report sexual contact with dogs and demonstrated a breadth of other atypical sexual behavior. The lifetime prevalence of 2.6% is low compared to other published findings, suggesting that offenders may have intentionally minimized their history of atypical sexual behaviors. The relationship between childhood sexual victimization and bestiality has not previously been reported in the literature and represents an important nidus for future investigation. Further research is necessary to characterize human-animal sexual interactions in SVPs and other populations.

REFERENCES

Holoyda BJ: Bestiality in forensically committed sexual offenders: a case series. *J Forensic Sci* 62:541-44, 2017
Holoyda BJ, Sorrentino R, Friedman SH, et al: Bestiality: an introduction for legal and mental health professionals. *Behav Sci Law* 36:687-97, 2018

QUESTIONS AND ANSWERS

1. Which of the following is true regarding research on the prevalence of bestiality in the United States?

- A. There have been no studies evaluating the prevalence of bestiality in the United States
- B. Recent research indicates that bestiality is more common among urban adolescents than other groups
- C. Studies conducted on correctional populations generally find a higher prevalence rate than studies conducted on the general population
- D. Multiple studies have demonstrated prevalence rates between 5% and 10% in the general population.
- E. A study by Alvarez and Freinhar indicated that nearly all psychiatric inpatients have some sexual fantasies involving animals

ANSWER: C

2. Which of the following is true regarding this study of bestiality in sexually violent predators in Virginia?
 - A. The prevalence rate of a history of bestiality was higher in SVPs than that previously reported in the general population.
 - B. SVPs with a history of bestiality were more likely to be African American than Caucasian.
 - C. The most commonly reported animal with which subjects had sex was a horse.
 - D. SVPs with a history of bestiality were more likely to report a history of childhood sexual victimization.
 - E. The most frequently identified additional atypical sexual behavior in SVPs with a history of bestiality was necrophilic acts.

ANSWER: D

**S17 OUTCOMES OF A JAIL-BASED COMPETENCY RESTORATION UNIT
PETER ASH, MD, 2019 ISAAC RAY AWARD LECTURE**

Peter Ash, MD, Atlanta, GA
 Victoria C. Roberts, MeD, Atlanta, GA
 Glenn Egan, PhD, Atlanta, GA
 Kelly L. Coffman, MD, Atlanta, GA
 Tomina Schwenke, PhD, Atlanta, GA
 Karen Bailey, PhD, Atlanta, GA

EDUCATIONAL OBJECTIVE

To clarify the benefits and problems of a jail-based, specialized competency restoration unit, from the perspective of establishing a continuum of competency restoration services targeted to the specific needs of incompetent defendants, rather than resorting to a one-size-fits-all approach of restoration of all defendants on a hospital forensic inpatient unit.

SUMMARY

This study reports on restoration outcomes of a sample of pretrial defendants (N=893, 69% male) who were found incompetent to stand trial and underwent restoration services in a large urban county. Each male defendant was initially assigned to restoration in one of four settings on a continuum of services of varying intensity (outpatient, jail general population, dedicated jail-based restoration unit, and forensic hospital inpatient unit) based on the defendant's assessed clinical need. Of those who received services on the jail-based restoration unit (N=398), 38% were restored to competency, 34% were diverted out of the criminal justice system, and 28% were referred for more intensive inpatient services, primarily because of refusal of medication (the jail would not allow involuntary medication, even if court-ordered). Advantages of restoration on the jail unit when compared to inpatient hospitalization included more rapid institution of restoration services, higher rates of diversion out of the criminal justice system, and significantly lower cost (< 25% per day). The authors conclude that a continuum of restoration services that allows a service to be matched to the needs of an incompetent defendant has significant advantages over routine transfer to a forensic hospital for restoration.

REFERENCES

- Rice K, Jennings JL: The ROC Program: Accelerated restoration of competency in a jail setting. *Journal of Correctional Health Care* 20:59-69, 2014
- Danzer GS, Wheeler EMA, Alexander AA, et al: Competency restoration for adult defendants in different treatment environments. *J Am Acad Psychiatry Law* 47(1):68-81, 2019

QUESTIONS AND ANSWERS

1. Compared to competency restoration on a forensic hospital inpatient unit, given the limited resources in most jurisdictions, the advantages of a jail-based restoration unit include:
 - A. More rapid institution of restoration services
 - B. Reduced costs
 - C. Higher rates of restoration
 - D. A and B
 - E. A, B, and C

ANSWER: D

2. In this study, what fraction of incompetent inmates admitted to the jail restoration unit ultimately required more intensive treatment services than a jail unit that would not allow involuntary medication?
- A. 20%
 - B. 28%
 - C. 35 %
 - D. >40%

ANSWER: B

S18 PATHOLOGY, PEDIATRICS AND PSYCHIATRY IN CHILD MURDER BY PARENTS

Renée Sorrentino, MD, Weymouth, MA
Susan Hatters Friedman, MD, Cleveland, OH
Joshua Friedman, MD, PhD, Cleveland, OH
Carl Wigren, MD, Seattle, WA

EDUCATIONAL OBJECTIVE

The objective of this workshop is to increase the competence in understanding the phenomenon of child murder by parents, effectively evaluating alleged perpetrators and the medical evaluation of such cases.

SUMMARY

The murder of a child by a parent is a complex, multifactorial phenomenon, which is often brought to the attention of psychiatrists and other forensic experts. Understanding child murder cases from psychiatric, pediatric, and pathology perspectives offers a comprehensive approach to the problem. Searching for the truth in such cases is challenged by societal and clinical bias as well as the lack of robust scientific knowledge in the area. By employing a multidisciplinary approach to child murder, identification of parental motives, common factors behind child murder as well as the mechanism of the suspected inflicted injury can be better understood. The panel will include forensic psychiatrists (including perinatal psychiatry subspecialty), a child protection pediatrician, and a forensic pathologist. The panel will review case examples with a multidisciplinary approach.

REFERENCES

Hatters Friedman S, McCue Horwitz S, Resnick PJ: Child murder by mothers: a critical analysis of the current state of knowledge and a research agenda. *American Journal of Psychiatry* 162(9):1578-87, 2005

Hatters Friedman S, Resnick PJ: Child murder by mothers: patterns and prevention. *World Psychiatry* 6(3):137-41, 2007

QUESTIONS AND ANSWERS

1. What is the most common motive in infanticide?
- A. Unwanted child
 - B. Fatal maltreatment
 - C. Acutely psychotic
 - D. Altruistic

ANSWER: B

2. What is the most common type of child abuse?
- A. Neglect
 - B. Physical abuse
 - C. Sexual abuse
 - D. Psychological abuse

ANSWER: A

S19 DRUGS AS WEAPONS: TERRORISM, PROSTITUTION, GANGS AND CARTELS

Ryan Wagoner, MD, Lutz, FL
Hassan Naqvi, MD, Atlanta, GA
Isis Marrero, MD, Tampa, FL
Gregory Iannuzzi, MD, Tampa, FL

EDUCATIONAL OBJECTIVE

The goal of this panel is to address specific areas where illicit drugs may be used as weapons in various settings.

SUMMARY

A weapon is defined as a device used with the intent to inflict harm or damage. When psychiatrists discuss illicit substances, they often focus on the negative effects which are a byproduct of substance use. However, what happens when the effects or side effects of drugs are specifically used to engage in harming behavior? In those circumstances, drugs themselves can become weapons.

Dr. Naqvi will discuss the use of drugs as performance enhancement in combat, particularly in the modern use by terrorist groups. In addition, he will address the concern for certain drugs being developed as chemical agents to be used in terrorist attacks. Dr. Marrero will focus on the use of illicit drugs to control vulnerable populations, such as in prostitution and human trafficking. Dr. Iannuzzi will discuss how drugs are used by gangs to enlist and control children and exert influence in local communities. Dr. Wagoner will explain drugs of abuse can be used as economic weapons. Specifically, he will detail how drug cartels influence governments and fund activities to actively harm individuals.

REFERENCES

Centers for Disease Control and Prevention: Gang homicides “ five U.S. Cities, 2003-2008. *Morb Mortal Wkly Rep* 61:46-51, 2012.

Katselou M: Fenethylamine (Captogen) Abuse - Local Problems from an Old Drug Become Universal. *Basic & Clinical Pharmacology & Toxicology* 119(2): 133-140, 2016

QUESTIONS AND ANSWERS

1. Fenethylamine is:

- A. A new type of antipsychotic drug
- B. Currently awaiting FDA-approval for seizures
- C. A codrug of amphetamine and theophylline
- D. A special derivative of fennel seeds.

ANSWER: C

2. When committed by youth gangs who engage in drug trafficking, homicide is most often described in which of the following ways?

- A. Quick, retaliatory reactions to ongoing gang-related conflict
- B. Committed for the purpose of increasing drug-selling

ANSWER: A

S20 FORENSIC ASSESSMENT OF FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

Timothy Allen, MD, Lexington, KY
Vivek Datta, MD, San Francisco, CA
Manish Fozdar, MD, Raleigh, NC
Hal Wortzel, MD, Denver, CO
Jacob Holzer, MD, Belmont, MA

EDUCATIONAL OBJECTIVE

To provide the tools to improve the assessment of Functional Neurologic Symptom Disorder in forensic cases.

SUMMARY

Functional Neurological Disorder (FND), or conversion disorder, is a common presentation in neurological clinics, and common sequela of mild traumatic brain injury. These symptoms may be a source of litigation in personal injury, worker's compensation and disability cases, and yet most forensic psychiatrists are not comfortable in the evaluation of functional neurological symptoms. Furthermore, explaining the etiology and diagnosis of FND to the trier of fact, and how it differs from malingering and factitious disorder, can also present a challenge to uninitiated. Once thought of as a "diagnosis of exclusion," FND is now a positive diagnosis made on the basis of specific clinical findings. In this highly interactive workshop, through the use of videos, in-session simulation, and case material, participants will learn how to diagnose psychogenic non-epileptic seizures (PNES), functional movement disorders, functional weakness, functional sensory symptoms, functional gait disorders, and cogniform disorders, including the use of symptom validity and performance validity testing. In addition to distinguishing FND from primary neurological disease, participants will learn to distinguish FND from somatic symptom disorder, malingering, and factitious disorder. Finally, we will review the controversies and challenges surrounding the diagnosis of FND in the legal setting, including the compensability of these symptoms.

REFERENCES

Boeckle M, Liegl G, Jank R, et al: Neural correlates of conversion disorder: overview and meta-analysis of neuroimaging studies on motor conversion disorder. *BMC Psychiatry* 16:195, 2016

Bass C, Halligan P: Factitious disorders and malingering in relation to functional neurologic disorders. *Handb Clin Neurol* 139:509-520, 2016

QUESTIONS AND ANSWERS

1. Functional Neurological Symptom Disorder:

- A. is not recognized in the DSM 5
- B. involves feigning illness for primary or secondary gain
- C. is unrelated to conversion disorder
- D. may occur absent an identified psychological stressor

ANSWER: D

2. Who classically described Hysteria, a phenomenon that would form the basis for our modern diagnosis of conversion disorder/ functional neurological symptom disorder?

- A. Charcot
- B. Freud
- C. Jung
- D. Kraepelin

ANSWER: A

S21 WORKING WITH CULTURE: CONSIDERATIONS FOR FORENSIC EVALUATIONS

Maya G. Prabhu, MD, New Haven, CT
Sandy Simpson, MD, Toronto, ON, Canada
Madelon Baranoski, PhD, New Haven, CT
Mark McClung, MD, Seattle, WA
Margarita Abi Zeid Daou, MD, Worcester, MA

EDUCATIONAL OBJECTIVE

Understand how the constructs of ethnicity, race, and cultural identity differ from one another and how they may impact forensic formulations; discuss forms of cultural biases that can impact forensic assessments; and describe appropriate psychological tests that can be used with individuals of various cultural backgrounds.

SUMMARY

This workshop for mental health practitioners will provide an overview of cross-cultural considerations in forensic evaluations. Topics will include the following: an overview of the psychiatric cross-cultural formulation with application to forensic evaluations and reference to AAPL guidelines; an understanding of the difference between the constructs of indigeneity, ethnicity, race and minority group with particular application to risk assessments; the role for psychological testing in assessing pathology, credibility, and acculturation within the limits of cultural and language confounders affecting the administration and interpretation of results; best practices for working with interpreters and an understanding of the literature with regard to interpreter data error; and recommendations for working with populations for whom there is limited literature, for example, aboriginal populations in the Pacific Northwest. After the series of didactic presentations, course participants will be able to rotate through a series of stations with individual faculty members. Stations will include: video interpreter session with analysis, competency evaluation with emphasis on a culturally appropriate forensic formulation, psychological testing interpretation, immigration cases, and NGRI with emphasis on a culturally appropriate forensic formulation.

REFERENCES

Wall BW, Ash P, Keram E, et al: AAPL Practice resource for the forensic psychiatric evaluation of competence to stand trial. *J Am Acad Psychiatry and the Law Online* 46(3): S4-S79, 2018

Trestman RL: Is justice really blind? nondominant groups in the american justice system. *J Am Acad Psychiatry and the Law Online* 46(4):416-418, 2018

QUESTIONS AND ANSWERS

1. The concept of "competent to stand trial" can be construed as a cultural notion in all ways except the following:

- A. It embodies the idea that the legal system is reasonably fair
- B. It embodies the idea that it is acceptable to challenge authority
- C. It embodies the idea that it is acceptable to ask for clarification about official procedures and process
- D. It embodies the idea that defendants need not be physically and mentally present in court

ANSWER: D

2. Data from the National Incident-Based Reporting System (NIBRS) identified the potential role of ethnicity and race on the management of juvenile cases following arrest in which of the following ways:

- A. 8th-grade black students were almost twice as likely as white students to report a police contact
- B. 8th-grade black students were more likely to report police contact when a parent had been arrested
- C. 8th-grade black students were more likely to report police contact when a sibling had a history of criminal activity
- D. All of the above

ANSWER: D

S22 IS THERE A SCIENTIFIC BASIS FOR PARENTING TIME EVALUATIONS?

William Bernet, MD, Nashville, TN
Selena Magalotti, MD, Cleveland, OH
Astik Joshi, MD, Bossier City, LA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

The participants will learn that for some aspects of child parenting time evaluations (i.e., custody evaluations), there are strong scientific bases for conclusions and recommendations, specifically, regarding overnight parenting time for young children; the benefits of shared parenting; and the identification of parental alienation.

SUMMARY

Parenting time evaluations (i.e., child custody evaluations) conducted by mental health professionals are notoriously subjective, and thus easily criticized by opposing experts, attorneys, and judges. For years, there have been attempts to make the conclusions and recommendations of parenting time evaluations more objective, reliable, and scientific. In this workshop, three presenters will explain why specific topics that frequently arise in these evaluations are based on scientific principles. In each case, the proposition is based on recently published research: it is beneficial for young children to have overnight parenting time with both parents; shared parenting time (at least 40% with both parents) is beneficial for most children; and there are reliable and valid psychological tests that help identify parental alienation in children and adolescents. Audience members will be encouraged to participate by succinctly relating their own experiences in conducting parenting time evaluations, which support or contradict the literature discussed by the presenters. Audience members will also be asked to discuss and vote at the end of each presentation, as to whether the proposition was adequately supported by scientific evidence.

REFERENCES

Bernet W, Gregory N, Reay KM, et al: An objective measure of splitting in parental alienation: the parental acceptance/rejection questionnaire. *Journal of Forensic Sciences* 63(3):776-783, 2018.

Fabricius WV, Suh GW: Should infants and toddlers have frequent overnight parenting time with fathers? The policy debate and new data. *Psychology, Public Policy, and Law* 23(1):68-84, 2017.

QUESTIONS AND ANSWERS

1. Assuming the mother and father are both considered competent parents, which of the following parenting time schedules for young children is consistent with current research?
 - A. All overnights with mother; multiple occasions for daytime parenting time with father
 - B. Approximately equal parenting time with both mother and father
 - C. Mother designated primary residential parent; father has frequent parenting time
 - D. Mother designated custodial parent; father has frequent visitation

ANSWER: B

2. The Parental Acceptance-Rejection Questionnaire (PARQ) is a psychological test that identifies the following common symptom of parental alienation:
 - A. Campaign of denigration
 - B. Borrowed scenarios
 - C. Lack of ambivalence
 - D. Spread of animosity from targeted parent to his/her extended family

ANSWER: C

S23 PRESCRIBING FOR WOMEN IN CORRECTIONS

Anthony Tamburello, MD, Glassboro, NJ
Susan Hatters-Friedman, MD, Cleveland, OH
Ryan Hall, MD, Lake Mary, FL

EDUCATIONAL OBJECTIVE

To discuss gender-based operational differences involved in prescribing psychiatric medications to women in correctional facilities, as well as to review the available research and expert opinion on prescribing practices for this group.

SUMMARY

The population of incarcerated women is on the rise in the United States, and the mental health treatment needs of this group are complex. The rates of many mental illnesses are higher in this group compared with either incarcerated men or with women in the community. The American Academy of Psychiatry and the Law's 2018 Practice Resource for Prescribing in Corrections highlighted the research specific to prescribing psychotropic medications for patients in jails and prisons but was not focused on groups with special needs, such as women. The panel will discuss some of the important differences to consider including medication administration concerns (such as intermittent dosing for premenstrual dysphoric disorder), drug interaction

considerations (such as with hormonal contraceptives), prescribing during life phases (e.g., pregnancy, postpartum, breastfeeding, and menopause), and side effects of particular concern to this population. The panel will also discuss research specific to prescribing for women in correctional facilities, including a selection of problems like depressive and anxiety disorders, bipolar and psychotic disorders, trauma and stressor-related disorders, substance use disorders, personality disorders, sleep disorders, and paraphilias.

REFERENCES

Tamburello A, Metzner J, Ferguson E, et al: The American Academy of Psychiatry and the Law practice resource for prescribing in corrections. *J Am Acad Psychiatry Law* 46(2):242-243, 2018

Friedman SH, Collier S, Hall RCW: PTSD behind bars: incarcerated women and PTSD, in *Comprehensive Guide to Post-Traumatic Stress Disorder*. Edited by Martin C, Preedy VR, and Patel VB. Springer publishers, 2016, pp 1497-1512

QUESTIONS AND ANSWERS

1. Which of the following is a barrier to intermittent dosing of antidepressants for premenstrual dysphoric disorder in a correctional facility?
 - A. Intermittent dosing is associated with more side effects
 - B. Inability for patients to have “keep on person” medications
 - C. Incarcerated women generally prefer regular daily dosing
 - D. Intermittent dosing is ineffective for premenstrual dysphoric disorder

ANSWER: B

2. Regarding trauma and stressor-related disorders in incarcerated women, which of the following statements is true?
 - A. Lower rates of PTSD are found in incarcerated women compared to women in the community
 - B. Atypical antipsychotic medications are first-line treatment in this setting
 - C. SSRIs are rarely effective in this population
 - D. “Complex” PTSD may be more often observed in this group

ANSWER: D

S24 FIFTY YEARS ARE ENOUGH: THE CORRECTIONS OF TOMORROW

Steven K. Hoge, MD, New York, NY
Elizabeth Ford, MD, New York, NY
Jeffrey Metzner, MD, Denver, CO
Robert Trestman, MD, Roanoke, VA

EDUCATIONAL OBJECTIVE

Participants will obtain knowledge regarding how mental health systems for correctional patients will function differently in the future.

SUMMARY

Serious mental illness afflicts about 15% of prisoners in jails and prisons. Correctional staff and legal briefs often point to the failure of the mental health system as the root cause of their overwhelmed systems. But it is now clear that large-scale institutional care will not return. The presence of high numbers of mentally ill offenders reflects a long-term, structural change; it can no longer be passed off as a transient crisis that “belongs” to a “failed” mental health system. One implication is that correctional facilities need to change in ways designed to address the needs of mentally ill inmates. On this panel, Dr. Trestman will discuss how prisons need to replace punishment-based management with reward-based systems, how correctional staff need to be recruited and trained differently, and how physical plants need to be changed. Dr. Hoge will discuss how the re-entry system needs to be changed substantially and discuss different systems. Dr. Metzner will discuss how correctional facilities will adopt available technology and permit use of devices currently regarded as contraband; and how these facilities should be used as training sites for mental health professionals. Dr. Ford will discuss how fast-paced jails must modify their practices.

REFERENCES

Appelbaum KL, Trestman RL, Metzner JL. The future of correctional psychiatry: evolving and recommended standards, in *The Oxford Textbook of Correctional Psychiatry*. Edited by Trestman RL, Appelbaum KL, and Metzner JL. Oxford University Press, 2015

Fazel S, Hayes AJ, Bartellas K, et al: Mental health of prisoners: prevalence, adverse outcomes, and interventions. *The Lancet Psychiatry* 3(9):871-81, 2016

QUESTIONS AND ANSWERS

1. In working to shape pro-social behavior, research data support that correctional systems should:

- A. Dehumanize inmates and treat all inmates consistently and with little dignity
- B. Articulate punishments for rule infractions and enforce the rules consistently
- C. Treat inmates with dignity and respect and provide opportunities to learn
- D. Make prison environments very punitive as a way to encourage prosocial behavior upon release.

ANSWER: C

2. Treatment of mentally ill prisoners is complicated often by all of the following, EXCEPT:

- A. History of non-compliance with medications
- B. Co-morbid alcohol and substance use problems
- C. Over-involvement of family members in treatment decisions
- D. Malingering

ANSWER: C

S25 AAPL AT 50: A LOOK AT HOW THE PAST INFORMS THE FUTURE

Jeffrey S. Janofsky, MD, Baltimore, MD
Jacquelyn Coleman, MA, Bloomfield, CT
Michael Norko, MD, Durham, CT
Howard Zonana, MD, New Haven, CT
J. Richard Ciccone, MD, Rochester, NY

EDUCATIONAL OBJECTIVE

Participants will understand how AAPL's past historical development informs AAPL's future organizational goals

SUMMARY

The American Academy of Psychiatry and the Law (AAPL) began as an organization in 1968 when Jonas Rappeport invited Directors of Forensic Psychiatry Training Programs to a pre-APA annual meeting get together to "exchange ideas about our individual programs and increase knowledge of each other's work." AAPL had its first annual meeting in November 1969 at the Friendship International Hotel in Baltimore, Maryland. Jonas was appointed Acting President and later became AAPL's first President and Medical Director. The meeting lasted for one day. There were 74 charter members. Doctor Rappeport was elected AAPL's first President and was subsequently appointed as AAPL's first Medical Director. Originally run administratively as a "mom and pop organization," AAPL came under professional management in January 1992 when Jacquelyn Coleman became AAPL's first (and still current) Executive Director. AAPL was initially formed primarily with an educational mission. Since then, AAPL has expanded its mission to support research with the formation of the AAPL Institute for Education and Research and advocacy by participating in amicus briefs and with formal AAPL liaisons to the APA and AMA. Panelists will review AAPL's history from multiple perspectives.

REFERENCES

Janofsky JS, Tellefsen C: Jonas R. Rappeport, MD: Founding Father of the American Academy of Psychiatry and the Law. *J Am Acad Psychiatry and Law* 35(3):290-293, 2007

Norko M: AAPL timeline. *Am Acad Psychiatry and Law Newsletter* 24(3):I-VIII, 1999

QUESTIONS AND ANSWERS

1. Early in its history, AAPL became known for its focus on forensic evaluation and testimony. At which AAPL meeting was the first presentation on the treatment of offenders?
 - A. 1st meeting in 1969
 - B. 10th meeting in 1978
 - C. 14th meeting in 1982
 - D. 21st meeting in 1989

ANSWER: A

2. In which state was AAPL incorporated in 1977 as a “scientific corporation?”
 - A. Maryland
 - B. Delaware
 - C. Michigan
 - D. California

ANSWER: C

S26 HOT TOPICS IN CORRECTIONS

Ariana Nesbit-Bartsch, MD, San Diego, CA
Joseph Penn, MD, Conroe, TX
Donald Reeves, MD, South Orange, NJ
Keelin Garvey, MD, Tiverton, RI

EDUCATIONAL OBJECTIVE

The objective of this panel is to learn about several rapidly-evolving topics related to correctional psychiatry, including the housing of transgender inmates, the use of medication-assisted treatment for substance use disorders, new recommendations regarding suicide risk assessment and prevention, and telepsychiatry in corrections.

SUMMARY

The field of correctional psychiatry is rapidly evolving. This panel will be focused on exploring several topics that have recently received significant attention in both the mainstream media and the academic literature. Dr. Nesbit will discuss issues related to the housing of the transgender inmate. Dr. Penn will review recent recommendations regarding suicide risk assessment and prevention. Dr. Reeves will explore the use of medication-assisted treatment for substance use disorders in correctional facilities. Dr. Garvey will discuss the use of telepsychiatry in corrections.

REFERENCES

Robertson AG, Easter MM, Lin HJ, et al: Associations between pharmacotherapy for opioid dependence and clinical and criminal justice outcomes among adults with co-occurring serious mental illness. *Journal of Substance Abuse Treatment* 86:17-25, 2018

Routh D, Abess G, Makin D, et al: Transgender inmates in prisons: a review of applicable statutes and policies. *International Journal of Offender Therapy and Comparative Criminology* 61(6):645-666, 2017

QUESTIONS AND ANSWERS

1. Which of the following does the Prison Rape Elimination Act say should be the sole basis for all housing decisions in public correctional facilities?
 - A. An individual’s genitalia status
 - B. An individual’s gender identity
 - C. An individual’s housing preference
 - D. None of the above

ANSWER: D

2. Which of the following is the gold-standard treatment for opioid use disorders?

- A. Narcotics Anonymous
- B. Medication-assisted treatment
- C. Cognitive behavioral therapy
- D. Inpatient substance use treatment programs

ANSWER: B

S27 FORENSIC CONCERNS IN THE UNIQUE PRACTICE ENVIRONMENT OF THE FOREIGN SERVICE

Stephen A. Young, MD, Washington, DC

EDUCATIONAL OBJECTIVE

Americans living and working in embassy communities overseas present unique mental health challenges. Attendees will come away with a better sense of some of the forensic psychiatric issues that must be considered when supporting both the employees and the organization in situations that may involve secrecy, danger, and national security.

SUMMARY

This presentation will provide an overview of the unique practice environment of psychiatrists who choose to join the Foreign Service. This is a fairly small number of individuals who are responsible for patients literally worldwide. The presentation will provide an overview of the Foreign Service population at large as well as look at those psychiatrists practicing in this setting and where they are located. Included will be some of the specific practice areas of interest to forensic practitioners to include security and medical clearances, dual agency roles, the Foreign Service Grievance Board, and Family Advocacy (the process by which child and spouse abuse is identified and managed in embassy settings overseas). Specific case studies of both individuals and communities in crisis will be presented as well as the framework that currently exists to manage such crises.

REFERENCES

Dekleva K: The US Department of State's Mental Health Services: A model for integrated care. *Psych Serv* 68(11):1101-3, 2017

Dunn R, Williams R, Kemp V, et al: Systematic review: deployment length and the mental health of diplomats. *Occ Med* 65(1):32-8, 2015

QUESTIONS AND ANSWERS

1. If an American living overseas has a psychotic episode, what resources are available to them?

ANSWER: An American citizen not affiliated with the embassy may receive assistance from the embassy – but will likely have to manage their care locally or make arrangements to return to the US at their own expense. An Official American, e.g., a Foreign Service Officer posted to the embassy, would be eligible for medical evacuation back to the US at government expense.

2. Can a Foreign Service Officer arrested overseas for striking his spouse claim diplomatic immunity?

ANSWER: No. The Department of State has a robust process in place to identify and address domestic violence situations. It is the presence of this process that protects diplomats from foreign governments who would, in many cases, attempt to prosecute this kind of behavior in local courts and employ their own versions of Child Protective Services

S28 A REAL PIECE OF WORK: UPDATE ON OCCUPATION-RELATED VICARIOUS TRAUMA

Jeffrey Guina, MD, Pontiac, MI
Maya Prabhu, MD, New Haven, CT
Pamela J. Broderick, MD, Cincinnati, OH
Andrew P. Levin, MD, Hartsdale, NY

EDUCATIONAL OBJECTIVE

From this workshop, participants will be able to describe the identification and prevention of vicarious trauma in the workplace, discuss occupations at high risk of trauma (e.g., attorneys, crime lab, military), and apply information about vicarious trauma to legal and occupational evaluations and workplace interventions.

SUMMARY

DSM-5 changed DSM-IV-TR's posttraumatic stress disorder criteria to allow for indirect exposure to trauma, specifically work-related exposure to aversive details, electronic media, video or pictures. For some, indirect exposure to violence is common in the workplace. For example, crime lab personnel frequently observe the aftermath of violence. Law enforcement personnel, attorneys and forensic evaluators often have to discuss traumatic experiences and review aversive material, such as pictures depicting violence or videos of child pornography. Military personnel similarly may have to review or monitor violence, such as listening to radio communications or observing video from a combat zone, whether via intelligence surveillance or remotely piloted aircraft ("drones"). We will discuss the role of the forensic psychiatrist with regard to the assessment, resiliency and prevention of vicarious trauma. The presenters have been involved with occupational and legal evaluations related to vicarious trauma, working with public defenders and asylum attorneys, and a collaborative study of forensic scientists with the American Society of Crime Laboratory Directors and the National Institute of Justice. During our session, we will use interactive discussion, audiovisual aids, and case discussions as we review the most up-to-date literature and practices related to indirect trauma exposure in the workplace.

REFERENCES

Levin AP, Albert L, Besser A, et al: Secondary traumatic stress in attorneys and their administrative support staff working with trauma-exposed clients. *Journal of Nervous and Mental Disease* 199(12):946-955, 2011

Guina J, Welton RS, Broderick PJ, et al: DSM-5 criteria and its implications for diagnosing PTSD in military service members and veterans. *Current Psychiatry Reports* 18(5):1-9, 2016

QUESTIONS AND ANSWERS

1. According to the Diagnostic and Statistical Manual of Mental Disorder (DSM)-5, which of the following would NOT be considered a traumatic experience for the purposes of diagnosing posttraumatic stress disorder (PTSD)?
 - A. An attorney repeatedly reading about and listening to details of a criminal sexual offense in preparation for a trial
 - B. A military officer in the U.S. observing terrorist violence occurring in Iraq via video from a remotely piloted aircraft
 - C. A travel agent repeatedly watching the September 11th (9/11) Attacks of the World Trade Center on television at home
 - D. A crime lab director reviewing pictures of a murder that is being investigated by the lab

ANSWER: C

2. In a study of public defenders, Levin, et al. (2011) found:
 - A. Attorneys suffered severe symptoms of PTSD
 - B. Administrative staff members suffered symptoms at the same level as attorneys
 - C. Attorney complaints of depression were more prominent than of PTSD
 - D. Public defenders did not feel that high caseloads affected them

ANSWER: C

S29 LICENSE TO KILL & FORGET: AMNESIA IN POLICE SHOOTING INCIDENTS

James L. Knoll IV, MD, Syracuse, NY
Corina Freitas, MD, Syracuse, NY
Jon D. Cromer (Senior Special Agent, Virginia State Police), Appomattox, VA
Charles Scott, MD, Sacramento, CA

EDUCATIONAL OBJECTIVE

Become familiar with police use of force laws and decision making under stress, learn the forensic implications of acute dissociative responses in law enforcement officers involved in critical shooting incidents, and understand the forensic examination of claims of crime related amnesia.

SUMMARY

In *Ohio v. Brelo*, Cleveland police fired 137 rounds of ammunition into a suspect's vehicle. Two suspects were killed, and it was later determined they were unarmed. Towards the end of the shooting, Officer Brelo mounted the suspect vehicle's hood and fired approximately 14 shots directly down at the suspects. He alleged a circumscribed period of amnesia limited to the time in which he mounted the suspects' vehicle and fired shots. The forensic expert retained by the prosecution will describe his involvement and testimony in the case. Police use of force laws will be briefly discussed and the research on crime related amnesia and dissociative responses during critical shooting incidents will be reviewed. A law enforcement expert with firsthand experience of critical shooting incidents will provide real world insights. An expert in evidenced-based research on police decision making under stress will discuss use-of-force decisions and current methods of enhancing resilience in police officers. Finally, forensic psychiatric approaches for evaluating suspect claims of amnesia will be discussed.

REFERENCES

Rivard J, Dietz P, Martell D, et al: Acute dissociative responses in law enforcement officers involved in critical shooting incidents: the clinical and forensic implications. *J Forensic Sci* 47(5):1093-100, 2002

Jelicic M: Testing claims of crime-related amnesia. *Frontiers in psychiatry* 9:617, 2018

QUESTIONS AND ANSWERS

1. In *Graham v. Connor*, 490 U.S. 386 (1989) the U.S. Supreme Court determined that an objective reasonableness standard should apply to a civilian's claim that law enforcement officials used excessive force. However, the perspective to be used to determine reasonableness should:
 - A. be a reasonable person standard
 - B. consist of subject and objective parts
 - C. be a reasonable officer on the scene
 - D. none of the above

ANSWER: C

2. Approximately what percent of homicide defendants claim amnesia for the offense?
 - A. 5 to 10%
 - B. 30%
 - C. 60%
 - D. None of the above

ANSWER: B

S30 ENTERTAINMENT MEDIA REVIEWS: FLUFF OR FORENSIC TEACHING TOOL?

Karen B. Rosenbaum, MD, New York, NY
Kenneth J. Weiss, MD, Philadelphia, PA
Cathleen A. Cerny-Suelzer, MD, Cleveland, OH
Tobias Wasser, MD, New Haven, CT
Susan Hatters Friedman, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Provide a history of using film and television to help understand and teach forensic psychiatry, review the typology of forensic psychiatrists in fiction, illustrate the importance of media reviews in JAAPL and other publications, and use in depth examples to illustrate the above.

SUMMARY

Entertainment media, including fictional and documentary films, have become more popular since the rise of internet-based television. Crime shows and other film series with forensic themes have risen significantly in the past decade. These shows and other forms of entertainment media illuminate the human condition. Given forensic psychiatrists' special ability to convey narrative, our field has a unique opportunity to highlight the behavioral dynamics at play in these series, which might otherwise be dismissed as evil or trivial, through scholarly writing. In this presentation, we will revisit the 2010 AAPL panel presentation "From Dr. Kreizler to Hannibal: Forensic Psychiatrists in Fiction." In addition to using updated media examples to

review the typology of forensic psychiatrists in fiction, we will focus on how popular culture can be used to teach forensic psychiatry. The role of media reviews in JAAPL and working with authors to further develop our field's appreciation of the connection between mass media and forensic psychiatry will also be examined. Two examples of recent media reviews in JAAPL (Showtime's "The Affair" and the HBO series "Sharp Objects"), will be highlighted as examples of how such scholarship can be used to generate further interest in and appreciation for our field.

REFERENCES

Friedman SH, Cerny CA, Soliman S, et al: Reel forensic experts: forensic psychiatrists as portrayed on screen. *J Am Acad Psychiatry Law* 39(3):412-417, 2011

Rosenbaum KB, Friedman SH. Review of Showtime's *The Affair*. *J AM Acad Psychiatry Law*, in press.

QUESTIONS AND ANSWERS

1. Why are fictional characters helpful in understanding Forensic Psychiatric issues?

- A. They are not helpful as they are not real people
- B. Dysfunctional character traits are often magnified in fictional characters making it easier to understand concepts of psychopathy, etc.
- C. Comparing and contrasting fictional characters to actual people can be helpful for learning purposes
- D. Both B and C

ANSWER: D

2. What is the Rashomon Effect?

- A. A literary technique to set the tone of a chapter
- B. A euphemism for someone who smokes a lot of marijuana
- C. A cinematic technique wherein the audience does not know whether or not they are viewing a reliable narrator
- D. All of the above

ANSWER: C

S31 IS THE AFRICAN TEENAGE HOMICIDE PERPETRATOR DISTINCTLY DIFFERENT?

Moses Audu, MBBS, Plateau State, Nigeria

Mansfield Mela, MBBS, Saskatoon, Saskatchewan, Canada

EDUCATIONAL OBJECTIVE

Learn typology of adolescent homicide offenders, compare characteristics of African adolescent homicide offenders to adults and non African offenders, and identify policy implications of the findings about African adolescent homicide offenders.

SUMMARY

Among homicide offenders in the west, 6-15% are adolescent at the time of offending. Features common to this population include cognitive problems of impulsivity, psychological disorders, neurological impairment, involvement in antisocial behavior, substance abuse, gang activity and parental criminality. Studies in Africa, especially with the rise of terrorism and war, have neglected the adolescent offender. Information on the contributory factors and trajectory to offending could be useful in reducing the offending and in planning for the mental health of offenders as a means to reducing victimization. We undertook a cross sectional study of all homicide offenders in the Jimma Maximum Security Prison which is a regional prison in South West Ethiopia using a proforma that was used to describe clinical and forensic characteristics of offenders in Canada. All consenting offenders were subsequently interviewed to obtain relevant clinical information including the SCID-PQ. Among the 60 teenage offenders, 24% experienced sexual abuse, 20% had a past psychiatric history and family history. Sticks and staff were the most frequent weapons used while firearm was used by 10% and most offenses (73%) occurred on the field. Acquaintances formed the majority of the victims and revenge was the commonest motive, implying different preventive approaches.

REFERENCES

Menzies RP: Homicide in the Canadian prairies: spousal killers and recidivism. *Medicine, Science and the Law* 46(1):13-18, 2006

Heide KM, Solomon EP, Sellers BG, et al: Male and female juvenile homicide offenders: an empirical analysis of US arrests by offender age. *Feminist Criminology* 6(1):3-31, 2011

QUESTIONS AND ANSWERS

1. Identify the cognitive factors known to contribute to adolescent homicide

ANSWER: Immaturity (cognitive), executive function and impulsivity

2. What are the main weapons used in teenagers involved in homicide in Africa?

ANSWER: Stick, staff and sharp instrument

S32 FORENSIC EVALUATION OF THEFT WITH EATING DISORDER

Maya Yanase, MD, Kyoto, Japan

EDUCATIONAL OBJECTIVE

To provide the current knowledge about eating disorder and theft by reviewing literatures and legal frameworks and discuss how eating disorder is associated with risk factors for theft behavior with relation to an evaluation of criminal competency and/or responsibility.

SUMMARY

Eating disorder associated with theft crime has become a topic of interest for clinicians, researchers, and other forensic professionals in Japan. In the past decade, there have been a number of legal cases where criminals with eating disorder have been prosecuted for theft and have been incarcerated in Japan. Although little attention has been given to subsequent legal consequences internationally, their criminal responsibility has been questioned in Japan. This presentation aims to assess whether eating disorder psychopathology bears any difference in the forensic opinion for criminal responsibility: is eating disorder a mere association with theft crime? In examining this question, the commonality of eating disorder in theft crime can be identified as well as which psychopathology plays an important role in this crime. After reviewing the clinical features, the legal blameworthiness of such individuals will be discussed. The results could lead to future considerations in legal standards for eating disorder's theft.

REFERENCES

Yanase M, Sugihara G, Murai T, et al: Shoplifting and eating disorders: an anonymous self-administered survey. *Eating and Weight Disorders* 23(6):753-759, 2018

Asami T, Yanase M, Nomura T, et al: Treatment for female patients with eating disorders in the largest medical prison in Japan. *BioPsychoSocial Medicine* 9:13, 2015

QUESTIONS AND ANSWERS

1. What is the approximate rate of theft among Eating Disorder patients?

- A. 0-10%
- B. 30-50%
- C. 50-70%
- D. 80-90%
- E. 100%

ANSWER: B

2. Which of the following is true?

- A. Theft behavior is uncommon among eating disorder patients.
- B. Recidivism is a common issue in theft crime
- C. Eating disorder is uncommon in Japan
- D. Eating disorder is the most common disability in theft
- E. There are criteria that determine whether a defendant with an eating disorder is competent to stand trial

ANSWER: B

S33 VIOLENT GANG INVOLVEMENT IN THE SOUTH ASIAN DIASPORA

Gowri Ramachandran, MD, Washington, DC
Eindra Khin Khin, MD, Washington, DC

EDUCATIONAL OBJECTIVE

To consider the psychosocial variables that may contribute to gang membership in the South Asian diaspora, to compare this community's involvement in violent behaviors to that of other cultures, and to understand the role (if pertinent) of psychiatry in addressing mental health needs in this community.

SUMMARY

South Asian gang violence is becoming an increasingly frequent phenomenon in areas throughout the diaspora; there are geographical trends in strength and organization of these minority populations that are represented. Gang violence is often inspired by a certain desire to achieve a sense of masculinity, power, and possible wealth that cannot be obtained through other mechanisms. In a society that produces a conflict of traditional and dominant values, these immigrant youth are expected to discover an identity amidst this dilemma, an act that they often find challenging. Combined with a lack of familial support and understanding, many South Asian youth often turn to gang violence in order to gain the sense of social and emotional fulfillment that they cannot otherwise receive. Increasing awareness of pertinent protective and harmful psychosocial factors is essential in promoting positive outcomes in this vulnerable population.

REFERENCES

Alexander C: Imagining the Asian gang: ethnicity, masculinity and youth after "the riots." *Critical Social Policy* 24(4):526-549, 2004

Le TN, Stockdale G: Acculturative dissonance, ethnic identity, and youth violence. *Cultural Diversity and Ethnic Minority Psychology* 14(1):1, 2008

QUESTIONS AND ANSWERS

1. South Asian youth become involved in gang violence for the following reasons:

- A. Social gains
- B. Identity formation
- C. There are no South Asians involved in gangs
- D. A and B

ANSWER: D

2. Acculturative dissonance refers to:

- A. The process through which beliefs, values, behaviors, and attitudes may change to reflect interactions with a new surrounding culture
- B. Differences in cultural systems that result in discord, often seen between parents and children
- C. The maintenance of equal ties to multiple cultures
- D. The sense of belonging to a group or culture

ANSWER: B

S34 BAD OR MAD: SEND 'EM TO SOLITARY?

Ryan S. Shugarman, MD, Alexandria, VA
Anthony Tamburello, MD, Glassboro, NJ
Joseph Simpson, MD, PhD, Hermosa Beach, CA
KyleeAnn Stevens, MD, St. Paul, MN
Sohrab Zahedi, MD, Farmington, CT

EDUCATIONAL OBJECTIVE

To examine American correctional practices for placing inmates in restrictive housing, increase awareness of potential harms and benefits of this practice, understand organizational and governmental perspectives and positions regarding restrictive housing, increase awareness of issues pertaining to special populations, and explore alternative solutions for inmates exhibiting challenging behaviors.

SUMMARY

In recent years, the United Nations, World Health Organization, and other organizations have issued position statements and resolutions regarding the appropriateness of utilization of restrictive housing in correctional settings. In the United States, placement of inmates in restrictive housing remains a commonly employed practice, despite limited evidence of its effectiveness and a burgeoning body of literature demonstrating its deleterious effects. This panel will begin with an overview of the institutional utilization of restrictive housing in America and its effectiveness, or lack thereof, in achieving institutional goals. An examination of the short- and long-term psychological sequelae associated with this practice will follow. We will review both national and international perspectives and organizational position statements on the utilization of restrictive housing. With a heterogeneous inmate population with varying needs and vulnerabilities, we will next explore utilization practices among particular populations, as well as a program developed to reduce the use of restrictive housing in young adults. We will also discuss issues pertaining to individuals with substance use disorders placed in restrictive housing, including complications posed to prescribing MAT in this setting.

REFERENCES

U.S. Department of Justice Office of Justice Programs. Restrictive housing in the U.S.: issues, challenges, and future directions (Publication No. NCJ 250315). Available at: <https://www.ncjrs.gov/pdffiles1/nij/250315.pdf>. Accessed August 2019.

Wilton G, Steward LA: Outcomes of offenders with co-occurring substance use disorders and mental disorders. *Psychiat Serv* 68(7):704-709, 2017

QUESTIONS AND ANSWERS

1. Among incarcerated federal offenders in Canada, which of the following groups has the highest rate of transfer to segregation?

- A. Inmates with a mental disorder
- B. Inmates with a substance use disorder
- C. Inmates with a mental disorder and a co-occurring substance use disorder
- D. Inmates with a developmental disorder

ANSWER: C

2. Use of protective isolation for those with symptoms of mental illness:

- A. Should be limited to those with psychosis
- B. Is a rare practice
- C. Should be used as a last resort
- D. May contribute to further isolation

ANSWER: D

S35 DEVELOPING AND MAINTAINING A SUCCESSFUL PRIVATE FORENSIC PRACTICE

Patricia Westmoreland, MD, Denver, CO
William H. Reid, MD, Horseshoe Bay, TX
Camille LaCroix, MD, Boise, ID
Jeffrey Metzner, MD, Denver, CO
Hon. Edward Bronfin, JD, Denver, CO

EDUCATIONAL OBJECTIVE

At the end of the course, participants will be familiar with tools and techniques to establish and sustain a successful private forensic psychiatry practice, meet reasonable attorney (retaining entity) expectations while adhering to business needs and professional ethics, and develop a business model appropriate to practice objectives.

SUMMARY

This is a practical course for early and mid-career forensic psychiatrists. After a brief introduction, a judge (who is a former medical malpractice attorney) will discuss what attorneys need from experts, how they find and vet them, and how they prepare experts for testimony/deposition. Judge Bronfin will also discuss what judges look for in court appointed experts. Following this, the faculty of successful and experienced practitioners (Drs. Westmoreland, Lacroix, Metzner and Reid) will discuss establishing a forensic practice

(establishing a referral base, building a reputation); office procedures (data collection and storage, establishing and maintaining a forensic office); preparing for evaluations, reports & testimony (e.g. exam venues, recording exams, when additional testing should be considered, record review, report format & content discussions, testimony and depositions from perspective of seasoned forensic expert); and fees, billing & collections (retainers/contracts, who is responsible for payment, billing schedules, not testifying with outstanding bills, slow payers and non-payers). Audience interaction will be encouraged during time allowed for moderated Q&A/discussion (40% of teaching time), in which both the course faculty and AAPL Private Practice Committee members will participate. We will provide a syllabus with slides and content related to the presentations.

REFERENCES

Martinez R, Candilis PJ: Recent developments in forensic psychiatry ethics, in *Bearing Witness to Change in Forensic Psychiatry Practice*. Edited by Griffith EEH, Norko M, Buchanan A, et al. New York: CRC Press, Taylor & Francis, 2016

Reid WH: *Developing a Forensic Practice: Operations and Ethics for Experts*. New York: Routledge, 2013

QUESTIONS AND ANSWERS

1. Most lawyers need and expect which of the following from their psychiatric experts?

- A. Legal expertise, credibility, communication, ability to articulate opinions
- B. Legal expertise, honesty, credibility, communication
- C. Honesty, credibility, communication, professional excellence
- D. Honesty, professional excellence, sharing of income or loss from the outcome
- E. Credibility, communication, professional excellence, dedication to a favorable outcome for the litigant

ANSWER: C

2. In order to enhance collections and encourage good retention relations, forensic billing should:

- A. Be postponed until the case has been decided or resolved
- B. Be done regularly, in short durations (such as monthly)
- C. Be established in a clear oral agreement at the outset of the retention arrangement
- D. Be sent first to the litigant (plaintiff, defendant, etc.), then to the lawyer or retaining entity as a backup in case the bill isn't paid
- E. Be based either on an hourly (or other time-based) rate or on litigation outcome

ANSWER: B

S36 SHOULD FORENSIC PATIENTS HAVE ACCESS TO VIOLENT VIDEO GAMES?

Tobias D. Wasser, MD, New Haven, CT

Reena Kapoor, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

Review the literature describing the correlation between violent video games and violent behavior in the general population, understand the current state of video game policies in forensic institutions nationally, and identify factors to consider when drafting video game policies for forensic institutions.

SUMMARY

The lay public commonly misperceives and overestimates the connection between video games and violent behavior, as well as the relationship between mental illness and violence. However, little to no research has been conducted on the link between violent behavior and violent video game use among psychiatric patients. This issue becomes highly relevant for forensic psychiatric inpatients who may be hospitalized for years at a time and wish to play video games as a leisure activity. On its face, the idea of allowing forensic patients with violent histories to play violent video games may seem illogical and countertherapeutic, but without research to support a connection between the games and violent behavior, is there sufficient evidence to support prohibiting this common leisure activity? And how are recovery-oriented principles, which favor supporting individualized goals, accounted for in this process?

Here we present research seeking to answer these questions. The presenters first review the literature on the connection between video games and violent behavior. Then the results of a national survey of forensic hospital policies on video game use by forensic inpatients will be presented. Finally, presenters propose recommendations for a model forensic hospital video game policy that balances risk management and recovery-oriented care.

REFERENCES

Gentile DA, Li D, Khoo A, et al: Mediators and moderators of long-term effects of violent video games on aggressive behavior: practice, thinking, and action. *JAMA Pediatr* 168(5):450-7, 2014

Ferguson CJ. Blazing angels or resident evil? Can violent video games be a force for good? *Review of General Psychology* 14(2):68-81, 2010

QUESTIONS AND ANSWERS

1. What does the literature say about a link between video games and violent behavior in the general population?

- A. Highly positive correlation
- B. Highly negative correlation
- C. Minimal correlation
- D. Results are mixed depending on the population studied

ANSWER: D

2. Which of the following factors are not proposed for consideration in drafting a model hospital policy on video game use by forensic patients?

- A. Recovery
- B. Risk
- C. Gender
- D. Past history of violent behavior

ANSWER: C

S37 AGGRESSIVE BEHAVIOR DURING INPATIENT COMPETENCY RESTORATION

Douglas R. Morris, MD, Logansport, IN

EDUCATIONAL OBJECTIVE

Upon completion of this activity, participants should be able to discuss emerging insights into clinical factors and charge severity associated with aggressive behavior during inpatient competency restoration efforts.

SUMMARY

Traditional inpatient competency restoration programs have struggled to keep pace with the growing national demand for these services. Community-based restoration programs have emerged as viable alternatives to inpatient restoration and offer the potential to increase states' capacities to provide restoration services. While states are increasingly developing outpatient restoration services, public safety concerns remain key considerations in determining which defendants should be eligible to participate in these programs. Considerations such as charge severity, violence risk, and clinical stability have been used as determinants regarding whether a defendant may safely and appropriately participate in outpatient restoration. To date, there has been little empirical study of violent behavior in individuals receiving restoration services. This research in progress offers initial analyses of aggressive behavior during inpatient restoration efforts and the relationships between clinical factors, charge severity, and aggressive behavior during inpatient restoration. It is suggested that increased understanding of aggressive behavior during inpatient competence restoration will provide insights into which settings incompetent defendants are best suited to receive services.

REFERENCES

Gowensmith WN, Frost LE, Speelman DW et al: Lookin' for beds in all the wrong places: Outpatient competency restoration as a promising approach to modern challenges. *Psychology Public Pol Law* 22(3):293-305, 2016

Harris GT, Rice ME, Quinsey VL, et al: *Violent Offenders: Appraising and Managing Risk*, 3rd Ed. Washington, DC: American Psychological Association, 2015

QUESTIONS AND ANSWERS

1. Outpatient competency restoration is a rapidly developing alternative to traditional inpatient restoration. Which of the following factors have been considered in determining a defendant's appropriateness for outpatient competency restoration?
 - A. Violence risk
 - B. Charge severity
 - C. Criminal history
 - D. Clinical stability
 - E. All of the above

ANSWER: E

2. A substantial body of literature indicates that all but which of the following are the best predictors of violent recidivism among offenders?
 - A. Age and sex
 - B. Criminal history
 - C. Character pathology
 - D. Substance abuse
 - E. Psychotic disorders and symptoms

ANSWER: E

S38 SERIOUS MENTAL ILLNESS AND JAIL RECIDIVISM

Corey M. Leidenforst, PhD, Buffalo, NY
Daniel Antonius, PhD, Buffalo, NY
Ronald Schoelerman, LCSW, Buffalo, NY

EDUCATIONAL OBJECTIVE

Increase participant knowledge of factors associated with jail recidivism within individuals with serious mental illness through results of research in a correctional environment.

SUMMARY

Recidivism rates among individuals with serious mental illness (SMI) in the United States are alarmingly high. Research suggests that mental illness may pose a risk for recidivism, with one study finding 64% of offenders with mental illness rearrested in 18 months, compared to 60% of non-mentally ill offenders. However, recidivism among those with SMI may be confounded by other risk factors, such as substance abuse. Despite the problem, little is known about risk factors for recidivism among people with SMI in jails. The sample consisted of 184 offenders with confirmed SMI admitted to a specialized treatment unit in a large county jail in Western New York. We examined how clinician-rated and self-reported substance use issues affected recidivism. Our results show that recidivism rates among offenders was 42% 6 months after release, 52.4% after 1 year, and 61% after 4 years. Results of analyses found that those with more clinician-rated or self-reported drug abuse issues were more likely to recidivate at all 3 time periods. Alcohol abuse had no relationship with recidivism. Consistent with previous research, versus SMI alone, a dual diagnosis may serve as a potent risk factor for recidivating. Intervention targeted at this population may help mitigate the problem.

REFERENCES

- Feder L: A comparison of the community adjustment of mentally ill offenders with those from the general prison population: an 18-month follow up. *Law and Human Behavior* 15(5):477, 1991
- Wilson AB, Draine J, Barringer S, et al: Examining the impact of mental illness and substance use on time till re-incarceration in a county jail. *Adm Policy Ment Health* 41(3):293-301, 2014

QUESTIONS AND ANSWERS

1. Individuals with serious mental illness and substance abuse issue in jail tend to have ____ compared to other groups.

ANSWER: *Higher recidivism rates*

2. Which method of reported drug abuse problems was associated with recidivism for all three times periods?

ANSWER: *Clinician and self-reported drug abuse problems*

S39 A FIFTY-STATE SURVEY OF INSANITY ACQUITTALS

Reena Kapoor, MD, New Haven, CT
Tobias Wasser, MD, New Haven, CT
Michael Norko, MD, MAR, New Haven, CT
Sarah E. Baker, MD, Dallas, TX

EDUCATIONAL OBJECTIVE

Participants will discuss the results of a new study examining the prevalence of insanity acquittals across the United States.

SUMMARY

Although much has been written about the insanity defense over the years, surprisingly little is known about how often the defense is used successfully across the country. In this presentation, we discuss the results of a new fifty-state survey of insanity acquittals between 2013 and 2018, conducted through the National Association of State Mental Health Program Directors (NASMHPD). Preliminary results indicate that the absolute numbers and per capita rates of insanity acquittals vary widely between states. We will attempt to explain these differences, examining correlations between the prevalence of insanity acquittals, the legal standard for insanity (e.g., M'Naghten, American Law Institute, Durham), the availability of other mental health defenses such as Guilty But Mentally Ill, and the quality of mental health services available in the state.

REFERENCES

Callahan LA, Steadman HJ, McGreevy MA, et al: The volume and characteristics of insanity defense pleas: An eight-state study. *Bull Am Acad Psychiatry Law* 19: 331-338, 1991.

Cirincione C, Steadman HJ, McGreevy MA: Rates of insanity acquittals and the factors associated with successful insanity pleas. *Bull Am Acad Psychiatry Law* 23: 399-409, 1995.

QUESTIONS AND ANSWERS

1. Which of the following states does not have an insanity defense?

- A. West Virginia
- B. New York
- C. Michigan
- D. Idaho
- E. Alaska

ANSWER: D

2. The first Guilty But Mentally Ill (GBMI) defense was developed in which state?

- A. Connecticut
- B. Georgia
- C. Michigan
- D. South Carolina
- E. Texas

ANSWER: C

S40 RECENT CASES AND WHY THEY MATTER

William Connor Darby, MD, Los Angeles, CA
Charles Scott, MD, Sacramento, CA
Robert Weinstock, MD, Los Angeles, CA
Jennifer Piel, MD, JD, Seattle, WA
Ashley VanDercar, MD, JD, Cleveland, OH
Adrienne Saxton, MD, Cleveland, OH
Eleanor Vo, MD, Ewing, NJ
Jacqueline Landess, MD, St. Louis, MO

EDUCATIONAL OBJECTIVE

Educate AAPL members about recent state appellate cases that are relevant to forensic mental health issues and that have significant impact on the practice of forensic psychiatry.

SUMMARY

In one of its roles, AAPL's Judicial Action Committee tracks recent and ongoing state appellate cases relevant to forensic mental health issues. These cases of interest have significant impact in their local jurisdictions and potentially set precedents of importance to the practice of forensic psychiatry. This presentation provides brief summaries of several such cases from various jurisdictions that showcase the pertinent psycho-legal issues at play and the significant implications. They also comment on potential gaps in judicial knowledge regarding psychiatry that could be addressed by liaising with the judiciary. One such California Supreme Court case, *Regents of the University of California v. Rosen*, creates a Tarasoff-like duty to keep university students safe from "foreseeable" criminal assaults. This has significant implications for psychiatrists working in and outside of college mental health systems. Another recent California Supreme Court case that will be discussed is *People v. Contreras*, which reviews the evolving standards of decency and exposes jurisdictional variation in sentencing juvenile criminal offenders.

REFERENCES

Regents of the University of California v. Superior Court of Los Angeles County (Rosen), 413 P.3d 656 (Cal. 2018)
People v. Contreras, 411 P.3d 445 (Cal. 2018)

QUESTIONS AND ANSWERS

1. Which of the following is/are potential concerns regarding the recent California Supreme Court decision *Regents of the University of California v. Rosen* that held that post-secondary schools have a duty to keep students safe from foreseeable criminal assaults?
 - A. The foreseeability standard for universities will lead to similar problems regarding hindsight bias that existed with the original Tarasoff "should have known" standard
 - B. The precedent of implementing a foreseeability standard for universities will be applied to psychotherapists
 - C. Universities will have liability concerns that will impact policies related to student mental health treatment (e.g., treatment versus expulsion)
 - D. Students will be less likely to seek out and engage in mental health treatment at universities
 - E. All of the above

ANSWER: E

2. Which of the following is true regarding the recent California Supreme Court decision in *People v. Contreras*?
 - A. Held that a sentence of 50-years-to life for juvenile nonhomicide offenses violates the Eighth Amendment's prohibition against cruel and unusual punishment
 - B. Held that juveniles could not be given a death sentence [even for those who committed homicide(s)]
 - C. Held that a sentence of 50-years-to life for nonhomicide offenses committed by persons with intellectual disability violates the Eighth Amendment's prohibition against cruel and unusual punishment
 - D. Held that persons with intellectual disability could not be given a death sentence [even for those who committed homicide(s)]
 - E. None of the above

ANSWER: A

S41 DEMENTIA ON DEATH ROW: COMPETENCE TO BE EXECUTED IN THE WAKE OF MADISON

Sherif Soliman, MD, Charlotte, NC
Margaret Russell, Esq., Tampa, FL
Robert H. Ouaou, PhD, Naples, FL
Stephen Noffsinger, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

The audience will learn about the U.S. Supreme Court case of *Madison v. Alabama*. They will be able to discuss its implications for competence to be executed. The audience will also learn about approaches to evaluating older death row inmates and techniques for teaching trainees about these evaluations.

SUMMARY

The proportion of death row inmates over 60 doubled from 2007 to 2013. The increasing numbers of older Americans in courts and correctional institutions raises several important questions. The aging death row population will pose practical, financial, and humanitarian challenges. This panel will discuss the implications of the Supreme Court's recent decision in *Madison v. Alabama*. Vernon Madison, a 67-year-old death row inmate, suffered multiple strokes and has been diagnosed with dementia. He cannot recall the 1985 killing for which he was sentenced to death. The Court held that amnesia, per se, does not render a prisoner incompetent to be executed. However, dementia may prevent an inmate from rationally understanding the reasons for his proposed execution. Dr. Soliman will present the Madison case and discuss strategies for conducting forensic evaluations in older evaluatees. Dr. Noffsinger will discuss conducting competence to be executed evaluations. Attorney Margaret Russell, an appellate attorney with the Florida office of the Capital Collateral Regional Counsel, will discuss the implications of this decision, the growing role of psychiatric experts in death penalty appeals, and future directions in death penalty jurisprudence. Dr. Robert Ouaou, a neuropsychologist specializing in dementia, will discuss the role of neuropsychological testing.

REFERENCES

Madison v. Alabama, citation pending (2019)

Ford v. Wainwright, 477 U.S. 399 (1986)

QUESTIONS AND ANSWERS

1. The Madison court held that amnesia for a crime:

- A. Always renders the prisoner incompetent to be executed
- B. Does not, by itself, preclude competence to be executed
- C. Only precludes competence if it can be established that the defendant is not malingering
- D. Renders a defendant incompetent to stand trial

ANSWER: B

2. The Panetti Court held which of the following regarding competence to be executed?

- A. A factual understanding of that the prisoner was scheduled to be executed and the reasons for the proposed execution
- B. It is too narrow to simply apply a "factual understanding" standard. However, it declined to de-fine a standard for all competency determinations
- C. The prisoner to be alert and fully oriented
- D. No additional competence since the prisoner was competent to stand trial

ANSWER: B

S42 CHILD SEX ABUSE WITNESSES: RESEARCH AND PRACTICAL APPLICATIONS

Annie Steinberg, MD, Narbeth, PA

Julia Curcio Alexander, PhD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

The participant will gain knowledge of the research on child witnesses, including memory development, suggestibility, individual differences, and variability of forensic investigative practices. At the end of this course, participants will be better able to integrate research and best practice approaches to form an evidence based opinion.

SUMMARY

Criminal investigations of alleged sexual offenses against children present challenges related to the socioemotional and cognitive characteristics of children, the absence in most cases of confirming evidence including witnesses willing to step forward, and the common belief that children are not credible. Concern that children may have been exposed to suggestive interviewing, coaching and other sources of taint may further encourage skepticism. Research on children's memory, suggestibility and disclosure of sexual abuse has led to a more systematic analysis of children's testimony. Expert witness testimony is strengthened when experts demonstrate a working knowledge of this research, the capacity to weigh the impact of risk exposures on children's emerging competencies, and threats to the validity of investigations. The purpose of this course is to provide an overview of memory research, suggestibility and characteristics of children's disclosures, best

practices in forensic interviewing, investigations, case law, potential sources of bias, and the influence of the cultural milieu. Case examples will be offered throughout this course. Participants will gain an approach to organizing and integrating research and case findings, develop a research informed opinion, and support testimony that is educative, ethical and non-prejudicial.

REFERENCES

Pipe M, Orbach Y, Lamb M, et al: Do best practice interviews with child abuse victims influence case processing? Research report submitted to the U.S. Department of Justice, 2008. Retrieved January 2, 2014, from <https://www.ncjrs.gov/pdffiles1/nij/grants/224524.pdf>

Everson ED, Sandoval JM, Bernson N, et al: Reliability of professional judgments in forensic child sexual abuse evaluations: unsettled or unsettling science? *Journal of Child Sex Abuse* 21:72-90, 2012

QUESTIONS AND ANSWERS

1. Which of the following investigative interview factors is associated with increased validity?

- A. Minimal facts interview by law enforcement
- B. Interview aids, such as drawing materials
- C. Interviewer reviewing allegations during the rapport-building phase of interview

ANSWER: A

2. Retrospective longitudinal research on children's disclosures of sexual abuse confirms the following:

- A. Most adults as children disclosed to at least one other person within one year of abuse
- B. Most adults did not disclose sexual abuse during childhood
- C. The relationship with the non-offending caregiver is unrelated to the timing of disclosure

ANSWER: B

543 CREATIVE SOLUTIONS TO THE IST CRISIS

Ariana E. Nesbit-Bartsch, MD, San Diego, CA
Debra A. Pinals, MD, Ann Arbor, MI
Jason Roof, MD, Sacramento, CA
Alan Felthous, MD, St. Louis, MO
Barry Wall, MD, Providence, RI

EDUCATIONAL OBJECTIVE

The objectives are to understand the scope of the IST crisis; to describe the different ways that states are approaching this problem; to describe aspects of JBCR programs; and to understand the unique challenges associated with competency restoration for individuals with intellectual and developmental disabilities.

SUMMARY

The number of incompetent to stand trial commitments (IST) in the United States is growing, and many states now have large numbers of IST committees awaiting admission to state hospitals for restoration. The defendants are often left waiting in jail for long periods of time until state hospital beds open up, frequently without adequate treatment. Furthermore, the length of these waitlists has led some states to be found in contempt of court for not admitting IST patients within a reasonable time. This panel will be focused on reviewing several practices to address this crisis and some challenges with them. Dr. Nesbit will provide an overview of the issue and will briefly describe several attempted strategies to reduce states' burdens, including jail-based competency restoration programs (JBCR), outpatient competency restoration, restoration in private hospitals, and jail diversion. Dr. Pinals will describe national trends in this area. Dr. Roof will discuss his experience with a JBCR program using case examples. Dr. Felthous will explore the potential drawbacks to JBCR programs. Dr. Wall will discuss outpatient restoration for individuals with intellectual and developmental disabilities.

REFERENCES

Felthous AR, Bloom JD: Jail-based competency restoration. *J Am Acad Psychiatry and the Law* 46(3):364-372, 2018

Gay J, Vitacco M, Ragatz L: Mental health symptoms predict competency to stand trial and competency restoration success. *Legal and Criminological Psychology* 22:288-301, 2017

QUESTIONS AND ANSWERS

1. Which of the following is the strongest risk factor for prolonged and potentially non-restorable incompetence to stand trial?

- A. Delusions
- B. Hallucinations
- C. Cognitive impairment
- D. Mania

ANSWER: C

2. Which of the following is a concern related to treating IST committees in JBCR programs?

- A. Lack of appropriate facilities and staffing
- B. Lack of expert supervision of psychotropic medication
- C. Lack of proper mechanisms for handling treatment refusal
- D. All of the above

ANSWER: D

SATURDAY

SUNDAY, OCTOBER 27, 2019

WORKSHOP 8:00 AM – 10:00 AM **HARBORSIDE BALLROOM B**

Z1 Teleforensics: Standard of Care and Malpractice in Telepsychiatry

Neil S. Kaye, MD, Hockessin, DE
Manish Fozdar, MD, Raleigh, NC
Donna Vanderpool, JD, Arlington, VA
Michael Seyffert, MD, Ann Arbor, MI
Rami Abukamil, MD, Las Vegas, NV

WORKSHOP 8:00 AM – 10:00 AM **ESSEX A-C**

Z2 Primer: Forensic Evaluations of Females at Hormonal Stages and Ages

Susan J. Hatters Friedman, MD, Cleveland, OH
Sherif Soliman, MD, Charlotte, NC
Selena Magalotti, MD, Cleveland, OH
Renée Sorrentino, MD, Weymouth, MA
Nina Beizer Ross, MD, Pittsburg, PA

RESEARCH IN PROGRESS #5 8:00 AM – 10:00 AM **KENT A-C**

Z3 Assessing Absconding Risk with the Booth Elopement Assessment Tool

Brad D. Booth, MD, Ottawa, ON, Canada
Steve Michel, MSC, Ottawa, ON, Canada
Lindsay Healey, BA, Ottawa, ON, Canada
Sebastian Baglolle, BA, Ottawa, ON, Canada
Mathieu Dufour, MD, Ottawa, ON, Canada

Z4 Measurement-Based Care in Forensic Psychiatry

Maxym Choptiany, MD, FRCPC, Toronto, ON, Canada
Sumeeta Chatterjee, MD, FRCPC, Toronto, ON, Canada
Graham Glancy, MD, Toronto, ON, Canada
Kineta Valoo, MD, Toronto, ON, Canada
R. Jones, PhD, MBChB, MRCPsych, Toronto, ON, Canada

Z5 Applying Sound Pedagogy to a Residency Risk Assessment Workshop

Katherine Calleo, MD, Glen Oaks, NY
Matthew Grover, MD, Bronx, NY
Michael B. Greenspan, MD, Glen Oaks, NY

Z6 Structured Risk Assessments for MDO Civil Commitment Scheme

Jeremy Huston Colley, MD, New York, NY
Melinda DiCiro, PsyD, Sacramento, CA
Brandon Yakush, PsyD, Paso Robles, CA

WORKSHOP 8:00 AM – 10:00 AM **HARBORSIDE BALLROOM A**

Z7 Forensic Consultation in Mental Health Related Class Actions

Annie Steinberg, MD, Narberth, PA
Honorable Irma Raker, Bethesda, MD
Melissa Baldwin, BS, Philadelphia, PA

PANEL DISCUSSION 8:00 AM – 10:00 AM **LAUREL A-D**

SUNDAY

Z8 Updates from APA's Council on Psychiatry and the Law

Debra A. Pinals, MD, Ann Arbor, MI
Marvin Swartz, MD, Durham, NC
Maya Prabhu, MD, New Haven, CT
Peter Ash, MD, Atlanta, GA
Li-Wen Lee, MD, New York, NY

COFFEE BREAK **10:00 AM – 10:15 AM** **HARBORSIDE FOYER**

PANEL DISCUSSION 10:15 AM – 12:15 PM **KENT A-C**

Z9 The Forensic Psychiatry Salon: An Adjunct to Formal Training

Corina Freitas, MD, Oxon Hill, MD
Liza Gold, MD, Arlington, VA
Annette Hanson, MD, Perry Hill, MD
Navneet Sidhu, MD, Alexandria, VA

WORKSHOP 10:15 AM – 12:15 PM **HARBORSIDE BALLROOM B**

Z10 Role of Empathy and Compassion in Forensic Evaluation and Testimony

Sarah E. Baker, MD, Dallas, TX
Philip J. Candilis, MD, Alexandria, VA
Ezra E.H. Griffith, MD, New Haven, CT
Michael A. Norko, MD, MAR, New Haven, CT

WORKSHOP 10:15 AM – 12:15 PM **HARBORSIDE BALLROOM A**

Z11 Assessing Risk of Sexual Behaviors in Intellectually Disabled Youth

Susan G. M. Parke, MD, New Haven, CT
Paul A. Bryant, MD, New Haven, CT
Rosa E. Negron-Munoz, MD, Lakeland, FL
Madelon V. Baranoski, PhD, New Haven, CT

PANEL DISCUSSION 10:15 AM – 12:15 PM **ESSEX A-C**

Z12 Artificial and Virtual Environment in Forensic Psychiatry

Sebastien S. Prat, MD, Hamilton, ON, Canada
Andrew Nanton, MD, Whangarei, New Zealand
Andrew Olagunju, MD, Hamilton, ON, Canada
Gary A. Chaimowitz, MD, Hamilton, ON, Canada

WORKSHOP 10:15 AM – 12:15 PM **LAUREL A-D**

Z13 Of Sound Mind: Forensic Psychiatric Opinions in Contested Will Cases

Linda D. Francis, MD, Wilmington, NC
Robert P. Granacher, MD, Lexington, KY
Sherif Soliman, MD, Charlotte, NC
Celestine M. DeTrana, MD, Indianapolis, IN
Trent C. Holmberg, MD, Draper, UT

Your opinion on today's sessions is very important!
While it's fresh in your mind, PLEASE complete the evaluation form
for today's program so we can continue to offer CME in the future.

Z1 TELEFORENSICS: STANDARD OF CARE AND MALPRACTICE IN TELEPSYCHIATRY

Neil S. Kaye, MD, Hockessin, DE
Manish Fozdar, MD, Raleigh, NC
Donna Vanderpool, JD, Arlington, VA
Michael Seyffert, MD, Ann Arbor, MI
Rami Abukamil, MD, Las Vegas, NV

EDUCATIONAL OBJECTIVE

Through the use of the audience response system (ARS) we hope to develop member consensus regarding the standard of care in telepsychiatry. Members will work with a hybrid case based on 3 actual medical malpractice telepsychiatry cases. Limitations of technology in clinical and forensic settings will be discussed.

SUMMARY

Telepsychiatry is an emerging modality for delivering clinical care as well as forensic consultation. The methodology involved is rapidly changing and the standard of care is evolving. In this highly interactive workshop, AAPL members will work with the presenting experts (forensic psychiatrists, neuropsychiatrists, and defense lawyer) from a hybrid of three actual neuropsychiatric cases and address the challenges and limitations of this technology. Members will learn how to decide if telepsychiatry is a practice in which they want to engage through a better understanding and appreciation of the potential pitfalls and legal exposure created by new technology. A review of the complexity of a neuropsychiatric presentation (Wernicke's encephalopathy) in the ER will be included in the context of diagnostic challenges faced by a telepsychiatrist. Use of the Audience Response System will allow AAPL members to vote on standard of care questions and the results will ultimately become part of establishing the standard of care for telepsychiatry. This course is targeted to advanced AAPL members, will be very fast paced, and will require participation.

REFERENCES

Recupero P, Fisher CE: Resource document on telepsychiatry and related technologies in clinical psychiatry. APA Council on Psychiatry and Law. Available at: <file:///svr2012r2esntl/Folder%20Redirection/HBurns/Downloads/Resource-2014-Telepsychiatry-Clinical-Psychiatry.pdf>. Accessed August 2019.

Vanderpool D: An overview of practicing high quality telepsychiatry, in *Mental Health Practice in a Digital World: A Clinicians Guide*. Edited by Dewan NA, Juo JS, and Lorenzi NM. New York: Springer, 2015, pp159-181

QUESTIONS AND ANSWERS

1. When practicing telepsychiatry, medical licensure is required in:

- A. The state where the doctor resides
- B. The state where the doctor practices
- C. The state where the patient resides
- D. The state where the treatment is rendered
- E. The state where the telepsychiatry information is transferred

ANSWER: D

2. When doing telepsychiatry, the standard of care is determined by:

- A. A similarly trained doctor doing similar work
- B. A board certified psychiatrist doing inpatient telepsychiatry
- C. State regulations and customs
- D. Personalized medicine justifies a personalized standard of care
- E. Well established appellate case law

ANSWER: A

Z2 PRIMER: FORENSIC EVALUATIONS OF FEMALES AT HORMONAL STAGES AND AGES

Susan J. Hatters-Friedman, MD, Cleveland, OH
Sherif Soliman, MD, Charlotte, NC
Selena Magalotti, MD, Cleveland, OH
Renée Sorrentino, MD, Weymouth, MA
Nina Beizer Ross, MD, Pittsburgh, PA

EDUCATIONAL OBJECTIVE

At the end of this session, the attendee will be able to describe the issues unique to females in forensic psychiatric evaluations, be they girls or older aged women, with premenstrual dysphoria, pregnancy, postpartum, or menopause.

SUMMARY

With increases in female incarceration, forensic psychiatrists are likely to be evaluating more women. However, rarely do forensic psychiatrists have specific training in reproductive psychiatry. This workshop will discuss what the forensic psychiatrist should be aware of when conducting evaluations of women, including hormonal issues and differences in rates and presentations. To this end, workshop presenters include perinatal forensic psychiatrists, a child/adolescent psychiatrist, and a geriatric forensic psychiatrist. We will focus on: female youth (girls) in the criminal justice system; pre-menstrual dysphoric disorder (PMDD); pregnancy; postpartum; and menopause and the aging female population.

Differences exist in the psychiatric presentation of girls compared to male youth (boys), both in general child psychiatry and in forensic settings. There is a higher severity of a broad range of psychopathology among incarcerated girls, and in particular rates of major depression are higher than in their counterpart boys or women. PMDD is often misunderstood. Pregnant women commonly present with psychiatric illness, particularly when clinicians have stopped their psychotropic medications. Postpartum depression or psychosis may be critical to understand in infanticide or abuse cases. Peri-menopause, with its drop in estrogen, may precipitate symptoms. Understanding mental illness in women at various stages will allow for more astute evaluation.

REFERENCES

Friedman SH. Realistic consideration of women and violence is critical. *J Am Acad Psychiatry Law* 43: 273-276, 2015

White LM, Lau KSL, Aalsma MC. Detained adolescents: mental health needs, treatment use, and recidivism. *J Am Acad Psychiatry Law* 44: 200-12, 2016

QUESTIONS AND ANSWERS

1. You are asked to evaluate a female youth in a detention center. When compared with incarcerated boys, incarcerated girls:
 - A. Have lower rates of mental health issues
 - B. Have higher rates of major depression
 - C. Have lower rates of major depression
 - D. Have equal rates of mental health issues

ANSWER: B

2. What percentage of women with postpartum depression admitted to having thoughts of harming their infant or toddler up to age 3?
 - A. 2%
 - B. 5%
 - C. 17%
 - D. 41%
 - E. 67%

ANSWER: D

Z3 ASSESSING ABSCONDING RISK WITH THE BOOTH ELOPEMENT ASSESSMENT TOOL

Brad D. Booth, MD, Ottawa, ON, Canada
Steve Michel, MSc, Ottawa, ON, Canada
Lindsay Healey, BA, Ottawa, ON, Canada
Sebastian Baglolle, BA, Ottawa, ON, Canada
Mathieu Dufour, MD, Ottawa, ON, Canada

EDUCATIONAL OBJECTIVE

Discuss risk assessment principles relevant to absconding.

SUMMARY

Absconding from forensic/secure hospitals is a relatively understudied aspect for forensic mental health. Rates quoted are up to 18% of the forensic population. The fallout of absconding can include harm to the patient, harm to others, staff distress, institutional reputation and negative media exposure. Unfortunately, no validated tools exist to assess risk of elopement. The primary author has developed a new structured professional judgement tool, The Booth Elopement Assessment Tool (BEAT). The goal of the current study is to validate this tool. A retrospective chart review was completed on all identified individuals who had gone AWOL from our institution since the initiation of an electronic incident management system. About 150 incidents were identified including 80 that were appropriate for inclusion in the study. Charts were anonymized and were then scored using the BEAT for the period prior to the elopement. In addition, separate anonymized scores were completed on the same files leading to a “non-elopement” time allowing patients to act as self-controls. Lastly, matched controls were similarly scored. A review of the literature on absconding will be presented with an overview of the BEAT. In addition, preliminary results of the tool are presented.

REFERENCES

Hearn D, et al: Developing the leave/abscond risk assessment (LARA) from the absconding literature: an aide to risk management in secure services. *Advances in Mental Health & Intellect Dis* 6(6):280-290, 2012

Wolber G, Karanian J. Assessing the risk of elopement for forensic and other psychiatric inpatients. *Am J For Psychology* 20(1):71-86, 2002

QUESTIONS AND ANSWERS

1. Which of the following best predicts absconding?

- A. Previous absconding
- B. Young age
- C. Severity of offending
- D. Drug use

ANSWER: A

2. What is a likely consequence of absconding?

- A. Severe violence
- B. Suicide
- C. Further criminal offending
- D. Substance use

ANSWER: D

Z4 MEASUREMENT-BASED CARE IN FORENSIC PSYCHIATRY

Maxym Choptiany, MD, FRCPC, Toronto, ON, Canada
Sumeeta Chatterjee, MD, FRCPC, Toronto, ON, Canada
Graham Glancy, MD, Toronto, ON, Canada
Kineta Valoo, MD, Toronto, ON, Canada
R. Jones, PhD, MB ChB, MRCPsych, Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

Participants will be able to know the range of evidence-based measures unique to forensic practice, understand the barriers to implementation, and apply this knowledge to implementation of MBC.

SUMMARY

Measurement-based care (MBC) is the systematic evaluation of patient factors to inform health treatment. Although it has been shown to improve outcomes over usual care, there have been a number of barriers to implementation. In forensic psychiatry, the use of measurement-based care can be multi-functional and used to inform treatment, risk management planning, and decisions around security and transitions. In this review, we discuss what measures would be helpful, for which forensic patients, in which situations, and for what purposes. At the Centre for Addiction and Mental Health, we have established measures to inform these various domains of forensic practice. These include the use of the CGI to inform treatment; the DASA and HCR-20 for risk management planning; and the DUNDRUM for decisions around security and transitions. We discuss the utility and challenges of implementing these measures at individual, team and organizational levels.

REFERENCES

Lewis CC, Boyd M, Puspitasari, et al: Implementing measurement-based care in behavioral health. JAMA Psychiatry 76(3):324-335, 2019

Jones R, Moscovici M, Patel K, et al: The Clinical Global Impression-Corrections Available at: https://www.researchgate.net/publication/330482937_The_Clinical_Global_Impression-Corrections_CGI-C. Accessed August 2019.

QUESTIONS AND ANSWERS

1. What are the potential uses of MBC that are unique to forensic settings? Choose all that apply:

- A. Inform decisions around level of security
- B. Risk management planning
- C. Medication management
- D. Decisions around passes and privileges

ANSWER: A, B, and D

2. What are the barriers to implementing MBC? Choose all that apply:

- A. Electronic medical record integration
- B. Interrater Reliability
- C. Availability of relevant tools
- D. Tool use at early phase of conceptual validation

ANSWER: A, B, and D

Z5 APPLYING SOUND PEDAGOGY TO A RESIDENCY RISK ASSESSMENT WORKSHOP

Katherine Calleo, MD, Glen Oaks, NY

Matthew Grover, MD, Bronx, NY

Michael B. Greenspan, MD, Glen Oaks, NY

EDUCATIONAL OBJECTIVE

This presentation will review the evidence of various methods of teaching risk assessment skills. It will also present preliminary data on the efficacy of a pedagogically informed half-day workshop aimed toward educating general adult psychiatry residents.

SUMMARY

Risk assessment and management are vital skills in psychiatric practice, with great potential impact on the lives of patients and the broader community. Included as a core requirement in the Accreditation Council for Graduate Medical Education Program Requirements in Psychiatry is a resident experience in forensic psychiatry that “must include experience evaluating patients’ potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency.” Few studies have investigated methods of formally training residents to hone their skills in evidence-based suicide and violence risk assessment. The purpose of this research was to establish an evidence-based half-day learning workshop for 45 general psychiatry residents at the Zucker Hillside Hospital that involves multimodal teaching mediums (didactic lecture, concept-mapping activity, standardized patients, small group exercises). The concept of deliberate practice was incorporated with feedback from senior faculty based on direct observation of a risk assessment interview, as well as structured evaluation of written trainee risk assessments. Preliminary inter-rater reliability for a risk assessment evaluation tool that was developed will be discussed. We hypothesize that the workshop intervention will produce both immediate as well as longer term (six month follow-up) improvements in this vital skill set.

REFERENCES

ACGME Program Requirements for Graduate Medical Education in Psychiatry. Available at: https://www.acgme.org/Portals/0/PFAAssets/ProgramRequirements/400_Psychiatry_2019.pdf?ver=2019-06-19-091051-927. Accessed August 2019.

McNiel DE, Chamberlain JR, Weaver CM, et al: Impact of Clinical Training on Violence Risk Assessment. Am J Psychiatry 165(2):195-200, 2008

QUESTIONS AND ANSWERS

1. A recent national survey of psychiatric residency programs found that what fraction of those programs provided formal training dedicated specifically to suicide risk assessment?
- A. One-third
 - B. One-fourth
 - C. One-half
 - D. None of the above

ANSWER: D

2. Which of the following is an example of a structured approach to assessing violence risk?
- A. HCR-20
 - B. PCL-R
 - C. VRAG
 - D. All of the above

ANSWER: D

Z6 STRUCTURED RISK ASSESSMENTS FOR MDO CIVIL COMMITMENT SCHEME

Jeremy Huston Colley, MD, New York, NY
Melinda DiCiro, PsyD, Sacramento, CA
Brandon Yakush, PsyD, Paso Robles, CA

EDUCATIONAL OBJECTIVE

To understand the utility of structured risk assessment tools for Mentally Disordered Offenders.

SUMMARY

Our research examines the use of structured risk assessments for the assessment of dangerousness in the California Mentally Disordered Offender (MDO) civil commitment scheme, PC 2962. We present a model for risk assessment for MDO certification on release from prison, given the unique requirements of the statute. The statute requires determination of whether a prisoner, "as a result of his severe mental disorder represents a substantial danger of physical harm to others." We describe current practices, present literature relating mental illness and violence, and selected means and measures. Because use of structured measures is becoming a professional standard, our research suggests ways to adapt a structured model; ways to avoid inappropriate application of criminogenic factors; and avoid neglect of mental disorder related risk factors. Ways to mitigate the bias and error of unstructured clinical judgment will be discussed. We list the benefits and drawbacks of actuarial, structured professional judgment, and clinical judgment means of assessment. We propose adaptation structured instrument, and apply the HCR-20 V3 to a case example.

REFERENCES

- Buchanan A, Binder R, Norko M, et al: Resource document of psychiatric violence risk assessment. American Journal of Psychiatry 169:3, 2012
- Douglas K, Skeem J: Violence risk assessment: getting specific about being dynamic. Psychology, Public Policy and the Law 11(3):347-383, 2005

QUESTIONS AND ANSWERS

1. Which is a correct way to apply criminogenic factors in assessment of dangerousness by reason of a mental disorder when using the HCR-20 V3?
- A. Differentiate non qualifying symptoms and disorders (personality and substance abuse) from qualifying disorders and Identify factors that trigger, potentiate or accelerate the disorder-dangerousness relationship
 - B. Consider all present factors equally in determining dangerousness
 - C. Weigh criminogenic factors more heavily, because they are better predictors of violent recidivism

ANSWER: A

2. Describe two benefits of using structured professional judgment instruments for dangerousness assessment in quasi-civil commitment schemes.
 - A. They improve reliability and reduce bias
 - B. They predict long-term risk better than actuarials and are easy to administer
 - C. All SPJ instruments work well for this populations and for this purpose

ANSWER: A

Z7 FORENSIC CONSULTATION IN MENTAL HEALTH RELATED CLASS ACTIONS

Annie G. Steinberg, MD, Narberth, PA
Honorable Irma Raker, Bethesda, MD
Melissa Baldwin, BS, Philadelphia, PA

EDUCATIONAL OBJECTIVE

The participant will learn how the forensic consultant can best guide the use of sound methodologies in the assessment of mental health damages and the fair allocation of multimillion dollar settlements among members of a very large plaintiff class.

SUMMARY

This workshop will describe how the resolution of class actions claiming mental health damages requires a team including the forensic psychiatrist, who consults to the claims experts (often judges) assigned to allocate the awards, as well as settlement administrators, who notice the class, gather data to assess severity, claims veracity, reduce fraud, and complete distribution. The forensic expert may also be expected to determine damage severity and awards allocation. Unlike product liability torts, the assessment of mental health damages may require both qualitative and quantitative research methodologies. When a matter is designated as a class action, the examination of the class in a unified way may be better than serial individual evaluations. Guiding data collection and analysis and facilitating a codified solution can result in an efficient remedy, ensures fairness, and secures the settlement for the plaintiffs rather than for serial expert evaluations. This workshop will offer examples of civil suits involving multi-million dollar settlements, and participants will plan their strategy for assessment of damages. The presiding judge and claims administration coordinator will present their perspectives on how forensic psychiatrists can best serve as team members. The distinct challenges and ethics of this forensic role will be reviewed.

REFERENCES

Hoge MA, Tebes JK, Davidson L, et al: The roles of behavioral health professionals in class action litigation. J Am Acad Psychiatry Law 30:1:49-58, 2002

Feinberg K. Who Gets What; Fair Compensation after Tragedy and Financial Upheaval. New York: Perseus Book Groups, 2012.

QUESTIONS AND ANSWERS

1. It is only appropriate for forensic psychiatrists to utilize research methodologies in their role as consultants in a class action only if:
 - A. there is IRB approval
 - B. the expert has a doctoral degree in relevant research methodologies
 - C. the forensic expert feels comfortable with the research methodology and has an understanding of the evidence based literature
 - D. the forensic expert has worked with the legal team in the past

ANSWER: C

2. To avoid problems, a forensic psychiatrist should clarify:
 - A. functional responsibilities of the role assigned
 - B. legal parameters for this role
 - C. ethical principles that should guide behavior
 - D. all of the above

ANSWER: D

Z8 UPDATES FROM APA'S COUNCIL ON PSYCHIATRY AND THE LAW

Debra A. Pinals, MD, Arbor, MI
Marvin Swartz, MD, Durham, NC
Maya Prabhu, MD, New Haven, CT
Peter Ash, MD, Atlanta, GA
Li-Wen Lee, MD, New York, NY

EDUCATIONAL OBJECTIVE

At the end of this presentation, participants will be able to describe the process by which CPL develops positions and resource documents; discuss common topic areas currently being developed; and describe specific issues related to guardianship, firearms restoration, and stalking of psychiatrists by patients.

SUMMARY

The Council on Psychiatry and the Law (CPL) of the American Psychiatric Association (APA) develops material to help psychiatrists and the public better understand issues at the interface of psychiatry and the law. The written documents developed inform the direction of APA and sometimes AAPL for amicus briefs in appellate level court decisions. Topics vary, and cross-fertilization of ideas between both organizations is common. This workshop will provide an update on recent and ongoing issues that the Council is addressing, and will provide AAPL members with an opportunity to give feedback to the Council. Dr. Pinals will provide an overview of the process and recent content areas covered. Dr. Swartz will discuss development of policy regarding voluntary and involuntary hospitalization as well as guardianship decisions for psychiatric care. Dr. Prabhu will review a resource guide for psychiatrists who have experienced stalking by patients. Dr. Lee will describe work on a resource guide for firearms restoration after removal and the role of the treating psychiatrist. Dr. Ash will describe legal regulation of the psychiatric hospitalization of youth. These topic areas may be changed if more important issues arise prior to the presentation.

REFERENCES

Sandberg DA, McNiel DE, Binder RL. Stalking, threatening, and harassing behavior by psychiatric patients toward clinicians. *J Am Acad Psychiatry Law* 30(2):221-9, 2002

Boldt RC: The "voluntary" inpatient treatment of adults under guardianship. *Villanova Law Review* 60:1-52, 2015

QUESTIONS AND ANSWERS

1. Stalking by psychiatric patients is:

- A. A required topic of training
- B. Extremely rare and never a concern
- C. A police matter when it first occurs
- D. A complex situation that can benefit from education
- E. None of the above

ANSWER: D

2. Guardians of the person across the United States are uniformly authorized to:

- A. Authorize antipsychotic medication
- B. Authorize psychiatric hospitalization
- C. Authorize medication for medical reasons
- D. Authorize ECT
- E. A and C

ANSWER: C

Z9 THE FORENSIC PSYCHIATRY SALON: AN ADJUNCT TO FORMAL TRAINING

Corina Freitas, MD, Oxon Hill, MD
Liza Gold, MD, Arlington, VA
Annette Hanson, MD, Perry Hill, MD
Navneet Sidhu, MD, Alexandria, VA

EDUCATIONAL OBJECTIVE

To discuss the benefits of the collaborative learning model in early career forensic psychiatrist; present, discuss and encourage a novel adjunctive training model.

SUMMARY

Opportunities for peer supervision and practical training for ECPs are rare. We present a model for combining peer supervision and practical aspects of forensic psychiatry in an informal setting. Participants meet face-to-face and by live streaming. In addition to discussing cases, sharing experience and updates, as well as brainstorm; the platform is useful for career guidance, networking, recruiting, and collaboration. Teaching methods, such as Problem Based Learning (PBL) and Collaborative Learning have demonstrated to significantly improve critical thinking in students. Buchanan et al described how formal consultation and supervision in academic forensic psychiatry proved to be both educational and improve the quality of reports. Career psychiatrists or invited guests provide information about practice opportunities, practical advice pertaining to forensic practice/career, and the rare opportunity for collegial camaraderie and support. This model is entirely extracurricular and takes place outside institutional academia. The salon meets once a month for about two hours, and all attendees enjoy a collaborative learning experience that helps develop critical thinking. Participants in all career stages freely exchange information and opinions across career generations. This panel will include forensic psychiatrists at different stages in their career who will discuss how the forensic salon has served them.

REFERENCES

Buchanan A, Norko M, Baranoski M, et al: A consultation and supervision model for developing the forensic psychiatric opinion. *J Am Acad Psychiatry Law* 44:300-308, 2016
Kowalczyk N: Review of teaching methods and critical thinking skills. *Radiol Technol* 83(2):120-132, 2011

QUESTIONS AND ANSWERS

1. Which of the following is a feature of a forensic salon?
 - A. Peer review from early and later career forensic psychiatrists
 - B. Networking opportunities
 - C. Discussions of practical aspects of early career challenges
 - D. All of the above

ANSWER: D

2. The forensic psychiatry salon is a teaching model that is:
 - A. Institutional
 - B. Academia-based
 - C. Extracurricular
 - D. Required for maintenance of certification

ANSWER: C

Z10 ROLE OF EMPATHY AND COMPASSION IN FORENSIC EVALUATION AND TESTIMONY

Sarah E. Baker, MD, Dallas, TX
Philip J. Candilis, MD, Alexandria, VA
Ezra E.H. Griffith, MD, New Haven, CT
Michael A. Norko, MD, MAR, New Haven, CT

EDUCATIONAL OBJECTIVE

The objectives of this presentation are to describe how empathy and compassion have entered forensic psychiatry ethics, to understand the various perspectives on the consideration of empathy and compassion in forensic evaluation and testimony, and to appreciate the applicability of these concepts to forensic work.

SUMMARY

Compassion is part of the first principle of the AMA Code of Ethics, which was adopted by the APA. Despite the assertion of the centrality of compassion within psychiatry, the role of compassion and empathy within forensic evaluation and testimony remains controversial, and the terms are absent from AAPL's ethics guidelines. Yet empathy and compassion are often part of a physician's identity and are not easily discarded during forensic work. The workshop will begin with the discussion of a recent mock trial experience, in which a fellow, Sarah Baker, was questioned about her research in empathy cultivation, as an introduction to the question of whether and how empathy and compassion can be applied to forensic evaluation and testimony. Philip Candilis will analyze this question from the classic positions of "wearing two hats" and forensic exceptionalism, updating the approach through professionalism and other unified theories. Ezra Griffith will explore the topic from a cultural narrative perspective, discussing how his reflections on empathy and compassion have influenced his formulation of forensic psychiatry practice. Michael Norko, who emphasizes compassion in the search for truth, will explore the fundamental meaning of forensic work. There will be ample time for discussion and case analysis.

REFERENCES

Candilis PJ: The revolution in forensic ethics; narrative, compassion, and robust professionalism. *Psychiatr Clin North Am* 32(2):42-35, 2009

Norko MA. What is truth? The spiritual quest of forensic psychiatry. *J Am Acad Psychiatry Law* 46(1):10-22, 2018

QUESTIONS AND ANSWERS

1. Which ethical approaches recognize empathy and compassion in forensic practice?

- A. Principlism
- B. Spirituality
- C. Professionalism
- D. Human rights
- E. All of the above

ANSWER: E

2. Which of the following principles was emphasized in Appelbaum's "A Theory of Ethics for Forensic Psychiatry?"

- A. Empathy
- B. Truth-telling
- C. Compassion
- D. Spirituality
- E. Cultural formulation

ANSWER: B

Z11 ASSESSING RISK OF SEXUAL BEHAVIORS IN INTELLECTUALLY DISABLED YOUTH

Susan G. M. Parke, MD, New Haven, CT

Paul A. Bryant, MD, New Haven, CT

Rosa E. Negron-Munoz, MD, Lakeland, FL

Madelon V. Baranoski, PhD, New Haven, CT

EDUCATIONAL OBJECTIVE

To teach participants how to approach risk assessments in intellectually disabled youth with problematic sexual behaviors, using available research. By using two case examples of youth with intellectual disability and problematic sexual behaviors, participants will learn how to conceptualize and apply the different approaches to risk assessment and management.

SUMMARY

Problematic sexual behavior (PSB) in youth is understandably a pressing, public concern since sexual offenses can have damaging consequences for both victims and offenders. Despite studies showing higher rates of sexual offenses committed by people with intellectual disability (ID), there is little research looking at youth with ID who exhibit PSBs. Given the few available risk assessment tools or structured interviews, evaluators can feel reluctant taking on these assessments. Through this workshop we will review current

research and provide a framework for applying risk assessments to ID youth with PSBs, by emphasizing the strengths and limitations of current methods and instruments. Attendees will participate through use of the audience response system, multimedia and break-out sessions in order to guide them through two mock risk assessment evaluations. Participants will learn to choose appropriate tools, interpret results, and formulate recommendations and treatment plans. Our use of these two cases will help the audience better understand key recurring elements, be able to anticipate factors unique to certain types of evaluations and feel knowledgeable around the use of such assessments to guide risk mitigation.

REFERENCES

Blasingame GD: Risk assessment of adolescents with intellectual disabilities who exhibit sexual behavior problems or sexual offending behavior. *J Child Sex Abuse* 27(8):955-971, 2018

Griffiths DM, Fedoroff P: Persons with intellectual disabilities and problematic sexual behaviors. *Psychiatr Clin North Am* 37(2):195-206, 2014

QUESTIONS AND ANSWERS

1. An overestimation of risk in individuals with ID and reported sexually offending behaviors could lead to all the following, EXCEPT:

- A. Loss of personal liberty
- B. Decreased public safety
- C. Restricted community access
- D. Discrimination
- E. None of the above

ANSWER: B

2. When compared to juvenile offenders without ID, those with ID have been found to be more likely to have problems with which of the following?

- A. Verbal aggression
- B. Substance use
- C. Sexually violent behavior
- D. A and C
- E. All of the above

ANSWER: D

Z12 ARTIFICIAL AND VIRTUAL ENVIRONMENT IN FORENSIC PSYCHIATRY

Sebastien S. Prat, MD, Hamilton, ON, Canada
Andrew Nanton, MD, Whangarei, New Zealand
Andrew Olagunju, MD, Hamilton, ON, Canada
Gary A. Chaimowitz, MD, Hamilton, ON, Canada

EDUCATIONAL OBJECTIVE

Learning about the possible implication of new technologies in forensic psychiatry practice.

SUMMARY

A wide range of new technologies are used to improve diagnosis and treatment. Forensic psychiatry has not significantly delved into the development of these technologies. The purpose of this panel discussion is to address some current innovative projects using Artificial Intelligence, Machine Learning, Humanoid Robot and Virtual Reality. Artificial Intelligence for the purpose of assessing capacity to stand trial is under consideration. This could be used as a screening tool and help triage individuals that need further assessment. Machine learning is now widely used in research to identify common criteria for a diagnosis. The forensic machine learning project intends to use this approach to perform risk assessment; this looks at common and individual factors. Humanoid Robot may be a solution to engage patients into therapeutic activities, to address some of their social deficits and to improve their quality of life. Virtual Reality is currently in use to allow staff to experience seclusion in hospital and segregation in jail and gain insight into patients' experience. In this panel, we will present some preliminary data of the projects described above and address ethical issues. This will foster a discussion with the audience to highlight the benefits and limitations.

REFERENCES

Kalmady SV, Greiner R, Agrawal R, et al: Towards artificial intelligence in mental health by improving schizophrenia prediction with multiple brain parcellation ensemble-learning. NPJ Schizophr 5(1):2, 2019

Raffard S, Bortolon C, Khoramshahi M, et al: Humanoid robots versus humans: How is emotional valence of facial expressions recognized by individuals with schizophrenia? An exploratory study. Schizophr Res 176(2-3):506-513, 2016

QUESTIONS AND ANSWERS

1. How can humanoid robots improve Schizophrenia?

ANSWER: *In teaching social skills and facial emotions*

2. What is the main gap to use new technologies in forensic psychiatry?

ANSWER: *Financial resources*

Z13 OF SOUND MIND: FORENSIC PSYCHIATRIC OPINIONS IN CONTESTED WILL CASES

Linda D. Francis, MD, Wilmington, NC

Robert P. Granacher, MD, Lexington, KY

Sherif Soliman, MD, Charlotte, NC

Celestine M. DeTrana, MD, Indianapolis, IN

Trent C. Holmberg, MD, Draper, UT

EDUCATIONAL OBJECTIVE

Workshop participants will improve their understanding of complex issues involved in contested will cases, including (but not limited to) testamentary capacity and undue influence, thus enhancing their forensic psychiatry consulting skills for this type of work.

SUMMARY

Speakers from the AAPL Private Practice and Geriatric Psychiatry Committees will present several complex case vignettes involving contested wills. We will explore some of the challenges of consulting in cases involving testamentary capacity and undue influence. These include defining the appropriate limits of expert testimony, prospective and retrospective testamentary capacity evaluations, elder financial exploitation, indicators of undue influence to procure testamentary and inter vivos gifts, and neurocognitive disorders affecting capacity and vulnerability in the elderly. We will also discuss strategies for discussions with retaining attorneys, ethical dilemmas, and billing and payment issues.

Workshop participants will be asked to work through challenging case scenarios, respond to questions related to the cases, and defend their positions.

REFERENCES

Granacher RP: Clinical legal issues, in Textbook of Traumatic Brain Injury (3rd ed.). Edited by Silver JM, McAllister TW, and Arciniegas DB. Washington, DC: American Psychiatric Publishing, 2019, pp 893-908

Agarwal S, Driscoll JC, Gabaix X, et al: The age of reason: financial decisions over the life cycle and implications for regulation. Brookings Papers on Economic Activity 2:51-117, 2009

QUESTIONS AND ANSWERS

1. Undue influence is a legal concept with analogues in:

- A. Clinical medicine
- B. Psychology
- C. Personality theory
- D. None of the above

ANSWER: *D*

2. Serious errors in making financial decisions:

- A. Peak in the elderly
- B. Peak in the young and the elderly
- C. Gradually rise in incidence over the course of the life cycle
- D. Occur independently of the age of the individual

ANSWER: *B*

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