American Academy of Psychiatry and the Law

43rd Annual Meeting

October 25-28, 2012
Montreal, Quebec, Canada

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.

Forty-third Annual Meeting
American Academy of Psychiatry and the Law
October 25-28, 2012
Montreal, PQ, Canada

OFFICERS OF THE ACADEMY

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PAST PRESIDENTS

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

2012 ANNUAL MEETING CHAIR

James Knoll, IV, 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

Howard V. Zonana, MD
Medical Director

Jacquelyn T. Coleman, CAE
Executive Director

CALL FOR PAPERS 2013

The 44th Annual Meeting of the
American Academy of Psychiatry and the Law will be held in
San Diego, CA October 24-27, 2013

Inquiries may be directed to,
Stuart Anfang, MD and Barry Wall, MD, Program Co-Chairs.

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 March 1, 2013

FUTURE ANNUAL MEETING DATES and LOCATIONS

45th Annual Meeting

October 23-26, 2014
Chicago Marriott Downtown, Chicago, Illinois

46th Annual Meeting

October 22-25, 2015
Marriott Harbor Beach Resort, Ft. Lauderdale, Florida

GENERAL INFORMATION

Table of Contents

REGISTRATION DESK

(Ballroom Foyer)

Hours of Operation

Wednesday	1:00 p.m. - 6:00 p.m.
Thursday	7:30 a.m. - 6:00 p.m.
Friday	7:30 a.m. - 6:00 p.m.
Saturday	7:30 a.m. - 6:00 p.m.
Sunday	7:30 a.m. - 12:30 p.m.

AAPL BOOKSTORE

Ballroom Foyer

MONDO DIGITAL SOLUTIONS, INC.

Ballroom Foyer

COURSE CODES

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

DESIGNATIONS USED IN THIS PROGRAM

(I)	Invited
(Core)	Contains material on basic forensic practice issues
(Advanced)	Contains material that requires understanding of basic forensic practice issues

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 donations to forensic education and research programs. The RFP for educational and research grant proposals is available at the registration desk.

Support the AIER

AAPL Logo Shirt *	$35.00
AAPL Logo Hats	$20.00
AAPL Shirt and Hat *	$50.00
Additional Donation	$_____
Total	$_____

*Please circle desired size below:

Men's Medium Men's Large Men's X-Large

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Or you may charge to your Visa or Master Card:

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Amount enclosed or amount charged to credit card: $_____

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.

Richard Frierson, MD, and Cheryl Wills, 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.

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:

Adiele, T.; Adler, L.; Ahmed, A.; Allen, T.; Amrhein, C.; Antoniak, S.; Appelbaum, P.; Ash, P.; Bailey, R.; Baranoski, M.; Barzman, D.; Baxter, P.; Beadles, B.; Beaman, J.; Beaver, C.; Beck, B.; Benedek, E.; Billick, S.; Binder, R.; Binswanger, I.; Blatchford, P.; Blom, T.; Bobb, D.; Booth, B.; Bosco, M.; Bradford, J.; Bradley, B.; Brijmohan, A.; Brodie, J.; Buchanan, A.; Buchanan, J.; Burke, W.; Bursztajn, H.; Busch, K.; Callaway, S.; Candilis, P.; Canning, R.; Cerny, C.; Champion, M.; Chapman, J.; Chlebowski, S.; Choby, S.; Christopher, P.; Collier, S.; Collins, P.; Collins, T.; Colon, M.; Conner, L.; Cote, I.; Coverdale, J.; Crowley, B.; Curry, S.; Day, T.; DeClue, G.; DeFreitas, J.; DeHart, D.; del Busto, E.; Dell, P.; Dessin, C.; DeTrana, C.; Devine, S.; Dike, C.; Dingmann, P.; Dinwiddie, S.; Donely, S.; Douglass, A.; Dwyer, RG.; Easton, C.; Egan, G.; Eisen, J.; Elgueta, R.; Evcimen, H.; Falls, B.; Farhadi, P.; Farnham, F.; Faulkner, L.; Fedoroff, JP.; Felthous, A.; Fitch, WL.; Forestell, M., Fozdar, M.; Fried, A.; Frierson, R.; Frischer, K.; Fukutaki, K.; Gavett, E.; Geller, J.; Giella, P.; Glancy, G.; Glezer, A.; Gold, L.; Graham, D.; Granacher, R.; Griffith, E.; Grover, M.; Gulrajani, C.; Gurmu, S.; Gutheil, T.; Guy, J.; Habib, L.; Hall, R.; Hanson, A.; Haque, O.; Harlow, M.; Hartwell, S.; Hatters Friedman, S.; Hauser, M.; Hegarty, A.; Herndon, R.; Hershberger, J.; Hirschkop, P.; Hoge, SK.; Holmberg, T.; Holzer, J.; Jain, A.; James, A.; James, D.; Janofsky, J.; Janvier, A.; Jensen, S.; Johnson, RS.; Jones, T.; Joseph, R.; Jovanvic, T.; Kaczynski, D.; Kamkwalala, A.; Kammerer, M.; Kaplan, J.; Kaufman, A.; Kellaher, D.; Khin Khin, E.; Klein, C.; Kleinman, S.; Knack, N.; Knight, S.; Knoll, J.; Kolla, N.; Kwok, S.; LaCroix, C.; LeBell, R.; LeBlanc, V.; Lee, E.; Lee, L.; Lee, LW.; Levin, A.; Levine, H.; Lewis, C.; Lilly, S.; Lively, A.; Long, C.; Lopez-Leon, M.; Lusins, J.; Luther, C.; Mahoney, M.; Margery Bertoglia, S.; Marin, M.; Martinez, C.; Martinez, R.; Maskel, L.; McDermott, B.; McKay, K.; McNiel, D.; McReynolds, L.; Mela, M.; Meyer, C.; Meyer, D.; Meyer, J.; Middleton, M.; Mobbs, K.; Moffitt, C.; Mook, J.; Moran, D.; Morrison, H.; Mossman, D.; Mulbry, L.; Mundy, D.; Myers, W.; Nakic, M.; Nanton, A.; Negron Munoz, R.; Nelsen, A.; Nessel, K.; Newman, A.; Newman, W.; Noffsinger, S.; Norko, M.; Noroian, P.; O'Leary, P.; Oluwabusi, O.; Orvek, E.; Ostermeyer, B.; Oxman, A.; Parke, S.; Parker, G.; Patterson, R.; Peterson, S.; Phillips, R.; Piel, J.; Pinals, D.; Poortinga, E.; Prabhu, M.; Proulx, F.; Racine, C.; Rai, S.; Read, S.; Reba-Harrelson, L.; Recupero, P.; Regehr, C.; Reid, R.; Resnick, P.; Ressler, K.; Reynolds, J.; Ronson, J.; Rosenbaum, K.; Rosmarin, D.; Roth, V.; Rotter, M.; Ruiz, A.; Saleh, F.; Schouten, R.; Schwartz-Watts, D.; Scott, C.; Seawell, M.; Selhi, Z.; Shelby, B.; Shih, C.; Sikes, K.; Simopoulos, E.; Simpson, J.; Singer, M.; Singer, S.; Smelson, D.; Sokolov, G.; Soliman, A.; Soliman, S.; Stankowski, J.; Stinson, V.; Stocia, M.; Stolar, A.; Suardi, E.; Tamburello, A.; Trestman, R.; Trosch, Z.; Tucker, D.; Turpin, J.; Vachon, D.; Velez Martinez, S.; Vinson, S.; Wagoner, R.; Warburton, K.; Wasserman, D.; Watabe, J.; Way, B.; Weinstock, R.; Weiss, K.; West, S.; Westphal, A.; Wills, C.; Wizner, S.; Wollert, R.; Wortzel, H.; Xenakis, S.; Zerby, S.; Zhong, R.; Zonana, H.

The following speakers made a declaration of a financial relationship. A potential financial conflict of interest was resolved by review of the content of the presentation.

Neil Kaye, MD: Received speaker honoraria from Dey Pharmaceuticals and Sunovion Pharmaceuticals, Inc.

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.

Alizai-Cowan, S.; Anfang, S.; Ash, P.; Benedek, E.; Billick, S.; Christopher, P.; Decker, K.; Ford, E.; Fozdar, M.; Frierson, R.; Gold, L.; Grenier, C.; Halavonich, R.; Hegarty, A.; Henry, S.; Holzer, J.; Hung, E.; Johnson, N.; Kaempf, A.; Knoll, J.; Krueger, R.; Kunz, M.; Lewis, C.; Newman, A.; Newman, W.; Noffsinger, S.; Ostermeyer, B.; Parker, G.; Pearlson, S.; Pinals, D.; Pozios, V.; Preven, D.; Price, M.; Resnick, P.; Rosmarin, D.; Schiffman, E.; Scott, C.; Silberberg, J.; Srinivasaraghavan, J.; Stolar, A.; Thomspon, C.; Trueblood, K.; Wall, B.; Wills, C.

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

Neil Kaye, MD: Received speaker honoraria from Dey Pharmaceuticals and Sunovion Pharmaceuticals, Inc.

Emily Keram, MD: Stockholder – Merck

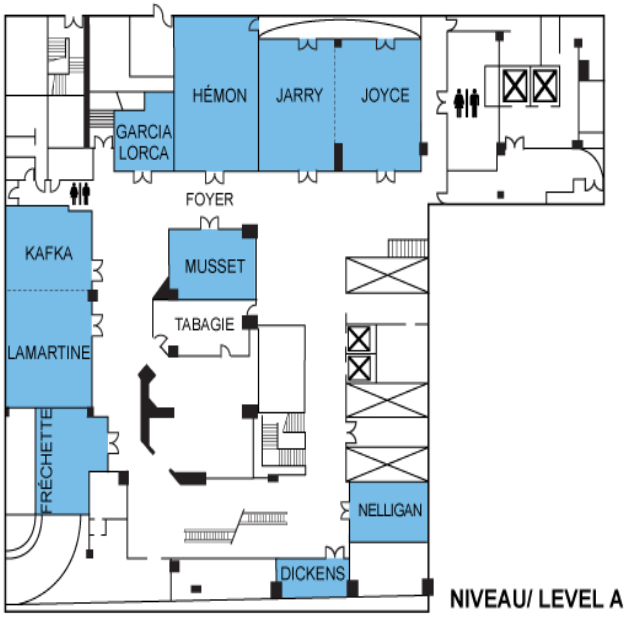
Gregory Sokolov, MD: Received speaker honoraria from Astra Zeneca and Janssen

SPECIAL EVENTS

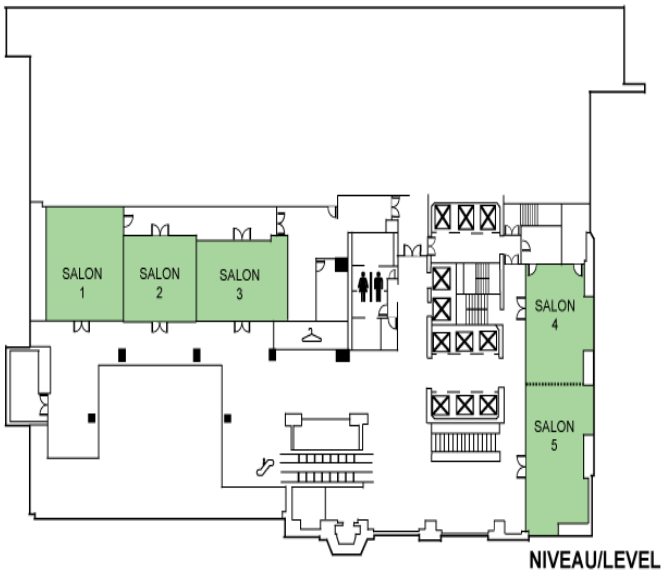
THURSDAY, OCTOBER 25		
Past Presidents' Breakfast	7:00 a.m. - 8:00 a.m.	Salon 1 Level 2
Opening Ceremony - President's Address (open to all attendees)	8:00 a.m. - 10:00 a.m.	Ballroom West Level 4
Association of Directors of Forensic Psychiatry Fellowships Reception (for fellowship program faculty, fellows, and potential applicants)	6:00 p.m. - 7:00 p.m. .	Salon 6/7 Level 3
FRIDAY, OCTOBER 26		
Rappeport Fellows Breakfast (Rappeport Fellows and Committee)	7:00 a.m. - 8:00 a.m.	Salon 1 Level 2
Reception (for all meeting attendees)	6:00 p.m. - 7:30 p.m.	Ballroom Center Level 4
SATURDAY, OCTOBER 27		
Early Career Development and Fellows Breakfast (Those in the first seven years after training and current fellows)	7:00 a.m. - 8:00 a.m.	Salon 1 Level 2
AAPL Business Meeting (members only)	8:00 a.m. - 9:30 a.m.	Ballroom West Level 4
Mid-west AAPL Chapter Meeting (Chapter Meetings by request only, please contact AAPL Staff)	6:15 p.m. - 7:30 p.m.	Salon 4/5 Level 2

COFFEE BREAKS WILL BE HELD IN THE BALLROOM FOYER

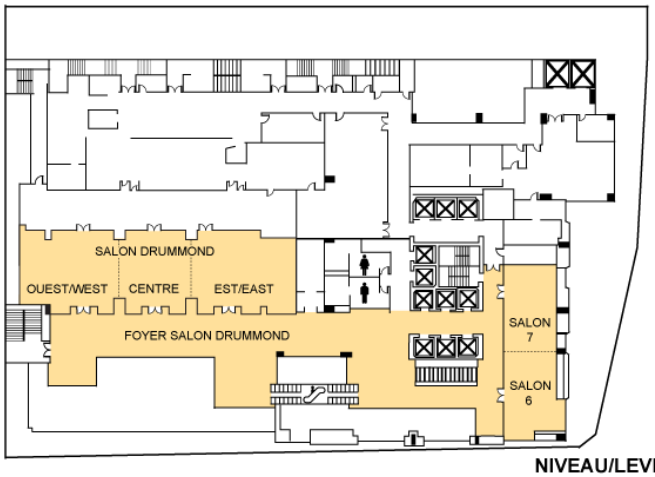
For the locations of other events scheduled subsequent to this printing, check at the registration desk.



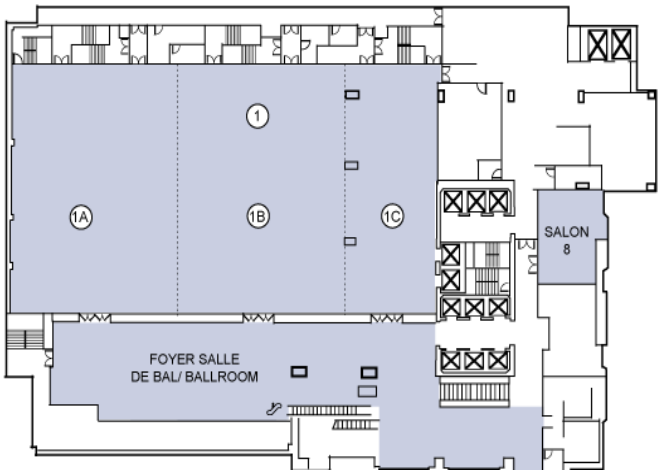
NIVEAU/ LEVEL A



NIVEAU/LEVEL 2



NIVEAU/LEVEL 3



NIVEAU/LEVEL 4

ALPHABETICAL ROOM KEY

Ballroom Center (1B)	Level 4	Kafka/Lamartine	Level A
Ballroom East (1C)	Level 4	Musset	Level A
Ballroom Foyer	Level 4	Salon 1	Level 2
Ballroom West (1A)	Level 4	Salon 3	Level 2
Drummond W/C	Level 3	Salon 4/5	Level 2
Jarry/Joyce	Level A	Salon 6/7	Level 3

PLEASE

BE COURTEOUS TO YOUR FELLOW ATTENDEES.

TURN CELL PHONES OFF OR SET THEM TO VIBRATE.

HOLD YOUR PHONE CONVERSATIONS 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
Forty-third Annual Meeting

OPENING CEREMONY

Thursday, October 25, 2012
8:00 a.m. - 10:00 a.m.

WELCOME, INTRODUCTIONS — Charles Scott, MD, *President*

PRESENTATION OF RAPPEPORT FELLOWS — Susan Hatters Friedman, MD; Britta Ostermeyer, MD, *Co-Chairs, Rappeport Fellowship Committee*

Jacob Appel, MD, JD
Mount Sinai Hospital

Carl Fisher, MD
Columbia University, New York Presbyterian Hospital

Andrea Nelsen, MD
Baylor College of Medicine

Raymond Raad, MD, MPH
Cornell University, New York Presbyterian Hospital

Christopher Racine, MD, MPH
New York University School of Medicine

Ryan Wagoner, MD
Western Psychiatric Institute and Clinic

AWARD PRESENTATIONS — Renée L. Binder, MD, *Chair, Awards Committee*

Golden Apple Award
Kenneth Appelbaum, MD

Seymour Pollack Award
Larry Faulkner, MD

Red Apple Award
Emily Keram, MD

Amicus Award
Mary Cimiluca

Award for Outstanding Teaching in a Forensic Fellowship Program
Stephen Noffsinger, MD

Young Investigator Award
Tara Collins, MD, MPH

Robert Trestman, PhD, MD
Chair, Research Committee

2011 Poster Award
Douglas R. Morris, MD

INTRODUCTION OF GRANTEES
AAPL INSTITUTE FOR EDUCATION AND RESEARCH — Larry Faulkner, MD, *President, AAPL Institute*

OVERVIEW OF THE PROGRAM — James Knoll, IV, MD, *Program Chair*

INTRODUCTION OF THE PRESIDENT — Phillip Resnick, MD

PRESIDENT'S ADDRESS — Charles Scott, MD

ADJOURNMENT — James Knoll, IV, MD

AWARD RECIPIENTS

GOLDEN AAPL AWARD

The Golden AAPL is presented for significant contributions to forensic psychiatry. AAPL members over 60 years of age are eligible.

KENNETH APPELBAUM, MD

Dr. Ken Appelbaum graduated from Goddard College and received his medical degree from the University of Washington. He did training in family practice at the Maine-Dartmouth program and was a psychiatry resident at the University of Vermont. He subsequently completed his forensic fellowship at Yale University. He is currently the Director of Correctional Mental Health Policy and Research and a Professor of Clinical Psychiatry at the University of Massachusetts Medical School. He is also the Forensic Mental Health Supervisor for the Department of Mental Health Division of Forensic Mental Health of Massachusetts.

Dr. Appelbaum has made significant contributions to forensic psychiatry. He was the Director of the Forensic Service of Worcester State Hospital for 11 years and then the Director of the University of Massachusetts Correctional Mental Health Program for 9 years. In that role, he was responsible for the mental health program and services provided to all inmates in the Massachusetts Department of Corrections including Bridgewater State Hospital. He also has provided consultation about correctional care to the states of Maine, Connecticut, New Jersey, and Maryland and to the Institute of Medicine about regulations concerning Protection of Prisoners involved in Research. He is currently consulting to the U.S. Department of Homeland Security about mental health services for detainees held by U.S. Immigration and Customs Enforcement.

Dr. Appelbaum has served as the Deputy Editor of JAAPL and he has been on the AAPL Nominating Committee, the Task Force on HIV, the Task Force on Substance Abuse, the Ethics Committee, the Task Force on Developmental Disabilities, the Liaison with Forensic Psychology Committee, and the Bylaws Committee. He has chaired the AAPL Budget Committee and has been Program Chair, Councilor, Treasurer, and Vice President. He has also been on the Forensic Psychiatry Subspecialty Committee of the ABPN.

Dr. Appelbaum has published multiple articles and book chapters about correctional psychiatry including "Practicing Psychiatry in a Correctional Culture," "Self-injury in Correctional Settings," "The Role of Correctional Officers in Multidisciplinary Correctional Mental Health Care" and "ADHD in Prison: A Treatment Protocol".

For his significant contributions to the field of forensic psychiatry, especially in the area of correctional psychiatry, the American Academy of Psychiatry and the Law presents the 2012 Golden AAPL Award to Dr. Kenneth Appelbaum.

SEYMOUR POLLACK AWARD

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

LARRY FAULKNER, MD

Larry Faulkner graduated from Whitman College and then went to medical school at the University of Washington. He did training in family practice and psychiatry at the University of Arkansas for Medical Sciences. Dr. Faulkner then became the Deputy Commissioner for Community Mental Health at the Arkansas State Mental Health Division and Acting Director of the Children and Adolescent Services Division. He then moved to the University of Oregon Health Sciences Univeristy where he served as the Director of Residency Education and the Director of Medical Student Education. His next job was as Chair of the Department of Neuropsychiatry and Behavioral Science and then the Dean at the University of South Carolina School of Medicine. Most recently, Dr. Faulkner has been serving as the President and CEO of the American Board of Psychiatry and Neurology.

Dr. Faulkner has made extraordinary contributions to medical education, general psychiatry education, as well as forensic psychiatry education . He was a consultant to the Psychiatry Education Branch of the National Institute of Mental Health. He chaired the Dean's Committe on Medical Education of the South Carolina Commission on Higher Education and received the Recognition Award for Leadership and Contributions to Physician Education and Workforce Needs in South Carolina. In AAPL, he has chaired the Education Committee, the Rappeport Fellowship Committe, and the Program Commmittee and has served as President of AAPL and Founding Director of the AAPL Institute for Education and Research. He was a Director of the ABPN for six years and was a member of the Residency Review Committee in Psychiatry.

Dr. Faulkner has worked with both the certification and recertification teams for forensic psychiatry in developing questions and subject content for the examinations. He also has been very involved with the Maintenance of Certification process and has especially helped forensic psychiatrists understand the process and participate it in the most efficient manner. Dr. Faulkner has given multiple presentations at APA and AAPL meetings about Maintenance of Certification.

In recognition of his significant contributions to the teaching and educational functions of forensic psychiatry, the American Academy of Psychiatry and the Law presents the 2012 Seymour Pollack Distinguished Achievement Award to Dr. Larry Faulkner.

RED AAPL OUTSTANDING SERVICE AWARD

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

EMILY KERAM, MD

Dr. Keram graduated from Duke University and then completed her medical and psychiatric training at the University of North Carolina at Chapel Hill. Subsequently, she completed her forensic fellowship at the United States Department of Justice Federal Evaluation Center in Butner, North Carolina. She is currently an assistant professor at the University of California San Francisco and teaches in the UCSF forensic fellowship program. She also works at the Santa Rosa VA Mental Health Clinic and has a private clinical and forensic practice in Santa Rosa., California.

Dr. Keram has been an active member of AAPL for many years, and has made innumerable contributions to the organization. She has chaired multiple committees including the Membership Committee and the Law Enforcement Liaison Committee, and founded two committees which she also chaired: the Early Career Committee and the International Human Rights and Humanitarian Law Committee. In addition, she has served as a member of the Education Committee and the Private Practice Committee. She was recently the featured speaker at the Early Career breakfast at the annual meeting.

Dr. Keram has been Program Chair and served on the AAPL Council as a Councilor and Secretary. During this time, she served on sub-committees that selected the editors of both JAAPL and the AAPL Newsletter. She also has been a member of the JAAPL Editorial Board and is a co-author of the 2002 AAPL Practice Guideline for Forensic Psychiatric Evaluation of Defendants Raising the Insanity Defense.

Dr. Keram is a frequent presenter at the AAPL annual meeting, sharing her expertise in law enforcement liaison and in the evaluation of suspected Islamist terrorists. In 2008 she organized an evening panel with the attorneys who represented Salim Ahmed Hamdan at the first Military Commissions at Guantanamo Bay. She presented a synopsis of her work in that case and her testimony at Mr. Hamdan's sentencing.

In recognition of her years of devoted and high quality service to AAPL, the American Academy of Psychiatry and the Law presents the 2012 Red APPL Outstanding Service Award to Dr. Emily Keram..

AWARD FOR OUTSTANDING TEACHING IN A FORENSIC 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.

STEPHEN G. NOFFSINGER, MD

Dr. Stephen Noffsinger graduated from the University of Akron and received his medical degree from Northeast Ohio Medical University. He completed his psychiatry residency at Metro Health Medical Center in Cleveland, Ohio and his forensic psychiatry fellowship at the University Hospital of Cleveland.

Dr. Noffsinger is currently an Associate Professor of Psychiatry at Case Western Reserve University School of Medicine and a Senior Lecturer at the University of Akron School of Law. For 15 years, he was the Chief of Forensic Psychiatry at Northcoast Behavioral Healthcare and for the last 13 years, Dr. Noffsinger has served as Associate Director of the Case Western Reserve University Fellowship in Forensic Psychiatry.

Dr. Noffsinger is an excellent educator. Here are some of the comments about him: "Dr. Noffsinger is a supportive and caring role model for the fellows…He is always available to discuss cases, supervise, or just talk about career and life issues. His personality is warm without being soft and he is humble despite his accomplishments. He sets a model of professionalism in his interaction with staff, fellows, and attorneys… He organizes and challenges trainees to be prepared for courtroom testimony…While there are many outstanding faculty members in the program, Dr. Noffsinger stands out amongst the others due to his exemplary teaching abilities…He is known for his encyclopedic knowledge of the landmarks..He has gone out of his way to include us in his private work, such as malpractice cases, fitness for duty, and meeting with attorneys. His talent is in taking the difficult question apart and paring it down to the simple…He demonstrates a strong commitment to being not only a teacher, but a mentor to fellows in training…Of course I knew that in coming to Case I would get world-class supervision and teaching from Dr. Resnick, but I had no idea that Dr. Noffsinger would play such a pivotal role in my transition from psychiatrist to forensic psychiatrist."

In recognition of his outstanding teaching, the American Academy of Psychiatry and the Law presents the 2012 Best Teacher in Forensic Fellowship Award to Dr. Stephen Noffsinger.

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.

MARY CIMILUCA

Mary Cimiluca describes herself as a "small business developer, executive, teacher and mentor." In 1982, Mary joined her husband's company –Audio Transcripts, Ltd, the forerunner of today's Mondo Digital Solutions. Her role soon shifted from new business development to owner as her husband, Don Cimiluca, returned to his love of Broadway acting.

Shortly after joining Audio Transcripts, Mary met Dr. Jonas Rappeport, and began a long term relationship with AAPL as the media advisor and preferred recording company for conferences. Thirty years later, her company still provides these services with support.

Mary Cimiluca has become such a familiar face at our meetings that many have come to think of her as part of our staff. The AAPL staff have described Mary as "always there to alert them of technical problems and pitch in whenever necessary." There have been instances during AAPL conferences when some of the hotel A-V people have not been available. Mary has stepped forward and helped us out!

Mary has been a friend, advocate, and champion for AAPL, be it recording the Forensic Course, and the Annual Meeting and assisting members with tapes, and now CDs and MP3s. If you pass by her table at the meeting, you will frequently see people gathered there, not only for the purpose of ordering, but checking in and catching up. She provides a sympathetic ear, as well, listening to members express the challenges and joys of the profession.

In recognition of her 30 years helping AAPL in numerous ways, the American Academy of Psychiatry and the Law presents the 2012 Amicus Award to Mary Cimiluca.

DISTINGUISHED LECTURERS

Thursday, October 25

STEPHEN XENAKIS, MD

The Role and Responsibilities of Psychiatry in 21st Century Warfare

Dr. Xenakis is an adult, child, and adolescent psychiatrist with many years of clinical, academic, and management experience. He retired from the U.S. Army in 1998 at the rank of brigadier general and entered an active career in start-up medical technologies and clinical practice. He has advised the Chairman of the Joint Chiefs of Staff and other senior Department of Defense officials on psychological health and the effects of blast concussion. During his career in the Army, he pioneered the introduction of telemedicine applications including the development of a device for electronic house call services. He has had an active clinical and research interest in quantitative electroencephalography (qEEG) and is the founder of the Center for Translational Medicine. The Center for Translational Medicine develops treatments and conducts tests on brain related conditions affecting soldiers and veterans. Dr. Xenakis has numerous medical publications and is an Adjunct Professor at the Uniformed Services of Health Sciences of the military medical department. He is a graduate of Princeton University and the University of Maryland School of Medicine.

Friday, October 26

DAVID KACZYNSKI

The Unabomber and His Family

David Kaczynski is executive director of New Yorkers for Alternative to the Death Penalty (NYADP) and the brother of Theodore Kaczynski - the so-called Unabomber- who was arrested in 1996 after David and his wife Linda approached the FBI with their suspicions that Theodore might be involved in a series of bombings that caused three deaths and numerous injuries over 17 years. Despite his diagnosis of paranoid schizophrenia, Theodore was charged capitally and only avoided the death penalty after his family waged a two-year campaign to convince the US Justice Department that Theodore's delusions has precipitated his violent behavior. After leading a successful statewide campaign to end New York's flawed and ineffective capital punishment system, David has focused his organization's work on promoting community initiatives that address the root causes of violence. He lectures frequently on issues related to mental illness and has presented to the American Association of State Forensic Directors, the National Alliance on Mental Illness, and the National Association of Social Workers, among many other audiences. Prior to joining NYADP, David was assistant director of the Equinox shelter for runaway and homeless youth in Albany, where he counseled and advocated for troubled, neglected and abused youth in the Capital District. Through his life and his work, David has sought solutions to human problems through understanding and compassion as opposed to violence and coercion.

Saturday, October 27

JON RONSON

The Psychopath Test

Jon Ronson is a writer and documentary filmmaker. His books *Them: Adventures with Extremists* and *The Men Who Stare at Goats* were international bestsellers. *The Men Who Stare at Goats* has been turned into a major motion picture starring George Clooney, Ewan McGregor, Kevin Spacey, and Jeff Bridges. His new book, *The Psychopath Test: A Journey Through Madness Industry*, was published by Riverhead in May 2011. His many documentary films include Stanley Kubrick's *Boxes* and *The Secret Ruler of the World,* and he's a regular contributor to Public Radio International's *This American Life*.

Thursday

THURSDAY, OCTOBER 25, 2012

POSTER SESSION A — 7:00 AM – 8:00 AM/ 9:30 AM – 10:15 AM — **BALLROOM FOYER**

T1 ***Assessing Symptom Exaggeration and Motives for Malingering in Veterans' Court Participants***
Kristi Sikes, MD, Houston, TX
Andrea Stolar, MD, Houston, TX
R. Scott Johnson, MD, JD, Houston, TX
David Graham, MD, (I) Houston, TX

T2 ***Stalking of Physicians: A Systematic Literature Review***
Andrea Nelsen, MD, Houston, TX
John Coverdale, MD, (I) Houston, TX
R. Scott Johnson, MD, JD, Houston, TX
Kristi Sikes, MD, Houston, TX
Britta Ostermeyer, MD, Houston, TX

T3 ***When God Commands: A Case Presentation with Literature Review***
R. Scott Johnson, MD, JD, Houston, TX
John Coverdale, MD, (I) Houston, TX
Kristi Sikes, MD, Houston, TX
Andrea Nelsen, MD, Houston, TX
Britta Ostermeyer, MD, Houston, TX

T4 ***Mental Health Court: One Stop Shopping for Fellowship Training***
Katya Frischer, MD, JD, New York, NY
Matthew Grover, MD, Forest Hills, NY
Merrill Rotter, MD, Bronx, NY

T5 ***Civil Commitment for Substance Abuse in Treatment Planning***
Jeffrey Eisen, MD, MBA, Cambridge, MA
Prudence Baxter, MD, Medford, MA
Robert Joseph, MD, MS, (I) Cambridge, MA

T6 ***The Pursuit of Synthetic Happiness: Story of "Legal Marijuana"***
Olumide Oluwabusi, MD, Jenkintown, PA
Samson Gurmu, MD, Philadelphia, PA
Susan Parke, MD, New Haven, CT

T7 ***Global Autobiographical Amnesia in a Criminal Defendant***
Joseph Simpson, MD, PhD, Long Beach, CA

T8 ***Drug Courts and Opiate Addiction: A Survey of Judges' Opinions on the Use of Medication-Assisted Therapy in Drug Court Diversion***
Bryan Shelby, MD, JD, Bronx, NY
Merrill Rotter, MD, Bronx, NY
Charles Amrhein, PsyD, (I) Bronx, NY
Kimberly Nessel, MA, (I) Bronx, NY

T9 ***Incompetence to Stand Trial and Need for Hospitalization***
Li-Wen Lee, MD, New York, NY
Merrill Rotter, MD, Bronx, NY
Larkin McReynolds, PhD, MPH, (I) New York, NY

T10 ***Using High Fidelity Simulations to Measure the Impact of PTSD on Performance and Decision Making in Emergency Service Workers***
Cheryl Regehr, PhD, (I) Toronto, ON, Canada
Vicki LeBlanc, PhD, (I) Toronto, ON, Canada

T11 ***Synthetic Cannabinoids: Forensic and Regulatory Implications***
Samson Gurmu, MD, Philadelphia, PA
Kenneth Weiss, MD, Bala Cynwyd, PA
Olumide Oluwabusi, MD, Jenkintown, PA

T12 ***The Legal and Ethical Considerations for Cancer Chemotherapy and Psychotropics Over Objection***
Susan Chlebowski, MD, Syracuse, NY
James Knoll, IV, MD, Syracuse, NY

OPENING CEREMONY 8:00 AM – 10:00 AM **BALLROOM WEST**
T13 ***Believing Doesn't Make It So: Forensic Education and the Search for Truth***
Charles Scott, MD, Sacramento, CA

COFFEE BREAK **10:00AM - 10:15AM** **BALLROOM FOYER**

WORKSHOP 10:15 AM – 12:00 PM **BALLROOM WEST**
T14 ***Lifelong Learning and ABPN Maintenance of Certification***
Education Committee
Richard Frierson, MD, Columbia, SC
Larry Faulkner, MD, Buffalo Grove, IL
Debra Pinals, MD, Worcester, MA
Cheryl Wills, MD, Cleveland, OH

PANEL 10:15 AM – 12:00 PM **DRUMMOND W/C**
T15 ***Mentally Disordered Offenders: Civil Commitment After Prison (Core)***
Criminal Behavior Committee, Institutional & Correctional Committee
Joseph Simpson, MD, PhD, Long Beach, CA
Pantea Farhadi, MD, (I) Los Angeles, CA
Michael Champion, MD, Santa Fe, NM
Annette Hanson, MD, Baltimore, MD
Anthony Tamburello, MD, Glassboro, NJ

WORKSHOP 10:15 AM – 12:00 PM **BALLROOM EAST**
T16 ***Then Who Can You Trust? Impaired Physicians, Attorneys, and Police Officers***
Addiction Committee, Private Practice Committee
Gregory Sokolov, MD, Davis, CA
Douglas Tucker, MD, Berkeley, CA
Trent Holmberg, MD, Draper, UT

WORKSHOP 10:15 AM – 12:00 PM **SALON JARRY/JOYCE**
T17 ***Vets: PTSD & TBI Disability Assessments – Differing Venues and Purposes***
Trauma & Stress Committee
Charles Meyer, Jr., MD, Augusta, GA
Stuart Kleinman, MD, New York, NY
Stephen Peterson, MD, Kansas City, MO

PANEL 10:15 AM – 12:00 PM **SALON 4/5**
T18 ***Legal Highs, Psychoses, and Deaths from Cathinones, Synthetic-Cannabinoids, and Cyclohexylamines***
Alan Felthous, MD, St. Louis, MO
Scott Collier, BA, (I) St. Louis, MO
Mihaela Stoica, MD, (I) St. Louis, MO
Christopher Long, PhD, (I) St. Louis, MO

LUNCH (TICKET REQUIRED) 12 NOON – 2:00 PM **BALLROOM CENTER**
T19 ***The Role and Responsibilities of Psychiatry in 21st Century Warfare***
Stephen Xenakis, MD, (I) Arlington, VA

PANEL 2:15 PM – 4:00 PM **BALLROOM WEST**
T20 ***Psychiatric Prescribing: Medicine, Malpractice, and Mayhem***
Charles Scott, MD, Sacramento, CA
William Newman, MD, Sacramento, CA
Jason Chapman, DO, (I) Sacramento, CA
Chelsea Shih, MD, (I) Sacramento, CA

PANEL — 2:15 PM – 4:00 PM — **DRUMMOND W/C**

T21 ***When War Comes Home: Returning Vets and the Criminal Justice System***
Trauma & Stress Committee

Stuart Kleinman, MD, New York, NY
Jonathan Brodie, PhD, MD, New York, NY
Stephen Peterson, MD, Kansas City, MO
Maya Prabhu, MD, New Haven, CT
Margaret Middleton, JD, (I) New Haven, CT

COURSE (TICKET REQUIRED) — 2:15 PM – 6:15 PM — **BALLROOM EAST**

T22 ***Interpreting Psych Testing and Neuroimaging for Forensic Psychiatry (Core)***

Madelon Baranoski, PhD, (I) New Haven, CT
Marina Nakic, MD, PhD, (I) New Haven, CT

PANEL — 2:15 PM – 4:00 PM — **SALON JARRY/JOYCE**

T23 ***Problem-Solving Courts: What Exactly is "the Problem" (Core)***

Merrill Rotter, MD, Bronx, NY
Debra Pinals, MD, Worcester, MA
Renée Binder, MD, San Francisco, CA
Steven K. Hoge, MD, New York, NY

RESEARCH IN PROGRESS #1 — 2:15 PM – 4:00 PM — **SALON 4/5**

T24 ***Assessing Inpatient Violence Risk in Children and Teens***

Douglas Mossman, MD, Cincinnati, OH
Drew Barzman, MD, Cincinnati, OH
Thomas Blom, MS, (I) Cincinnati, OH

T25 ***Factors Associated with Risk of Recurrent Domestic Violence***

Sandra Antoniak, MFS, MD, Syracuse, NY
Andrew Kaufman, MD, Syracuse, NY
Bruce Way, PhD, (I) Syracuse, NY

T26 ***ASPD and Borderline PD: Same Thing After All?***

Catherine Lewis, MD, Farmington, CT

COFFEE BREAK — **4:00PM - 4:15PM** — **BALLROOM FOYER**

WORKSHOP — 4:15 PM – 6:15 PM — **BALLROOM WEST**

T27 ***Beyond a Reasonable Doubt: Evidence-Based Expert Opinions***
Research Committee

Andrew Kaufman, MD, Syracuse, NY
Douglas Mossman, MD, Cincinnati, OH
Ryan Hall, MD, Lake Mary, FL
Robert Trestman, PhD, MD, Farmington, CT

PANEL — 4:15 PM – 6:15 PM — **DRUMMOND W/C**

T28 ***Client Access to Clinical Content: Whose Report Is It Anyway? (Core)***

Merrill Rotter, MD, Bronx, NY
Matthew Grover, MD, Bronx, NY
Andrew Levin, MD, Hartsdale, NY
Steven K. Hoge, MD, New York, NY
W. Lawrence Fitch, JD, (I) Severna Park, MD
Howard Zonana, MD, New Haven, CT

WORKSHOP — 4:15 PM – 6:15 PM — **SALON JARRY/JOYCE**

T29 ***Closet to Court: Attorneys and Doctors on Undue Influence***

Sherif Soliman, MD, Beachwood, OH
Carolyn Dessin, JD, (I) Akron, OH
Adam Fried, JD, (I) Cleveland, OH
Susan Hatters Friedman, MD, Cleveland Heights, OH

SCIENTIFIC PAPER SESSION #1 — 4:15 PM – 6:15 PM — **SALON 4/5**

T30 ***Combat Related Posttraumatic Stress Disorder and Criminal Responsibility: Determinations in the Post-Iraq Era: A Review and Case Report***

Richard Frierson, MD, Columbia, SC

T31 ***Risk of Death for Veterans on Release from Prison***

Hal Wortzel, MD, Denver, CO
Patrick Blatchford, PhD, (I) Aurora, CO
Latoya Conner, BS, (I) Denver, CO
Lawrence Adler, MD, (I) Denver, CO
Ingrid Binswanger, MD, (I) Aurora, CO

T32 ***Asperger's Disorder: Its Place in Forensic Psychiatry***

Victoria Roth, MD, Victoria, BC, Canada

T33 ***Transgendered and Incarcerated: A Review of the Literature, Current Policies and Laws, and Ethical Issues***

Anna Glezer, MD, San Francisco, CA
Dale McNiel, PhD, (I) San Francisco, CA
Renée Binder, MD, San Francisco, CA

MOCK TRIAL — 7:00 PM – 9:00 PM — **BALLROOM WEST**

T34 ***Hebephilia: Weed Diagnosis in the Botanical Garden of DSM?***

Lynn Maskel, MD, Madison, WI
John Bradford, MB, Brockville, ON, Canada
Richard Wollert, PhD, (I) Vancouver, WA
Fabian Saleh, MD, Boston, MA
Robert LeBell, JD, (I) Milwaukee, WI
Mark Singer, JD, (I) Trenton, NJ
The Honorable Maureen Forestell, (I) Toronto, ON, Canada

T1 **ASSESSING SYMPTOM EXAGGERATION AND MOTIVES FOR MALINGERING IN VETERANS' COURT PARTICIPANTS**

Kristi Sikes, MD, Houston, TX
Andrea Stolar, MD, Houston, TX
R. Scott Johnson, MD, JD, Houston, TX
David Graham, MD, (I) Houston, TX

EDUCATIONAL OBJECTIVE
The poster and associated research project seeks to explore the rates of symptom exaggeration and motives in veterans taking part in a Veterans Court, using the M-FAST.

SUMMARY
Malingered mental illness, a consideration across all psychiatric settings, is particularly important to assess in the forensic context. Clinicians are often reluctant to diagnose malingering and typically take patients' stories at face value. However, this may result in insufficient resources for patients who have genuine illness. This poster will assess the rate of malingered mental illness using the M-FAST in veterans in a forensic setting. The Harris County Veterans Court is an intensive two-year mental health/drug court program that diverts eligible veterans to mental health and addiction treatment, with the goal to reduce jail time and potentially resolve felony charges. To be eligible for the court the defendant's offense must be related to a mental health condition, TBI, or substance use disorder. In a veteran forensic setting such as this, it is likely that there may be motivation to exaggerate symptoms to avoid punishment or to maintain or build a case for "service connection" due to mental illness. The question we seek to answer is whether the intensity and length of required participation and treatment would act as a deterrent or filter for those seeking secondary gain, resulting in a lower rate of malingering than previous studies would predict.

REFERENCES
Knoll J, Resnick PJ: The detection of malingered post-traumatic stress disorder. Psychiatr Clin N Am 29:629-647, 2006
Freeman T, Powell M, Kimbrell T: Measuring symptom exaggeration in veterans with chronic posttraumatic stress disorder. Psychiatry Research 158:374-380, 2008

QUESTIONS AND ANSWERS
1. In a 1994 study of untrained college students, what percentage were able to successfully feign symptoms in order to meet criteria for PTSD on a symptoms checklist?

a. 32%
b. 51%
c. 86%
d. 98%
ANSWER: C

2. Which of the following IS a clinical indicator of malingered combat-related PTSD, as opposed to genuine combat-related PTSD?

a. blame self
b. reluctant to discuss combat memories
c. minimize relationship of problems to combat
d. anger toward authority
ANSWER: D

T2 **STALKING OF PHYSICIANS: A SYSTEMATIC LITERATURE REVIEW**

Andrea Nelsen, MD, Houston, TX
John Coverdale, MD, (I) Houston, TX
R. Scott Johnson, MD, JD, Houston, TX
Kristi Sikes, MD, Houston, TX
Britta Ostermeyer, MD, Houston, TX

EDUCATIONAL OBJECTIVE
This poster will present a summary and assessment of the existing literature about physicians being the victim of stalking by patients and other individuals. It will describe the current state of research related to prevalence rates, motivations of stalkers, effects on victims and management strategies.

SUMMARY
Stalking can have serious consequences for victims, and has been criminalized by growing numbers of jurisdictions. Physicians are overrepresented among stalking victims. Few studies have examined the prevalence of stalking of physicians, characteristics of stalkers, effects on victims, or management strategies. We systematically reviewed studies about the stalking of physicians and evaluated their strengths and weaknesses. PubMed was searched for articles in English from 1950 to 2012 using the terms stalker, stalking, patient, physician, resident, registrar, intern and trainee. Reference lists of relevant articles were searched. We developed and used a 5-point evaluation system, assigning points to studies that surveyed a national population, defined stalking clearly, assessed motivations of stalkers or effects on victims using validated methods, and tested recommendations. Our search identified 28 articles, including case reports, editorials and surveys. We found 13 prevalence studies, of which 6 were national. 2 focused exclusively on stalking: 1 addressed stalking of plastic surgeons, and 1 addressed stalking of mental health nurses and physicians. The maximum score using our 5-point tool was 2. There have been few quality studies about stalking of physicians. Data is too limited to provide prevalence rates or to compare rates between medical specialties.

REFERENCES
Pathe M, Mullen P, Purcell R: Patients who stalk doctors: their motives and management. Med J Aust 176:335-8, 2002
McIvor R, Petch E: Stalking of mental health professionals: an underrecognised problem. Br J Psychiatry 188:403-4, 2006

QUESTIONS AND ANSWERS
1. In which two countries have multiple studies been conducted into the prevalence of stalking of physicians?
ANSWER: Australia and New Zealand

2. Which medical specialists have the highest rates of being stalked by their patients?
ANSWER: unknown

T3 **WHEN GOD COMMANDS: A CASE PRESENTATION WITH LITERTURE REVIEW**

R. Scott Johnson, MD, JD, Houston, TX
John Coverdale, MD, (I) Houston, TX
Kristi Sikes, MD, Houston, TX
Andrea Nelsen, MD, Houston, TX
Britta Ostermeyer, MD, Houston, TX

EDUCATIONAL OBJECTIVE
This poster seeks to illuminate our understanding of command auditory hallucinations that the patient believes to be the voice of God by examining the available literature and presenting a case report of particular interest related to this specific type of occurrence.

SUMMARY
Since ancient times, both prophets and charlatans have claimed to experience the voice of the Almighty commanding them to engage in specific acts. Today, the phenomenon continues even if somewhat less romanticized, and those who experience it are perhaps more likely than most to see an auditory directive to its fruition, potentially resulting in property damage, bodily harm or even loss of life. Therefore, it behooves the forensic psychiatrist to better understand through a literature review the condition's prevalence, its likelihood of being obeyed and by whom, as well as its various permutations. This poster seeks to present this data in a coherent manner and to extrapolate salient points for the viewer while presenting a case report of particular interest involving a patient who not only saw her directive to completion but also raised some unique arguments regarding refusal of treatment. Our poster examined these issues in detail and concludes with questions and potential areas for future research.

REFERENCES
Lee T, Chong S, et al: Command hallucinations among asian patients with schizophrenia. Can J Psychiatry 49(12): 838-842, 2004
Stein G: The voices that Ezekiel hears: psychiatry in the old testament. Br J Psychiatry 196:101, 2010

QUESTIONS AND ANSWERS
1. In a 2004 study of command hallucinations, which of the following was found?
a. Men were more likely than women to follow violent command hallucinations.
b. The ratio of those hearing the devil to those hearing God was approximately 50/50.
c. The rate of compliance was approximately 25%.
d. Those with command hallucinations differed significantly in duration of illness compared with those without.
ANSWER: b

2. The following are common coping strategies for dealing with command hallucinations except:
a. prayer
b. medication
c. listen to music
d. silent contemplation
ANSWER: d

T4 **MENTAL HEALTH COURT: ONE STOP SHOPPING FOR FELLOWSHIP TRAINING**

Katya Frischer, MD, JD, New York, NY
Matthew Grover, MD, Forest Hills, NY
Merrill Rotter, MD, Bronx, NY

EDUCATIONAL OBJECTIVE
The participant will be able to name at least three skills that can be developed within a mental health court setting and be able to apply skills developed within a mental health court setting to the core competencies identified by the ACGME for training in forensic psychiatry.

SUMMARY
The ACGME identifies core competencies required by all training programs. Given the time constraints of a one-year fellowship, opportunities to develop multiple skills in one setting are advantageous. Mental health diversion programs, one strategy for reducing the presence of persons with mental illness within the criminal justice system, are a unique setting in which multiple skills can be developed under one roof. The Albert Einstein College of Medicine forensic psychiatry fellows rotate for six months at Bronx TASC Mental Health Court as part of their fellowship training. The fellows evaluate a defendant's history of mental illness and current mental status for the purposes of diagnosis clarification and risk assessment. Fellows submit a report to the court articulating the defendant's suitability for diversion. In our poster, we will describe how the following core competency skills are enhanced by the mental health diversion program experience: diagnosis and treatment of forensic populations, report writing, risk assessment, instant offense assessment, evaluation of malingering, and communication with non-clinical professionals, most notably judges and attorneys. We will also present the results of a survey on the use of mental health diversion programs in fellowships.

REFERENCES
Pinals DA: Forensic psychiatry fellowship training: developmental stages as an educational framework. J Am Acad Psychiatry Law 33(3):317-323, 2005
Sirotich F: The criminal justice outcomes of jail diversion programs for persons with mental illness: a review of the evidence. J Am Acad Psychiatry Law 37(4):461-47, 2009

QUESTIONS AND ANSWERS
1. What is the approximate number of mental health courts in the United States?
a. 50
b. 200
c. 500
d. 1000
ANSWER: b

2. Which of the following skills is developed by forensic psychiatry fellows within a mental health court diversion program?
a. Risk assessment
b. Malingering assessment
c. Ethical considerations
d. All of the above
ANSWER: d

T5 CIVIL COMMITMENT FOR SUBSTANCE ABUSE IN TREATMENT PLANNING

Jeffrey Eisen, MD, MBA, Cambridge, MA
Prudence Baxter, MD, Medford, MA
Robert Joseph, MD, MS, (I) Cambridge, MA

EDUCATIONAL OBJECTIVE

The primary educational objective is to provide psychiatrists a framework for the evaluation of civil commitment for substance abuse treatment as a potential patient disposition option. Factors that affect the decision-making strategy will be presented, including those that derive from the patient, healthcare system, legal system, and commitment site.

SUMMARY

Psychiatrists are frequently called upon to evaluate and address disposition options for patients with substance abuse concerns. In Massachusetts, one disposition alternative includes petitioning for the civil commitment of substance abuse or dependent patients under Section 35 of the Massachusetts General Laws. Departments across the Cambridge, MA-based Cambridge Health Alliance, ranging from emergency departments and inpatient units to outpatient addiction and internal medicine clinics, expressed interest in considering the Section 35 petition as a potential disposition alternative for patients, but lack of knowledge, complicated logistics, questions of effectiveness, and ethical concerns created barriers to implementation. A Section 35 education program was developed to enable clinicians to address these challenges and make informed decisions with regard to including mandatory treatment as part of a patient disposition plan. The education program included presentations, educational didactic sessions, and roundtable discussions. Ongoing plans include integration with medicine and psychiatry resident education; creation of a central repository of information and procedures; a Section 35 system-wide committee to address complex patient cases, as well as barriers to implementation; and a study to track Section 35 petitions at Cambridge Health Alliance-affiliated District Courts since the onset of system-wide education.

REFERENCES

Klag S, O'Callaghan F, Creed P: The use of legal coercion in the treatment of substance abusers: an overview and critical analysis of thirty years of research. Subst Use Misuse 40(12): 1777-95, 2005
Duong DK, Rathlev NK, McGrath ME, White LF, Mitchell P: Does mandatory inpatient hospital detoxification reduce emergency department recidivism, hospital admissions, and emergency medical services transports for patients with chronic, severe alcohol dependence? J Emerg Med [epub ahead of print], 2009

QUESTIONS AND ANSWERS

1. Statutes related to civil commitment for substance abuse have evolved:
a. primarily beginning in the 19th Century.
b. because of views that addiction is a disease.
c. in parallel with mental health commitment statutes.
d. all of the above
ANSWER: d

2. Statutory criteria for civil commitment related to substance abuse include which of the following:
a. dangerousness or grave disability
b. impaired decisional capacity
c. failure to manage personal affairs
d. all of the above
ANSWER: d

T6 THE PURSUIT OF SYNTHETIC HAPPINESS: A STORY OF "LEGAL MARIJUANA"

Olumide Oluwabusi, MD, Jenkintown, PA
Samson Gurmu, MD, Philadelphia, PA
Susan Parke, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

To raise awareness of alarming rates of abuse of synthetic cannabinoid by adolescents; Identify current legal loopholes in control of these substances by current DEA regulations; Recognize the common toxic side effects of synthetic cannabinoid containing substances; Explore the role of psychiatrists and forensic community.

SUMMARY
Tetrahydrocannabinoid, THC, and its structurally analogous derivatives have both therapeutic and undesirable psychotropic actions by activating CB1 cannabinoid receptors (CB1Rs) in the central nervous system (CNS) which can potentially cause severe psychological symptoms including psychosis and mood disorders. K2, also called Spice, is an emerging drug of abuse that is advertised as "legal marijuana." K2/Spice products are derivatives of the well-characterized aminoalkylindole (AAI) class of ligands that also bind and activate CB1Rs, but they are structurally different from THC. Currently there is a limited amount of information available on synthetic cannabinoids and the psychological implications of their use. Research case series and recent news media coverage have revealed concern over the abuse of synthetic cannabinoids amongst the adolescent population. Some adolescents have developed a perceived sense of invincibility by abusing synthetic cannabinoids, regarding this as an opportunity to experience similar psychotropic effects to marijuana while avoiding the drug-related penalty. Since synthetic cannabinoid cannot be easily detected on routine urine drug screening, these products are marketed over the counter as herbal incense and consequently pose major public health concerns. DEA only currently prohibits five homologues of these compounds, but the numbers of the homologues are in hundreds and the list keeps increasing.

REFERENCES
Every-Palmer S: Synthetic cannabinoid JWH-018 and psychosis: an exploratory study. Drug Alcohol Depend 117(2-3):152-7, 2011 2011
Temporary placement of five synthetic cannabinoids into schedule I. Federal Register 76(40):11075-78, 2011

QUESTIONS AND ANSWERS
1. How is the presence of synthetic cannabinoids detected following smoking of herbal incense products?
ANSWER: Though similar in structure to marijuana, synthetic cannabinoids cannot be detected by conventional drug testing methods used by drug courts. There are currently no on-site screening devices or "immunoassay-like" screening tests to detect synthetic cannabinoid in urine samples. But, it can be detected via expensive and complex LC/MS/MS technology.

2. How common is the abuse of synthetic cannabinoids?
ANSWER: The exact epidemiological data are difficult to track due to difficulties in detection by routine laboratory test. National Drug Court Resource Center reported hospital emergency departments are experiencing an increase in admissions due to poisonings associated with the use of synthetic cannabinoids. The American Association of Poison Control Centers reported 13 cases in 2009 and by the first half of 2010, there were 567 cases (in 41 states) of people that suffered adverse reactions to herbal incense products (increase of over 4000%).

T7 GLOBAL AUTOBIOGRAPHICAL AMNESIA IN A CRIMINAL DEFENDANT

Joseph Simpson, MD, PhD, Long Beach, CA

EDUCATIONAL OBJECTIVE
The attendee will gain a better understanding of the approach to the forensic evaluation of examinees who report extensive amnesia in the context of traumatic brain injury.

SUMMARY
A case is presented of a man in his 20s who sustained multiple injuries including a severe brain injury when he fell from a height while fleeing from police. Weeks later, the defendant reported that he could not remember any autobiographical details from any time in his life. The author was one of several experts who evaluated the defendant for competency to stand trial. The extreme nature of his reported amnesia, combined with the fact that he had a record of prior prison incarcerations and was currently charged with a serious felony, raised significant suspicion for malingering or exaggeration. Complicating the assessment was the indisputable fact of his severe brain injury. Ultimately, the defendant was adjudicated incompetent to stand trial, and remanded to a state hospital for competency restoration. The presentation discusses his subsequent course. Key factors to be considered in the forensic evaluation of reported memory deficits in general and global amnesia in particular are reviewed.

REFERENCES
Boone KB: Assessment of feigned cognitive impairment. New York, NY: Guilford Press, 2009
Rogers R: Clinical assessment of malingering and deception. New York, NY: Guilford Press, 2008

QUESTIONS AND ANSWERS

1. What types of memory deficits are often observed after traumatic brain injury?
a. Retrograde amnesia only
b. Anterograde amnesia only
c. Both retrograde and anterograde amnesia
d. Complete amnesia for the day of the injury
ANSWER: c

2. A diagnosis of malingered amnesia or cognitive impairment can be made solely on the basis of:
a. Unusually severe reported symptoms
b. Evidence of "secondary gain"
c. Uncooperativeness and/or poor effort on standardized testing
d. None of the above
ANSWER: d

T8 **DRUG COURTS AND OPIATE ADDICTION: A SURVEY OF JUDGES' OPINIONS ON THE USE OF MEDICATION-ASSISTED THERAPY IN DRUG COURT DIVERSION**

Bryan Shelby, MD, JD, Bronx, NY
Merrill Rotter, MD, Bronx, NY
Charles Amrhein, PsyD, (I) Bronx, NY
Kimberly Nessel, MA, (I) Bronx, NY

EDUCATIONAL OBJECTIVE

This presentation will improve attendee competence and/or performance in the following way(s): attendees will learn about the basic structure and function of drug courts, and the use of opiate addiction medication in the context of the legal system.

SUMMARY

Drug-offense diversion courts or "drug courts" were founded as an alternative to traditional incarceration for drug crimes. The premise was that many drug offenders, if offered treatment, would be less likely to run afoul of the law. Over time, research has shown that, as a whole, drugs courts work to reduce drug offense recidivism. In opiate addiction, many studies have shown that medication-assisted therapy, such as methadone or buprenorphine, reduce opiate use and concurrent harmful behaviors. Despite this, some drug court judges do not believe that these medications should be part of a diversion program. Some drug court judges believe that defendants should be "drug free" and forbid medication-assisted therapies. To date, there has been no systematic examination of what drug court judges actually think. This poster session will present results of a survey of drug court judges, asking their opinions on the use of these therapies. It will further discuss the legal, ethical and treatment implications of rejecting the "harm reduction" approach in a court diversion setting.

REFERENCES

Marlowe D: The verdict on drug courts and other problem-solving courts. Chapman J of Crim Just 2:57-96, 2011
National Drug Court Resource Center. Home Page. Available at: http://www.ndcrc.org. Accessed March 1, 2012.

QUESTIONS AND ANSWERS

1. Which of the following is a medication that has been approved for office-based medication-assisted therapy for opiate addiction:
a. Oxycodone
b. Methadone
c. Buproprion
d.Buprenorphine/Naloxone
ANSWER: d

2. Drug courts have been shown to reduce:
a. Criminal recidivism
b. Drug-related offenses
c. Court-related costs
d. All the above
ANSWER: d

T9 INCOMPETENCE TO STAND TRIAL AND THE NEED FOR HOSPITALIZATION

Li-Wen Lee, MD, New York, NY
Merrill Rotter, MD, Bronx, NY
Larkin McReynolds, PhD, MPH, (I) New York, NY

EDUCATIONAL OBJECTIVE
Participants will be able to describe policies and practices in New York State for misdemeanor and felony defendants found incompetent to stand trial; describe the clinical acuity and needs of this population; and discuss the implications for the mental health system.

SUMMARY
In New York State, felony defendants found incompetent to stand trial (IST) are committed to forensic psychiatric centers for restoration under Criminal Procedural Law 730. Incompetent misdemeanor defendants, however, are not restored to competency. The charges are dismissed, and the defendant is evaluated under civil commitment standards at a civil psychiatric center to determine whether inpatient psychiatric care is appropriate. Under this statutory scheme, approximately 450 misdemeanor defendants per year are referred to the state civil psychiatric centers for evaluation, and an additional 350 felony defendants are sent for restoration. Questions have arisen regarding what clinical needs these populations have, what relationship, if any, exists between an IST finding and the need for hospitalization. Furthermore, are state psychiatric centers, which typically provide longer term care, the most appropriate resource for meeting those needs? In this poster, we present a comparative study of 92 misdemeanor defendants and 40 felony defendants transferred to state psychiatric centers. The demographics, service histories, clinical acuity, and reasons for admission for both groups are presented and contrasted, and we discuss the implications for the mental health system.

REFERENCES
Arvanites T: A comparison of civil patients and incompetent defendants: pre and post deinstitutionalization. J Am Acad Psychiatry Law, 18:393-403, 1990
Levitt GA, Vora I, Tyler K, et al: Civil commitment outcomes of incompetent defendants. J Am Acad Psychiatry Law, 38:349-358, 2010

QUESTIONS AND ANSWERS
1. For defendants found incompetent to stand trial on misdemeanor charges, charges may be:
a. Automatically dismissed
b. Determined on a case-by-case basis
c. Dismissed if not restorable
d. All of the above
ANSWER: d

2. Policies dictating management of defendants found incompetent to stand trial have implications for:
a. Civil liberties
b. Mental health resources
c. Fairness in the legal system
d. Public safety
e. All of the above
ANSWER: e

T10 USE OF HIGH FIDELITY SIMULATIONS TO MEASURE THE IMPACT OF PTSD ON PERFORMANCE AND DECISION MAKING IN EMERGENCY SERVICE WORKERS

Cheryl Regehr, PhD, (I) Toronto, ON, Canada
Vicki LeBlanc, PhD, (I) Toronto, ON, Canada

EDUCATIONAL OBJECTIVE
At the end of this presentation, the participant should be able to describe the impact of PTSD on workplace performance in emergency workers, describe the impact of acute stress on workplace performance in emergency workers and identify factors associated with PTSD related performance impairment.

SUMMARY
Research has increasingly identified alarming levels of traumatic stress symptoms in individuals working in emergency services and other high stress jobs. Yet the impact of these symptoms on performance and hence public safety remains uncertain. This presentation discusses a program of research that has examined the effects of prior critical incident exposure and current post-traumatic symptoms on performance and decision-making during an

acutely stressful event among police officers, emergency communicators, paramedics and child welfare workers. Four studies using simulation methods involving video simulators, human-patient simulators, and/or standardized patients, examined the performance of emergency workers in typical workplace situations. Exposure to critical incidents in the workplace and current level of traumatic stress symptoms were assessed prior to participation in the scenarios. Subjective psychological stress and physiological stress response were measured before, during and after participation in the scenarios. Results regarding performance and decision making varied by occupational group. For instance, police performance was not affected by PTSD symptom levels, while the clinical judgment of child welfare workers was correlated with PTSD. The relationship between PTSD, performance and decision-making in emergency service professions is complex and varies by occupational group and the nature of the emergency situation.

REFERENCES

LeBlanc V, Regehr C, Jelley B, Barath I: Posttraumatic stress and police recruit performance. J of Nervous and Mental Disease 195(8), 701-704, 2007
Regehr C, LeBlanc V, Shlonsky A, Bogo M: The influence of clinicians' previous trauma exposure on their assessment of child abuse risk. J of Nervous and Mental Disease.198(9) 614-618, 2010

QUESTIONS AND ANSWERS

1. Does PTSD influence workplace performance in emergency workers?
ANSWER: The relationship between PTSD, performance and decision-making in emergency service professions is complex and varies by occupational group and the nature of the emergency situation.

2. Does acute stress influence performance in emergency workers?
ANSWER: Paramedics demonstrated poorer performance in high stress scenarios than low stress scenarios, while child welfare workers were not affected by the level of acuity of the scenario.

T11 SYNTHETIC CANNABINOIDS: FORENSIC AND REGULATORY IMPLICATIONS

Samson Gurmu, MD, Philadelphia, PA
Kenneth Weiss, MD, Bala Cynwyd, PA
Olumide Oluwabusi, MD, Jenkintown, PA

EDUCATIONAL OBJECTIVE

The attendee will be able to describe the clinical symptomatology associated with synthetic cannabinoid abuse; recognize the emerging association with between their use and severe emotional and behavioral impairment; and identify the role of the expert witness in cases involving synthetic cannabinoids.

SUMMARY

Smokable herbal products containing synthetic cannabinoids (SCs), marketed as Spice, K2, Aroma, etc., gained popularity as a "legal alternative" to marijuana (THC). According to the recent annual Monitoring the Future survey, synthetic cannabinoids are second only to THC in popularity among 12th graders. The increasing number of calls to poison control centers across the nation and visits to the ER in association with SC use suggest a rapidly expanding use with potential for serious adverse consequences. In 2011 the DEA placed five SCs under a temporary ban, but, amending the Controlled Substances Act to place SCs on Schedule I has not yet happened. We review the published literature and summarize the physiological and clinical effects of SCs, with emphasis on the emerging characterization of associated psychotic syndromes. We will describe how the law deals with SCs and criminal conduct associated with their use, using recent court cases as illustration, focusing on drunk-driving cases. To identify relevant cases we have utilized a Lexis-Nexis search of the legal literature. We will also identify a potential role for the expert witness. The principal role of the expert psychiatric witness will be in explaining the neuropharmacology of SCs in relation to clinical effects.

REFERENCES

Fattore L, Fratta W: Beyond THC: the new generation of cannabinoid designer drugs. Front Behav Neurosci 5:1-12, 2011
Atwood BK, Huffman J, Straiker A, Mackie K: JWH018, a common constituent of spice herbal blends, is a potent and efficacious cannabinoid CB receptor agonist. Br J Pharmacol 160(3):585-93, 2010

QUESTIONS AND ANSWERS

1. Which of the following substances is a synthetic cannabinoid on the DEA's emergency ban-list?
a. JWH-122
b. JWH-018
c. AM-2201
d. HU-210
ANSWER: b

2. Compared to marijuana, synthetic cannabinoids:
a. are associated with less anxiety and physical symptoms.
b. have a poorly understood pharmacokinetic and risk profile.
c. tend to be less potent agonists of the CB1 receptor.
d. are legal for personal consumption.
ANSWER: b

T12 **THE LEGAL AND ETHICAL CONSIDERATIONS FOR CANCER CHEMOTHERAPY AND PSYCHOTROPICS OVER OBJECTION**

Susan Chelbowski, MD, Syracuse, NY
James Knoll, IV, MD, Syracuse, NY

EDUCATIONAL OBJECTIVE
Landmarks cases regarding treatment over objection for psychiatric medications and medical treatment will be discussed. This case exemplifies both legal and ethical case management for a female inmate with paranoid schizophrenia who developed breast cancer requiring treatment. The presentation will discuss how to approach competency for life saving medical decisions over objection.

SUMMARY
A series of court decisions such as Rennie v. Klein, Rogers v. Okin and Rivers v. Katz upheld psychiatric patients' rights to refuse involuntary medication. Refusing cancer chemotherapy is also a right. Court decisions regarding medical treatment over objection include: Application of the President and Directors of Georgetown College, Superintendent of Belchertown State School v. Saikewicz. A 33-year-old female inmate diagnosed with schizophrenia and breast cancer refused further work up and treatment due to her delusions. She believed her former boyfriend caused the malignancy and she was resigned to die because of his powers. Cancer chemotherapy is associated with side effects and does not assure a cure. A physician making recommendations must consider her objections and is subject to criminal and civil liability for assault and battery (Cruzan v. Director Missouri Department of Health). A sliding scale model for assessing clinical competence (Drane, 1984) will be discussed. The treatment team received an order for treatment with psychotropic medications. However, prior to resolution of her delusions, the treatment team went to court to seek treatment over objection for a malignancy workup and chemotherapy.

REFERENCES
Zito J, Thomas J, Wanderling J: New York under the Rivers decisions: An epidemiologic study of drug treatment refusal. Am J Psychiatry 48(7):904-909, 1991
Pope T: Legal briefing. J Clin Ethics 21:163-176, 2010

QUESTIONS AND ANSWERS
1. Landmark cases involving the right to refuse treatment include all except:
a. Frendak v. U.S
b. Rennie v. Klein
c. Washington v. Harper
d. Sell v. U.S
e. Cruzan v. Director Missouri DMI
ANSWER: a

2. Which landmark case required a substituted judgment for the patient by a judicial decision maker?
a. Rennie v. Klein
b. Rogers v. Commissioner
c. Kumho Tire v. Carmichael
d. Tarasoff v. Regents
e. Canterbury v. Spence
ANSWER: b

T13 **BELIEVING DOESN'T MAKE IT SO: FORENSIC EDUCATION AND THE SEARCH FOR TRUTH**

Charles Scott, MD, Sacramento, CA

EDUCATIONAL OBJECTIVE
This presentation will improve attendee competence and/or performance in the area of reviewing emerging forensic assessment methods (service) and educating others regarding potential biases and limitations of forensic assessments (teachings).

SUMMARY

On May 5, 1969, 13 psychiatrists came together at the Bal Harbour Hotel in Miami Beach, Florida to organize an association of forensic psychiatrists, which became known as the American Academy of Psychiatry and the Law (AAPL). The mission statement's opening line reads, "The purpose of this organization would be to advance the body of knowledge in the area of psychiatry and the law." This "forensic" focus is inextricably woven into the fabric of AAPL's promise to promote objective approaches in our field. In 2005, Congress passed the Science, State, Justice, Commerce, and Related Agencies Appropriations Act, which authorized the National Academy of Sciences (NAS) to conduct a study on the practice of forensic science in the United States. The resulting report concluded that many changes and advancements were necessary to ensure the reliability of forensic disciplines, establish enforceable standards, and promote best practices and their consistent application. The NAS conclusions are relevant to forensic psychiatry and provide a path forward for strengthening the science in our own field. Forensic psychiatric education must remain current on emerging advancements in order to assist the medical and legal community in the ever evolving and often elusive "search for truth."

REFERENCES

Dawes RM: The ethical implication of Paul Meehl's work on comparing clinical versus actuarial prediction methods. J Clinical Psych 6:1245-1255, 2005

National Academies of Sciences. Strengthening Forensic Science in the United States: A Path Forward. Washington, DC: The National Academies Press, 2009

QUESTIONS AND ANSWERS

1. Which of the following is a consistent finding regarding clinical versus actuarial risk assessments of future violence?

a. Psychiatrists without forensic training perform as well as psychiatrists with forensic training in assessing a person's future violence risk.
b. In general, forensic psychiatrists' clinical risk assessments of future violence are equal to or better than actuarial approaches assessing future violence risk.
c. Actuarial approaches that assess future violence risk consistently outperform clinical intuition.
d. The PCL-R manual specifies that only psychologists should be trained to administer the PCL-R.

ANSWER: c

2. Which of the following is not true regarding the administration of the PCL-R?

a. The personality construct of psychopathy has become a well-recognized risk factor for violence and recidivism.
b. Most available data regarding interrater agreement for the PCL-R is based upon studies in which trained raters score the same participant in an empirical study.
c. Research indicates that potential partisan allegiance may affect PCL-R scores in adversarial proceedings.
d. Research indicates that the interrater agreement for the PCL-R of independent clinicians is nearly equal to the interrater agreement published in research studies.

ANSWER: d

T14 LIFELONG LEARNING AND ABPN MAINTENANCE OF CERTIFICATION

Richard Frierson, MD, Columbia, SC
Larry Faulkner, MD, Buffalo Grove, IL
Debra Pinals, MD, Worcester, MA
Cheryl Wills, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

To familiarize attendees with ABPN's Maintenance of Certification (MOC) process; to demonstrate establishing an ABPN Physician Portfolio; to show AAPL products to assist with the MOC process; to provide opportunities to pose questions to ABPN staff; to obtain suggestions for activities that will assist members in complying with MOC requirements.

SUMMARY

Representatives of the ABPN and AAPL will provide a session to familiarize attendees with the requirements for maintenance of certification and show how various activities can assist them in compliance with the various provisions. The session will start with an overview form ABPN staff about the MOC process. This will be followed by a demonstration of the ABPN Physician Portfolio by Dr. Richard Frierson, Co-Chair of the AAPL Education Committee. Dr. Debra Pinals will explain the instruments that AAPL has developed or plans to develop to help members to comply with various requirements such as Self-assessment CME, Performance In Practice and Peer and Patient Feedback. The session will conclude with a question and answer session.

REFERENCES
Pinals DA: Ready or not here it comes: maintenance of certification. J Am Acad Psychiatry Law. 39(3): 294-6, 2011
http://www.abpn.com/index.html

QUESTIONS AND ANSWERS
1. For physicians certified or recertified in 2012 or later, how many self-assessment CME hours are required every three years to be current with MOC requirements?
a. 10
b. 50
c. 24
d. 30
ANSWER: c

2. What are the requirements for a performance in practice clinical module?
ANSWER: Each diplomate is required to collect data from at least five patient cases in a specific category obtained from the diplomate's personal practice over the previous 3-year period; A minimum of 4 quality measures must be collected for each Clinical Module. Each diplomate must then compare data from the five patient cases with published best practices, or practice guidelines, or peer-based standards of care, and develop a plan to improve effectiveness or efficiency of his/her clinical activities. Remeasurement: within 24 months, each diplomate must collect the same data from at least another five clinical cases in the same specific category, to see if improvements in practice have occurred. The diplomate may choose to assess either the same or different patients or evaluees in the original and follow-up data.

T15 MENTALLY DISORDERED OFFENDERS: CIVIL COMMITMENT AFTER PRISON

Joseph Simpson, MD, PhD, Long Beach, CA
Pantea Farhadi, MD, (I) Los Angeles, CA
Michael Champion, MD, Santa Fe, NM
Annette Hanson, MD, Baltimore, MD
Anthony Tamburello, MD, Glassboro, NJ

EDUCATIONAL OBJECTIVE
The attendee will understand state statutes providing for the civil commitment of prison inmates at the conclusion of their sentence, as well as other potential management options for parolees with serious mental disorders.

SUMMARY
The panel will begin by describing California's 25-year-old Mentally Disordered Offender (MDO) law, which provides for the civil commitment of mentally ill prison inmates at the time of parole. Candidates for commitment under the MDO law must have a severe mental disorder, which must have been related to the crime for which they received a determinate prison term. Panel speakers will describe the MDO law and its implementation, and examine some of its pros and cons in terms of public safety, patient/inmate rights, and allocation of resources, and will review some of the possible alternatives to California's approach to this population, such as diversion programs to prevent individuals with serious mental illness from ending up in prison in the first place and intensive treatment programs within the correctional and/or parole system that could enhance the probability of the inmate transitioning successfully back to the community.

REFERENCES
Simpson JR, Farhadi P: California's mentally disordered offender law. Am Acad Psych Law Newsletter (in press)
Carrillo-Heian MR: The mentally disordered offenders law: The legislature responds to people v. Anzalone. McGeorge L Rev 31:276-284, 2000

QUESTIONS AND ANSWERS
1. Which mental disorder could potentially qualify an inmate for civil commitment under California's MDO law?
a. Bipolar disorder
b. Antisocial personality disorder
c. Amphetamine dependence
d. Mental retardation
ANSWER: a

2. Approximately what percentage of all patients in California's state hospital system are MDOs?
a. 5%
b. 10%
c. 20%
d. 45%
ANSWER: c

T16 **THEN WHO CAN YOU TRUST? IMPAIRED PHYSICIANS, ATTORNEYS, AND POLICE OFFICERS**

Gregory Sokolov, MD, Davis, CA
Douglas Tucker, MD, Berkeley, CA
Trent Holmberg, MD, Draper, UT

EDUCATIONAL OBJECTIVE

The objective of this workshop presentation, co-sponsored by the Addiction Psychiatry and Private Practice Committees, is to increase awareness of the laws and standards relevant to performing fitness for duty evaluations of addicted professionals in certain high-pressure and stressful occupations: medicine, law, and law enforcement.

SUMMARY

Physicians are as likely to experience drug and alcohol addiction as anyone in the general population. They are more likely than others, however, to abuse prescription medications. Dr. Sokolov, chair of the Addiction Psychiatry Committee, will discuss the role of forensic psychiatrists in performing licensing and medical board fitness for duty evaluations. In addition, he will discuss diversion and physician health programs, which balance between treating addiction disorders in physicians and protecting society. Attorneys in the United States demonstrate a significant prevalence of substance abuse and other psychiatric disorders, and these often lead to impairment in professional functioning. Dr. Tucker will discuss his role as a consultant to the California Bar Association for the past 13 years, including the evaluation of attorney fitness for duty as well as the determination of appropriate ADA (Americans with Disabilities Act) accommodations on the California Bar Examination. The functioning of state Lawyer Assistance Programs (LAPs) will be described and two cases will be presented to illustrate the complexities involved in evaluating impaired attorneys, including the risk of being sued by disbarred attorneys! Lastly, Dr. Holmberg, chair of the Private Practice Committee, will focus on performing fitness for duty evaluations on law enforcement officers with addiction challenges. The unique aspects of evaluating individuals who have access to firearms will be discussed. Two cases will be presented. Current fitness for duty evaluation guidelines ratified by the International Association of Chiefs of Police (IACP) will be reviewed, in addition to a discussion of ADA issues specific to law enforcement officers. As a workshop presentation, audience participants will be actively encouraged to present their forensic cases related to the topic, and the challenges they presented.

REFERENCES

McLellan AT, Skipper GS, Campbell M, DuPont RL: Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ 337: a2038, 2008
Sweeney T, Myers D, Molea J: Treatment for attorneys with substance related and co-occurring psychiatric disorders: demographics and outcomes. Journal of Addictive Diseases 23: 55-64, 2004

QUESTIONS AND ANSWERS

1. In a study of state physician health programs that examined physicians who had been placed under monitoring for drug abuse, which specialty had the highest percentage of participants?
a. Family medicine
b. Internal medicine
c. Anesthesiology
d. Emergency medicine
ANSWER: a

2. The prevalence of mental health and substance use disorders among US lawyers is approximately what compared to the prevalence in the general population?
a. equal
b. one-half less
c. twice
d. three times
ANSWER: c

T17 VETS: PTSD AND TBI DISABILITY ASSESSMENTS- DIFFERING VENUES AND PURPOSES

Charles Meyer, Jr., MD, Augusta, GA
Stuart Kleinman, MD, New York, NY
Stephen Peterson, MD, Kansas City, MO

EDUCATIONAL OBJECTIVE
This presentation will provide added knowledge and skill in evaluating PSTD neuroimaging data and resilience factors in PTSD, increase awareness and appreciation of differing purposes and standards for PTSD and TBI assessments in criminal courts, the US Veterans Administration, and clinical or research venues.

SUMMARY
This workshop will be led and moderated by the Chair of the AAPL Trauma and Stress Committee who will present neuroimaging findings and related psychophysiological processes in PTSD as well as discussing underlying evidence-based data supporting the concept of resilience in the varying onset, symptom profiles, and the longitudinal course of PTSD. An experienced forensic psychiatrist will present and discuss his evaluation approach to returned combat veterans charged with criminal offenses ranging from probation violations to capital murder including assessment of disability level as related to court legal issues. Another member of the AAPL Trauma and Stress Committee with long experience with the US Veterans Administration will present the most recent VA standards for assessment of PTSD and TBI citing clinical impressions from a sample of over 250 veterans seen for PTSD and TBI Compensation and Pension (C&P) exams.

REFERENCES
Ganzel P, et al: Resilience after 9/11: multimodal neuroimaging evidence for stress-related change in the healhy adult brain. Neuroimage 40:788-90, 2008
US Veterans Administration-Disability Benefits Questionnaires (DBQ 's)-PTSD, June, 2011. (available online at: Veterans Benefits Administration DBQ.

QUESTIONS AND ANSWERS
1. The number of traumatic events in an individual 's life has been associated with:
a. Increased hippocampal volume.
b. Increased BOLD signal in the right amygdala in response to anxiety-inducing stimuli.
c. Initial inverse relationship with amygdala gray volume.
d. Non-correlated decreased gray volume in the amygdala, hippocampus, medial prefrontal cortex, anterior cingulate, and insula.
Answer: c

2. The most recent US Veterans Administration exam standards for PTSD require ALL except:
a. Review of active duty military personnel records.
b. Magnetic Resonance Imaging.
c. Presence of "fear of hostile or terrorist activity."
d. Assessment of occupational and social impairment.
ANSWER: b

T18 LEGAL HIGHS, PSYCHOSES, AND DEATHS FROM CATHINONES, SYNTHETIC-CANNABINOIDS, AND CYCLOHEXYLAMINES

Alan Felthous, MD, St. Louis, MO
Scott Collier, BA, (I) St. Louis, MO
Mihaela Stoica, MD, (I) St. Louis, MO
Christopher Long, PhD, (I) St. Louis, MO

EDUCATIONAL OBJECTIVE
Attendees will learn to recognize the possibility of psychosis induced by “legal” psychogenic substances such as MDPV, understand harmful effects of certain uncontrolled and abused chemical substances and understand the current state of legal control of potentially harmful chemical substances as they come onto the market.

SUMMARY
Drug manufacturers have produced drugs that have desired but nontherapeutic mental effects because the drugs are new and relatively unknown, they have not yet been subject to legal regulation. Such products include “bath salts” with CNS active cathinones such as methylenedioxypyrovalerone (MDPV), synthetic cannabinoids such as JWH-018, and cyclohexylamines such as ketamine and its newer analogs. Because such preparations have been obtained conveniently, legally and at low cost, their consumption has spread resulting in the desired legal highs,

but also in some cases paranoid psychosis, depression, mania, sucidality, homicidality, deaths, and emergency hospitalization. The issue is illustrated by the presentation of a clinical case example of a person who developed paranoid psychosis and thoughts of homicide after consuming bath salts. The toxicology is addressed within the context of a variety of substances, controlled and uncontrolled, that can have powerful psychogenic effects. The assessment of a chemically induced altered mental state is confounded by lack of readily available drug screening tests for newly marked substances. Finally the investigation by law enforcement, where indicated, and the legal aspects of controlling such preparations are examined.

REFERENCES

Spiller H, Ryan H: Clinical experience with and analytical confirmation of bath salts and legal highs (synthetic cathinones) in the United States. Clin Toxicol 49:499-505, 2011
http://www.justice.gov/dea/pubs/abuse/drug_data_sheets/K2_Spice.pdf (last accessed 7/18/12)

QUESTIONS AND ANSWERS

1. "Bath salts" intended to make the user high are most closely related to which class of drugs?
a. Narcotics, such as heroin or oxycodone
b. Stimulants, such as cocaine or methamphetamine
c. Anabolic steroids (testosterone)
d. Hallucinogens, such as LSD
ANSWER: b

2. The routine urine drug screening of a 27 year old male who admitted to injecting himself with bath salts and snorting them will test positive for:
a. MDPV
b. MDMA
c. Mephedrone
d. All of the above
e. None of the above
ANSWER: e

T19 THE ROLE AND RESPONSIBILITIES OF PSYCHIATRY IN 21ST CENTURY WARFARE

Stephen Xenakis, MD, (I) Arlington, VA

EDUCATIONAL OBJECTIVE

The objective of this presentation is to review the roles and responsibilities of psychiatrists evaluating detainees at Guantanamo or individuals accused of the acts of terrorism. Participants will learn the importance of physicians to human rights, the relevance of human rights to peace and security, the elements of the psychiatric examination and physical assessment and the reconciling of perspectives and obligations of the defense and prosecution.

SUMMARY

In 2004, the news of Abu Ghraib and Guantanamo was shocking. The revelations that psychiatrists had assisted with interrogations that bordered on torture were alarming. Since WWII, the United States had drifted from condemning Nazi physicians at Nuremberg for their collusion with torture, inhuman experimentation, and cruel mistreatment to justifying water boarding in the pursuit of better intelligence. Psychiatrists and psychologists who participated in interrogations and helped devise the abusive practices were actors on a much larger stage. They were swept up by a pervasive and persuasive attitude that subsumed the country to hunt down the criminals wherever they may be hiding. The DoD issued policy and contended that the legitimate objective of fighting terrorism trumps the ethical responsibility of the healing practitioner. In their eyes, "the ends justify the means" and a few brutalized prisoners were a small price to pay for protecting the citizens of the United States. These attitudes continue to bias the psychiatrists evaluating detainees accused of terrorism. The healing professions can lead corrective action, help the country recover the high ground, and prevent future lapses in professional conduct and policies that violated human rights. Human rights are vital to national security in the 21st century.

REFERENCES

Rubenstein LS, Xenakis SN: Prisoner of Wars: The Use of Torture and Psychological Warfare. New York, NY: Oxford University Press, 2008
Rubenstein LS, Xenakis SN: Role of CIA physicians in enhanced interrogation and torture detainees. JAMA, 304:(5)569-570, 2010

QUESTIONS AND ANSWERS

1. What was the role of mental health professionals on Behavioral Science Consultation Teams (BSCTs)?
ANSWER: Psychiatrists, psychologists, and physicians advised BSCTs at Guantanamo other sites of interrogations on devising and implementing strategies and tactics for interrogations.

2. What activities did the Office of Medical Services (OMS) at the CIA approve for interrogation?
ANSWER: Limiting food, forced nudity, walling (throwing against the wall), extreme changes in temperature, sleep deprivation, extended shackling, confinement in a box, and water boarding.

T20 **PSYCHIATRIC PRESCRIBING: MEDICINE, MALPRACTICE, AND MAYHEM**

Charles Scott, MD, Sacramento, CA
William Newman, MD, Sacramento, CA
Jason Chapman, DO, (I) Sacramento, CA
Chelsea Shih, MD, (I) Sacramento, CA

EDUCATIONAL OBJECTIVE

This presentation will improve attendee competence and/or performance in the area of psychiatric prescription prescribing (service) and methods of conducting medication malpractice reviews (teaching).

SUMMARY

According to the American Medical Association, approximately 22% of psychiatrists will be sued in their career. Medication issues and malpractice are significant. For example, 14% of psychiatric malpractice claims are specific to an alleged adverse drug reaction and an additional 38% of claims are related to incorrect treatment. This panel will address emerging trends regarding malpractice litigation and psychiatric prescribing. Dr. Chelsea Shih will discuss key components of negligence and will review issues related to split treatment and respondeat superior claims. Dr. Jason Chapman will address medicolegal aspects of informed consent. In addition, he will review issues related to prescription of potentially addictive medications and their impact on cognition and alleged harm to third parties as well as liability in high profile deaths. Dr. William Newman will explain the origins and impact of black box warnings on prescribing practices and important cases related to off-label prescribing. He will also review 2012 data analyzing the alleged relationship of antidepressant to increased suicidality. Dr. Charles Scott will emphasize important aspects to consider when conducting a forensic analysis of alleged adverse drug reactions in psychiatric malpractice claims with specific guidelines regarding documentation for physician providers.

REFERENCES

Meyer DJ, Simon RI, Shuman DW: Professional liability in psychiatric practice and requisite standard of care. Textbook of Forensic Psychiatry Washington DC: American Psychiatric Publishing, 2010
Gibbons RD, Brown H, Hur K, Davis JM, Mann J: Suicidal thoughts and behavior with antidepressant treatment. Arch Gen Psychiatry, published online February 6, 2012, http://archpsyc.ama-assn.org/cgi/content/full/archgenpsychiatry.2011.2048, Accessed on March 1, 2012

QUESTIONS AND ANSWERS

1. Which of the following is not required in lawsuits regarding vicarious liability for another's negligence (i.e. respondeat superior)?
a. The vicarious defendant had the authority, whether or not it was used to control the conduct of the employee.
b. The employee's conduct departed from the standard of care.
c. The employee's conduct was the proximate cause of the plaintiff's damages.
d. The employee's conduct was outside the employee's terms of employment.
ANSWER: d

2. In a 2012 study examining over 9000 patients on an antidepressant, which of the following was a key finding?
a. A causal relationship was demonstrated between antidepressants and suicidality in adults.
b. A causal relationship was demonstrated between antidepressants and suicidality in children and adolescents.
c. No causal relationship was demonstrated between antidepressants and suicidality in children or adolescents.
d. Antidepressants did not demonstrate a decrease in depression in children and adolescents.
ANSWER: c

T21 WHEN WAR COMES HOME: RETURNING VETS AND THE CRIMINAL JUSTICE SYSTEM

Stuart Kleinman, MD, New York, NY
Jonathan Brodie, PhD, MD, New York, NY
Stephen Peterson, MD, Kansas City, MO
Maya Prabhu, MD, New Haven, CT
Margaret Middleton, JD, (I) New Haven, CT

EDUCATIONAL OBJECTIVE

The objective of this presentation is to allow the participant to assess clinical manifestations of traumatic stress particularly prominent amongst Iraq and Afghanistan veterans, determine the role of neuroimaging in evaluating posttraumatic stress disorder, traumatic brain injury, and offense related mental state and participate in veteran specific, developing criminal justice schema.

SUMMARY

Up to approximately 40% of the veterans who have served in Iraq and Afghanistan may have incurred serious mental health consequences, including Posttraumatic Stress Disorder (PTSD) and traumatic brain injury (TBI). As of early 2008, over 120 veterans of these conflicts were criminally charged with various types of killings. Suggesting this number will significantly increase, many vets appear to develop new or significantly worsened psychiatric disorders only after returning to civilian life. Both the special conditions of ultra-modern warfare, and the theater-specific aspects of each conflict render it imperative to understand ways in which traumatic stress manifests in this population, and how to evaluate it. The uniquely high incidence of head injuries amongst these individuals significantly complicates such evaluation. The relationship between PTSD and TBI induced phenomena is complex, as is the role of these phenomena in producing particular behavioral and associated mental states. Neuroimaging may aid diagnostic assessment. Neuroimaging data, however, may offer only (very) limited insight regarding an individual's offense behavior-mental state. Recognizing how the criminal justice system is evolving via developing case law, passage of new state laws, and creation of special courts is further necessary for performing competent consultations in veteran related criminal cases.

REFERENCES

Miliken C: Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. JAMA 298(18): 2141-2148, 2007
Wells TS, Miller SC, Adler AB, Engel CC, Smith TC, Fairbank JA: Mental health impact of the Iraq and Afghanistan conflicts: a review of US research, service provision, and programmatic responses. Int Rev Psychiatry 23(2):144-52, 2011

QUESTIONS AND ANSWERS

1. Post-Deployment Health Assessment (PDHA) and Reassessment (PDHRA):
a. identified that there was no increased VAMC clinical burden in the initial months after return from overseas service.
b. has been effective in allowing soldiers with alcohol problems to access treatment.
c. has facilitated overcoming veteran's stigma about mental health care and provided adequate spousal-initiated treatment.
d. none of the above
ANSWER: d

2. Based on the SAMHSA Jail Diversion Initiative, jail diversion clearly:
a. reduced time spent in jail for individual defendants.
b. reduced comparable re-arrest rates in the 12-month follow up period.
c. linked divertees to community based services.
ANSWER: a

T22 INTERPRETING PSYCH TESTING AND NEUROIMAGING FOR FORENSIC PSYCHIATRY

Madelon Baranoski, PhD, (I) New Haven, CT
Marina Nakic, PhD, (I) New Haven, CT

EDUCATIONAL OBJECTIVE

At the completion of this course, participants will understand the types, relevance, utility, and limits of psychological testing and brain scans in the formulation of forensic psychiatric cases. Participants will be prepared to request testing and scans and will have the knowledge to identify and critique misapplications and misinterpretations.

SUMMARY
Psychological testing and the use of brain scans are common adjuncts in forensic psychiatric evaluations and can bolster a clinical opinion and demonstrate a diligent and comprehensive evaluation. Neuroimaging has gained popularity in court and programs in law school emphasize neurolaw in both civil and criminal cases. However, the science of neuroimaging is now evolving and the expectations of its utility have not yet been fulfilled. The advantages and limitations of neuroimaging in individual case formulations will be presented. In this revised and updated course on psychological testing, current testing methods will be presented with an emphasis on risk assessment, neuropsychological findings, personality testing and sexual deviance measures. Using case presentations, the utility and limitations of both psychological testing and neuroimaging including fMRI will be discussed. Current research on fMRI techniques will be reviewed. Through analyses of cases with misapplication and misinterpretation of results of testing and imaging and those in which these adjunctive techniques were effective will be used to derive principles to guide the use of these techniques. Daubert considerations will also be explored.

REFERENCES
Baranoski MV: Psychological Testing in Forensic Psychiatry. Textbook of Forensic Psychiatry, 2nd edition, Washington, DC: The American Psychiatric Publishing, 2010
Aggarwal NK: Neuroimaging, culture, and forensic psychiatry. J Am Acad Psychiatry Law 37(2): 239-44, 2009

QUESTIONS AND ANSWERS
1. Neuroimaging is least accurate when used to:
a. assess extent of physical changes after head truama.
b. assess damage secondary to cerebral vascular accident.
c. explain specific episode of deviant behavior.
d. identify malignant brain tumor changes.
ANSWER: c

2. Why are personality tests less definitive than cognitive tests?
a. Personality tests results can be biased by culture, age, and environment.
b. Personality tests have not been extensively tested and do not have established psychometric properties.
c. All of the above.
d. None of the above.
ANSWER: a

T23 PROBLEM-SOLVING COURTS: WHAT EXACTLY IS "THE PROBLEM"

Merrill Rotter, MD, Bronx, NY
Debra Pinals, MD, Worcester, MA
Renée Binder, MD, San Francisco, CA
Steven K. Hoge, MD, New York, NY

EDUCATIONAL OBJECTIVE
To update participants as to the the latest trends in court-based problem solving based diversion, review specific diversion programs that work with mentally ill offenders and discuss the legal and policy implications of data suggesting that mentally ill offenders are similar to those without mental illness.

SUMMARY
The utilization of criminal court as a venue for social and clinical problem solving is increasingly prevalent in jurisdictions nationwide. Among the most rapidly growing initiatives have been diversion programs focused on offenders with a history of mental illness and/or military service. Such problem-solving courts or programs purport, in part, to address social and clinical issues that are seen as underlying or related to the criminal behavior for which the individual is facing charges. The increase in such programs is interesting in light of new data suggesting that the characteristics these offenders share with the general offending population may be more relevant to their criminality than the "problems" around which the courts are organized. Dr. Rotter will present an overview of problem solving diversion, following which Drs. Binder and Pinals will describe their experiences in mental health and veteran diversion, respectively. Dr. Rotter will then review findings from recent studies and present new data from a NYC-based mental health diversion program detailing factors associated with repeated offending behavior. Finally, Dr. Hoge will respond to the panelist presentations, focusing on the question of whether the data suggest the need for re-conceptualization of diversion and/or treatment needs of mentally ill offenders.

REFERENCES
Epperson M, Wolff N, Morgan R, Fisher W, Frueh BC, Huening J: The next generation of behavioral health and criminal justice interventions: improving outcomes by improving interventions. http://nationalreentryresourcecenter.org (accessed 7/18/2012)
Case B, Steadman HJ, Dupuis SA, Morris LS: Who succeeds in jail diversion programs for persons with mental illness? A multi-site study. Behavioral Sciences & the Law 27(5):661-74, 2009

QUESTIONS AND ANSWERS
1. Which of the following is not among the Central 8 factors associated with criminal recidivism:
a. Major mental illness
b. Antisocial cognitions
c. Substance abuse
d. Leisure activity
e. Family support
ANSWER: a

2. The first problem solving court was:
a. Mental Health Court
b. Drug Court
c. Veterans Court
d. Community Court
ANSWER: b

T24 ASSESSING INPATIENT VIOLENCE RISK IN CHILDREN AND TEENS

Douglas Mossman, MD, Cincinnati, OH
Drew Barzman, MD, Cincinnati, OH
Thomas Blom, MS, (I) Cincinnati, OH

EDUCATIONAL OBJECTIVE
At the conclusion of this presentation, attendees will summarize the workings of a new tool for assessing risk of aggression by hospitalized youths, key factors that contribute to risk of aggression by hospitalized youths and basic strategies for developing risk assessment tools, based on the example presented.

SUMMARY
This presentation will describe findings from a large validation study of the Brief Rating of Aggression by Children and Adolescents (BRACHA), an assessment instrument used by emergency department social workers to evaluate aggression potential in children and adolescents about to undergo psychiatric hospitalization. A preliminary version of the BRACHA had good predictive power for aggression measured via the Overt Aggression Scale (ROC areas of 0.75 for any aggression and 0.82 for aggression toward others), and the current version has excellent inter-rater reliability (ICC(2,1) = 0.9099). At the time of abstract submission, a two-year study of the BRACHA with a projected total subject pool of 2300 unique patients (age range 3.5-19.0 years) was nearing completion. Preliminary data (based on 2104 subjects, of whom 377 (18.7%) were aggressive towards others) suggest that each item in the revised BRACHA retains good predictive power (odds ratios of 1.3 to 5.1) and that scores of violent patients are significantly higher than scores of nonviolent patients (7.9±2.6 versus 5.4±3.1, t=14.6, df=632, p<0.0001). BRACHA scores allow differentiation between a higher risk subgroup (31% aggressive) and a lower risk subgroup (9% aggressive). These findings confirm previous publications describing the BRACHA's capacity to rapidly assess risk of inpatient aggression.

REFERENCES
Barzman D, Brackenbury L, Sonnier, L, et al: Brief rating of aggression by children and adolescents (BRACHA): development of a tool to assess risk of inpatients' aggressive behavior. J Am Acad Psychiatry Law 39(2):170-9, 2011
Barzman D, Mossman D, Sonnier L, et al: Brief rating of aggression by children and adolescents (BRACHA): a reliability study. J Am Acad Psychiatry Law (in press)

QUESTIONS AND ANSWERS
1. Which of the following is the strongest risk factor for future inpatient aggression towards staff in children?
a. BMI
b. History of psychiatric hospitalization
c. History of suspension
d. Intrusiveness
ANSWER: d

2. In children and adolescents, which of the following are strong, readily identifiable risk factors for inpatient aggression towards staff members?
a. Extended length of stay and verbal aggression on the unit.
b. Rude parents and potential AMA discharge.
c. Disorganization and psychosis.
d. Oppositional and defiant behaviors.
ANSWER: a

T25 **FACTORS ASSOCIATED WITH RISK OF RECURRENT DOMESTIC VIOLENCE**

Sandra Antoniak, MFS, MD, Syracuse, NY
Andrew Kaufman, MD, Syracuse, NY
Bruce Way, PhD, (I) Syracuse, NY

EDUCATIONAL OBJECTIVE
This presentation aims to address criminal assessment dangerousness/violence (IIb) through presentation and discussion of evolving research. Several variables and their impact on risk for further domestic violence victimization will be analyzed. The time to subsequent victimization will also be examined to determine if there is a period of maximum risk.

SUMMARY
Domestic violence affects two million women in the U.S. yearly, causing negative consequences for them and their children. Because risk factors for repeat victimization are impacted by local law enforcement responses, characteristics of the victim and abuser, the relationship between the victim and the abuser, child custody arrangements, and the presence of substance abuse, evaluation of individual risk factors is necessary to better tailor assistance to each woman's needs. The sample will consist of 100 women who utilized domestic violence services in Syracuse, New York, in 2011. Information will be obtained from interviews and agency records. Variables examined will include: demographic, and lifestyle factors; context, type, and severity of violence; location of primary residence; substance use; legal interventions; and child custody arrangements. The relationship of each variable to the risk of repeat episodes of violence and the time elapsed since the index incident will be analyzed. Identification of factors associated with increased risk of repeat violence and establishing the time period during which the risk is greatest may provide useful guidance for allocation of resources for victims.

REFERENCES
Kazdin AE: Conceptualizing the challenge of reducing interpersonal violence. Psychology of Violence 1(3):166-187, 2011
Logan TK: Protective orders questions and conundrums. Trauma, Violence, and Abuse 7(3): 175-205, 2006

QUESTIONS AND ANSWERS
1. Which of the following is not a form of domestic violence?
a. Physical abuse.
b. Sexual abuse.
c. Financial abuse.
d. Emotional abuse.
e. None of the above.
ANSWER: e

2. Which of the following affect the risk of recurrent domestic violence?
a. Strong social supports for the victim and her children.
b. Substance use in either or both partners.
c. Access to domestic violence services.
d. History of sexual abuse.
e. All of the above.
ANSWER: e

T26 ASPD AND BORDERLINE PD: SAME THING AFTER ALL?

Catherine Lewis, MD, Farmington, CT

EDUCATIONAL OBJECTIVE

To be able to recite which personality pathology patterns are most associated with lifetime aggression, with aggression when using drugs/alcohol and with self directed aggression. To identify the unique and early link between alcohol dependence severity and ASPD.

SUMMARY

The purpose of this study is to examine patterns of PD comorbidity among a sample of female felons. We were particularly interested in examining ASPD and BPD. BPD and APSD, while often comorbid, likely are related to distinct endophenotypes. The study sample (138) was drawn from a sample of mid sentence female felons at a maximum security facility. Participation was voluntary with no incentives given. Measures in the study included the SSAGA-II (to assess addiction severity for drugs and alcohol, suicide history, violence history, ASPD diagnoses, AXIS I diagnoses), SCID-II (to assess personality pathology) and FHAM (to assess family history). Personality pathology was highly prevalent among our sample; ASPD (39.5%), BPD (31.3%), and PPD (20.1%). While there was a robust association with ASPD and BPD ($p<.01$), differences existed between groups with only one of the disorders with respect to patterns of aggression toward self and others; patterns of addiction differed with respect to age of onset, symptom count, and drug of choice. The overlay between groups was far from complete and it was possible to analyze them separately. Personality pathology is highly prevalent in incarcerated women. Considering specific diagnoses is critical in assessment and management.

REFERENCES

Coid J: DSM-III diagnosis in criminal psychopaths: a way forward. Crim Behav Ment Health 2:78-94, 1992
Lewis CF: Substance use and violent behavior in women with antisocial personality disorder. Behav Sci Law 29(5):667-676, 2011

QUESTIONS AND ANSWERS

1. Which diagnosis is most associated with early use of alcohol in this sample?
a. PTSD
b. PPD
c. BPD
d. ASPD
ANSWER: d

2. Which diagnosis in the sample had the most co-morbidity (Axis I and II)?
a. Major Depression
b. PPD
c. BPD
d. ASPD
ANSWER: c

T27 BEYOND A REASONABLE DOUBT: EVIDENCE-BASED EXPERT OPINIONS

Andrew Kaufman, MD, Syracuse, NY
Douglas Mossman, MD, Cincinnati, OH
Ryan Hall, MD, Lake Mary, FL
Robert Trestman, PhD, MD, Farmington, CT

EDUCATIONAL OBJECTIVE

Participants will be aware of relevant databases, search engines, and search strategies needed in case preparation, be familiar with several methods of weighing the quality of the research evidence and understand the basics of how to interpret statistical analyses and the quantitative outcomes reported

SUMMARY

Since the ruling of the US Supreme Court in Daubert v. Merrell Dow Pharmaceuticals, Inc. and the explosion of Evidence-Based Medicine (EBM) in the 1990s, the judicial system has placed more emphasis on a scientific basis for medico-legal opinions. Many practicing forensic psychiatrists have not been adequately trained in searching, assessing, and incorporating new scientific discoveries into their opinions. This workshop will provide experiential instruction in building these fundamental skills. First, relevant databases, search engines, and search strategies to find relevant scientific knowledge will be presented. Next, methods of weighing the quality of the research evidence

found will be taught. The audience will learn to differentiate types of study design, assess sample size, and detect bias. The next module will cover basic, recurring themes in interpreting data analyses and understanding the quantitative outcomes reported in a study, using as illustrations two concepts commonly used for statistical inference: p-values and linear regression. Finally, case presentations highlighting these techniques will be presented and discussed, asking the audience to put these new skills into practice.

REFERENCES

Glancy G, Saini M: The confluence of evidence-based practice and Daubert within the fields of forensic psychiatry and the law. J Am Acad Psychiatry Law 37(4):38-41, 2009
Steinbrook R: Searching for the right search-reaching the medical literature. N Engl J Med 354:4-7, 2006

QUESTIONS AND ANSWERS

1. All of the following tests of admissibility of expert witness testimony originated in the decision of Daubert v. Merrell Dow Pharmaceutical, Inc. except:

a. Having a known error rate.
b. Having general acceptability in the field of expertise.
c. Having been tested.
d. Having been subject to peer review.
e. Having been published.

ANSWER: b

2. Of the following study designs, which represents the highest level of evidence?

a. Case series
b. Cohort study
c. Meta-analysis
d. Case-controlled study
e. Randomized placebo-controlled trial

ANSWER: c

T28 CLIENT ACCESS TO CLINICAL CONTENT: WHOSE REPORT IS IT ANYWAY?

Merrill Rotter, MD, Bronx, NY
Matthew Grover, MD, Bronx, NY
Andrew Levin, MD, Hartsdale, NY
Steven K. Hoge, MD, New York, NY
W. Lawrence Fitch, JD, (I) Severna Park, MD
Howard Zonana, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

To review the clinical, legal, ethical and forensic considerations when evaluees request or have access to the content of forensic reports written on their behalf.

SUMMARY

Forensic reports routinely contain sensitive clinical information that, under other circumstances, would be both confidential and open only to review by the person evaluated in carefully structured clinical contexts. This is not true in the forensic context, because a) information is discussed openly in court, b) reports are shared with attorneys who, in turn share with their clients and c) in the instant case, a report is requested in order to be shared with the client despite the lack of need for it for the original legal purpose. Under what circumstances is this disclosure of information a consideration for forensic report writers? When is there a duty to disclose? Is it allowable to control or limit the disclosure? To whom does the information belong? Dr. Grover will deliver the case presentation, followed by Dr. Rotter's framing the relevant issues. Dr. Levin and Mr. Fitch will share their experiences in related cases as forensic practitioner, and attorney, respectively. Dr. Hoge will discuss the relevance of HIPAA and confidentiality concerns. Finally, Dr. Zonana will reflect upon the issues of report ownership, as well as information sharing and availability. Participants will be encouraged to share their experiences for panel and group discussion.

REFERENCES

Strasburger LH: Crudely, without any finesse: the defendant hears his psychiatric evaluation. J Am Acad Psychiatry Law 15(3):229-233, 1987
American Academy of Psychiatry and Law Ethics Guidelines for the practice of forensic psychiatry. Adapted May 1987, revised 1989, 1991, 1995. Available at www.aapl.org.

QUESTIONS AND ANSWERS

1. What was the federal government's response to the APA's request for clarification of the relevance of HIPAA to forensic evaluation and report writing?

a. The personal health information contained in forensic reports is covered by HIPAA.
b. Forensic work is not a HIPAA related activity.
c. There was no response.

ANSWER: c

2. Considerations in responding to a request by an evaluee for a forensic report generated on his behalf include:

a. statutory or case-law based rights to the evaluation
b. safety concerns for evaluee or others
c. prior access to the information
d. status of legal case
e. all of the above

ANSWER: e

T29 CLOSET TO COURT: ATTORNEYS AND DOCTORS ON UNDUE INFLUENCE

Sherif Soliman, MD, Beachwood, OH
Carolyn Dessin, JD, (I) Akron, OH
Adam Fried, JD, (I) Cleveland, OH
Susan Hatters Friedman, MD, Cleveland Heights, OH

EDUCATIONAL OBJECTIVE

Utilizing a multidisciplinary approach, this presentation will enhance the audience's understanding of the role of experts in undue influence cases. The presenters will review selected case law and the history of expert testimony in undue influence cases. The presenters will offer recommendations for working with attorneys, preparing reports, and testifying.

SUMMARY

Financial exploitation of the elderly, including undue influence, is the most common form of elder abuse. Cases of undue influence are expected to rise significantly with the rapid growth of the elderly population. The proper role of forensic psychiatrists as expert witnesses in these cases has been a topic of much debate. This presentation will bring together attorneys and psychiatrists to discuss the role of psychiatric experts in undue influence cases. The presenters include a law professor with extensive experience in the area of undue influence (Prof. Dessin), a practicing attorney who has litigated undue influence cases and participated in teaching attorneys and physicians about the topic (Atty Fried), and two forensic psychiatrists (Drs. Soliman and Hatters-Friedman). This presentation will review selected case law in order to illustrate the development of modern legal standards for undue influence. Next, the presentation will review the history of expert testimony in undue influence cases and discuss expert recommendations for assessing cases of suspected undue influence. The presenters will offer recommendations for evaluating cases of suspected undue influence, working with retaining attorneys, and preparing expert testimony. The audience will have the opportunity to discuss case examples including transcripts of testimony.

REFERENCES

Shulman K, Cohen C, Kirsh F, et al: Assessment of testamentary capacity and vulnerability to undue influence. Am J Psychiatry 164: 722-727, 2007

Sklar JB: Elder and dependent adult fraud: a sampler of actual cases to profile the offenders and the crimes they prepetrate. J of Elder Abuse and Neglect, 12: 19-32, 2000

QUESTIONS AND ANSWERS

1. Relationship "red flags" for undue influence include:

a. secluding.
b. providing attention, acceptance, and approval.
c. fostering regression and dependence.
d. depriving mental and physical privacy.
e. all of the above.

ANSWER: e

2. Psychiatric experts can properly render opinions about all of the following except:
a. The existence of factors rendering the alleged victim vulnerable to undue influence.
b. Elements of a relationship that may give rise to undue influence.
c. Whether undue influence occurred.
d. Whether the alleged victim suffers/suffered from mentall illness.
e. Potential medication side effects.
ANSWER: c

T30 **COMBAT RELATED POSTTRAUMATIC STRESS DISORDER AND CRIMINAL RESPONSIBILITY DETERMINATIONS IN THE POST-IRAQ ERA: A REVIEW AND CASE REPORT**

Richard Frierson, MD, Columbia, SC

EDUCATIONAL OBJECTIVE
To improve knowledge on the rates of PTSD in returning US troops from Iraq and Afghanistan; to understand how defendants with combat related PTSD may present in the context of criminal responsibility evaluations; to review the literature on PTSD and legal insanity; to make practical suggestions for evaluations specific to these defendants.

SUMMARY
Since 2002, hundreds of thousands of United States troops have returned from the Iraq and Afghanistan theaters, many after multiple deployments. The high suicide rate and high prevalence of mood disorders, substance use disorders and posttraumatic stress disorder (PTSD) in this population have been widely reported. Many returning soldiers have had difficulty adjusting to civilian life, and some have incurred legal charges. This paper will review the prevalence and legal implications of combat-related PTSD in this population, including how symptoms of PTSD may be relevant in criminal responsibility determinations in jurisdictions that use a M'Naughten or ALI Model Penal Code test for criminal responsibility. Finally, an actual case where a criminal defendant was opined to lack criminally responsibility in a M'Naughten jurisdiction because of PTSD symptoms at the time of the alleged offense will be presented.

REFERENCES
Appelbaum PS, Jick RZ, et al: Use of posttraumatic stress disorder to support an insanity defense. Am J Psychiatry 150:229-234, 1993
Sparr LF, Atkinson RM: Posttraumatic stress disorder as an insanity defense: medicolegal quicksand. Am J Psychiatry 143:608-13, 1986

QUESTIONS AND ANSWERS
1. What percentage of combat related PTSD sufferers, when asked, reported physical aggression towards an intimate partner in the past year?
a. 10%
b. 20%
c. 33%
d. 50%
ANSWER: c

2. Under what circumstance is an insanity defense most likely to be successful to be succesful for a defendant with PTSD?
a. The crime was non-violent.
b. The crime involved violence towards an intimate partner.
c. The crime occurred while the defendant was under the influence of alcohol.
d. The crime occurred during a dissociative flashback.
e. The crime occurred as a result of increased irritability of PTSD.
ANSWER: d

T31 **RISK OF DEATH FOR VETERANS ON RELEASE FROM PRISON**

Hal Wortzel, MD, Denver, CO
Patrick Blatchford, PhD, (I) Aurora, CA
Latoya Conner, BS, (I) Denver, CO
Lawrence Adler, MD, (I) Denver, CO
Ingrid Binswanger, MD, (I) Aurora, CO

EDUCATIONAL OBJECTIVE
To improve understanding surrounding the risk of death upon release from prison, and present new research indicating that the risk extends to our veteran population.

SUMMARY
We sought to determine, among veterans released from Washington prisons between 1999-2003: (1) the risk of death from all causes; (2) whether veterans face a higher risk of death than non-veterans; and (3) whether VA benefits decrease risk. We linked data from a retrospective cohort study to data from the Veterans Benefit Administration. Mortality rates for veterans were compared with those of nonveteran former inmates. The crude veteran mortality rate was 1,195 per 100,000 person-years, significantly higher than that of nonveterans (p-value <0.001), but adjustment for demographic factors demonstrated no significant increased risk. VA benefits were associated with a reduced risk for all-cause deaths (HR 0.376, 95% confidence interval 0.18-0.79). Veterans shared the heightened risk for death after release from prison faced by all released inmates and should be included in efforts to reduce the risks associated with transitioning from prison back into the community. VA benefits appear to offer a protective effect, particularly for medical deaths.

REFERENCES
Wortzel HS, Binswanger IA, Anderson CA, et al: Suicide among incarcerated veterans. J Am Acad Psychiartry Law 37(1):82-91, 2009
Binswanger IA, Stern MF, Deyo RA, et al: Release from prison-a high risk of death for former inmates. NE J of Medicine 356(2):157-165, 2007

QUESTIONS AND ANSWERS
1. Which of the following statements are true about veterans in state prisons?
a. They are more likely to be incarerated for nonviolent crimes.
b. They tend to be younger than nonveteran inmates.
c. They represent approximately 10% of state prisoners.
d. They predominantly have histories of honorable discharge from military service.
e. a and b
f. c and d
ANSWER: f

2. What is the risk of death following veterans release from prison?
a. Equivalent to that of the general population.
b. Elevated only during the first two weeks following release.
c. Decreased for veterans.
d. Largely driven by suicide, homicide, overdose, and cardiovascular deaths.
ANSWER: d

T32 ASPERGER'S DISORDER: ITS PLACE IN FORENSIC PSYCHIATRY

Victoria Roth, MD, Victoria, BC, Canada

EDUCATIONAL OBJECTIVE
This presentation will improve attendee competence and/or performance by increasing understanding of the ways in which typical characteristics of Asperger's Syndrome can lead to conflict with the law and whether these features are relevant to considerations of fitness to stand trial or criminal responsibility.

SUMMARY
On a superficial level, it may appear as if individuals with Asperger's Disorder (AD) would be at low risk of coming into conflict with the law, given their tendency to adhere strictly to routines and rules. However, upon closer consideration there are several aspects of the syndrome that can lead to conflict with the law. These often directly stem from the deficits in social relatedness and communication inherent in AD, and run the gamut from arson to sexual offending and homicide. In recent years, there have been several studies attempting to clarify the overlap between individuals with AD and the population of offenders. Although individuals with AD likely form a relatively small part of a forensic psychiatric practice, it is important to consider this as part of the differential diagnosis, particularly with some patterns of offending behavior. In addition, in some instances, features of AD may be significant enough to warrant a close examination of fitness to stand trial and criminal responsibility.

REFERENCES
Langstrom N, Grann M, Ruchkin V, et al: Risk factors for violent offending in autism spectrum disorder: a national study of hospitalized individuals. J of Interpersonal Violence 24(8):1358-1370, 2009
Haskins BG, Silva JA: Asperger's disorder and criminal behavior: forensic-psychiatric considerations. J Am Acad Psychiatry Law 34(3):374-384, 2006

QUESTIONS AND ANSWERS

1. What two core features of individuals with Asperger's Disorder seem most related to criminal offending?
ANSWER: Impairment in social interactions and restricted, repetitive and stereotyped patterns of interest.

2. What offense types might one expect to see in an offender with Asperger's Disorder?
ANSWER: Arson, stalking, theft, and sexual offenses.

T33 **TRANSGENDERED AND INCARCERATED: A REVIEW OF THE LITERATURE, CURRENT POLICIES AND LAWS, AND ETHICAL ISSUES**

Anna Glezer, MD, San Francisco, CA
Dale McNiel, PhD, (I) Denver, CO
Renée Binder, MD, San Francisco, CA

EDUCATIONAL OBJECTIVE

To learn about the current epidemiology, policies and laws, and ethical issues related to transgendered inmates in order to be able to provide appropriate consultation and treatment to this underserved population.

SUMMARY

Being transgendered – feeling that one is of the opposite gender – can be a difficult experience in today's culture. Those who are transgendered and incarcerated experience that much more stress. There are a significant number of transgendered individuals in today's prison system, with estimates suggesting the number is higher proportionally than in the general population. This leads to questions of how to treat these individuals while at the same time maintaining the safety and security of the institutions. This article reviews the epidemiology of transgendered individuals in the general population and correctional facilities. Current guidelines for the standard of care are described, followed by a discussion of how various correctional systems in this country utilize them. Case law with respect to the management and treatment of transgendered incarcerated individuals will also be reviewed. Finally, ethical issues associated with this population, such as safe housing and medically necessary treatment, will be discussed. This review is done with an eye towards educating the forensic expert on these issues and the potential future directions in the management of this population.

REFERENCES

Alexander R, Meshelemiah J: Gender identity disorders in prisons: what are the legal implications for prison mental health professionals and administrators? The Prison Journal 90:269, 2010
World Professional Association for Transgender Health: Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 2011 Edition

QUESTIONS AND ANSWERS

1. Which are two landmark cases that relate to rights to treatment for prisoners and rights of transgendered individuals in correctional settings?
a. Estelle v. Gamble and Farmer v. Brennan
b. Barefoot v. Estelle and Colorado v. Connelly
c. Colorado v. Connelly and Jackson v. Indiana
d. Farmer v. Brennan and Barefoot v. Estelle
e. Jackson v. Indiana and Estelle v. Gamble
ANSWER: a

2. Which of the following are elements essential to triadic therapy for transgendered individuals as defined by the Harry Benjamin World Professional Association for Transgender Health?
a. Psychotherapy
b. Hormonal treatment
c. The Real-Life Experience
d. Legally changing one's name
e. Surgical intervention
f. b, c, and e
g. a, b, and d
ANSWER: f

T34 **HEBEPHILIA: WEED DIAGNOSIS IN THE BOTANICAL GARDEN OF DSM?**

Lynn Maskel, MD, Madison, WI
Richard Wollert, PhD, (I) Vancouver, WA
Fabian Saleh, MD, Boston, MA
Robert LeBell, JD, (I) Milwaukee, WI
Mark Singer, JD, (I) Trenton, NJ
Hon. Maureen Forestell, (I) Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

To provide understanding of the current diagnostic issue of hebephilia, both as it relates to DSM IV-TR and the upcoming DSM-5, and why this is a highly controversial area in both psychiatry and the legal field; to examine the potential profound impact in SVP civil commitment cases through a trial simulation

SUMMARY

A botanical garden exists for scientific ends and is not to be restricted or diverted by other demands. Have high-stakes sexually violent predator laws driven the need to create new diagnoses for the legal ends of civilly committing previously incarcerated sex offenders? Or is there compelling scientific evidence of a specific paraphilia with attraction to pubescent youngsters? Is sexual interest in, and arousal in response to, pubescent teenagers normative, or, at the very least, not deviant? Is there undue influence of adversarial litigation on clinical deliberation? This trial is based on recent state and federal court cases regarding the issue of hebephilia as a legitimate diagnosis and as a mental disorder of specifically deviant sexual arousal. The case will be blended in order to maximize the presentation of current issues. This trial will showcase timely and highly controversial diagnostic issues that currently have weight in the legal field, but are poised to have that impact ratcheted up even further. A hotly contested trial will be followed by opportunity for questions and audience vote. Note: this is educational exercise and may not reflect an individual participant's specific professional opinions nor opinions of groups they advise, such as DSM workgroups.

REFERENCES

Fabian JM: Diagnosing and litigating hebephilia in sexually violent predator civil commitment proceedings. J Am Acad Psychiatry Law 39(4):496–505, 2011
Frances A, First MB: Hebephilia is not a mental disorder in DSM-IV-TR and should not become one in DSM-5. J Am Acad Psychiatry Law 39(1):78–85, 2011

QUESTIONS AND ANSWERS

1. Which of the following statements is correct?
a. Although technically a DSM diagnosis is not required to commit under SVP laws, DSM diagnoses are often a highly litigated issue in these types of trials.
b. There is general professional consensus amongst practicing clinicians that hebephilia can currently be used under the Paraphilia NOS category.
c. Cultural issues do not potentially confound the issue of hebephilia as a mental disorder of deviant sexual arousal.
d. Extensive research studies, including phallometric testing on offenders and control group nonoffender populations, throughout the United States and Canada have provided a solid empirical basis for a diagnosis category of hebephilia.

ANSWER: a

2. Which of the following statements is correct?
a. The U.S. Supreme Court recently granted certiorari on a Wisconsin case (McGee v. Bartow) involving the issue of "rape" paraphilia, making it likely that they will also agree to hearing a case addressing hebephilia in the near future.
b. Despite some controversy in the medical field, both state and federal courts have routinely accepted a hebephilic type disorder as meeting legal criteria for a requisite mental abnormality in SVP civil commitment hearings.
c. Before the advent of SVP civil commitment laws, there was not much consideration of hebephilia by either experts or courts thus leading to concern this may be an example of pretextuality (special interests promoting a pseudoscientific construct that advances an instrumental goal).
d. Federal court requires a level of clear and convincing evidence of a requisite mental disorder in an SVP civil commitment but all the state courts require the higher standard of beyond reasonable doubt.

ANSWER: c

Friday

FRIDAY, OCTOBER 26, 2012

POSTER SESSION B — 7:00 AM – 8:00 AM/ 9:30 AM – 10:15 AM — **BALLROOM FOYER**

F1 ***Anger and Hostility: Predictors of Physical and Verbal Aggression in Women with Borderline Personality Disorder***
Nathan Kolla, MD, Toronto, ON, Canada
Amanda Brijmohan, BSc, (I) Toronto, ON, Canada
Alexandra Soliman, PhD, (I) Toronto, ON, Canada
Jeff Meyer, MD, PhD, (I) Toronto, ON, Canada

F2 ***Involuntary Restraints in Pregnant Women***
Zoe Selhi, MD, Roxbury, MA
Jeffrey Geller, MD, Holden, MA
Paul Noroian, MD, Worcester, MA

F3 ***Comparison of IQ in Subgroups of Juvenile Delinquents***
Rosa Negron Munoz, MD, (I)Bradenton, FL
Kathleen McKay, PhD, Hartsdale, NY
Merrill Rotter, MD, Bronx, NY

F4 ***Outcomes of a Jail-Based Competency Restoration Program***
Ronald Herndon, PhD, (I) Atlanta, GA
Lauren Reba-Harrelson, PhD, (I) Atlanta, GA
Paul O'Leary, MD, Birmingham, AL
Glenn Egan, PhD, (I) Atlanta, GA
Peter Ash, MD, Atlanta, GA

F5 ***Court-Ordered Evaluations from a Mental Health Court: 5 Year Experience***
George Parker, MD, Indianapolis, IN

F6 ***Anti-Government Rhetoric, Violence, and Psychiatric Vulnerability***
Jacob Holzer, MD, Pocasset, MA
Zachary Trosch, BA, (I) Waltham, MA
Harold Bursztajn, MD, (I) Cambridge, MA
Paul Giella, PhD, (I) Pocasset, MA

F7 ***Differences in the Implementation of AOT in New York City***
Sasha Rai, MBBS, Brooklyn, NY
Jason Hershberger, MD, Brooklyn, NY
Charles Luther, MD, Brooklyn, NY

F8 ***Issues in the Management of Transgender Inmates***
Eugene Simopoulos, MD, Falls Church, VA
Eindra Khin Khin, MD, Falls Church, VA

F9 ***Putting Parents to the Test: Do They Know Enough to be Effective Educational Advocates?***
Sarah Vinson, MD, Atlanta, GA

F10 ***Patient Assaults Against Residents: Systematic Review and Model Curriculum***
Stephanie Kwok, MD, (I) Houston, TX
Britta Ostermeyer, MD, Houston, TX
John Coverdale, MD, (I) Houston, TX

F11 ***The Prevalence of Frotteurism in the Community: A Systematic Review***
Sexual Offenders Committee
R. Scott Johnson, MD, JD, Houston, TX
Britta Ostermeyer, MD, Houston, TX
Kristi Sikes, MD, Houston, TX
John Coverdale, MD, (I) Houston, TX

F12 ***Parens Patriae, Parents and "Spice"***
Susan Chlebowski, MD, Syracuse, NY
Emily Gavett, MD, Syracuse, NY

WORKSHOP — 8:00 AM – 10:00 AM — **BALLROOM WEST**

F13 ***Sex Crimes and the World Wide Web***
Sexual Offenders Committee

Graham Glancy, MB, Toronto, ON, Canada
John Paul Fedoroff, MD, Ottawa, ON, Canada
John Bradford, MB, Brockville, ON, Canada

WORKSHOP — 8:00 AM – 10:00 AM — **BALLROOM EAST**

F14 ***Updating the AAPL Practice Guidelines on the Insanity Defense***
Task Force to Update the Insanity Defense Guidelines

Jeffrey Janofsky, MD, Timonium, MD
Howard Zonana, MD, New Haven, CT
Annette Hanson, MD, Baltimore, MD
Wade Myers, MD, Providence, RI
Philip Candilis, MD, Arlington, MA

PANEL — 8:00 AM – 10:00 AM — **DRUMMOND W/C**

F15 ***Civil Commitment...for Substance Abuse?***

Paul Christopher, MD, Rumford, RI
Paul Appelbaum, MD, New York, NY
Debra Pinals, MD, Worcester, MA
Jeffrey Eisen, MD, Cambridge, MA

PANEL — 8:00 AM – 10:00 AM — **SALON JARRY/JOYCE**

F16 ***Legal, Ethical, and Risk Implications of Psychotropic Treatment in the Pregnancy/Perinatal Period***
Psychopharmacology Committee

Neil Kaye, MD, Hockessin, DE
Susan Hatters Friedman, MD, Cleveland Heights, OH
Ryan Hall, MD, Lake Mary, FL
Annie Janvier, MD, PhD, (I) Montreal, PQ, Canada

PANEL — 8:00 AM – 10:00 AM — **SALON 4/5**

F17 ***Navigating the Forensic Systems in the U.S. and Chile***
International Relations Committee

Carolina Klein, MD, Alexandria, VA
Amanda Ruiz, MD, (I) Studio City, CA
Ramon Elgueta, MD, (I) Providencia, Chile
Kenneth Busch, MD, Chicago, IL

COFFEE BREAK — **10:00AM - 10:15AM** — **BALLROOM FOYER**

WORKSHOP — 10:15 AM – 12:00 PM — **BALLROOM WEST**

F18 ***Should AAPL's Ethics Guidelines Be Enforced?***

Robert Weinstock, MD, Los Angeles, CA
Philip Candilis, MD, Arlington, MA
Wade Myers, MD, Providence, RI

WORKSHOP — 10:15 AM – 12:00 PM — **BALLROOM EAST**

F19 ***Competence to be Executed: An Illustrative Case***

Stephen Noffsinger, MD, Hudson, OH
Rahn Bailey, MD, Nashville, TN
Jennifer Piel, MD, JD, Cleveland, OH
Jason Beaman, DO, Tulsa, OK

WORKSHOP — 10:15 AM – 12:00 PM — **DRUMMOND W/C**

F20 ***Evaluation and Treatment of Adolescent Sexual Offenders***

Barbara Beadles, MD, Pittsburgh, PA
Stephen Zerby, MD, Pittsburgh, PA
Charles Scott, MD, Sacramento, CA
Abhishek Jain, MD, Pittsburg, PA

PANEL — 10:15 AM – 12:00 PM — **SALON JARRY/JOYCE**

F21 ***Landmark Cases and Supreme Court's Decision on Healthcare***

Ryan Hall, MD, Lake Mary, FL
Terri Day, JD, (I) Orlando, FL

PANEL — 10:15 AM – 12:00 PM — **SALON 4/5**

F22 ***Race, Culture and Socio-Economic Status: Three Heads of Bias in Forensic Psychiatry***
Cross-Cultural Issues Committee

Chinmoy Gulrajani, MD, Brooklyn, NY
Karen Rosenbaum, MD, New York, NY
Solange Margery Bertoglia, MD, Philadelphia, PA
Sandy Simpson, FRANZCP, Toronto, ON, Canada
Ezra Griffith, MD, New Haven, CT

LUNCH (TICKET REQUIRED) — 12 NOON – 2:00 PM — **BALLROOM CENTER**

F23 ***The Unabomber and his Family***

David Kaczynski, (I) Schenectady, NY

WORKSHOP — 2:15 PM – 4:00 PM — **BALLROOM WEST**

F24 ***Behavioral Genetics and the Criminal Law***

Steven K. Hoge, MD, New York, NY
Paul Appelbaum, MD, New York, NY
David Wasserman, JD, (I) New York, NY

COURSE (TICKET REQUIRED) — 2:15 PM – 6:15 PM — **BALLROOM EAST**

F25 ***The Psychiatrist as Expert Witness***
Education Committee

Phillip Resnick, MD, Cleveland, OH

WORKSHOP — 2:15 PM – 4:00 PM — **DRUMMOND W/C**

F26 ***Evaluating the Dementing Millionaire: Executive Functions and the Least Restrictive Guardianship***
Geriatric Psychiatry Committee

Stephan Read, MD, San Pedro, CA
Craig Beaver, PhD, (I) Boise, ID
Robert Weinstock, MD, Los Angeles, CA

PANEL — 2:15 PM – 4:00 PM — **SALON JARRY/JOYCE**

F27 ***Violent Video Games and the Battle of the Social Science Experts***

Ryan Hall, MD, Lake Mary, FL
Terri Day, JD, (I) Orlando, FL

RESEARCH IN PROGRESS #2 — 2:15 PM – 4:00 PM — **SALON 4/5**

F28 ***Judge, I'd Rather Do It Myself: Competency Evaluations After Edwards***

Madelon Baranoski, PhD, (I) New Haven, CT
Howard Zonana, MD, New Haven, CT
Rocksheng Zhong, BS, (I) New Haven, CT
Josephine Buchanan, BA, (I) New Haven, CT

F29 ***Psychological Factors in the Determination of Competency to Stand Trial***

Alexander Westphal, MD, New Haven, CT
Susan Devine, APRN, (I) New Haven, CT
David Vachon, MS, (I) North Haven, CT
Michael Norko, MD, New Haven, CT
Caroline Easton, PhD, (I) New Haven, CT

F30 ***The Effectiveness of Telepsychiatry in New York State Prisons***

Stephanie Lilly, MA, (I) Marcy, NY
Jonathan Kaplan, MD, Marcy, NY
Catherine Moffitt, PhD, (I) Marcy, NY
Maureen Bosco, LCSW, (I) Marcy, NY

COFFEE BREAK — **4:00PM - 4:15PM** — **BALLROOM FOYER**

PANEL 4:15 PM – 6:15 PM **BALLROOM WEST**

F31 ***A Case of Insanity: A School Shooting in the Shadow of Columbine***

Richard Martinez, MD, MH, Denver, CO
Karen Fukutaki, MD, Denver, CO
Steven Jensen, JD, (I) Jefferson County, CO
Hal Wortzel, MD, Denver, CO

PANEL 4:15 PM – 6:15 PM **DRUMMOND W/C**

F32 ***Autism Spectrum Disorders in Criminal Forensic Setting***
Developmentally Disabled Committee

Manish Fozdar, MD, Wake Forest, NC
Kenneth Weiss, MD, Bala Cynwyd, PA
Alexander Westphal, MD, New Haven, CT
Madelon Baranoski, PhD, (I) New Haven, CT
Mark Mahoney, JD, (I) Buffalo, NY

WORKSHOP 4:15 PM – 6:15 PM **SALON JARRY/JOYCE**

F33 ***Better Than You: Psychology vs. Psychiatry in Risk Assessment***

Robert Phillips, MD, PhD, Annapolis, MD
Alec Buchanan, MD, PhD, New Haven, CT
Raymond Patterson, MD, Washington, DC
W. Lawrence Fitch, JD, (I) Baltimore, MD

SCIENTIFIC PAPER SESSION #2 4:15 PM – 6:15 PM **SALON 4/5**

F34 ***When Forensic Examiners Disagree: Bias, or Just Inaccuracy?***

Douglas Mossman, MD, Cincinnati, OH

F35 ***"I Did Not Want a Mad Dog Released": Jury Instructions on Insanity Acquittal Disposition***

Jennifer Piel, MD, JD, Seattle, WA

F36 ***Cyberstalking and Cyberharassment: A Review for the Forensic Psychiatrist***

Tara Collins, MD, MPH, San Francisco, CA
Dale McNiel, PhD, (I) San Francisco, CA
Renée Binder, MD, San Francisco, CA

F37 ***United States Department of Justice Findings Letters in Psychiatric Hospital CRIPA Cases: An Aid or a Distraction?***

Jeffrey Geller, MD, Holden, MA
Leilani Lee, MD, Mineola, NY

RECEPTION 6:00 PM – 7:00 PM **BALLROOM CENTER**
(for all meeting attendees)

F1 ANGER AND HOSTILITY: PREDICTORS OF PHYSICAL AND VERBAL AGGRESSION IN WOMEN WITH BORDERLINE PERSONALITY DISORDER

Nathan Kolla, MD, Toronto, ON, Canada
Amanda Brijmohan, BSc, (I) Toronto, ON, Canada
Alexandra Soliman, PhD, (I) Toronto, ON, Canada
Jeff Meyer, MD, PhD, (I) Toronto, ON, Canad

EDUCATIONAL OBJECTIVE
To determine whether specific personality traits predict aggressive behavior in females with borderline personlity disorder.

SUMMARY
Borderline personality disorder (BPD) is a risk factor for aggression toward others in addition to self-harming and suicidal behavior. Certain personality traits, including anger and impulsivity, have also been linked to aggression. Female patients with BPD (n = 13) or major depressive disorder (n = 8) and healthy controls (n = 17) participating in neuroimaging studies at our laboratory were invited to complete the Revised NEO Personality Inventory, Buss-Perry Aggression Questionnaire, and Barratt Impulsiveness Scale-11. The presence or absence of psychiatric disorder in participants was assessed by structured diagnostic instruments and clinical interviews. Results indicate that participants with BPD and depression reported significantly higher personality trait measures of anger/hostility and impulsivity relative to healthy participants. Among individuals with BPD, personality traits of anger/hostility but not impulsivity predicted both verbal aggression ($\hat{a}$ = .79, t(9) = 6.4, p < .001) and physical aggression ($\hat{a}$ = .96, t(9) = 3.6, p = .006). These findings suggest that self-report trait measures of anger and hostility may be useful in identifying women with BPD at increased risk for aggressive behavior. We discuss our findings in the context of the transition toward more trait-based and dimensional classification of personality disorders in the forthcoming DSM-5.

REFERENCES
Rottman BM, Kim NS, Ahn WK, et al: Can personality disorder experts recognize DSM-IV personality disorders from five-factor model descriptions of patient cases? J Clin Psychiatry 72:630-9, 2011
Newhill CE, Eack SM, Mulvey EP: Violent behavior in borderline personality. J Pers Disord 23:541-54, 2009

QUESTIONS AND ANSWERS
1. Which of the following is associated with an increased risk of aggression in borderline personality disorder?
a. Comorbid anxiety disorder
b. Lack of DBT treatment
c. History of childhood abuse
d. Schizotypal personality traits
ANSWER: c

2. Which of the following is not one of the five factor models measured by the Revised NEO Personality Inventory?
a. Neuroticism
b. Introversion
c. Agreeableness
d. Conscientiousness
ANSWER: b

F2 INVOLUNTARY RESTRAINTS IN PREGNANT WOMEN

Zoe Selhi, MD, Roxbury, MA
Jeffrey Geller, MD, Holden, MA
Paul Noroian, MD, Worcester, MA

EDUCATIONAL OBJECTIVE
To raise medicolegal interest in the management of pregnant, hospitalized inpatients and to discuss the right to safe and effective psychiatric treatment within this special population.

SUMMARY
There is limited data available on the number of pregnant women on psychiatric inpatient units in the US or elsewhere, yet psychiatric hospitalization in this special population is not a rare event. There is also limited information concerning the management of pregnant inpatients during behavioral emergencies, including guidance on the use of involuntary restraints for these women while hospitalized. Given the ethics, legal, and medical complexities of the population, our study will investigate the existence of hospital-based policies for using involuntary interventions

(medication and physical restraint) in such patients. Information will be drawn from a survey of medical directors across the USA from the National Association of State Mental Health Program Directors (NASMHPD) database. Since few public psychiatric hospitals are expected to have these policies in place, our goal is to initiate a set of practice-based guidelines for the use of involuntary interventions among pregnant inpatients. Beyond circumventing lawsuits based on ill-informed and potentially dangerous current restraint practices, the benefits of practice guidelines for the use of involuntary interventions in this population include the preservation of a safe and therapeutic milieu, arriving at interventions that consider maternal-fetal aspects of health, and discussing medicolegal implications of the topic.

REFERENCES

Miller WH, Resnick MP: Restraining the violent pregnant patient. Am J of Psychiatry 148:269, 1991
Raskin VD, Dresner N, Miller LJ: Risks of restraints versus psychotropic medication for pregnant patients. Am J of Psychiatry 148(12):1760-1, 1991

QUESTIONS AND ANSWERS

1. The involuntarily committed have the right to safe conditions, the right to freedom from bodily restraint, and the right to minimally adequate treatment. This was established in which landmark case?

a. Riggins v. Nevada (1992)
b. Ford v. Wainwright (1986)
c. Rouse v. Cameron (1966)
d. Youngberg v. Romeo (1982)

ANSWER: d

2. What did the landmark case Wyatt v. Stickney (1972) establish?

a. Deliberate indifference to a prisoner's illness or injury constitutes cruel and unusual punishment in violation of the 8th amendment.
b. Minimum standards for care of the institutionalized include humane environmental conditions, qualified and sufficient numbers of staff, minimum restriction of patient freedom, and individualized treatment plans.
c. Involuntary treatment must be the least intrusive alternative for restoration of competence; the proposed treatment must be medically appropriate for the individual's safety as well as that of others.
d. Prison officials' deliberate indifference to a substantial risk of harm to inmate safety violates the 8th amendment cruel and unusual punishment clause.

ANSWER: b

F3 COMPARISON OF IQ IN SUBGROUPS OF JUVENILE DELINQUENTS

Rosa Negron Munoz, MD, Bradenton, FL
Kathleen McKay, PhD, (I) Hartsdale, NY
Merrill Rotter, MD, Bronx, NY

EDUCATIONAL OBJECTIVE

Promote an understanding of intellectual and academic differences in 3 subtypes of juvenile delinquents: general delinquents, fire setters and sexual offenders.

SUMMARY

Juvenile delinquent populations have been growing in the past decades. Yet few data regarding the IQ of juvenile delinquents is available. Even less data is available for subtypes of juvenile delinquencies (e.g. fire setters, sex offenders) and no studies are available that compare IQ among juvenile offenders. The relationship between delinquency and IQ is unclear, although historical data suggest a negative correlation. Past studies have suggested a pattern on P >V in adults and adolescents, but is it reversed in children? Three groups of juvenile delinquents were identified based on their instant offense: general delinquents, fire setters and sex offenders. Ten random charts from each category were obtained from previous court referred evaluations to the Westchester Jewish Community Services (WJCS) in Hartsdale, NY between the years 2005 and 2011. As part of their evaluation each subject was administered an IQ Test (WISC-IC or WASI) and an Academic Performance Test (WFAS or WIAT). The sample included both males and females ranging in age from nine years to seventeen years old. Descriptive data and results will be presented.

REFERENCES

Cornell DG, Wilson LA: The PIQ greater than VIQ discrepancy in violent and nonviolent delinquents. J Clinical Psychology 48(2):256-261, 1992
Romi S, Marom D: Differences in intelligence between nondelinquent and dropout delinquent adolescents. Adolescence, 42(166):325-36, 2007

QUESTIONS AND ANSWERS

1. Which is the strongest risk factor for juvenile delinquency?
a. Socioeconomic Status
b. Parental history of antisocial behavior
c. Intelligence
d. Drug Abuse
e. Mental Illness
ANSWER: b

2. Which of the following Axis I diagnoses is likely to be diagnosed in a juvenile delinquent?
a. ADHD and learning disorder
b. Pervasive developmental disorder and tic disorder
c. All of the above
d. None of the above
ANSWER: a

F4 OUTCOMES OF A JAIL-BASED COMPETENCY RESTORATION PROGRAM

Ronald Herndon, PhD, (I) Atlanta, GA
Lauren Reba-Harrelson, PhD, (I) Atlanta, GA
Paul O'Leary, MD, Birmingham, AL
Glenn Egan, PhD, (I) Atlanta, GA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

Improving understanding of biopsychosocial factors associated with restorable and nonrestorable defendants in a jail-based competency restoration program, including demographic, cognitive, and psychiatric characteristics. Increasing knowledge of psychoeducational, therapeutic, and medication-based treatment approaches to restoring competency in an incarcerated population, and associated outcome data.

SUMMARY

Jail-based competency to stand trial (CST) restoration programs are a relatively recent phenomenon. While these programs may provide a cost-effective and possibly time-efficient approach for defendants whose symptom acuity can be managed in the jail, there is little published information describing the nature of these programs, the populations they serve, or restoration-related outcomes. This study examines biopsychosocial and treatment adherence factors associated with competency to stand trial-restoration status in defendants participating in the Fulton County Jail Competency Restoration Program. Biospychosocial variables include demographic factors, cognitive functioning, psychiatric diagnoses, and treatment history. Treatment adherence variables include individual and group participation in legal education and medication adherence, as well as therapeutic process oriented groups.. Analyses will include examining the restorable and nonrestorable defendant group differences and examining those factors that serve as best predictors of positive and negative treatment outcomes. A better understanding of the biopsychosocial and treatment factors associated with CST status in defendants receiving in-jail restoration is paramount in developing effective and empirically sound jail-based CST restoration programs, and reaping the social, legal and fiscal benefits they may provide.

REFERENCES

Kapoor R: Commentary: jail-based competency restoration. J Am Acad Psychiatry Law 39(3)311-315, 2011
Colwell LH, Gianesini J: Demographic, criminogenic, and psychiatric factors that predict competency restoration. J Am Acad Psychiatry Law 39(3):297–306, 2011

QUESTIONS AND ANSWERS

1. What may be a major institutional barrier* to restoring competency to stand trial (CST) in mentally ill defendants participating in a jail-based CST restoration program?
ANSWER: An inability to involuntarily medicate noncompliant defendants for the purposes of restoring competency (per Sell v. United States, 539 U.S.166 (2003). *This may vary by jurisdiction or institution.

2. What are two primary symptoms associated with incompetence to stand trial status in mentally ill defendants?
ANSWER: Psychosis and Intellectual Functioning

F5 COURT-ORDERED EVALUATIONS FROM A MENTAL HEALTH COURT: 5 YEAR EXPERIENCE

George Parker, MD, Indianapolis, IN

EDUCATIONAL OBJECTIVE
Participants will learn the clinical and demographic characterestics of defendants referred for court-ordered competence and sanity evaluations from a well-established mental health court and gain an understanding of the relative frequency of court-ordered evaluations from a mental health court, compared to other criminal courts.

SUMMARY
Mental health courts are a relatively new phenomenon but have become widespread in the past 10 years. I conducted a retrospective review of competence and sanity evaluations ordered by the mental health court in Marion County, Indiana. The goals were to determine the demographic and clinical characteristics of defendants court-ordered for evaluation and to compare the frequency of such orders to other courts within Marion County. All court-ordered competence and sanity evaluations from the Marion County mental health court for the years 2007 to 2011 will be reviewed and data will be entered into an Excel spreadsheet. The frequency of the evaluations will be determined from the total number of evaluations and the total number of defendants before the court for each year from 2007 to 2011. Data on the annual number of evaluations and number of defendants will be determined from court statistics. Approximately 125 defendants in the mental health court were ordered to undergo competence/sanity evaluations between 2007 and 2011. Clinical and demographic characteristics of the defendants will be described in aggregate form. The frequency of referrals will be calculated for the mental health court and for additional criminal courts in the same county.

REFERENCES
Steadman HJ, et al: Effect of mental health courts on arrests and jail days: a multisite study. Arch Gen Psychiatry 68(2):167-72, 2011
Wales HW, et al: Procedural justice and the mental health court judge's role in reducing recidivism. Int J Law Psychiatry 33(4):265-71, 2010

QUESTIONS AND ANSWERS
1. What type of defendants do mental health courts typically accept?
a. Defendants facing felony charges.
b. Defendants facing nonviolent charges.
c. Defendants that are in active treatment at the time of arrest.
d. Defendants that do not have co-morbid substance abuse.
e. Defendants that have a supportive family.
ANSWER: b

2. Which of the following statements is true of judges in mental health courts?
a. They rely on sanctions to ensure compliance.
b. They schedule court hearings infrequently.
c. They often order CMHCs to provide specific services.
d. They are often encouraging to and work with the defendant.
e. They threaten defendants with contempt of court.
ANSWER: d

F6 ANTI-GOVERNMENT RHETORIC, VIOLENCE, AND PSYCHIATRIC VULNERABILITY

Jacob Holzer, MD, Pocasset, MA
Zachary Trosch, BA, (I) Waltham, MA
Harold Bursztajn, MD, (I) Cambridge, MA
Paul Giella, PhD, (I) Pocasset, MA

EDUCATIONAL OBJECTIVE
Improve understanding of the potential relationship between antigovernment rhetoric and violent behavior perpetrated by individuals who may be psychiatrically vulnerable or predisposed to such violence.

SUMMARY
Recent high profile incidents concerning antigovernment rhetoric has been highlighted in the news, driven in part by a charged atmosphere of partisan politics. An example of this is Sarah Palin's Facebook page displaying a map of 20 congressional districts with crosshairs, indicating "Its Time to Take a Stand." This type of political rhetoric

was later associated with the shooting incident involving Congresswoman Gabrielle Giffords and several others in Arizona in January 2011, as a possible instigating factor. Incidents of violence directed at government officials and representatives have included individuals who have a history of, or are suspected of having, psychiatric illness. Examples of individuals with suspected mental illness and alleged violent antigovernment behavior in the recent news include Jared Loughner and Major Nidal Hasan. This poster reviews antigovernment rhetoric in relation to individuals with, or suspected of, mental illness, who may be prone to act violently in this context.

REFERENCES

Sarah Palin's 'Crosshairs' Ad Dominates Gabrielle Giffords Debate. ABC World News, John Berman 1/9/11, http://abcnews.go.com/Politics/sarah-palins-crosshairs-ad-focus-gabrielle-giffords-debate/story?id=12576437&page=1
SPLC Warns of Antigovernment Climate at Oklahoma City Bombing Panel, 4/20/10, http://www.splcenter.org/get-informed/news/splc-warns-of-antigovernment-climate-at-oklahoma-city-bombing-panel

QUESTIONS AND ANSWERS

1. Which traits can be found in individuals with suspected mental illness and violent behavior in the context of anti-government views?

a. Social isolation
b. Verbalizing bizarre odd comments
c. Difficulty working in a strict regimented setting
d. Taking contradictory or conflicting views or stands
e. All of the above

ANSWER: e

2. The Southern Poverty Law Center is involved in litigation, education, and advocacy in which of the following areas:

a. Hate and extremism
b. Immigration
c. Children at risk
d. Tolerance
e. All of the above

ANSWER: e

FRIDAY

F7 **DIFFERENCES IN THE IMPLEMENTATION OF AOT IN NEW YORK CITY**

Sasha Rai, MBBS, Brooklyn, NY
Jason Hershberger, MD, Brooklyn, NY
Charles Luther, MD, Brooklyn, NY

EDUCATIONAL OBJECTIVE

This presentation will improve attendee competence and/or performance in the following way(s): Service, e.g. the abstract and poster presentation shows how the implementation of assisted outpatient treatment, which is a form of involuntary civil commitment in New York City, is different in different health systems.

SUMMARY

Assisted Outpatient Treatment (AOT) or Kendra's Law is a New York state law passed 12 years ago. AOT petitions are filed at vastly different rates by different mental health systems. This project attempts to quantify those differences. Data was obtained from the NYC DOHMH regarding the total number of AOT petitions filed from 1999 to 2010 by each mental health system (private hospitals, public hospitals and state hospitals) and that was compared to the total number of inpatient psychiatric beds available at each of these health systems. Furthermore the staff resources were compared between four hospitals representing these health systems. Public, private and state hospitals represented 23%, 33.3% and 43.6% of the total inpatient psychiatric beds respectively and accounted for 56.3%, 21% and 22.6% of all AOT initial petitions filed from 1999 to 2010 respectively. 97% of all petitions filed were granted AOT. The DOHMH filed mostly renewals of existing AOT petitions. Both public and state hospitals had legal and staffing costs defrayed by the government unlike the private hospitals. The authors recommend funding private hospitals systems for the costs of filing AOT petitions to better serve the severely mentally ill cared for in that setting.

REFERENCES

N.Y. State Office of Mental Health (March 2005). Kendra's law: Final report on the status of assisted outpatient treatment. New York: Office of Mental Health.
Swartz MS, Swanson JW, Steadman HJ, et al: New York State Assisted Outpatient Treatment Program Evaluation. Durham, NC: Duke University School of Medicine, 2009

QUESTIONS AND ANSWERS

1. What factors may be contributing to the different rates of implementation of AOT petitions in New York city?
ANSWER: Multiple factors may contribute to the differing rates of implementation, among them are financial costs of filing the AOT petition, the staffing resources available at the individual hospitals filing these petitions, the differences in the severity of mentally ill patients utilizing the various hospitals and nonincorporation of AOT as a treatment plan objective when less intrusive measures have failed.

2. How do you justify funding AOT petitions by the state in this climate of economic hardship?
ANSWER: AOT has been shown to decrease the rate of violence and rehospitalization among the severely mentally ill population; wider implementation of AOT would undoubtedly lessen the burden on state resources as it would prevent re-hospitalization and incarceration and the increased costs associated with them.

F8 ISSUES IN THE MANAGEMENT OF TRANSGENDERED INMATES

Eugene Simopoulos, MD, Falls Church, VA
Eindra Khin Khin, MD, Falls Church, VA

EDUCATIONAL OBJECTIVE

This presentation will improve attendees' competence and performance in the following ways: 1) raise awareness of legal, medical, and psychiatric guidelines on caring for transgendered inmates, and 2) identify ways to better address the needs of this population.

SUMMARY

As a sexual minority, the transgender inmate population presents unique challenges and opportunities in medical, psychiatric, and correctional system care worldwide. A review of both the legal and medical literature demonstrates a constant struggle on the part of transgender individuals to combat discrimination and stigma and secure basic human rights. This process often occurs amidst the threat of violence and intimidation. The correctional system has not been spared of these threats and has made institutional efforts to meet the needs of a growing incarcerated, transgender population. We present a review of both legal precedents and efforts within the medical and psychiatric communities to address the needs of transgender individuals more comprehensively, as they all play critical roles in guiding the correctional system policies. We discuss the clinical utility of a standardized algorithmic approach to the transgender inmate in ensuring that issues of safety, appropriate housing, and medical and psychiatric care are adequately addressed. Finally, we describe the benefits of routine follow-up with transgender inmates in the form of surveys and multi-disciplinary institutional committee meetings.

REFERENCES

U.S. Department of Justice, Federal Bureau of Prisons, Memorandum on Gender Identity Disorder Evaluation and Treatment, 2011
Drescher J: Queer diagnoses: parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. Arch Sex Behav 39:427-60, 2010

QUESTIONS AND ANSWERS

1. What major issues merit special consideration during the initial evaluation of a transgender individual who is incarcerated?
a. safety
b. appropriate housing
c. confidentiality of physical exam
d. medical and psychiatric needs
e. all of the above
ANSWER: e

2. What landmark 1994 case established that transgender individuals may be at heightened risk for violent assault in the correctional system population, and that prison officials could be liable for damages if “deliberate indifference” was demonstrated?
a. Farmer v. Brennan
b. Estelle v. Gamble
c. Meriwether v. Faulkner
d. Adams v. Federal Bureau of Prisons
ANSWER: a

F9 PUTTING PARENTS TO THE TEST: DO THEY KNOW ENOUGH TO BE EFFECTIVE EDUCATIONAL ADVOCATES?

Sarah Vinson, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

To review key components of educational law and parent/child rights provided for by IDEA, the Individuals with Disabilities Education Act. To explore parents' knowledge base regarding the rights afforded to them and their children through IDEA.

SUMMARY

The IDEA (Individuals with Disabilities Education Act) contains a number of provisions meant to help parents advocate for access to appropriate, free public education for their children with disabilities. The Act also outlines procedural safeguards that describe the parents' rights in challenging decisions made by educational authorities. Implementation can fall far short of the law's intent, however, if parents are not aware of their rights as educational advocates for their children. Child psychiatrists and forensic psychiatrists may work with children who could benefit from specialized educational services. School related stress, whether due to environmental triggers or performance demands, can affect the symptom severity of psychiatric illnesses, and this stress can be mitigated by appropriate special education interventions. Furthermore, limitations in learning can cause significant long term deficits in function that might have been prevented or lessened with appropriate intervention. Parents' awareness and understanding of IDEA provisions are essential to the initiation, formation and implementation of individualized special education services. When parents are not adequately informed, their role as advocate is diminished.

REFERENCES

Rosenbaum SA: When it's not apparent: some modest advice to parent advocates for students with disabilities. UC Davis J. Juv. L. & Pol'y 5(2):159-198, 2001

Rosenbaum SA: Aligning or maligning? Getting inside a new idea, getting behind no child left behind and getting outside of it all. Hastings Women's L.J. 15(1):1-37, 2004

QUESTIONS AND ANSWERS

1. When may parents refer their child for evaluation?

a. Only if their child has a diagnosed disability and/or mental illness.
b. Only if the teacher or school administrator agrees.
c. Only if their child is failing.
d. Whenever they are concerned their child may have a disability requiring special education.

ANSWER: d

2. Under IDEA, parents are permitted to invite people to participate in the evaluation and IEP formation process who:

a. have special expertise.
b. have knowledge of the child.
c. are approved by the school administrator.
d. a and b

ANSWER: d

F10 PATIENT ASSAULTS AGAINST RESIDENTS: SYSTEMATIC REVIEW AND MODEL CURRICULUM

Stephanie Kwok, MD, (I) Houston, TX
Britta Ostermeyer, MD, Houston, TX
John Coverdale, MD, (I) Houston, TX

EDUCATIONAL OBJECTIVE

The purpose of this study is to systematically review the current literature on the prevalence of patient assaults against residents across all specialties including psychiatry, and to identify the manner in which these issues are addressed.

SUMMARY

Pubmed and Scopus databases were searched using search terms including "patient", "assaults", "violence", "aggression", and "residents." Fourteen studies met the inclusion criteria. The prevalence of physical assaults on residents outside of psychiatry was between 5.9%-40%. The prevalence of physical assaults on psychiatry residents was 36%-56%. The importance of threats and assaults was underscored by the psychological consequences including post traumatic

stress symptoms, generalized anxiety, depression, anger, guilt, and embarrassment. Studies showed that few incidents were reported to clinical supervisors or training directors and no programs had a formal reporting process. Few residency programs outside of psychiatry provided formal didactic training on managing violence in the work place. Conclusions: Assaults by patients are commonly experienced by residents in training. Currently, there is a paucity of information that pertains to reducing the prevalence of these incidents and addressing potential psychological consequences in specialties outside of psychiatry. Psychiatrists may be well placed to take the lead in developing a model curriculum to address assaults and threats towards residents in training across all clinical specialties.

REFERENCES

Coverdale J, Gale C, Weeks S, et al: A survey of threats and violent acts by patients against training physicians. Medical Education 35: 154-159, 2001
Schwartz T, Park T: Assaults by patients on psychiatric residents: a survey and training recommendations. Psychiatric Services. 50: 381-383, 1999

QUESTIONS AND ANSWERS

1. The prevalence of physical assaults against psychiatry residents is:
a. 36-56%
b. 5.9-40%
c. 20-35%
d. 70-85%
ANSWER: a

2. Common psychological consequences of being assaulted by a patient include:
a. post traumatic stress symptoms
b. generalized anxiety
c. depression
d. all of the above
ANSWER: d

F11 THE PREVALENCE OF FROTTEURISM IN THE COMMUNITY: A SYSTEMATIC REVIEW

R. Scott Johnson, MD, JD, Houston, TX
Britta Ostermeyer, MD, Houston, TX
Kristi Sikes, MD, Houston, TX
John Coverdale, MD, (I) Houston, TX

EDUCATIONAL OBJECTIVE

The poster seeks to shed light on the prevalence of frotteurism by examining the literature and its methodology, as well as the instruments used in its assessment.

SUMMARY

As many cities have grown exponentially in recent years, the opportunities for frotteurs to engage in frotteurism have multiplied, arguably increasing the relevance of this rather uncommon and little-studied diagnosis. Given the relatively small amount of literature on the subject, this poster seeks to analyze the prevalence literature as well as its methodology in an attempt to ascertain commonalities between the studies. Furthermore, as this condition has been perhaps more studied in Japan than in other comparably sized countries, some important articles have been translated from Japanese into English that their content and findings can be analyzed along with the existing English-language literature. In addition, this poster analyzes the instruments used to assess prevalence and examines their differences and consequent effects on results. Lastly, the poster presents future research questions of interest.

REFERENCES

Harima, K: [Frotteurism]. Ryôikibetsu Shôkôgun Shirîzu 39:294-6, 2003
Freund K, Watson R: Mapping the boundaries of courtship disorder. J. Sex Res. 27(4):589-606, 1990

QUESTIONS AND ANSWERS

1. In a 1998 study, what percentage of rapists admitted to an activity consistent with frotteurism?
a. 3%
b. 8%
c. 13%
d. 18%
ANSWER: d

2. In part due to complaints about frotteurism, all of the following except which city have recently either experimented with or actually implemented women-only subway cars?
a. Moscow
b. Seoul
c. Boston
d. Tokyo
ANSWER: c

F12 **PARENS PATRIAE, PARENTS AND "SPICE"**

Susan Chlebowski, MD, Syracuse, NY
Emily Gavett, MD, Syracuse, NY

EDUCATIONAL OBJECTIVE
To learn about "Spice" in today's youth. It is referred to as a "legal high" causing confusion in emergency rooms and among parents. The symptomatology mimics cannabis, but the urine drug screen is negative. The pharmacology, epidemiology and toxicity of synthetic cannabinoids will be discussed.

SUMMARY
Since 2004, synthetic cannabinoids have been for sale on the Internet and in head shops. The cultivation and distribution of cannabis is regulated by the interstate commerce clause. (United States v. Oakland Cannabis Buyer's Coop and Gonzales v. Raich). However, Spice is sold as "incense" avoiding legislation against Schedule I substances.
A 16-year-old male was suspended and arrested at school for the possession of "cannabis" cigarettes and resisting arrest. He was taken to the emergency room for treatment of acute agitation. His urine drug screen was negative. His parents accused the school of acting unnecessarily and contacting the police. He admitted to using "Spice," which he purchased at a head shop across from the police station. Spice is inexpensive, legal and markedly impacts the sensorium and mood. The governmental response has been slow to reduce the availability.

REFERENCES
Zawilska J: "Legal Highs" –new players in the old drama. Cure Drug Abuse Rev 4:122-30, 2011
Castellanos D: Synthetic cannabinoid use: a case series of adolescents. J of Adolescent Health 49:347-9, 2011

QUESTION AND ANSWERS
1. Symptoms of "Spice" include all of the following except:
a. Injected conjunctiva
b. Tachycardia
c. Miosis
d. Euphoria
e. "chilled out"
ANSWER: c

2. "Legal highs' are often sold as:
a. Incense
b. Air fresheners
c. Bath salts
d. Plant fertilizers
e. All of the above
ANSWER: e

F13 **SEX CRIMES AND THE WORLD WIDE WEB**

Graham Glancy, MB, Toronto, ON, Canada
John Paul Fedoroff, MD, Ottawa, ON, Canada
John Bradford, MB, Brockville, ON, Canada

EDUCATIONAL OBJECTIVE
Attendees will learn about the effects of the increasing use of the Internet on sexological issues such as pornography, sexual behaviors and the rate of sexual crimes. This will facilitate attainment of the highest level of knowledge; improve skills in service and teaching; and provide ideas for research.

SUMMARY
Since its inception the Internet has caused significant changes in the way society communicates. In the sexology field this phenomenon is becoming increasingly evident and practitioners need to be aware of the impact of these trends. In this workshop we will discuss some of these changes in the field. The easy availability of a variety of pornographic materials has led to legislation, dedicated law enforcement teams, and numerous convictions for possession and distribution of child pornography. We present information on what is, and what is not known about the end users. Another aspect that we will cover is cyber exhibitionism. This behavior has become common. The subjects may lie on a continuum of true sexual exhibitionist, to those playing pranks to, arguably, people using a new medium for normal courtship. We will present clinical cases and examples of celebrity cases to illustrate the various manifestations of this phenomenon. Additionally we will present recent data on the use of the Internet and the association with the rate of convictions for sex crimes. Time will be allowed for participants to raise issues pertinent to the topic for discussion amongst the presenters and the participants. This presentation is sponsored by the Committee on Sex Offenders.

REFERENCES
Seto MC, Eke AW: The criminal histories and later offending of child pornography offenders. Sexual Abuse: A Journal of Research and Treatment, 17, 201-210, 2005
Song IS, LaRose R, Eastin MS, et al: Internet gratifications and Internet addiction: On the uses and abuses on new media. Cyber Psychology & Behavior (7):384-394, 2004

QUESTIONS AND ANSWERS
1. Regarding follow-up studies of child pornography offenders:
a. there is 100% recidivism.
b. most commit hands-on sexual offenses in follow-up.
c. less than 10% committed a contact sex offense on follow-up.
ANSWER: c

2. Cyber exhibitionists include:
a. true exhibitionists
b. young people playing pranks or bullying others
c. persons with a variety of motivations
d. all of the above
ANSWER: d

F14 UPDATING THE AAPL PRACTICE GUIDELINES ON THE INSANITY DEFENSE

Jeffrey Janofsky, MD, Timonium, MD
Howard Zonana, MD, New Haven, CT
Annette Hanson, MD, Baltimore, MD
Wade Myers, MD, Providence, RI
Philip Candilis, MD, Arlington, MA

EDUCATIONAL OBJECTIVE
Participants will review the draft update to the AAPL Practice Guideline on the Insanity Defense and provide feedback to improve the document. The updated Practice Guideline will improve forensic practice by updating best practices in the forensic evauation of persons pleading not guilty by reason of insanity.

SUMMARY
AAPL's first Practice Guideline "Forensic psychiatric evaluation of defendants raising the insanity defense" was published in 2002. In May 2011 AAPL President Peter Ash appointed a Task Force to update the existing Guideline. Task Force Members and others have produced a draft update. The purpose of this workshop is to obtain feedback from AAPL members to improve the draft before it is submitted to Council for approval. The latest draft of the Guideline is available to AAPL members only in the members section at: www.AAPL.org

REFERENCES
Giorgi-Guarnieri D, Janofsky J, Keram E, et al.: Practice guideline: forensic psychiatric evaluation of defendants raising the insanity defense. J Am Acad Psychiatry Law 30(2):S1-S40, 2002
Pablo AC, et al: The updating of clinical practice guidelines: insights from an international survey. Implementation Science 6:107, 2011. doi:10.1186/1748-5908-6-107. Available at: http://www.implementationscience.com/content/6/1/107

QUESTIONS AND ANSWERS

1. How often are Practice Guidelines recommended to be updated?
a. 1 to 2 years
b. 3 to 5 years
c. 6 to 8 years
d. 9 to 11 years
ANSWER: b

2. What is the goal of the AAPL Practice Guideline: Forensic Psychiatric Evaluation of Defendants Raising the Insanity Defense?
ANSWER: To aid the individual forensic psychiatrist in the evaluation of insanity defense cases and to provide a comprehensive approach for the subspecialty.

F15 **CIVIL COMMITMENT...FOR SUBSTANCE ABUSE?**

Paul Christopher, MD, Rumford, RI
Paul Appelbaum, MD, New York, NY
Debra Pinals, MD, Worcester, MA
Jeffrey Eisen, MD, Cambridge, MA

FRIDAY

EDUCATIONAL OBJECTIVE

To describe the evolution of U.S. civil commitment laws for substance abuse; to discuss variability in clinical criteria and maximum commitment periods; to examine clinical, administrative and financial implications associated with commitment policy; to discuss forensic assessment of risk when considering civil commitment for substance abuse.

SUMMARY

Civil commitment for substance abuse is highly controversial and yet, compared with mental health commitment, relatively understudied. This is surprising given the significant public health and safety problems that substance abuse poses, strong evidence for a biological basis of addiction, and the fact that a majority of persons with addiction do not recognize a need for treatment. This panel offers an in-depth examination of substance abuse civil commitment in the United States. Dr. Appelbaum will discuss the social antecedents that gave rise to civil commitment for substance abuse in the U.S. and the evolution of these laws over time. Dr. Christopher will summarize findings from a study examining the current U.S. statutes for substance abuse civil commitment, and highlight the variability in statutory criteria and maximum commitment durations. Dr. Pinals will present an in-depth look at how one state, Massachusetts, utilizes civil commitment for substance abuse, and will discuss the anticipated effects of recent legislative changes from clinical, administrative, and financial perspectives. Dr. Eisen will present a forensic case and discuss assessment strategies when considering substance abuse civil commitment. Participants will be encouraged to share opinions concerning the case and experiences with substance abuse commitment from their jurisdictions.

REFERENCES

Thomsen Hall K, Appelbaum PS: The origins of commitment for substance abuse in the United States. J Am Acad Psychiatry Law 30(1):33-45, 2002
Krongard ML: A population at risk: civil commitment of substance abusers after Kansas v. Hendricks. California Law Review 90:111-63, 2002

QUESTIONS AND ANSWERS

1. Statutes related to civil commitment for substance abuse evolved:
a. Primarily beginning in the 19th Century.
b. Because of views that addiction is a disease.
c. In parallel with mental health commitment statutes.
d. All of the above.
ANSWER: d

2. Statutory criteria for civil commitment related to substance abuse include which of the following:
a. Dangerousness or grave disability
b. Impaired decisional capacity
c. Failure to manage personal affairs
d. All of the above
ANSWER: d

F16 LEGAL, ETHICAL, AND RISK IMPLICATIONS OF PSYCHOTROPIC TREATMENT IN THE PREGNANCY/PERINATAL PERIOD

Neil Kaye, MD, Hockessin, DE
Susan Hatters Friedman, MD, Cleveland Heights, OH
Ryan Hall, MD, Lake Mary, FL
Annie Janvier, MD, PhD, (I) Montreal, PQ, Canada

EDUCATIONAL OBJECTIVE
To review the history of FDA warnings. To teach the relevant scientific evidence regarding the use of medications in pregnancy/perinatal period. To learn how to best make risk assessment and management decisions about the atypical antipsychotics. To inform forensic psychiatrists on the challenges of being an expert in this area.

SUMMARY
Recent changes in FDA warnings on psychiatric medications commonly used during pregnancy have created new concerns for practitioners and new opportunities for lawyers. This panel will address the standard of care in the use of medications during pregnancy/perinatal period with a focus on the science and evidence base that any forensic psychiatrist is expected to master before accepting such a case. A perinatalogist will demonstrate the appropriate "doctor-patient" risk analysis and informed consent process when prescribing medications in pregnancy and will asisst in understanding the risk to the mother and unborn child if no pharmacologic treatment is provided, ie: the risk of untreated mental illness.

REFERENCES
Croen L, Grether J, Yoshida C, et al: Antidepressant use during pregnancy and childhood autism spectrum disorders. Arch Gen Psych 68(11): 1104-1112, 2011
Lyerly A, Mitchell L, Armstrong E, et al: Risk and the pregnant body. Hastings Center Report November-December: 34-42, 2009

QUESTIONS AND ANSWERS
1. What is the general risk for a birth defect in the United States?
a. 1/10,000
b. 1/1000
c. 1/50
d. 1/10
ANSWER: d

2. Which of the following is not an important part of the risk-benefit discussion regarding psychotropics in pregnancy?
a. risks of exposures prior to knowledge of pregnancy
b. risks of untreated mental illness
c. risks of malformations
d. uncertain risks of behavioral teratogenesis
e. none of the above
ANSWER: e

F17 NAVIGATING THE FORENSIC SYSTEMS IN THE U.S. AND CHILE

Carolina Klein, MD, Alexandria, VA
Amanda Ruiz, MD, (I) Studio City, CA
Ramon Elgueta, MD, (I) Providencia, Chile
Kenneth Busch, MD, Chicago, IL

EDUCATIONAL OBJECTIVE
To carry out a comparative analysis and discussion of forensic psychiatry across international borders, with special emphasis on the similarities and differences between the US and Chile.

SUMMARY
This panel will attempt to establish a comparative analysis and discussion of the similarities and differences in the theory, practice, and development of forensic psychiatry in Chile (as representative of many Latin American countries) and the United States. Specifically, we will address: 1) An overview of the differences in the forensic psychiatrist's role, including the entities for which he works, the ethics principles that govern the practice, and the most important, patient rights. Will also conduct a comparison of systemic parameters, including the use of different sources of diagnostic criteria, the differences between an adversarial and a collaborative legal system, and

the practice within a national healthcare system. 2) Review of special considerations, including the differences in assessment and management of sex offenders and juveniles, the approach to the death penalty, and the role of civil forensic psychiatry. 3) We evaluate the standards applicable to correctional institutions in both systems, and the collaboration with government agencies (law enforcement, legal, and military). 4) Compare the current parameters and future potential of education and training programs, the research possibilities and procedures, and the role and use of technology in both systems.

REFERENCES

Atlas: Psychiatric Education and Training Across the World. World Health Organization, 2005
Cid RD: Insane defendants and forensic convicts: before and after the onset of the new forensic psychiatry network and the criminal justice system reform in Chile. Curr Opin Psychiatry 23(5):458-62, 2010

QUESTIONS AND ANSWERS

1. Which of the following forensic issues are systematically different between the US and chile?
a. sex offender assessments and management
b. death penalty
c. child defendants
d. all of the above
ANSWER: d

2. Which of the following systems differ between forensic systems in Chile and the U.S.?
a. jurisdiction legislature
b. formalized subspecialty training with board certification
c. centralized institutions for forensic psychiatry evaluation referrals
d. all of the above
ANSWER: d

F18 SHOULD AAPL'S ETHICS GUIDELINES BE ENFORCED?

Robert Weinstock, MD, Los Angeles, CA
Philip Candilis, MD, Arlington, MA
Wade Myers, MD, Providence, RI

EDUCATIONAL OBJECTIVE

To distinguish between aspirational ethics guidelines for ideal practice and regulatory guidelines for practice sufficiently substandard to warrant potential enforcement by means of education or punishment. Audience analysis of hypothetical illustrative case examples will enable participants to assess and teach ethics considerations for good forensic practice and possible ethics enforcement.

SUMMARY

Dr. Candilis will describe the recent emphasis on aspirational standards for forensic ethics, and the usual expectation that aspirational guidelines cannot reliably be enforced. Their use, however, in interpreting regulations and serving as the basis for development of consensus ethics standards will be explored. A mixed regulatory-aspirational model that addresses the nuances of enforcing forensic ethics will be offered. Dr. Weinstock, former chair of AAPL's Ethics Committee, will discuss enforcement options and illustrate how AAPL's ethics guidelines could be translated into the APA framework to enforce some. He will demonstrate which AAPL ethics guidelines readily translate and could be enforced currently and those more problematic. Dr. Myers, former chair of the APA Ethics Committee, will give as background how APA District Branch Ethics Committees have approached forensic psychiatry ethics complaints over the years. Then, hypothetical forensic psychiatry cases will be presented for audience response and discussion whether or not the outlined behavior violates ethical guidelines (APA, AAPL) and how that could be analyzed. Panel and audience discussion of these hypothetical cases will also examine whether aspirational guidelines, as opposed to those regulatory in approach, are just ideals or in fact sometimes might be assessed and judged by ethics committees.

REFERENCES

Candilis PJ, Weinstock R, Martinez R: Forensic Ethics and the Expert Witness. New York, NY: Springer, 2007
Appelbaum PS: A theory of ethics for forensic psychiatry. J Am Acad Psychiatry Law 25(3):233– 47, 1997

QUESTIONS AND ANSWERS

1. Who are AAPL's ethics guidelines enforced by?
a. AAPL
b. the APA district branch
c. the APA ethics committee
d. state licensing boards
e. nobody unless another organization or body sees them as explicating their own requirements
ANSWER: e

2. The AAPL ethics guideline to strive for objectivity is primarily:
a. regulatory
b. aspirational
c. consequentialist
d. deontological
e. none of the above
ANSWER: b

F19 COMPETENCE TO BE EXECUTED: AN ILLUSTRATIVE CASE

Stephen Noffsinger, MD, Hudson, OH
Rahn Bailey, MD, Nashville, TN
Jennifer Piel, MD, JD, Cleveland, OH
Jason Beaman, DO, Tulsa, OK

EDUCATIONAL OBJECTIVE

This presentation will provide in-depth analysis of the assessment of competence to be executed. The historical development of legal standards for competence to be executed will be discussed. A recently litigated competence to be executed case, State v. Brooks, will be presented for the audience's consideration.

SUMMARY

In Ford v. Wainright, 477 U.S. 399, 409-10 (1986) the United States Supreme Court announced two important tenets of law. First, the Court held it was unconstitutional under the Eighth Amendment for a state to execute a man who is mentally incompetent. Second, the Court held that a state court must have sufficient procedures in accordance with the due process clause of the Constitution to allow defendants to challenge their competency to be executed. Although the Ford decision did not state a precise competence to be executed standard, in Panetti v. Quarterman, 551 U.S. 930, 959 (2007) the United States Supreme Court held that a state may not execute a prisoner who lacks a "rational understanding" of the reason for his execution. This workshop will present the case of State v. Brooks. Brooks, convicted of murdering his three sons and sentenced to die, challenged his competency to be executed on the grounds that he was mentally ill and lacked a rational understanding of the reason for his execution. The merits of the defense and prosecution cases will be presented for debate, with video excerpts of the testimony of Brooks and the forensic psychiatrists who evaluated Brooks' competency to be executed.

REFERENCES

Zonana HV: Competence to be executed and forced medication: Singleton v. Norris: J Am Acad Psychiatry Law 31(3):372-6, 2003
Radelet ML, Barnard GW: Ethics and the psychiatric determination of competency to be executed. J Am Acad Psychiatry Law 14(1):37-53, 1986

QUESTIONS AND ANSWERS

1. Which of the following organizations have endorsed resolutions calling for a prohibition on executing mentally ill defendants?
a. American Psychiatric Association
b. American Psychological Association
c. National Alliance for the Mentally Ill
d. American Bar Association
e. All of the above
ANSWER: e

2. Which statement is most accurate?
a. Mentally retarded defendants may be executed.
b. Mentally ill defendants may never be executed.
c. Mentally ill defendants may be executed if they understand that they are being executed.
d. Mentally ill defendants may be executed if they have a rational understanding of why they are being executed.
ANSWER: d

F20 **EVALUATION AND TREATMENT OF ADOLESCENT SEXUAL OFFENDERS**

Barbara Beadles, MD, Pittsburgh, PA
Stephen Zerby, MD, Pittsburgh, PA
Charles Scott, MD, Sacramento, CA
Abhishek Jain, MD, Pittsburgh, PA

EDUCATIONAL OBJECTIVE
To review the current standard of practice in the area of evaluating presence of sexual deviancy, extent of past sexual offenses, and future risk of recidivism and in the psychological and pharmacological treatment of juvenile sexual offenders. To give the audience hands-on experience with an actuarial risk assessment instrument.

SUMMARY
The presenters share experiences of treating and evaluating adolescent sexual offenders, including working in a residential treatment program and performing court-ordered assessments. The existing literature shows mixed data regarding offender subtypes and etiology. Regardless of etiology, the evidence indicates treatment benefits, particularly regarding cognitive-behavioral therapy and multisystemic therapy. These and other psychological treatment modalities will be discussed. The evaluation of adolescent sex offenders is complicated by factors such as resistance to disclosure confounding the estimation of risk. The validity, sensitivity, and clinical utility of various tools used in predicting risk, monitoring treatment progress, or validating disclosures will be discussed and include the AASI-2, ERASOR, J-SOAP-II, the Multiphasic Sex Inventory II, scales assessing cognitive distortions and the polygraph. Instruments used in the assessment of personality pathology in this population will be covered and include the MACI and the MMPI-A. Risks and benefits of common psychopharmacological treatments such as SSRIs, naltrexone, and buspirone will be reviewed, including a brief discussion of anti-androgen drugs, followed by a discussion of prognosis and treatment outcomes. There will be interactive case discussions and audience participation in a practice risk assessment. Directions for future research will be included. Finally, Dr. Charles Scott will offer commentary.

REFERENCES
Finklehor D, Ormrod R, Chaffin M: Juveniles who commit sex offenses against minors. Office of Justice Programs Office of Juvenile Justice and Delinquency Prevention: Juvenile Justice Bulletin, December 2009
Practice Parameters for the Assessment and Treatment of Children and Adolescents who are Sexually Abusive of Others. American Academy of Child and Adolescent Psychiatry, 1999

QUESTIONS AND ANSWERS
1. Which test uses visual reaction time to assess sexual interest in children and is used specifically with adolescent offenders?
a. ERASOR
b. AASI-2
c. AASI-3
d. MMPI-A
ANSWER: b

2. Masturbatory treatment of sexual offenders is a type of:
a. Cognitive behavioral therapy
b. Covert sensitization
c. Satiation technique
d. Imaginal desensitization
e. Relapse prevention therapy
ANSWER: c

F21 LANDMARK CASES AND SUPREME COURT'S DECISION ON HEALTHCARE

Ryan Hall, MD, Lake Mary, FL
Terri Day, JD, (I) Orlando, FL

EDUCATIONAL OBJECTIVE
Educate on the rationale for the Supreme Court's decision on the Patient Protection and Affordable Care Act (PPACA) and its implications for forensic psychiatry.

SUMMARY
This term, the U.S. Supreme Court will decide the constitutionality of the penalty provision of the Patient Protection and Affordable Care Act (PPACA). The Supreme Court's decision and justification for its ruling will have far reaching impact in terms of defining legislative and executive powers. If the Court upholds the penalty provision as a valid exercise of congressional Commerce Clause power, the continuing viability of PPACA may mark a step towards recognizing an individual right to health care. In addition, it may also redefine or make obsolete some past psychiatric landmark cases. This panel will include a constitutional law professor, who will review the history of these cases as well as discuss future implications for health care in general and psychiatry specifically. Discussion will include the latest, most-up-to-date legal rulings and ongoing litigation.

REFERENCES
Florida vs. U.S. Dept. of Health and Human Services 132 S. Ct. 2566, 2012
Pratt D: Health care reform: will it succeed? Albany Law J Sci and Tech 21:493, 2011

QUESTIONS AND ANSWERS
1. One of the reasons that the ruling in Comstock was so important is that it indicated that the Supreme Court:
a. for the first time acknowledges the federal government had an obligation to medically treat individuals.
b. for the first time recognizes congressional authority pursuant to the Commerce Clause and the Necessary and Proper Clause to pass civil commitment statutes for sexual predators.
c. for the first time forced states to treat individuals based on federal standards.
d. for the first time encouraged states to rely on the federal government, due to greater resources, to treat sexual predators.
ANSWER: b

2. Forensic psychiatry cases serve as good precedent for the Supreme Court to reference when deciding health care issues because:
a. many of the cases deal with protecting individual civil liberties versus the states parens patriae obligations.
b. many of the cases deal with due process for medical treatment for incarcerated prisoners versus the state's obligation to maintain a safe and healthy environment under its police powers.
c. many of the cases involve constitutional interpretation to determine if the federal government has the authority to be involved in state healthcare decisions.
d. All of the above.
ANSWER: d

F22 RACE, CULTURE AND SOCIOECONOMIC STATUS: THREE HEADS OF BIAS IN FORENSIC PSYCHIATRY

Chinmoy Gulrajani, MD, Brooklyn, NY
Karen Rosenbaum, MD, New York, NY
Solange Margery Bertoglia, MD, Philadelphia, PA
Sandy Simpson, FRANZCP, Toronto, ON, Canada
Ezra Griffith, MD, New Haven, CT

EDUCATIONAL OBJECTIVE
This presentation will improve attendee competence in performing forensic psychiatric evaluations of racially, culturally and socioeconomically diverse subgroups of individuals by highlighting the potential sources of bias and means to eliminate these biases.

SUMMARY
The AAPL Practice Guidelines for the Forensic Psychiatric Evaluation of Competence to Stand Trial enumerate seven factors important to culturally competent evaluations that may come into play when evaluating individuals from non-dominant cultures. However, the guidelines acknowledge that psychiatrists will inevitably encounter novel situations and emphasize that an increasingly multicultural America is generating new demands, challenges, and stresses

for psychiatric assessments and the law. And while literature is replete with anecdotal reports describing the influence of cultural factors in forensic psychiatric evaluations, the bulk of research tackling the issue of cultural diversity in the forensic psychiatric setting is centered on culturally, not racially, distinct sub groups. It has been promulgated that members of ethnic minorities are more likely to be perceived as irrational, and their opinions are more likely to be discounted by mental health workers, judges and attorneys. In this panel the impact of racial, cultural and socio-economic disparities on the practice of forensic psychiatry is examined. The import of these factors on forensic psychiatric evaluations is discussed, since an invalid clinical formulation can jeopardize the validity of the forensic conclusion. Finally, recommendations are made aimed at minimizing bias arising from these differences.

REFERENCES

Mossman D, Noffsinger G, Ash P, et al: Forensic psychiatric evaluation of competence to stand trial. J Am Acad Psychiatry Law 35(4): S3-S72, 2007
Hicks JW: Ethnicity, race, and forensic psychiatry: are we color blind? J Am Acad Psychiatry Law 32(1):21–33, 2004

QUESTIONS AND ANSWERS

1. Which of the following instruments has been validated in Spanish?
a. PANSS (Positive and Negative Syndrome Scale)
b. Psychosis Screening Questionnaire
c. ScoRS (Schizophrenia Cognition Rating Scale
ANSWER: a

2. According to existing literature, members of which subgroup are more likely to report somatic symptoms of mental illness?
a. Caucasian
b. African American
c. Asian American
d. Native American
ANSWER: c

F23 **THE UNABOMBER AND HIS FAMILY**

David Kaczynski, (I) Schenectady, NY

EDUCATIONAL OBJECTIVE

Auidence members will learn how one family coped with having a mentally ill family member whose delusions led him to commit serious, violent crimes; and with a legal system that was ill-prepared to address the complexities of his mental illness.

SUMMARY

David Kaczynski will describe his life's journey as the brother of Theodore Kaczynski, AKA "The Unabomber" from childhood through early signs of Theodore's mental illness, through Theodore's increasing isolation and estrangement from his family, through the devastating dilemma that David and his wife faced when they began to suspect that David's brother was the long-sought serial bomber whose violence had claimed three lives and caused numerous injuries over 17 years, through the capital trial in which Theodore attempted to dismiss his attorneys, to a meeting that David and his late mother Wanda had with family members of one of Theodore's victims. David's personal narrative will highlight the difficulties that family members face in balancing their desire to help a mentally ill loved one against a growing sense of helplessness; and in interacting with a court system, a national media, and a general public that are typically predisposed to judge offenders regardless of evidence of their mental illness.

REFERENCES

Kaczynski D: Brothers-26 Stories of Love and Rivalry. New York, NY: Jossey-Bass Publishing, 2009
Kaczynski D: The case for a new paradigm. NYADP Journal 2:2-5, 2012

QUESTIONS AND ANSWERS

1. When David and Linda first consulted with a psychiatrist about Theodore in 1991, what kind of evidence would they have needed to present in order to have a court order mandating Theodore into treatment against his wishes?
ANSWER: Evidence that he presented an imminent danger to himself or others.

2. What did Theodore's mother believe was at the root of his mental problems?
ANSWER: A traumatic hospitalization when Theodore was nine months old.

F24 BEHAVIORAL GENETICS AND THE CRIMINAL LAW

Steven K. Hoge, MD, New York, NY
Paul Appelbaum, MD, New York, NY
David Wasserman, JD, (I) New York, NY

EDUCATIONAL OBJECTIVE

Participants will understand the emerging science regarding the genetic contribution to criminal behavior; its use in criminal courts; data regarding the public's views of genetic information and determination of criminal responsibility; and a legal and ethical framework for evaluating the usefulness of behavioral genetics in the criminal context.

SUMMARY

Genetic science is rapidly evolving and promises to transform our understanding of psychiatric illness and aberrant behavior. Already, studies linking gene variants to antisocial and violent behavior have been applied to individual cases in criminal courts. Anecdotal reports suggest that the use of genetic data to prove biological propensity to commit crime is on the rise. How the legal system should use this science and what impact it should have on judgments of moral responsibility has become an active area of debate. Among the issues are whether evidence of a genetic propensity for anti-social behavior should exculpate persons from criminal charges, and if not, whether such evidence should be considered at sentencing, for either its mitigating or aggravating effect. To date, discussions have been entirely theoretical, uninformed by empirical data. In this workshop, Dr. Hoge will review the science linking genetic information to criminal behavior and the growing use of this science in the courts. Dr. Appelbaum will present the findings of an empirical study assessing the impact of genetic information on public attitudes regarding the punishment and prevention of criminal behavior. Professor Wasserman will discuss the use of genetic information in the criminal context from ethical and legal perspectives.

REFERENCES

Appelbaum PS: Behavioral genetics and the punishment of crime. Psychiatr Services 56:25-27, 2005
Bernet W, Vnencak-Jones CL, Farahany N, et al: Bad nature, bad nurture, and testimony regarding MAOA and SLC6A4 genotyping at murder trials. J Forensic Sci. 52:1362-71, 2007

QUESTIONS AND ANSWERS

1. Although there are conflicting findings, many studies and a meta-analysis have found an association between the MAOA genotype conferring low levels of the MAOA enzyme and antisocial behavior for:

a. all study participants
b. study participants who suffered maltreatment as children
c. study participants who were prescribed SSRIs
d. study participants with an Axis I psychiatric diagnosis

ANSWER: b

2. Current evidence indicates that genes influence what percentage of population variance in antisocial behavior?

a. 0% to 10%
b. 20% to 30%
c. 40% to 50%
d. 60% to 70%
e. 80% to 90%

ANSWER: c

F25 THE PSYCHIATRIST AS EXPERT WITNESS

Phillip Resnick, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Give more effective expert witness testimony in civil and criminal trials.

SUMMARY

Trial procedure and rules of evidence governing fact and expert witnesses will be reviewed briefly. The fallacy of the impartial expert will be discussed. Participants will learn that the adversary process seeks justice, sometimes at the expense of truth. The faculty will discuss preparation of legal reports, pre-trial conferences, depositions, and courtroom rules of confidentiality and privilege. Participants will learn to cope with cross-examiners who attack credentials, witness bias, adequacy of examination, and the validity of expert's reasoning. Issues of power and control in the witness cross-examiner relationship will be explored. Participants will learn how to answer questions

about fees, pre-trial conferences, questions from textbooks, and hypothetical questions. The use of jargon, humor, and sarcasm will be covered. Different styles of testimony and cross-examination techniques will be illustrated by 8 videotape segments from actual trials and mock trials. Participants will see examples of powerful and powerless testimony in response to the same questions. Mistakes commonly made by witnesses will be demonstrated. Slides of proper and improper courtroom clothing will be shown. Handouts include lists of suggestions for witnesses in depositions, 15 trick questions by attorneys, and 58 suggestions for attorneys cross-examining psychiatrists.

REFERENCES

Kwartner PP, Boccachini MT: Testifying in Court: Evidence-Based Recommendations for Expert Witness Testimony. In Jackson, R.(ed): Learning Forensic Assessment. New York, NY: Routlege/Taylor & Francis Group, 2008
Mullen PE: The psychiatric expert witness in the criminal justice system. Crim Behav Ment Health 20:165-176, 2010

QUESTIONS AND ANSWERS

1. Expert Witnesses:
a. May give opinions in court
b. Generally have more credibility than fact witnesses
c. Have facts beyond the scope of the average juror
d. Are truly impartial
e. a and c
f. b, d and e
ANSWER: b

2. Basic components of credibility include all of the following except:
a. Expertise
b. Trustworthiness
c. Dynamism
d. Logic
ANSWER: d

F26 EVALUATING THE DEMENTING MILLIONAIRE: EXECUTIVE FUNCTIONS AND THE LEAST RESTRICTIVE GUARDIANSHIP

Stephan Read, MD, San Pedro, CA
Craig Beaver, PhD, (I) Boise, ID
Robert Weinstock, MD, Los Angeles, CA

EDUCATIONAL OBJECTIVE

This workshop will provide a review of available executive functioning assessment tools as well as a discussion of the practical and ethical implications of these measures as it relates to elder capacity evaluations and the formulation of guardianship to maximize autonomy, safety, and quality of life.

SUMMARY

"Least restrictive" constraints for guardianship (or conservatorship) for a person with compromised mental powers are intended to maximize the ward's autonomy. Our workshop will explore these issues in the case of a "Captain of Industry," a self-made multimillionaire whose self-identity was deeply entwined with his very distinctive work. The case summary will highlight the interaction between neurocognitive syndrome and diagnosis with concomitant "psychiatric" syndrome, and discussion of the cognitive factors relevant to the determination of guardianship. Post-guardianship treatment (under the authority of the guardian) resulted in improved mental function, raising the issue of modification of the guardianship rules. Experts retained in the post-guardianship issue by proponents for subsequent less restrictive controls (Dr. Read) and by those opposed to the reductions (Dr. Beaver) will present their findings. The workshop will specifically present information about the tools currently available for the evaluation of the domain termed executive functioning, which is generally conceded to be central to the relevant capacity determinations. Discussion will also emphasize the ethical dimensions of the evaluation process and the roles of experts. Attendees are encouraged to bring questions regarding these issues from their own cases.

REFERENCES

McCullough LB, Molinari VS, Workman RH: Implications of impaired executive control functions for patient autonomy and surrogate decision making. J. Clin Ethics 4:37-405, 2001
Cullum CM, Saine K, Chan LD, et al: A performance-based instrument to assess functional capacity in dementia. The Texas Functional Living Scale. Neuropsychiatry, Neuropsychology and Behavioral Neurology 14:103-108, 2001

QUESTIONS AND ANSWERS

1. Tests of executive functioning include all the following, except:
a. Wisconsin Card Sorting Test (WCST)
b. The Iowa Gambling Task (IGT)
c. Texas Functional Living Scale (TFLS)
d. Tower of London (TOL)
e. Minnesota Multiphasic Personality Inventory-2, (MMPI-2)
ANSWER: e

2. All of the following are features of the The Texas Functional Living Scale (TFLS), except:
a. low cost
b. strong face validity
c. good normative data for older adults
d. relatively easy to learn and administer
e. It can discriminate between traumatic brain injury and progressive dementia
ANSWER: e

F27 VIOLENT VIDEO GAMES AND THE BATTLE OF THE SOCIAL SCIENCE EXPERTS

Ryan Hall, MD, Lake Mary, FL
Terri Day, JD, (I) Orlando, FL

EDUCATIONAL OBJECTIVE

Improved understanding of the complexity of population based social science literature and its use in court testimony and legislation.

SUMMARY

In June 2011, the U.S. Supreme Court decided the case of Brown v. Entertainment Merchants Association. This case addressed whether states have the right to restrict freedom of speech by limiting the sale of violent video games to minors. Previous to Brown, eight states passed similar legislation, all of which were found unconstitutional by lower courts. The Supreme Court's 7-2 decision definitively resolves this issue from a constitutional standpoint. Relevant to forensic psychiatry is the Court's review and interpretation of the medical and social science literature addressing the effects of violent video games on children. Those supporting the notion that violent video games were harmful to children claimed that the "evidence based" scientific literature conclusively supported their position. The Court rejected their assertions regarding the causal relationship between violent video games and harm to children. This case is an interesting study to see how the court may deal with future examples of conflicted evidence based social science policy/medicine in legislation.

REFERENCES

Day TR, Hall RCW: Déjà vu: from comic books to video games: legislative reliance on "soft science" to protect against uncertain societal harm linked to violence v. the first amendment. Oregon Law Review 89(2):415-452, 2010
Day T, Hall RCW: A plea for caution: violent video games, the supreme court, and the role of science. Mayo Clin Proc, 86(4):315-321, 2011

QUESTIONS AND ANSWERS

1. In the Supreme Court, the causation evidence between exposure to violence and harm to children questionable because:
a. The research presented was over-inclusive (e.g. applied to multiple forms of media).
b. Was correlative in nature but not proof of causation.
c. Was seen as biased by not citing other points of view.
d. All of the above.
Answer: D

2. Past historical examples of similar events based on scientifically supported evidence is:
a. The 1950s comic book debate regarding their effects on juvenile delinquency.
b. The 1980s music debate on effects of rape lyrics.
c. Limiting the sale of pornography to children.
d. All of the above.
e. None of the Above.
f. a and b.
ANSWER: f

F28 JUDGE, I'D RATHER DO IT MYSELF: COMPETENCY EVALUATIONS AFTER EDWARDS

Madelon Baranoski, PhD, (I) New Haven, CT
Howard Zonana, MD, New Haven, CT
Rocksheng Zhong, BS, (I) New Haven, CT
Josephine Buchanan, BA, (I) New Haven, CT

EDUCATIONAL OBJECTIVE
At the end of this presentation, participants will understand judicial preference for areas to be addressed in competency evaluations of pro se defendants. Participants will also have learned both a framework for developing competency questions for pro se assessment and examples of language to express conclusions.

SUMMARY
The US Supreme Court ruling in Indiana v. Edwards expanded the scope of competency determinations for defendants determined to represent themselves. Although the declaration of a higher standard for competency in pro se defense is clear; what is expected in assessing that competency is not. Opinions on what constitutes the pro se assessment ranges from an assessment of knowledge of criminal procedures to an assessment limited to the identification of cognitive and psychiatric impairment in average reasoning. Since the determination of competency is the responsibility of the judge, judicial views of what the evaluation must address are particularly relevant to planning the assessments. In this study, Connecticut judges completed a survey on their preferences for a pro se evaluation. Areas addressed included an assessment of psychiatric symptoms and impairments; knowledge of the law; behavioral deviations, and general style of behavior. Judges were asked to rate the relevance of each area as well as to ascribe responsibility to either the evaluator or the judge. The results show that the majority of judges reserved for themselves the assessment of legal knowledge but identified assessments of cognitive impairment, behavioral problems and emotional disregulation as the responsibility of the evaluator.

REFERENCES
Kaufman AR, Knoll JL, Way BB, Leonard C, et al: Survey of forensic mental health experts on pro se competence after Indiana v. Edwards J Am Acad Psychiatry and the Law 39(4): 565-570, 2011
Knoll JL, Leonard C, Kaufman AR, et al: A pilot survey of trial court judges' opinions on pro se competence after Indiana v. Edwards J Am Acad Psychiatry Law 39(3):297-306, 2011

QUESTIONS AND ANSWERS
1. The primary responsibility for deciding whether a defendant with mental illness may proceed pro se lies with:
a. the forensic psychiatrist
b. the defendant
c. the court
d. the court-appointed standby attorney
ANSWER: c

2. Based on the responses of Connecticut judges, forensic psychiatrists conducting a competency assessment of a defendant going pro se will need to:
a. Understand the rules of evidence
b. Inquire about the defendant's ability to bring forth appropriate motions to the court
c. Assess the defendant's ability to tolerate the stress of court proceedings.
d. Demonstrate evidence of specialized training in trial procedures.
ANSWER: c

F29 PSYCHOLOGICAL FACTORS IN THE DETERMINATION OF COMPETENCY TO STAND TRIAL

Alexander Westphal, MD, New Haven, CT
Susan Devine, APRN, (I) New Haven, CT
David Vachon, MS, (I) North Haven, CT
Michael Norko, MD, New Haven, CT
Caroline Easton, PhD, (I) New Haven, CT

EDUCATIONAL OBJECTIVE
To discuss recent research findings regarding the role of substance use in competency to stand trial evaluations.

SUMMARY
Competency, the ability of a defendant to understand criminal proceedings and to contribute to their own defense, is a necessary condition of any criminal court proceeding. When competency is in question, it is assessed, sometimes by a team and sometimes by an individual, using a series of questions. The New Haven Office of Court Evaluations based at the Department of Law and Psychiatry at Yale University uses a standardized form that covers 18 topics to determine competency, and has a database of over 2400 competency evaluations that includes detailed information about the characteristics of the defendants and the outcome of the examinations. In this presentation we discuss our research on factors that may influence the process by which competency is determined, with a particular emphasis on psychological factors, including substance abuse.

REFERENCES
Mossman D, Noffsinger G, Ash P, et al: Forensic psychiatric evaluation of competence to stand trial. J Am Acad Psychiatry Law 35(4): S3-S72, 2007
Nicholson R, LaFortune K, Norwood S, et al: Pretrial competency evaluations in Oklahoma: Report characteristics and consumer satisfaction. Paper presented at the American Psychological Association Convention, New York, 1995

QUESTIONS AND ANSWERS
1. Are dually diagnosed defendants found not competent more likely to be successfully restored in an inpatient environment in comparison to those who received outpatient restoration?

ANSWER: Dually diagnosed defendants found not competent are more likely to be successfully restored in an inpatient environment in comparison to those who received outpatient restoration.

2. Are defendants with dual diagnoses more likely to be found not competent when the evaluation occurred in an outpatient setting versus in a correctional setting?

ANSWER: Defendants with dual diagnoses are more likely to be found not competent when the evaluation occurred in an outpatient setting versus in a correctional setting.

F30 THE EFFECTIVENESS OF TELEPSYCHIATRY IN NEW YORK STATE PRISONS

Stephanie Lilly, MA, (I) Marcy, NY
Jonathan Kaplan, MD, Marcy, NY
Catherine Moffitt, PhD, (I) Marcy, NY
Maureen Bosco, LCSW, (I) Marcy, NY

EDUCATIONAL OBJECTIVE
To evaluate the efficacy of telepsychiatry versus in-person psychiatric treatment in the New York State correctional system.

SUMMARY
In rural areas of the country, due to limited access, the use of telemedicine has become an acceptable replacement to in-person treatment. One specialty of telemedicine is telepsychiatry. Studies have found the use of telepsychiatry to be feasible, reliable, cost-effective and acceptable in rural prison populations. However, studies that measure the efficacy of telepsychiatry via treatment outcomes are limited in size and scope. Central New York Psychiatric Ceneter (CNYPC), under the auspices of the New York State Office of Mentl Health, provides mental health services to inmates residing in New York State prisons. Based on recruitment challenges, telepsychiatry is vital to providing effective forensic mental health treatment. CNYPC provides approximately 10,000 psychiatric contacts annually via video teleconferencing (VTC). Study participants will be on the mental health caseload, prescribed psychotropic medications, and reside at a prison with both in-person and telepsychiatry services. Comparisons will be made between mental health treatment outcomes of in-person psychiatry versus telepsychiatry services. Treatment outcomes to be measured include treatment compliance, use of crisis services, number of hospitalizations and number of disciplinary sanctions. It is anticipated that there will not be any difference in mental health treatment outcomes between the modalities of psychiatric treatment delivery.

REFERENCES
Antonacci DJ, Bloch RM, Saeed SA, et al: Empirical evidence on the use and effectiveness of telepsychiatry via videoconferencing: implications for forensic and correctional psychiatry. Behav Sci and Law 26:253-69, 2008
Khalifa N, Saleem Y, Stankard P: The use of telepsychiatry within forensic practice: A literature review on the use of videolink. J Forens Psych and Psychology 19:2-13, 2008

QUESTIONS AND ANSWERS

1. Approximately how many psychiatric contacts occur annually via telepsychiatry in New York State Prisons?
a. 10
b. 100
c. 1000
d. 10000
ANSWER. d

2. Approximately, how many New York State correctional facilities utilize telepsychiatry?
a. 4
b. 8
c. 12
d. 20
ANSWER: c

F31 **A CASE OF INSANITY: A SCHOOL SHOOTING IN THE SHADOW OF COLUMBINE**

Richard Martinez, MD, MH, Denver, CO
Karen Fukutaki, MD, Denver, CO
Steven Jensen, JD, (I) Jefferson County, CO
Hal Wortzel, MD, Denver, CO

EDUCATIONAL OBJECTIVE

This presentation will improve attendee competence and skills in insanity assessment and trial testimony. Attendees will develop a better understanding and appreciation of the political and historical dynamics that often impact insanity cases and tactical and strategic decisions by both the defense and prosecution.

SUMMARY

On September 23, 2010, Mr. Bruco Strong Eagle Eastwood, a 31-year-old man with schizophrenia, shot and seriously wounded two students at Deer Creek Middle School within one mile of the infamous Columbine shooting in 1999. Mr. Eastwood entered a plea of NGRI. The trial occurred in September 2011. Members of the panel, four forensic psychiatrists involved in the evaluaton of Mr. Eastwood, and the DA who prosecuted Mr. Eastwood, will comment on their involvement and perspectives of the case. The relationship between cannabis abuse and schizophrenia, the doctrine of settled insanity, and Colorado definitions and procedures pertaining to insanity assessments and opinions will be reviewed. The memory of the Columbine shootings will be discussed with particular consideration of how this event influenced reactions and decisions regarding the trial of Mr. Eastwood. Lastly, members of the panel will discuss the current procedural insanity process in Colorado, and consider these procedures from the perspective of moral fairness within an adversarial system of justice.

REFERENCES

Cullen D: Columbine. New York, NY: Hachette Book Group, 2009
MacLeod J; Hickman M: How ideology shapes the evidence and the policy: what do we know about cannabis use and what should we know? Addiction 105: 1326-1330, 2010

QUESTIONS AND ANSWERS

1. In the Colorado Supreme Court case of People v. Serravo (1992), the court provided guidance on the standard by which the wrongfulness prong of the insanity claim should be understood under Colorado statutes. Did the court hold that a legal wrongfulness, an objective moral wrongfulness, or a subjective moral wrongfulness was intended by the Colorado legislature?
ANSWER: Objective moral wrongfulness.

2. Research to date reveals a relationship between cannabis use and psychosis. Is the chronic use of cannabis in the context of psychosis fall within the settled insanity doctrine?
a. No
b. Maybe
c. Yes
ANSWER: b

F32 AUTISM SPECTRUM DISORDERS IN THE CRIMINAL FORENSIC SETTING

Manish Fozdar, MD, Wake Forest, NC
Kenneth Weiss, MD, Bala Cynwyd, PA
Alexander Westphal, MD, New Haven, CT
Madelon Baranoski, PhD, (I) New Haven, CT
Mark Mahoney, JD, (I) Buffalo, NY

EDUCATIONAL OBJECTIVE
Highlight the challenges faced by forensic experts, prosecutors and defense attorneys in a case involving a defendant with Autism Spectrum Disorder. Discuss some relevant forensic issues such as competency to stand trial and neuropsychological testing in such cases.

SUMMARY
Dr. Fozdar will present a case of triple homicide where the defendant was diagnosed with autism spectrum disorder (ASD). He will discuss how the defense and prosecution experts arrived at different diagnosis for the defendant. Dr. Weiss will highlight the portrayals of individuals in the media by using examples of the cinematic portrayal of "Adam" and pentagon hacker Gary McKinnon. He will discuss the uneasy fit between the clinical deficits in ASD and the requirements of traditional psychiatric defenses. Dr. Westphal will summarize the research on autism and the criminal justice system, with particular focus on the characteristics of autism that may lead to behaviors that are viewed as criminal. Dr. Baranoski will discuss relevant forensic issues such as competency to stand trial and neuropsychological testing. Lastly, Mr. Mahoney will give a defense attorney's perspective on defending individuals with ASD who are charged with sexual crimes. He will discuss current problems and short and long term solutions.

REFERENCES
Weiss KJ: Autism spectrum disorder and criminal justice: Square peg in a round hole? Am J of Forensic Psychiatry, 32(3):3-19, 2011
Haskins BG, Silva JA: Asperger's disorder and criminal behavior: forensic-psychiatric considerations. J Am Acad Psychiatry Law 34(3):374-384, 2006

QUESTIONS AND ANSWERS
1. What are the characteristics of people with ASD?
ANSWER: Lack of social comportment and odd behaviors, lack of empathy, diminished eye contact, defects in recognizing others' emotions and behaviors.

2. Which issues may come up during the trial of a defendant diagnosed with ASD that require proper understanding of the neuropsychiatric deficits of ASD?
ANSWER: Competency to stand trial, Mens rea, Diminished capacity defense, Mitigating factors.

F33 BETTER THAN YOU: PSYCHOLOGY V. PSYCHIATRY IN RISK ASSESSMENT

Robert Phillips, MD, PhD, Annapolis, MD
Alec Buchanan, MD, PhD, New Haven, CT
Raymond Patterson, MD, Washington, DC
W. Lawrence Fitch, JD, (I) Baltimore, MD

EDUCATIONAL OBJECTIVE
To explore evolving tensions between forensic psychiatry and psychology experts presenting risk of future danger assessments based on “actuarial v. clinical methodologies,” the attendant courtroom challenges and public policy implications. Examine the appropriateness of using actuarial assessments for commitment or detention to psychiatric institutions in the absence of mental illness.

SUMMARY
Use of clinical versus actuarial methodologies continues to be debated in psychological and psychiatric risk assessment literature. Approaches have been broadly categorized into three groups: clinical, actuarial, and structural clinical judgment. Actuarial approaches address group, not individual, risk. Their low accuracy in detecting rare events is limited to the population for which the tool was developed. No clinical input is required, just translation of relevant material from the records to mathematically calculate the risk score. Proponents argue actuarially derived decisions should replace existing clinical practices. Clinical approaches provide individualized and contextualized assessments potentially vulnerable to individual bias and poor inter-rater reliability yet reportedly achieving better than chance levels of accuracy. Clinical prediction is described by detractors as “anecdotal” or ‘informal', and therefore a less efficient, unsystematic version of the mathematical approach. Structured assessments assemble estimates of risk by means of a mathematical process specified in advance with unstructured information gathered from other sources

concentrating on static rather than dynamic factors in the patient's case. Using video clips and trial testimony the panel will review current research, practice, legal implications and public policy effects of the debate's movement from journals into the courtroom and challenges to the reliability of clinical psychiatric risk assessments.

REFERENCES

Buchanan A: Risk and dangerousness. Psychological Medicine 29:465-473, 1999
Wong CP, Coid J: The efficacy of violence prediction: a meta-analytic comparison of nine risk assessment tools. Psychological Bulletin 136(5) 740–767, 2010

QUESTIONS AND ANSWERS

1. Does clinical risk assessment involve the selection and measurement of risk factors based only on a psychiatrist's clinical experience and theoretical orientation?

ANSWER: No. A competent and reliable comprehensive forensic psychiatric risk assessment is rooted in evidence based clinical practice standards and considers all relevant clinical and historical data including standardized assessments.

2. How would you counsel an attorney trying to exclude actuarial testing in a proceeding for commitment or retention to a psychiatric facility due to dangerousness whose client does not suffer from mental illness?

ANSWER: Move to exclude based on relevance. Dangerousness due to mental illness is the standard.

F34 WHEN FORENSIC EXAMINERS DISAGREE: BIAS, OR JUST INACCURACY?

Douglas Mossman, MD, Cincinnati, OH

EDUCATIONAL OBJECTIVE

At the conclusion of this presentation, participants will distinguish accuracy of competence to stand trial assessments from agreement between forensic examiners, and state that examiners can disagree about conclusions despite being very good at ranking defendants' capacities to stand trial.

SUMMARY

Previous investigators have suggested that bias might account for the disparate rates at which examiners conclude that defendants are competent to stand trial (CST). This article describes three computer studies of how biases and imperfect accuracy might affect rates of disagreement. Study 1 assumed that examiners could discriminate between competent and incompetent accurately (effect size = 1.81, ROC area = 0.90) and used computer simulation of 20,000 pairs of CST evaluations to determine how different judgment thresholds (e.g., thresholds exemplifying biases toward opinions that defendants were competent or incompetent) would elevate disagreement rates above those expected through chance error alone. Studies 2 and 3 evaluated the assumptions of Study 1 using previously published data to make inferences about examiner accuracy and threshold locations. Imperfect accuracy alone would often explain a majority of the between-examiner disagreement, even if examiners approached evaluations with distinct biases. Results from Studies 2 and 3 suggested that assumptions used in Study 1 were reasonable. Many instances of between-examiner disagree might be attributable to imperfect accuracy that expresses itself in random errors, rather than to examiner biases that imply different thresholds for judging defendants' competence.

REFERENCES

Murrie DC, Boccaccini M, Zapf PA, et al: Clinician variation in findings of competence to stand trial. Psychol Pub Policy Law 14: 177-193, 2008
Mossman D, Bowen MD, Vanness DJ, et al: Quantifying the accuracy of forensic examiners in the absence of a "gold standard." Law & Hum Behav 34:402-417, 2010

QUESTIONS AND ANSWERS

1. Suppose two completely unbiased examiners perform very accurate assessments (ROC area = 0.90) of competence to stand trial (CST), and suppose their rankings of defendants' abilities are well correlated (r=0.5). According to this study, how often would they disagree about whether defendants were competent or incompetent?

a. 3% of cases
b. 6% of cases
c. 9% of cases
d. 12% of cases
e. 15% of cases

ANSWER: e

2. What factors help to explain examiners' disagreement about CST?
a. Examiners' intrinsic accuracy in ranking defendants' CST-related abilities
b. Random error
c. Correlation between examiners' rankings of defendants' CST-related abilities
d. Examiners' biases toward types of outcomes
e. All the above
ANSWER: e

F35 **"I DID NOT WANT A MAD DOG RELEASED": JURY INSTRUCTIONS ON INSANITY ACQUITTAL DISPOSITIONS**

Jennifer Piel, MD, JD, Seattle, WA

EDUCATIONAL OBJECTIVE
This presentation will review the arguments for and against jury instructions on insanity acquittal disposition and will provide attendees with a review of the empirical research on juror knowledge about the consequences of a successful insanity defense.

SUMMARY
An important topic about the insanity defense is what jurors should be told about the disposition of a defendant found not guilty by reason of insanity. In the federal system, jurors are not told about the consequences of an insanity verdict under Shannon v. United States. State courts are divided on the issue. Principal arguments for and against such an instruction will be reviewed. Of particular interest, a review of the empirical evidence on juror knowledge about insanity acquittal disposition will be discussed.

REFERENCES
Rauscher CJ, Symposium: Remembering Judge Frank M. Coffin: A Remarkable Legacy: Case Note: "I Did Not Want a Mad Dog Released"— The Results of Imperfect Ignorance: Lack of Jury Instructions Regarding the Consequences of an Insanity Verdict in State v. Oki
Shannon v. United States, 114 S. Ct. 2419, 1994

QUESTIONS AND ANSWERS
1. Which federal case held that it is improper to instruct the jury in federal cases on the consequences of an insanity verdict?
a. State v. Okie, 987 A.2d 495 (Me. 2010)
b. Shannon v. United States, 114 S.Ct. 2419 (1994)
c. Lyles v. Untied States, 254 F.2d 725 (D.C. Cir. 1957)
d. United States v. Fisher, 10 F.3d 115 (3d Cir. 1993)
ANSWER: b

2. From Sloat and Frierson's 2005 study, what percentage of mock jurors correctly identified NGRI and GBMI verdict definitions on a multiple choice questionnaire?
a. 1%
b. 4.2%
c. 9.6%
d. 30%
ANSWER: b

F36 **CYBERSTALKING AND CYBERHARASSMENT: A REVIEW FOR THE FORENSIC PSYCHIATRIST**

Tara Collins, MD, MPH, San Francisco, CA
Dale McNiel, PhD, (I) San Francisco, CA
Renée Binder, MD, San Francisco, CA

EDUCATIONAL OBJECVTIVE
This presentation will improve attendee competence and/or performance in the following way(s): will be able to define cyberstalking and cyberharassment; will be able to appreciate the differences in cyberstalking and cyberharassment legislation across the United States; and will understand in what ways forensic experts get involved in cyberstalking and cyberharassment cases.

SUMMARY
With the explosive growth of the Internet and other technologies, cyberstalking and cyberharassment have become significant issues for society. Victims of these crimes suffer significant medical, psychological, social and financial distress. As technology continues to advance and become more accessible and commonplace, the incidence and prevalence of these behaviors are expected to rise. Although cyberstalking and cyberharassment are serious crimes, there are several jurisdictions that do not have laws addressing these behaviors. The existing statutes are not uniform and display a great variation in definition, classification, and punishment. This paper will provide a brief overview of cyberstalking and cyberharassment, focusing on epidemiology, examples of behaviors, and impact on victims. State and federal statutes addressing cyberstalking and cyberharassment will be reviewed. It is important for forensic psychiatrists to be knowledgeable of the different statutes so that they may effectively assist victims, perpetrators, attorneys, judges and law enforcement in cyberstalking and cyberharassment cases. To our knowledge, this is the first published review in the forensic psychiatry literature that examines cyberstalking and cyberharassment legislation, as well as discusses the role of the forensic psychiatric expert in adult cyberharassment and cyberstalking cases.

REFERENCES
Sheridan LP, Grant T: Is cyberstalking different? Psychol Crime Law 13(6):627-40, 2007
Knoll J, Resnick P. Stalking Intervention. Curr Psychiatr 6(5):31-8, 2007

QUESTIONS AND ANSWERS
1. Cyberstalking and cyberharassment victims may experience which of the following:
a. Anxiety
b. Depression
c. Substance abuse
d. All of the above
ANSWER: d

2. Which of the following is not a risk factor for violence in relation to cyberstalking?
a. obsessional traits
b. vandalism
c. avoidant traits
d. substance abuse
ANSWER: c

F37 UNITED STATES DEPARTMENT OF JUSTICE FINDINGS LETTERS IN PSYCHIATRIC HOSPITAL CRIPA CASES: AN AID OR A DISTRACTION?

Jeffrey Geller, MD, Holden, MA
Leilani Lee, MD, Mineola, NY

EDUCATIONAL OBJECTIVE
To improve the reader's knowledge regarding the Civil Rights of Institutionalized Persons Act (CRIPA) investigations and increase their knowledge regarding the resulting Findings Letters.

SUMMARY
CRIPA, enacted in 1980, allows the United States Department of Justice (DOJ) to investigate and file lawsuits against certain state institutions where individuals within may face unconstitutional conditions. Subsequent to an investigation, and prior to negotiations or litigation, the state is provided a Findings Letter generated by DOJ that generally contains recommended remedial measures. The extent a Findings Letter provides a state with recommendations specific to the institution is unknown. In this study, three study groups were derived from a sample of 15 Findings Letters written to state psychiatric hospitals between 2003 and 2009. The individual recommended remedial measures, labeled as Text of Interest (TOI), were identified and the degree of overlap among the Findings Letters was determined. To a remarkable degree, TOI overlapped from exact copies of text to paraphrased versions, in Findings Letters written to different states, and for multiple state hospitals in the same state, between 2003 and 2009. We found that the recommended remedial measures provided in the DOJ's Findings Letters are not specific to each state hospital's deficiencies and offer limited guidance in remediation. A more efficient process of investigation may offer greater effectiveness.

REFERENCES
Holt K: When Officials Clash: Implementation of the Civil Rights of Institutionalized Persons Act. Westport, CT: Praeger Publishers, 1998
Geller JL: The last half-century of psychiatric services as reflected in Psychiatric Services. Psychiatr Serv 51:41-67, 2000

QUESTIONS AND ANSWERS

1. According to CRIPA law, which type of institutions can the DOJ not investigate?
a. State or government run juvenile correctional facilities
b. Private institutions
c. State or government run mental health facilities,
d. State or government run developmental disability facilities and nursing homes
e. Any facility that houses and provides services to specified populations on the State's behalf
ANSWER: b

2. Based on CRIPA law, the Findings Letter provided to the State by the DOJ must include:
a. facts giving rise to the alleged conditions in the institution
b. minimal corrective measures to remedy the alleged condition
c. specific remedial measures provided by the DOJ's expert
d. a and b
e. b and c
ANSWER: d

Saturday

SATURDAY, OCTOBER 27, 2012

POSTER SESSION C — 7:00 AM – 8:00 AM/ 9:30 AM – 10:15 AM — **BALLROOM FOYER**

S1 ***Asperger's and Deviant Sexual Behavior: A Boy and a Dog***
Denise Kellaher, DO, Folsom, GA

S2 ***Development of an In-Jail Competency Restoration Service***
Jonathan Guy, MD, Indianapolis, IN
Lauren Reba-Harrelson, PhD, (I) Atlanta, GA
Paul O'Leary, MD, Birmingham, AL
Ronald Herndon, PhD, (I) Atlanta, GA
Peter Ash, MD, Atlanta, GA

S3 ***An Association Between Sleep-Disordered Breathing and Anger and Hostility, and Improvement of Anger and Hostility with CPAP Treatment***
John Paul Fedoroff, MD, Ottawa, ON, Canada
Elliott Lee, MD, Ottawa, ON, Canada
Susan Curry, BA (Hon.), (I) Ottawa, ON, Canada
Natasha Knack, BA (Hon.), (I) Ottawa, ON, Canada
Adekunle Ahmed, MB, Ottawa, ON, Canada
Alan Douglass, MD, (I) Ottawa, ON, Canada

S4 ***American and British Juvenile Sex Offenders: Worlds Apart?***
Elena del Busto, MD, Philadelphia, PA
Tony Adiele, LLB, (I) Cambridge, United Kingdom
Michael Harlow, MD, JD, Mankato, MN

S5 ***Civilian PTSD Symptoms and Risk for Involvement in the Criminal Justice System***
Leah Habib, MD, Pine Lake, GA
Sachiko Donley, BA, (I) Pine Lake, GA
Tanja Jovanvic, PhD, (I) Pine Lake, GA
Asante Kamkwalala, BS, (I) Pine Lake, GA
Glenn Egan, PhD, (I) Pine Lake, GA
Bekh Bradley, PhD, (I) Pine Lake, GA
Kerry Ressler, MD, (I) Pine Lake, GA

S6 ***Affiliation of Supreme Court Justices in Landmark Cases***
Jason Beaman, DO, Tulsa, OK

S7 ***Fear of Female Genital Mutilation as Asylum Seeker and the Role of Forensic Psychiatry***
Harun Evcimen, MD, Pittsburgh, PA
Sheila Velez Martinez, (I) Pittsburgh, PA
Ashley Lively, (I) Pittsburgh, PA
Charles Martinez, (I) Pittsburgh, PA
Stephen Zerby, MD, Pittsburgh, PA

S8 ***Robotripping***
Billy Beck, MD, Charleston, SC
Susan Knight, PhD, (I) Charleston, SC
Leonard Mulbry, MD, Charleston, SC

S9 ***Undue Influence in Online Pharmaceutical Marketing***
Brian Falls, MD, Brockton, MA
Julian DeFreitas, (I) New Haven, CT
Omar Haque, MD, MTS, (I) Cambridge, MA
Harold Bursztajn, MD, (I) Cambridge, MA

S10 ***An Analysis of Sanctions and Respective Psychiatric Diagnoses in Veterans' Court***

R. Scott Johnson, MD, JD, Houston, TX
David Graham, MD, (I) Houston, TX
Kristi Sikes, MD, Houston, TX
Andrea Nelsen, MD, Houston, TX
Andrea Stolar, MD, Houston, TX

S11 ***Veteran Diversion Participants and Premilitary Trauma***

Debra Pinals, MD, Worcester, MA
Stephanie Hartwell, PhD, (I) Boston, MA
Amy James, PhD, (I) Hartford, CT
Martha Marin, MPA, (I) Hartford, CT
David Smelson, PsyD, (I) Worcester, MA
Elizabeth Orvek, MS, (I) Worcester, MA
Stephanie Singer, BA, (I) Worcester, MA

AAPL BUSINESS MEETING (MEMBERS ONLY) 8:00 AM – 9:30 AM **BALLROOM WEST**

COFFEE BREAK **9:30AM - 10:00AM** **BALLROOM FOYER**

WORKSHOP 10:00AM – 12:00 PM **BALLROOM WEST**

S12 ***Ethics Dilemmas in Forensic Psychiatry- Ask a Colleague***
Ethics Committee

Charles Dike, MD, Middletown, CT
Donald Meyer, MD, Cambridge, MA
Liza Gold, MD, Arlington, VA
Elissa Benedek, MD, Ann Arbor, MI
Howard Zonana, MD, New Haven, CT

WORKSHOP 10:00 AM – 12:00 PM **BALLROOM EAST**

S13 ***Early Career Workshop – If I Had Known Then What I Know Now***
Early Career Committee

Andrew Nanton, MD, Orlando, FL
Timothy Allen, MD, Lexington, KY
Thomas Gutheil, MD, Boston, MA
Angela Hegarty, MD, North Great River, NY
Alan Newman, MD, Washington, DC
Susan Hatters Friedman, MD, Cleveland Heights, OH

PANEL 10:00 AM – 12:00 PM **DRUMMOND W/C**

S14 ***The Unconscious Offender: Sleep, Parasomnias, and Amnesia***

Daniel Mundy, MD, New York, NY
Christopher Racine, MD, Brooklyn, NY
Charles Scott, MD, Sacramento, CA
Stephen Billick, MD, New York, NY

WORKSHOP 10:00 AM – 12:00 PM **SALON JERRY/JOYCE**

S15 ***Assessing Causation in Psychic Damages***

Stephen Noffsinger, MD, Hudson, OH
Phillip Resnick, MD, Cleveland, OH
Jennifer Piel, MD, JD, Cleveland, OH
Jeffrey Watabe, MD, Sandy, UT
Joy Stankowski, MD, Strongsville, OH

PANEL 10:00 AM – 12:00 PM **SALON 4/5**

S16 ***Revisiting the Lesson of Osheroff vs. Chestnut Lodge***

James Knoll, IV, MD, Syracuse, NY
Enrico Suardi, MD, Washington, DC
Jonathan Mook, Esq., (I) Alexandria, VA
Phillip Hirschkop, Esq., (I) Alexandria, VA

LUNCH (TICKET REQUIRED) — 12 NOON – 2:00 PM — **BALLROOM CENTER**

S17 ***The Psychopath Test***

Jon Ronson, (I) New York, NY

PEER REVIEW SESSION (AAPL MEMBERS ONLY) — 2:15 PM – 4:00 PM — **BALLROOM WEST**

S18 ***Assessment of Intellectually Disabled Murder Defendants***
Peer Review Committee

David Rosmarin, MD, Newton, MA
Ezra Griffith, MD, New Haven, CT
Thomas Gutheil, MD, Brookline, MA
John Turpin, MD, Monroe, LA
Marc Colon, MD, Shreveport, LA

COURSE (TICKET REQUIRED) — 2:15 PM – 6:15 PM — **BALLROOM EAST**

S19 ***Starting a Forensic Private Practice (Core)***
Private Practice Committee

Trent Holmberg, MD, Draper, CT
Camille LaCroix, MD, Boise, ID
James Reynolds, MD, St. Joseph, MO
Robert Granacher, Jr., MD, MBA, Lexington, KY
Henry Levine, MD, Bellingham, WA
Brian Crowley, MD, Washington, DC
Celestine DeTrana, MD, Indianapolis, IN

A/V SESSION — 2:15 PM – 4:00 PM — **DRUMMOND W/C**

S20 ***Great Performances: Malingering in Fiction***

Sherif Soliman, MD, Beachwood, OH
Cathleen Cerny, MD, Seven Hills, OH
Susan Hatters Friedman, MD, Cleveland Heights, OH
Sara West, MD, Cleveland Heights, OH
Alan Oxman, LSW, (I) Brooklyn, NY

PANEL — 2:15 PM – 4:00 PM — **SALON JARRY/JOYCE**

S21 ***Police Interrogation, Mental Illness, and False Confessions***

Peter Dell, MD, Santa Monica, CA
Gregory DeClue, PhD, (I) Sarasota, FL
Veronica Stinson, PhD, (I) Halifax, NS, Canada

RESEARCH IN PROGRESS #3 — 2:15 PM – 4:00 PM — **SALON 4/5**

S22 ***Internet Chats Pilot Study Findings: Who Solicits Children***
Sexual Offenders Committee

R. Gregg Dwyer, MD, Charleston, SC
Dana DeHart, PhD, (I) Columbia, SC
Robert Moran, PhD, (I) Columbia, SC
Donna Schwartz-Watts, MD, Columbia, SC
William Burke, PhD, (I) Summerville, SC

S23 ***A National Survey of Aggression in State Psychiatric Hospitals***

David Bobb, MD, Sacramento, CA
Rodney Reid, MD, PhD, Sacramento, CA
Katherine Warburton, DO, Sacramento, CA
Barbara McDermott, PhD, (I) Sacramento, CA

S24 ***Dangerous Offenders and Long-Term Offenders in the Province of Quebec***

France Proulx, MD, M.Sc., FRCPC, Montreal, PQ, Canada

COFFEE BREAK — **4:00PM - 4:15PM** — **BALLROOM FOYER**

PANEL 4:15 PM – 6:15 PM **BALLROOM WEST**

S25 ***The Elucidation Motive and Mental Illness in Civil and Criminal Arson; A Practical Guide to Evaluating Those Who Play with Fire***

Jason Beaman, DO, Tulsa, OK
Karl Mobbs, MD, Albuquerque, NM
Monifa Seawell, MD, Detroit, MI
Phillip Resnick, MD, Cleveland, OH

WORKSHOP 4:15 PM – 6:15 PM **DRUMMOND W/C**

S26 ***Dr. Frasier Crane Goes to Court: Telepsychiatry and Daubert***

Patricia Recupero, MD, JD, Providence, RI
Liza Gold, MD, Arlington, VA
Paul Christopher, MD, Rumford, RI

DEBATE 4:15 PM – 6:15 PM **SALON JARRY/JOYCE**

S27 ***Private Case Files in Forensic Research? Ethics and Legal Issues***

Angela Hegarty, MD, North Great River, NY
Philip Candilis, MD, Arlington, MA
Howard Zonana, MD, New Haven, CT

RESEARCH IN PROGRESS #4 4:15 PM – 6:15 PM **SALON 4/5**

S28 ***Assessment of Outcomes in Therapeutic Courts in Cook County Illinois***

Stephanie Callaway, PsyD, (I) Chicago, IL
Mark Kammerer, MS, (I) Chicago, IL
Helen Morrison, MD, MJ, Chicago, IL
Steven Dinwiddie, MD, Chicago, IL

S29 ***Psychiatric Disorders in Offenders with Prenatal Alcohol Exposure***

Mansfield Mela, MBBS, Saskawon, SK, Canada

S30 ***Beyond Friending: Analysis of the Impact of Social Media Websites and Data Mining on the Opinion and Practice of Forensic Psychiatrists***

John Lusins, III, MD (I) Morgantown, WV
Susan Choby, MD, Morgantown, WV

S31 ***DSM 5 Field Trial in a Forensic Hospital***

Ernest Poortinga, MD, Ann Arbor, MI

S1 ASPERGER'S AND DEVIANT SEXUAL BEHAVIOR: A BOY AND A DOG

Denise Kellaher, DO, Folsom, GA

EDUCATIONAL OBJECTIVE

Using a case example, this presentation will improve attendee competence in evaluating and understanding deviant sexual behavior that may occur in individuals with Asperger's Disorder. On a larger scale, the discussion aims to spark research interest with regard to individuals with Asperger's Disorder and risk of deviant sexual behavior.

SUMMARY

In spite of the expanding research on Autistic Spectrum Disorders, there has been little devoted to the sexual functioning of affected individuals following the onset of puberty. Given expected social skills deficits in Asperger's Disorder, it should not be surprising that some individuals may develop asocial, deviant behaviors for sexual gratification. To add, eccentric sensory proclivities seen in Asperger's may drive some sexual deviant behavior. In the case of Mr. Lee, a 15 year old with Asperger's Disorder, he developed an early interest in canines and he began having exclusive bestial sexual contact after puberty. His case of a blossoming paraphilia may serve to inform on how some Asperger's individuals may learn how to get their sexual needs met through asocial mechanisms.

REFERENCES

Marco EJ, Hinkley LB, Hill SS, et al: Sensory processing in autism: a review of neurophysiologic findings. Pediatr Res. 69(5 Pt 2):48R-54R, 2011

Centers of Disease Control and Prevention Data and Statistics on Autistic Spectrum Disorders. Available at http://www.cdc.gov/ncbddd/autism/data.html. Accessed February 29, 2012

QUESTIONS AND ANSWERS

1. Individuals with Asperger's Disorder typically:
a. are diagnosed before age 5.
b. are prone towards sex offending.
c. are law abiding.
d. are disinterested in sexual relationships with others.
ANSWER: c

2. According to the latest statistics published by the CDC, Autistic Spectrum Disorders:
a. are more prevalent in males than females.
b. are estimated to occur at a rate of 1 in 110 children in the U.S.
c. may be associated with pre-natal exposure to valproic acid.
d. appear to have a heritable risk.
e. all of the above.
ANSWER: e

S2 DEVELOPMENT OF AN IN-JAIL COMPETENCY RESTORATION SERVICE

Jonathan Guy, MD, Indianopolis, IN
Lauren Reba-Harrelson, PhD, (I) Atlanta, GA
Paul O'Leary, MD, Birmingham, AL
Ronald Herndon, PhD, (I) Atlanta, GA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

Improve understanding of issues in developing an in-jail competency restoration program.

SUMMARY

In-jail restoration of competency to stand trial is a relatively new approach. Typically, defendants found incompetent to stand trial (IST) are transferred to forensic mental health hospitals for restoration, with the attendant costs associated with inpatient hospitalization. Many IST defendants, however, do not require such intense services, and can be restored in a less acute setting. In addition, reductions in state mental health budgets have sometimes caused a shortage of beds in forensic hospitals, which has led to many IST defendants waiting for transfer in jail without restorative treatment. This poster describes the development and system issues of a new in-jail competency restoration unit which has been successful in markedly reducing the costs of restoration.

REFERENCES

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

Kapoor R: Commentary: Jail-based competency restoration. J Am Acad Psychiatry Law 39(3):311-315, 2011

QUESTIONS AND ANSWERS

1. What is the primary advantage of in-jail competency restoration compared to forensic hospital restoration?
ANSWER: Reduced cost.

2. What is the leading predictor of restoration of competency in an in-jail restoration program?
ANSWER: Compliance with antipsychotic medication treatment.

S3 AN ASSOCIATION BETWEEN SLEEP-DISORDERED BREATHING AND ANGER AND HOSTILITY, AND IMPROVEMENT OF ANGER AND HOSTILITY WITH CPAP TREATMENT

John Paul Fedoroff, MD, Ottawa, ON, Canada
Elliott Lee, MD, Ottawa, ON, Canada
Susan Curry, BA (Hon.), (I) Ottawa, ON, Canada
Natasha Knack, BA (Hon.), (I) Ottawa, ON, Canada
Adekunle Ahmed, MB, Ottawa, ON, Canada
Alan Douglass, MD, (I) Ottawa, ON, Canada

EDUCATIONAL OBJECTIVE

To understand the significance of sleep problems and sleep disordered breathing when evaluating patients with anger difficulties, and understand that treatment such as continuous positive airway pressure (CPAP) can be an effective intervention for anger problems in patients with sleep disordered breathing

SUMMARY

Anger and aggression are associated with violence, but treatment options are limited. Sleep-disordered breathing (SDB) is characterized by repetitive cessations of breathing and is treated routinely with continuous positive airway pressure (CPAP). Several studies identify anger symptoms in SDB patients. The study aim was to evaluate anger/hostility in SDB patients and assess changes with CPAP treatment. 43 patients diagnosed with SDB by polysomnography were recruited from the Royal Ottawa Sleep Disorders Clinic. Patients completed baseline questionnaires including the Buss-Perry Aggression Questionnaire (BPAQ), and the State Trait Anger Expression Inventory (STAXI-2) before initiating CPAP therapy. After 1 month, patients repeated the questionnaires, and changes in anger/hostility were analyzed along with CPAP compliance. Using partial correlations, when baseline Anger Expression Out (AXO) was controlled, there was a significant negative correlation between CPAP use (days used) and post-treatment AXO scores ($r = -0.336$, $p<0.05$). When baseline Anger Expression Index (AXI) was controlled, there was a significant negative correlation between CPAP use (days used) and post-treatment AXI ($r = -0.334$, $p<0.05$). CPAP is effective in reducing anger and its outward expression. This has implications for patients with anger symptoms, and suggests that addressing SDB is an unrecognized avenue for intervention.

REFERENCES

Bardwell WA, Berry, CC et al: Psychological correlates of sleep apnea. J Psychosom Res 47(6): 583-96, 1999
Booth BD, Fedoroff JP, et al: Sleep apnea as a possible factor contributing to aggression in sex offenders. J Forensic Sci 51(5): 1178-81, 2006

QUESTIONS AND ANSWERS

1. A 40-year-old patient presents with a history of sleep disordered breathing and anger difficulties. Which of the following treatment options could reduce symptoms of outward expression of anger?
a. Antidepressant therapy
b. Continuous Positive Airway Pressure (CPAP) therapy
c. Mood stabilizer
d. Antipsychotic therapy
ANSWER: b

2. Which of the following treatments for sleep disordered breathing has been associated with a reduction in anger symptoms in patients with this problem?
a. Mandibular Advancement Device
b. Uvulopalatopharyngoplasty
c. Tracheostomy
d. Maxillomandibular advancement surgery
e. Continuous Positive Airway Pressure therapy
ANSWER: e

S4 AMERICAN AND BRITISH JUVENILE SEX OFFENDERS: WORLDS APART?

Elena del Busto, MD, Philadelphia, PA
Tony Adiele, LLB, (I) Cambridge, United Kingdom
Michael Harlow, MD, JD, Mankato, MN

EDUCATIONAL OBJECTIVE
To inform the viewer regarding the significance of juvenile sex offenders and the divergent treatment policies in the US and UK.

SUMMARY
The successful management of sex offenders is vital to the security of society. It becomes particularly problematic when those offenders are children themselves. The result is a crossroads between two contradictory policies: zero tolerance and the belief children can be rehabilitated. Research in the US shows that juvenile sex offenders are 25% of all sex offenders. In Britain, epidemiological surveys reveal a rate of juvenile sexual offending: 1.5/1000 males aged 12-17 years. Public policy in the USA appears to be fueled by belief that juvenile sex offenders will mature to be adult sex offenders, resulting in more stringent laws towards juveniles. These policies and attitudes are not common in the UK. This presentation will compare and contrast statistics, interventions, legislation and attitudes of juvenile sex offenders in US and UK. Furthermore, we will explore the impact these polices might have on this unfortunate group of sex offenders.

REFERENCES
Finkelhor D, Omrod R, Chaffin M: Juveniles Who Commit Sex Offenses Against Minors. US Department of Justic, Juvenile Justice Bulletin, 2009 www.ojp.usdoj.gov/ojjdp accessed 7/20/2012
James AC, Neil P: Juvenile sexual offending: one-year period prevalence study in Oxfordshire. Child Abuse Negl 20(6):477-485, 1996

QUESTIONS AND ANSWERS
1. In the US, juvenile sex offenders:
a. show higher rates of recidivism than adult sex offenders.
b. show lower rates of recidivism than adult sex offenders.
ANSWER: b

2. The legal age of consent is different in the countries that make up the UK,
a. and the broad definition of a juvenile sex offender varies in the different countries that comprise the UK.
b. but the broad definition of juvenile sex offender does not vary in the different countries that comprise the UK.
ANSWER: b

S5 CIVILIAN PTSD SYMPTOMS AND RISK FOR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Leah Habib, MD, Pine Lake, GA
Sachiko Donley, BA, (I) Pine Lake, GA
Tanja Jovanvic, PhD, (I) Pine Lake, GA
Asante Kamkwalala, BS, (I) Pine Lake, GA
Glenn Egan, PhD, (I) Pine Lake, GA
Bekh Bradley, PhD, (I) Pine Lake, GA
Kerry Ressler, MD, (I) Pine Lake, GA

EDUCATIONAL OBJECTIVE
To examine the high rates of PTSD in a low income, urban population and association with involvement in the criminal justice system and charges of a violent offense.

SUMMARY
Posttraumatic stress disorder (PTSD) has received considerable attention with regard to ongoing wars in Iraq and Afghanistan. In studies of veterans, behavioral sequelae of PTSD can include hostile and violent behavior. Rates of PTSD found in impoverished, high-risk urban populations within U.S. inner cities are as high as in returning veterans. The objective of this study is to determine whether civilian PTSD is associated with increased risk for incarceration and charges related to violence in a low-income, urban population. 4,113 participants recruited from Grady Memorial Hospital in Atlanta, Georgia, completed self-report measures assessing history of trauma, PTSD symptoms, and incarceration. Both trauma exposure and civilian PTSD remained strongly associated with increased risk for involvement in the criminal justice system and charges of a violent offense, even after controlling for sex, age, race, education, employment, income and substance abuse in a regression model. Regarding public safety and recidivism, the consequences of trauma exposure and PTSD in civilian populations should be addressed.

REFERENCES
Breslau N, Kessler RC, Chilcoat HD, et al: Trauma and posttraumatic stress disorder in the community: the 1996 Detroit area survey of trauma. Arch Gen Psychiatry 55(7):626-32, 1998
Saxon AJ, Davis TM, Sloan KL, et al: Trauma, symptoms of posttraumatic stress disorder, and associated problems among incarcerated veterans. Psychiatr Serv 52(7):959-64, 2001

QUESTIONS AND ANSWERS
1. In this primarily low income, urban population of 4,100 recruited from primary care clinics, what percentage met criteria for a current diagnosis of PTSD?
a. 6%
b. 15%
c. 31%
d. 63%
ANSWER: c

2. Of the male participants meeting criteria for PTSD, what percentage had ever been arrested?
a. 12%
b. 33%
c. 62%
d. 88%
ANSWER: d

S6 AFFILIATION OF SUPREME COURT JUSTICES IN LANDMARK CASES

Jason Beaman, DO, Tulsa, OK

EDUCATIONAL OBJECTIVE
This presentation will improve attendee competence by allowing them to understand how political beliefs influence the major mental health laws of the United States.

SUMMARY
The American Academy of Psychiatry and the Law outlines what it deems to be the most important and influential cases in a collection known as Landmark Cases. These cases define the interaction of mental health and the law. Most of these cases are at the level of the United States Supreme Court, while others are at the level state courts. Most decisions can be categorized as being for individual rights or for those of society. Individual rights are those decisions that served the interest of the defendant in most cases, which is contrasted to societal rights in which decisions sided with wardens or mental health hospitals (among others). Since Supreme Court Justices are nominated by a politically affiliated president, a review was performed to determine if a trend was present among party lines and individual rights. Each landmark case was first categorized, and then the justices for and against was determined. The President that nominated each Justice was then determined to give the justice a political affiliation. The results for each justice were then tabulated to determine whether or not one party was more for individual rights than another.

REFERENCES
AAPL Landmark Cases. Available at http://www.aapl.org. Accessed February 4, 2012
Applebaum P: The supreme court looks at psychiatry. Am J Psychiatry 141(7):827-35, 1984

QUESTIONS AND ANSWERS
1. When evaluating Landmark case decisions, which of the following statements is true?
a. Most Landmark case decisions are for individual rights
b. Most landmark case decisions are against individual rights
c. There is no correlation between landmark cases and individual rights
ANSWER: a

2. In regard to Landmark cases, what does the term "individual rights" represent?
ANSWER: Individual rights, in landmark cases, refers to those cases in which the decision favored the individual rather than society (which is usually represented by an institution).

S7 FEAR OF FEMALE GENITAL MUTILATION AS ASYLUM SEEKER AND THE ROLE OF FORENSIC PSYCHIATRY

Harun Evcimen, MD, Pittsburgh, PA
Sheila Velez Martinez, (I) Pittsburgh, PA
Ashley Lively, (I) Pittsburgh, PA
Charles Martinez, (I) Pittsburgh, PA
Stephen Zerby, MD, Pittsburgh, PA

EDUCATIONAL OBJECTIVE
To examine the role of forensic psychiatry in asylum processing.

SUMMARY
Federal law provides a form of protection that allows individuals who establish past persecution or a well-founded fear of future persecution in the country of origin on account of the applicant's race, religion, nationality, political opinion, or membership in a particular social group can apply for asylum in the United States. This right to seek protection is set forth in the 1951 U.N. Convention Relating to the Status of Refugees and implemented in the 1967 U.N. Protocol Relating to the Status of Refugees. US Congress codified refugee and asylee protection in 1980 through the Refugee Act. The goal of the poster is to clarify the role of forensic psychiatry in asylum processing. Toward this goal, we will present a case of a young woman who has fled her country, expressing the fear of becoming subject to female genital mutilation and forced marriage if she returns. We will describe the legal processing of asylum and emphasize the importance to educate attorneys and law students to collaborate in advocacy on behalf of individuals whose problems exist at the connection of the law and mental health. The poster will conclude with general guidelines for psychiatric assessments in asylum cases.

REFERENCES
Zonana H: Commentary: the role of forensic psychiatry in the asylum process. J Am Acad Psychiatry Law 38(4):499-501, 2010
Meffert SM, Musalo K, McNiel DE, et al: The role of mental health professionals in political asylum processing. J Am Acad Psychiatry Law 38(4):479-89, 2010

QUESTIONS AND ANSWERS
1. Which of the following statement is false?
a. Cultural differences between evaluee and evaluator can present barriers to assessment in addition to those of linguistics.
b. While the forensic examiner should be cognizant and aware of cultural factors affecting accurate evaluation, care must be taken to recognize and address prejudice or stereotyping.
c. Inconsistencies in an examinee's story of trauma are proof of intentional deception.
d. Psychic trauma may impair the examinee's ability to consistently and accurately remember details of traumatic events.
ANSWER: c

2. Obtaining the designation of refugee requires the following except:
a. The form of harm is serious enough to be considered persecution.
b. The persecution must have already been inflicted.
c. The individual has a well-founded fear that the persecution will be inflicted if forced to return to the home country.
d. The persecution occurred on account of race, religion, nationality, political opinion, or membership in a particular social group.
ANSWER: b

S8 ROBOTRIPPING

Billy Beck, MD, Charleston, SC
Susan Knight, PhD, (I) Charleston, SC
Leonard Mulbry, MD, Charleston, SC

EDUCATIONAL OBJECTIVE
Present information about the growing impact of dextromethorphan as a readily available substance of abuse. The severity of dextromethorphan intoxication will be illustrated by a recent homicide case. Data reflecting the increasing misuse of this over-the-counter medication will be presented as well as emerging legislation to address this problem.

SUMMARY

Dextromethorphan is a common ingredient in many over-the-counter cough suppressants. When abused, it is known to cause acute psychosis, including hallucinations, and potentially full dissociative states. There have been a number of criminal cases including assault, homicide, and child sexual abuse where dextromethorphan and its psychiatric effects have been implicated in criminal behavior. Statistics demonstrate an increase in emergency department visits due to dextromethorphan abuse. Its misuse among teenagers is also escalating. Currently there are no federal laws restricting the sale of cough suppressants containing dextromethorphan in retail stores or online. In September 2010, the FDA Advisory Board voted against requiring prescriptions for dextromethorphan, a decision which was approved by the Consumer Healthcare Products Association. However, as of January 1, 2012, California has required prescriptions for the sale of products containing dextromethorphan to anyone under the age of 18. This poster will discuss a homicide case in which the accused reported being under the influence of dextromethorphan. Statistics highlighting the rising use of dextromethorphan among adolescents will be presented along with emerging legislation designed to restrict its availability.

REFERENCES

Akerman SC, Hammel JL, Brunette MF: Dextromethorphan abuse and dependence in adolescents. Journal of Dual Diagnosis 6(3):266-278, 2010

Wilson MD, Ferguson RW, Mazer ME, et al: Monitoring trends in dextromethorphan abuse using the national poison data system: 2000–2010. Clinical Toxicology (5):409-415, 2011

QUESTIONS AND ANSWERS

1. What is the law regarding purchasing cough medication with dextromethorphan?

a. One must be 18 years old to purchase.

b. One must be 21 years old to purchase.

c. There are no federal laws regarding purchase and many states require no proof of ID.

ANSWER: c

2. Compared to 2004, the number of emergency department visits due to dextromethorphan abuse in 2008 was:

a. Approximately equal.

b. Approximately one-half.

c. Approximately double.

ANSWER: c

S9 UNDUE INFLUENCE IN ONLINE PHARMACEUTICAL MARKETING

Brian Falls, MD, Brockton, MA
Julian DeFreitas, (I) New Haven, CT
Omar Haque, MD, MTS, (I) Cambridge, MA
Harold Bursztajn, MD, (I) Cambridge, MA

EDUCATIONAL OBJECTIVE

This presentation will improve attendee competence and/or performance in the following way(s): it will provide practicing psychiatrists with a deeper understanding of the nature of undue influence when dealing with pharmaceutical information online, and will empower them to likewise help their patients become aware of this influence.

SUMMARY

The seemingly omnipresent Internet has allowed pharmaceutical marketing to become more salient than ever before. The Internet's power to disseminate information has helped the public in many ways. Yet this ability has simultaneously allowed for novel conflicts of interest—as when information misleads in order to promote a pharmaceutical company's marketing efforts, and unduly influences physicians' prescribing. These tensions are further complicated by the idiosyncrasies of the Internet as a communication medium, challenging traditional conceptions of medical ethics principles meant to safeguard the physician-patient relationship. A literature review was conducted to explore how the Internet has influenced prescribing practices, and how its characteristics, coupled with the nature of contemporary medical practice, can leave both patients and physicians vulnerable to misinformation. We found that drug marketing can mislead across both established and novel Internet domains, including search engines, company websites, e-mail lists, blogs, wikis and mobile health software. This poster identifies misleading Internet informational and presentational trends common among these domains. In a climate of resource-limited drug regulation and time-strapped physicians, a deeper understanding of the nature of undue influence on the Internet is helpful when clinicians or patients encounter pharmaceutical information online. Moreover, regulation and independent monitoring are necessary.

REFERENCES
Peterson G, Aslani P, Williams KA: How do consumers search for and appraise information on medicines on the Internet? A qualitative study using focus groups. J Med Internet Res 5(4):e33, 2003
Eysenbach G, Köhler C. How do consumers search for and appraise health information on the World Wide Web? Qualitative study using focus groups, usability tests, and in-depth interviews. BMJ 324(7337):573-577, 2002

QUESTIONS AND ANSWERS
1. How can pharmaceutical industry influence online be characterized as "inappropriate"?
ANSWER: Pharmaceutical companies stand to profit financially from, among other things:
1) Strategic ordering of search engine results, especially when a search is conducted for a psychiatric condition, not just a medication; 2) underemphasizing risks in search engine ads; 3) failing to include drug risk information on branded websites or placing it two or more mouse clicks away on these sites; 4) using picture advertisements in the inherently visual environment of the Internet to unilaterally illustrate benefits without illustrating risks; 5) using "unbranded" websites to covertly promote medications; and 6) encouraging their employees to edit "consensus" websites such as wikis to covertly promote medications.

2. In what ways could the FDA and patient/consumer groups independently improve online pharmaceutical marketing to maximize the benefits of access to crucial health information, while reducing clinical risks of misleading promotion?
ANSWER: 1) Randomly monitoring pharmaceutical websites and online activity; 2) implementing independent evaluation systems, with “seals of approval” ratings granted for legal and legitimate content online; and 3) fostering awareness among patients and psychiatrists of the benefits and pitfalls of the Internet as a means of transmitting and accessing medical information.

S10 AN ANALYSIS OF SANCTIONS AND RESPECTIVE PSYCHIATRIC DIAGNOSES IN VETERANS’ COURT

R. Scott Johnson, MD, JD, Houston, TX
David Graham, MD, (I) Houston, TX
Kristi Sikes, MD, Houston, TX
Andrea Nelsen, MD, Houston, TX
Andrea Stolar, MD, Houston, TX

EDUCATIONAL OBJECTIVE
The purpose of this poster is to illustrate the correlation between various psychiatric diagnoses and particular sanctions of widely varying severity imposed by a judge in Veterans’ Court.

SUMMARY
As a matter of public policy, some jurisdictions have seen fit to create so-called Veterans’ Courts, one purpose of which is to demonstrate an understanding of the fact that soldiers traumatized by battlefield IEDs and other horrors often face significant hurdles upon reacclimation with U.S. civilian life. In so doing, these courts offer pretrial diversion for select veterans whose crimes and psychiatric history fit within certain criteria. This poster analyzes the data from one such Veterans’ Court with regard to both the psychiatric diagnoses and any sanctions imposed and examines the patterns found therein. A further analysis of the various infractions committed by these veterans compared with their phase of treatment within the Veterans’ Court sheds further light on what missteps are most common and from whom they should be most expected. Lastly, the poster poses questions and potential topics for further research.

REFERENCES
Wortzel H, Arciniegas D: Combat veterans and the death penalty: a forensic neuropsychiatric perspective. J Am Acad Psychiatry Law 38(3):407-413, 2010
Hoge C, Castro C et al: Combat duty in Iraq and Afghanistan, mental health problems, and barriers to health care. N Engl J Med 351:13-22, 2004

QUESTIONS AND ANSWERS
1. In 2008, the first Veterans’ Court was established in which city?
a. Schenectady, NY
b. Gary, IN
c. Scranton, PA
d. Buffalo, NY
ANSWER: d

2. To date, the number of Veterans' Courts has proliferated to approximately how many?
a. Fewer than 10
b. 20
c. 50
d. In excess of 75
ANSWER: d

S11 **VETERAN DIVERSION PARTICIPANTS AND PREMILITARY TRAUMA**

Debra Pinals, MD, Worcester, MA
Stephanie Hartwell, PhD, (I) Boston, MA
Amy James, PhD, (I) Hartford, CT
Martha Marin, MPA, (I) Hartford, CT
David Smelson, PsyD, (I) Worcester, MA
Elizabeth Orvek, MS, (I) Worcester, MA
Stephanie Singer, BA, (I) Worcester, MA

EDUCATIONAL OBJECTIVE
At the end of this presentation, participants will be able to identify some of the complex trauma histories of many veterans before the court and describe interventions that can help with diversion strategies for veterans.

SUMMARY
Understanding the complex trauma history of veterans is essential to providing appropriate referrals for jail diversion programs. Programs for veterans involved with the criminal justice system should be designed to provide appropriate substance abuse and mental health treatment. This descriptive study utilized data from two New England States (Connecticut and Massachusetts) that are part of a national multisite jail diversion project for veterans. Demographic, criminal history and trauma event data from a total of 109 veterans enrolled in the ongoing study were examined to better understand the complex needs of veterans who became involved with the criminal justice system in their respective states. The results reveal a sample of veterans with a history of contact with the criminal justice system and lifetime trauma events. For individuals reporting exposure to traumatic events, the majority of reported violence and sexual assault occurred before the age of 18. Diversion success utilizing a suggested method of treatment triage may facilitate collaboration among the addictions, mental health and criminal justice professions and help veterans get the treatment and support required in order to stay out of prison and make progress towards recovery.

REFERENCES
Seal KH, Bertenthal D, Miner CR, et al: Bringing the war back home: mental health disorders among 103,788 US veterans returning from Iraq and Afghanistan seen at department of veterans affairs facilities. Arch Internal Med 167:476-482, 2007
Tanielian T, Jaycox LH: Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. Santa Monica, CA: RAND Corporation, 2008

QUESTIONS AND ANSWERS
1. The best way to ask someone's veteran status is to ask:
a. about whether they have access to VA benefits.
b. about whether they have experienced exposure to combat.
c. about whether they have a military history.
d. about whether they refer to themselves as a veteran.
ANSWER: c

2. Veterans who are court involved often have:
a. a high rate of pre-military trauma exposure.
b. a high rate of military-based trauma exposure.
c. identified needs related to housing, employment and treatment.
d. All of the above.
ANSWER: d

S12 ETHICS DILEMMAS IN FORENSIC PSYCHIATRY – ASK A COLLEAGUE

Charles Dike, MD, Middletown, CT
Donald Meyer, MD, Cambridge, MA
Liza Gold, MD, Arlington, VA
Elissa Benedek, MD, Ann Arbor, MI
Howard Zonana, MD, New Haven, CT

EDUCATIONAL OBJECTIVE
Participants will have an opportunity to seek answers to vexing ethical questions, and to participate in a discussion with their colleagues across the country on ethical problems they have encountered, and how they were resolved.

SUMMARY
In this workshop, seasoned and experienced forensic psychiatrists will take questions from the audience on ethical dilemmas they have encountered, participated in, or read about. The content of the discussion will be driven largely by the audience members, but the moderator will come prepared with questions to stimulate the discussion. Areas of interest include: participation in death penalty evaluations, competency evaluation prior to execution, participation in hostile interrogations, confidentiality issues, dual agency issues, out patient commitment issues, boundary issues, private practice issues, and so on. Audience interaction and participation will be encouraged.

REFERENCES
Opinions Of The Ethics Committee On The Principles Of Medical Ethics, With Annotations Especially Applicable to Psychiatry. Arlington, VA: American Psychiatric Association, 2009
Appelbaum PS: Ethics in evolution: the incompatibility of clinical and forensic functions. Am J Psych 154:445-446, 1997

QUESTIONS AND ANSWERS
1. Sex with a patient's sibling:
a. is allowed if the sibling lives in another state.
b. is allowed if the patient gives consent.
c. is okay after termination of treatment with the patient.
d. is okay if the sibling is a psychiatrist.
e. is unethical.
ANSWER: e

2. Competency evaluation of a felon prior to execution:
a. is unethical.
b. is ethical.
c. is the same as active participation in execution.
d. there are no clear standards governing it.
e. should be left to trained nonclinical people.
ANSWER: b

S13 EARLY CAREER WORKSHOP- IF I HAD KNOWN THEN WHAT I KNOW NOW

Andrew Nanton, MD, Orlando, FL
Timothy Allen, MD, Lexington, KY
Thomas Gutheil, MD, Boston, MA
Angela Hegarty, MD, North Great River, NY
Alan Newman, MD, Washington, DC
Susan Hatters Friedman, MD, Cleveland Heights, OH

EDUCATIONAL OBJECTIVE
Participants will be able to more effectively foster the development of forensic service delivery systems. Participants will enhance consulting skills by understanding how to better approach the attorney relationship, and when to decline referrals.

SUMMARY
Most of the presentations at AAPL presume an active practice of forensic consultation. For many early career psychiatrists, the logistics of effectively setting up such a practice remains a challenge. This is a practical workshop, offered by the AAPL Early Career Committee, on addressing common barriers. Workshop panelists will discuss how one finds and negotiates for a job supportive of a forensic consultation practice. The advantages and disadvantages of different settings including private practice, academia, and correctional positions with regard to securing referrals for expert witness consulting will also be discussed. Panelists representing early, middle, and late career will review the impact

of different types of practice on their forensic work. The majority of the session will be focused on answering questions from the audience with the benefit of these wide-ranging experiences. Questions regarding job searching, career satisfaction, seeking referrals, declining referrals, fee agreements, setting a fee, supervision, second opinions, inter-collegial competition, asking for money, conflicts with attorneys, and other practical issues related to early career are welcomed. This workshop is complementary to the course proposed by the Private Practice Committee.

REFERENCES

DeMello JP, Deshpande SP: Career satisfaction of psychiatrists. Psychiatr Serv 62:1013-8, 2011
Gutheil TG: The Psychiatrist As Expert Witness, Second Edition. Arlington, VA: American Psychiatric Press, 2009

QUESTIONS AND ANSWERS

1. Which of the following is positively correlated with job satisfaction (according to DeMello and Deshpande 2011)?
a. Compensation-related factors.
b. Sharply limited time to evaluate patients.
c. Accepting new medicare patients.
d. Accepting new medicaid patients.
ANSWER: d

2. AAPL ethics guidelines _____ contingency fees.
a. allow
b. prohibit
c. offer no guidance regarding
ANSWER: b

S14 UNCONSCIOUS OFFENDER: SLEEP, PARASOMNIAS, AND AMNESIA

Daniel Mundy, MD, New York, NY
Christopher Racine, MD, Brooklyn, NY
Charles Scott, MD, Sacramento, CA
Stephen Billick, MD, New York, NY

EDUCATIONAL OBJECTIVE

This workshop aims to provide a review of normal sleep as well as an understanding of pathological sleep states and ways they may present in the forensic setting. Attendees will gain familiarity with amnestic episodes arising from disruptions in the sleep-wake boundary.

SUMMARY

Analytical terms, including unconscious motivation, have fallen out of favor in the modern forensic assessment. However, unconsciousness is an essential part of sleep, and pathological sleep states may cause an individual lacking consciousness to behave bizarrely and dangerously. Further, the majority of psychiatric medications affect sleep architecture, sometimes in profound ways. Amnesia is an expected, yet sometimes malingered, feature during sleep-related incidents. This workshop aims to provide a review of normal sleep as well as an understanding of pathological sleep states and ways they may present in the forensic setting. Dr. Racine will give an overview of normal human sleep architecture, the characteristics of sleep stages, and various factors affecting sleep architecture. Dr. Mundy will discuss dissociated sleep states that give rise to parasomnias, including pathological states affecting behavior, consciousness, and memory. Dr. Billick will give an overview of medications that may lead to sleep-related amnestic episodes. He will present common and uncommon examples of amnestic episodes occurring after ingestion of sleep-inducing medications. Dr. Scott will review forensic interview strategies to assess malingered amnesia. In addition, he will discuss psychological tests specific to anterograde and retrograde memory claims and the use of specific symptom validity tests.

REFERENCES

Mahowald MW, Scheck CH: NREM parasomnias. Neurologic Clinics 23:1077-1106, 2005
Jenkins KG, Kapur N, Kopelman MD: Retrograde amnesia and malingering, Current Opinion in Neurology, 22:601-605, 2009

QUESTIONS AND ANSWERS

1. Which of the following occurs when REM sleep and the waking state overlap?
a. Sleep walking
b. Cataplexy
c. Sleep terrors
c. Sexsomnia
ANSWER: b

2. All of the following are symptom validity tests to assess anterograde amnesia claims except:
a. Word Memory Test
b. Test of Memory Malingering
c. Dead or Alive Test
d. Medical Symptom Validity Test
ANSWER: c

S15 **ASSESSING CAUSATION IN PSYCHIC DAMAGES**

Stephen Noffsinger, MD, Hudson, OH
Phillip Resnick, MD, Cleveland, OH
Jennifer Piel, MD, JD, Cleveland, OH
Jeffrey Watabe, MD, Sandy, UT
Joy Stankowski, MD, Strongville, OH

EDUCATIONAL OBJECTIVE
In-depth instruction on the assessment of causation in psychic damages assessments. Factors discussed will include how issues such as developmental experiences, pre-existing mental disorders and personality traits (and their natural course), collateral stressors and inherited biological risk may play a role in the cause of psychic damages.

SUMMARY
Forensic clinicians frequently conduct psychiatric independent medical examinations in which the cause of the subject's emotional symptoms is at issue. While forensic clinicians are typically well-trained in forming well-reasoned opinions regarding the subject's diagnosis, in contrast, little training is available to reliably assess causation. Moreover, forensic clinicians frequently agree on a subject's diagnosis while disagreeing on the cause of the subject's mental disorder. The elucidation of the cause of the mental disorder is critical, as the awarding of financial compensation and payment for psychiatric treatment in psychic damages litigation and Workers' Compensation determinations rests soundly on determining the causal link between the alleged mental disorder and the incident at hand. Novice forensic clinicians naively and, sometimes mistakenly, conclude that a temporal relationship between two events is sufficient to prove a causal link. Instead, a more in-depth assessment of all the possible causal relationships is required of the forensic clinician.

REFERENCES
LaFrance WC, Self JA: Do bus accidents cause nonepileptic seizures? Complex issues of medicolegal causation. J Am Acad Psychiatry Law 36:227-33, 2008
Hoffman BF: The demographic and psychiatric characteristics of 110 personal injury litigants. Bull Am Acad Psychiatry Law 19:227-36, 1991

QUESTIONS AND ANSWERS
1. In determining the proximate cause of the plaintiff's psychic damages, which of the following issues should be considered?
a. The proximity of the defendant's alleged misconduct to the plaintiff.
b. The foreseeability of harm to the plaintiff.
c. Whether the defendant's conduct was a substantial factor in causing harm to the plaintiff.
d. Any statute or case law that relieves the defendant of liability.
e. All of the above.
ANSWER: e

2. What portion of psychic damage litigants have pre-existing exaggerated personality traits or personality disorders that were aggravated by incidents underlying their personal injury claim?
a. 10%
b. 30%
c. 50%
d. 70%
ANSWER: b

S16 REVISITING THE LESSON OF OSHEROFF V. CHESTNUT LODGE

James Knoll, IV, MD, Syracuse, NY
Enrico Suardi, MD, Washington, DC
Jonathan Mook, Esq., (I) Alexandria, VA
Phillip Hirschkop, Esq., (I) Alexandria, VA

EDUCATIONAL OBJECTIVE
Participants will learn about the Osheroff v. Chestnut Lodge lawsuit, reflect on issues related to informed consent before and after the Osheroff case and discuss changes in psychiatric care and societal values since the Osheroff case.

SUMMARY
The lawsuit Osheroff v. Chestnut Lodge, settled out of court in 1980, was considered a landmark case in psychiatry. The plaintiff was a doctor who claimed negligence in the treatment that he received for his severe depression during a seven-month hospitalization, primarily psychodynamic psychotherapy rather than drug treatment. His condition worsened until he was transferred to another hospital where he received a combination of drug therapies to which he responded. If he had been informed of this option in advance, Dr. Osheroff alleged, he would have avoided misery and heavy financial burden. Dr. Osheroff's attorneys, Mr. Hirschkop and Mr. Mook, will provide an in-depth first-person account of the case. Dr. Knoll and Dr. Suardi will present an overview of informed consent leading up to the Osheroff case and after the case in light of changing psychiatric care and societal values. In a departure from the traditional paternalistic emphasis on protecting the patient from harm, informed consent has become an important means of respecting patient's self-determination. In the meantime, psychodynamic psychotherapy has been less and less practiced by psychiatrists. The panel will comment on how the lessons of the Osheroff case might apply to psychiatric practice in 2012

REFERENCES
Klerman GL: The psychiatric patient's right to effective treatment: implications of Osheroff v. Chestnut Lodge. Am J Psychiatry 147:409-418, 1990
Beahrs JH, Gutheil T: Informed consent in psychotherapy. Am J Psychiatry 158:4-10, 2001.

QUESTIONS AND ANSWERS
1. Osheroff v. Chestnut Lodge:
a. was settled out of court.
b. is a US Supreme Court case.
c. refers to facts occurred in New York City.
d. All of the above.
e. None of the above.
ANSWER: a

2. What was Osheroff's occupation?
a. Attorney
b. Physician
c. New York Congressman
d. Psychologist
e. None of the above.
ANSWER: b

S17 THE PSYCHOPATH TEST

Jon Ronson, (I) New York, NY

EDUCATIONAL OBJECTIVE
To understand how mental health labeling, especially the PCL-R psychopathy checklist, is used and sometimes misused in the worlds of psychiatry, psychology, journalism, reality television and criminal justice.

SUMMARY
Journalist and writer Jon Ronson will share some of the insights from his recent New York Times bestselling book, The Psychopath Test. Ronson tells a story of discovery that takes us on a journey through the history of psychiatry and the theory of psychopathy. He meets Brian the Scientologist, Tony, a patient at a secure unit who swears he faked madness to avoid prison and nobody will believe him, a Haitian death squad leader named Toto Constant, and "Chainsaw" Al Dunlap, the ruthless CEO from the 90's labelled as a classic "corporate psychopath." He describes becoming a certified "psychopath-spotter" and how it turned him a little psychopathic himself. When interviewing people for his book, he fell into the trap of looking to define people by their maddest edges. This, he realized is what journalists do all too often: they focus on people's extremes and stitch together a caricature while they leave the normal stuff on the floor.

REFERENCES
Ronson J: The Psychopath Test: A Journey Through the Madness Industry. New York, NY: Penguin Group Inc., 2012
Hare R: Without Conscience: The Disturbing World of the Psychopaths Among Us. New York, NY: Guilford Press, 1999

QUESTIONS AND ANSWERS

S18 ASSESSMENT OF INTELLECTUALLY DISABLED MURDER DEFENDANTS

David Rosmarin, MD, Newton, MA
Ezra Griffith, MD, New Haven, CT
Thomas Gutheil, MD, Brookline, MA
John Turpin, MD, Monroe, LA
Marc Colon, MD, Shreveport, LA

EDUCATIONAL OBJECTIVE
The attendee will be familiar with the evaluation and testimony concerning CST, legal insanity, and diminished capacity in defendants with intellectual disability. The interplay between the CST assessment, the criminality assessments and sentencing will be explored.

SUMMARY
This presentation is open to AAPL members only and will not be recorded. The case involves the assessment and video trial testimony by a forensic fellow of a man with an IQ of 56 charged with felony murder in a state with capital punishment. Under Tison v. Arizona, 481 U.S. 137 (1987), the death penalty may be imposed on someone who was a major participant in the underlying felony and acted with reckless indifference to human life. The challenges involved in murder cases with a trainee under supervision will be analyzed. CST evaluations in defendants with intellectual disability require a careful approach allowing for open-ended and multiple-choice questioning because of the problems with limited ability to formulate answers to abstract questions and the tendency of these defendants to acquiesce and parrot. The 13 McGarry criteria are further explored with various instruments: the CAST-MR (designed for MR defendants), the MacArthur MacCAT-CA, and the ECST-R (not normed for IQ below 60). In Cooper v. Oklahoma (1996) the Supreme Court held that while states may presume defendants to be CTST, the burden on the defense to prove incompetence may be no more than the preponderance of evidence.

REFERENCES
Atkins v. Virginia, 536 U.S. Supreme Court, 2002
Mossman D, Noffsinger SG, Ash P, et al: AAPL practice guidelines for the forensic psychiatric evaluation of competence to stand trial. J Am Acad Psychiatry Law 35(4): S3-S72, 2007

QUESTIONS AND ANSWERS
1. What are the 13 McGarry criteria for CTST?
ANSWER: Appraisal of legal defenses; behavior manageability; relating to attorney; planning legal strategy; appraise roles of court participants; understand court procedure; appreciate charges; appreciate range and nature of potential penalties; appraise likely outcome; capacity to disclose pertinent facts to attorney; capacity to challenge prosecution witness realistically; capacity to testify relevantly; self-serving vs self-defeating motivation.

2. Explain the evolution of capital punishment of the intellectually disabled:
ANSWER: In Penry v. Lynaugh (1989), the Supreme Court held 5-4 that "mental retardation" was simply one mitigating factor that should be considered when imposing execution and there was no consensus of a standard of decency barring execution, though one might emerge. After many states barred execution of the mentally disabled, the Court took notice in Atkins v. Virginia (2002), side-stepping stare decisis by noting 6-3 that fact and holding that current standards of decency make such executions cruel and unusual. Moreover, the court noted these defendants are at increased risk because they may confess crimes they did not commit, are less able to assist counsel, and are "typically poor witnesses."

S19 STARTING A FORENSIC PRIVATE PRACTICE

Trent Holmberg, MD, Draper, UT
Camille LaCroix, MD, Boise, ID
James Reynolds, MD, St. Joseph, MO
Robert Granacher, Jr., MD, MBA, Lexington, KY
Henry Levine, MD, Bellingham, WA
Brian Crowley, MD, Washington, DC
Celestine DeTrana, MD, Indianapolis, IN

EDUCATIONAL OBJECTIVE

The goal of this course is to improve service delivery by providing course participants with the tools necessary to successfully establish a forensic private practice. The business aspects of a forensic private practice will be discussed and participants will be taught how to avoid common pitfalls in forensic private practice.

SUMMARY

This course is sponsored by the AAPL Private Practice Committee. The faculty for this course includes five distinguished forensic psychiatrists, all of whom have established successful private practices in diverse settings and all of whom continue to practice today. In this course, participants will be provided with practical advice on how to start a forensic private practice. Common barriers to establishing a successful practice will be discussed. "Internal" practice management competencies will be developed, including: hiring/firing employees, scheduling, record keeping, billing/invoicing, balancing a part-time forensic practice with other professional activities, establishment and maintenance of a website, establishing a fee schedule, improving the quality of one's curriculum vitae, deciding whether or not to take a case, identifying conflicts of interest, policing oneself for bias, and being aware of the limits of one's expertise. "External" practice management competencies will also be developed, including: whether and how to contract with agencies for services, establishing a retainer agreement, working effectively with evaluees, developing a procedure to obtain informed consent from evaluees, taking steps to provide for one's personal safety when conducting evaluations, working effectively with attorneys, working effectively with other colleagues/professionals, marketing one's practice, and interfacing effectively with the media.

REFERENCES

Berger SH: Starting a Forensic Practice. Arlington, VA: American Psychiatric Publishing, Inc., 2010
Granacher RP: The business aspects of forensic psychiatry. J Am Acad Psychiatry Law 29(2):216-24, 2001

QUESTIONS AND ANSWERS

1. What is the best way to avoid any billing and payment problems with a retaining attorney?
a. Get paid in advance by the attorney.
b. Get the evaluee's credit card number in advance.
c. Get the attorney's credit card number in advance.
d. Have the evaluee as well as the attorney sign the retainer agreement.
ANSWER: a

2. Which of the following are business principles that can be applied to enhance the likelihood of producing a successful forensic practice?
a. Developing a strategic vision.
b. Writing a mission statement.
c. Writing a business plan.
d. Operationalizing the tactics.
e. All of the above.
ANSWER: e

S20 GREAT PERFORMANCES: MALINGERING IN FICTION

Sherif Soliman, MD, Beachwood, OH
Cathleen Cerny, MD, Seven Hills, OH
Susan Hatters Friedman, MD, Cleveland Heights, OH
Sara West, MD, Cleveland Heights, OH
Alan Oxman, LSW, (I) Brooklyn, NY

EDUCATIONAL OBJECTIVE

To learn about the ways in which malingered mental illness is portrayed in the popular media and the manner in which these popular portrayals are generated. This information will be used to explore the potential implications of fictional portrayals of malingering on the practice of forensic psychiatry, jury verdicts, public policy.

SUMMARY
From hit drama, The Sopranos, to the recent sitcom Hot in Cleveland, feigning mental illness has been portrayed as a way to avoid criminal responsibility. Building on the well-received AV session that this group gave at the 2010 AAPL, "From Dr. Kreizler to Hannibal Lecter: Forensic Psychiatrists in Fiction," this presentation will describe how malingered mental illness is portrayed in the popular media. The authors will use film clips to illustrate the types of malingered symptoms portrayed, the forensic situations portrayed, and whether or not the malingering is ultimately detected. Special guest Alan Oxman, Sundance Film Festival award-winning filmmaker, will discuss how filmmakers approach portraying feigned mental illness. Mr. Oxman received his MFA from the American Film Institute and is a social worker working with children in NYC. He will draw upon his unique experience to illustrate how malingered mental illness is portrayed. In the final portion, the significance of fictional portrayals of malingering to the practice of forensic psychiatry will be discussed. Specifically, we will discuss whether these portrayals increase skepticism about the insanity defense and other mental health claims. We will compare portrayals of malingering with jury perceptions of the insanity defense and briefly discuss public policy implications.

REFERENCES
Hatters Friedman S, Cerny CA, West SG, Soliman S: Reel forensic experts: forensic psychiatrists as portrayed on screen. J Am Acad Psychiatry Law 39(3):412-417, 2011
Skeem J, Golding S: Describing jurors: personal conceptions of insanity and their relationship to case judgments. Psych Pub Pol and Law 7(3):561-621, 2001

QUESTIONS AND ANSWERS
1. Skeem and Golding categorized juror perceptions of insanity into each of the following categories expect:
a. Moral Insanity
b. Severe Mental Disease
c. Wild Beast Test
d. Symptom Centered
e. All of the above
ANSWER: c

2. In a 1993 ABC News/Roper poll, about what percentage of both men and women disagreed that defendants found NGRI were insane at the time of the offense:
a. A third
b. About half
c. A quarter
d. About two thirds
e. Roughly ten percent
ANSWER: d

S21 POLICE INTERROGATION, MENTAL ILLNESS, AND FALSE CONFESSIONS

Peter Dell, MD, Santa Monica, CA
Gregory DeClue, PhD, (I) Sarasota, FL
Veronica Stinson, PhD, (I) Halifax, NS, Canada

EDUCATIONAL OBJECTIVE
The objective of this panel is to present some of the history and techniques of police interrogation, discuss some of the questions commonly asked of forensic psychiatrists and psychologists, and share original research of a recent online survey of 332 police interrogators and their views of mental illness.

SUMMARY
This will be a three part panel presentation. The first part will be conducted by Gregory DeClue, Ph.D. Dr. DeClue will discuss currently used police interrogation techniques, review some of the risk factors for false confessions, and describe the role of the forensic psychiatrist in evaluating confessions of the mentally ill into evidence. The second part will be the presentation of original research by Peter Dell, M.D. Dr. Dell will discuss the design and results of an online survey conducted in 2011 of police interrogators. The survey asked about the interrogation techniques these interrogators used with mentally ill and non-mentally ill suspects, and the attitudes the interrogators had towards mentally ill people. A total of 332 interrogators began the survey and 261 completed all parts. The data is currently being analyzed. The third part of the presentation will be conducted by Veronica Stinson, Ph.D. Dr. Stinson will discuss various approaches to police interrogations used in the U.S., Canada, and U.K., explore the implications of the presented research and future research directions, and consider implications for this research for mental health professionals involved in the justice system.

REFERENCES
Kassin S, et al: Police interviewing and interrogation: a self-report survey of police practices and beliefs. Law Hum Beh 31:381-400, 2007
Kassin S, Gudjonsson G: The psychology of confessions: a review of the literature and issues. Psych Sci Pub Interest 5(2):33-67, 2004

QUESTIONS AND ANSWERS
1. Which of the following is not considered a risk factor for false confessions?
a. Mental illness
b. Mental retardation
c. Young age (under age 18)
d. Drug intoxication or withdrawal
e. Repeated exposure to arrests or interrogation
ANSWER: e

2. According to research conducted by Richard Leo, Ph.D. and others, approximately what percentage of people in the U.S. waive their Miranda rights and submit to police questioning?
a. 20%
b. 40%
c. 60%
d. 80%
ANSWER: d

S22 INTERNET CHAT PILOT STUDY FINDINGS: WHO SOLICITS CHILDREN

R. Gregg Dwyer, MD, Charleston, SC
Dana DeHart, PhD, (I) Columbia, SC
Robert Moran, PhD, (I) Columbia, SC
Donna Schwartz-Watts, MD, Columbia, SC
William Burke, PhD, (I) Summerville, SC

EDUCATIONAL OBJECTIVE
This presentation will inform attendees of the characteristics of persons who have used Internet chat rooms to solicit sex from others they believed were children. Implications for use of research findings in forensic evaluations, treatment planning and developing public safety strategies will be presented.

SUMMARY
As the Internet has expanded in volume, variety and accessibility so has the risk of danger for children with their often trusting and inquisitive natures. A child entering a chat room where people can take on any persona they choose regardless of its connection to reality is vulnerable to the manipulations of adults. A major television network has highlighted this danger by conducting police-like operations to catch adults using Internet chat rooms to solicit children for sexual purposes. Who are these adults with the frequent media label of "Internet Predators?" With an AIER Research Grant, we conducted a pilot study of cases from one state for a period of approximately one year after their initiation of coordinated investigations and prosecutions of Internet facilitated crimes against children. Our dataset includes basic demographics, education, employment, general medical, mental health, criminal justice, and sex offense histories. The research team has already been awarded a federal grant for a multi-state version of the pilot and not only will the results of the pilot be shared, but also a sampling of the larger research-in-progress. Associated forensic evaluation implications will be presented.

REFERENCES
Quayle E, Taylor M: Model of problematic Internet use in people with a sexual interest in children. Cyber Psychology & Behavior 6(1):93-106, 2003
Wolak J, Finkelhor D, Mitchell KJ, Ybarra ML: Online "predators" and their victims, myths, realities, and implications for prevention and treatment. American Psychologist 63(2): 111-28, 2008

QUESTIONS AND ANSWERS
1. Based on published research, most victims of Internet-initiated sex crimes are from which age group?
a. 7-10 years
b. 10-13 years
c. 13-15 years
d. 15-17 years
ANSWER: c

2. From the research presented, what percentage of offenders attempted to meet a child in person?
a. <10%
b. 10-50%
c. 50-80%
d. >80%
ANSWER: d

S23 **A NATIONAL SURVEY OF AGGRESSION IN STATE PSYCHIATRIC HOSPITALS**

David Bobb, MD, Sacramento, CA
Rodney Reid, MD, PhD, Sacramento, CA
Katherine Warburton, DO, Sacramento, CA
Barbara McDermott, PhD, (I) Sacramento, CA

EDUCATIONAL OBJECTIVE
The attendee will gain an understanding of variables that contribute to aggression in state psychiatric hospitals.

SUMMARY
Aggression is a common problem in psychiatric facilities. In a study conducted in a state psychiatric hospital in New York, three primary motivations for assault were described: 1) impulsive - an assault committed in response to an immediate provocation and associated with agitation and loss of emotional control, 2) planned - a controlled assault committed for a specific goal, and 3) psychotic - assaults committed as a consequence of delusions, hallucinations, and/or disordered thinking. In recent work using the same categorization scheme, impulsive/reactive assaults comprised the largest number of observed incidents of aggression in a California forensic hospital. Planned aggression is often executed by individuals with more antisocial tendencies and our research suggests that this type of aggression causes more injury. This study was designed to evaluate the trends in state facilities across the country. Questions included types of patients served (voluntary v. involuntary, civil v. criminal), age distribution of patients, average lengths of stay and changes in patient populations over the last 10-20 years. Each facility was asked to describe their mechanism for tracking aggression and respond to questions regarding common problems seen in long-term care facilities. Data will be presented with a focus on best practices for reducing.

REFERENCES
Kraus J, Sheitman BB: Characteristics of Violent Behavior in a Large State Psychiatric Hospital. Psychiatr Ser 55(2):183-185, 2004
Quanbeck C, et al: Categorization of Aggressive Acts Committed by Chronically Assaultive State Hospital Patients. Psychiatr Ser 58(4):521-528, 2007

QUESTIONS AND ANSWERS
1. Which of the following is not a typical characteristic of an assaultive patient?
a. A past history of violent assaults
b. Multiple psychiatric hospitalizations
c. Older age
d. Neurological impairment
e. Diagnoses that include schizophrenia and/or personality disorders
ANSWER: c

2. Psychiatric patients cite all of the following as the most common reasons for their assault on staff except:
a. Restrictions on their behavior
b. Inflexible unit rules
c. Misunderstanding of the rules
d. Poor communication with staff
e. Provocation by other patients
ANSWER: e

S24 **DANGEROUS OFFENDERS AND LONG-TERM OFFENDERS IN THE PROVINCE OF QUEBEC**

France Proulx, MD, MSc, FRCPC, Montreal, PQ, Canada

EDUCATIONAL OBJECTIVE
Gaining access to date on a specific sample of offenders for which the criminal court requested a dangerous offender or long-term offender assessment.

SUMMARY
Since August 1, 1997, sections 752 to 761 of the Criminal Code of Canada have included provisions for high-risk offenders. If there is a substantial risk that the offender will reoffend and there is a reasonable possibility of eventual control of the risk in the community, the court may declare the accused a "Long-Term Offender," impose a sentence for the offense and order that the offender be subject on release to a period of long-term supervision that does not exceed 10 years. If a reasonable possibility of eventual control in the community does not exist, the offender can be designated as a "Dangerous Offender" and the court can impose a sentence of detention and long-term supervision or detention for an indeterminate period. From 1998 up to the present, the Institut Philippe-Pinel de Montréal has performed more than 325 of such assessments for the court. A review of recommendations made by the experts and of court decisions will be provided. Data from the 2010 annual report of the Corrections and Conditional Release Statistical Overview show that, compared to other Canadian provinces, Québec has a lower proportion of dangerous offenders than long-term offenders.

REFERENCES
Corrections and Conditional Release Statistical Overview, Annual report 2010 at http/www.publicsafety.gc.ca
Http/www.jugements.qc.ca

QUESTIONS AND ANSWERS
1. Between 2003 and 2010, in the sample provided, which percentage of assessments was determined by the court as a dangerous offender?
a. 10%
b. 25%
c. 50%
ANSWER: b

2. According to the 2010 annual report referred to in this presentation, what is the rate of sexual offenders amongst the dangerous offenders?
a. 20%
b. 40%
c. 75%
ANSWER: c

S25 THE ELUCIDATION OF MOTIVE AND MENTAL ILLNESS IN CIVIL AND CRIMINAL ARSON, A PRACTICAL GUIDE TO EVALUATING THOSE THAT PLAY WITH FIRE

Jason Beaman, DO, Tulsa, OK
Karl Mobbs, MD, Albuquerque, NM
Monifa Seawell, MD, Detroit, MI
Phillip Resnick, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE
The audience will be able to understand the development of pyromania in arson.

SUMMARY
Arson is broadly defined and the act of arson may be associated with multiple motives including profit, animosity, vandalism, crime concealment and political objectives. The crime of arson is rarely due to pyromania but may be associated with psychopathological factors such as personality disorders, psychosis, mental retardation and alcohol use. Examination of the arsonist's motives and underlying psychopathology can help the forensic psychiatrist make a determination of criminal responsibility.

REFERENCES
Williams DL: Understanding the Arsonist: From Assessment to Confession. Tuscon, Arizona: Lawyers and Judges Publishing Company, Inc, 2005
DeHaan J, Icove DJ: Kirk's Fire Investigation. Upper Saddle River, New Jersey: Pearson, 2012

QUESTIONS AND ANSWERS
1. What percentage of arsonists meet criteria for pyromania?
a. 100%
b. 50%
c. 30%
d. 3%
ANSWER: d

2. Which of the following diagnostic categories is most commonly associated with arson?
a. mental retardation
b. personality disorders
c. psychosis
d. mania
ANSWER: b

S26 **DR. FRASIER CRANE GOES TO COURT: TELEPSYCHIATRY AND DAUBERT**

Patricia Recupero, MD, JD, Providence, RI
Liza Gold, MD, Arlington, VA
Paul Christopher, MD, Rumford, RI

EDUCATIONAL OBJECTIVE
The participant will understand the technical and ethical issues associated with the use of telepsychiatry and the potential issues associated with the introduction of testimony based on telemedicine in a legal proceeding.

SUMMARY
Should a psychiatrist who has examined a litigant via teleconferencing be permitted to express an expert opinion at the litigant's trial? What are the implications of teleconferencing in conducting forensic evaluations? This unexplored territory raises potential issues both clinically and legally. Telemedicine has been shown to be effective in the evaluation and treatment of various clinical populations, including patients with mental health and substance use disorders. Yet the practice raises a number of potential concerns related to licensure across jurisdictional lines, confidentiality and privacy, emergency intervention, and technological competence. When telemedicine is employed in forensic cases, the admissibility of such evidence may be challenged under Daubert. This workshop will address practical, technological, legal, and forensic ethical issues raised by the use of telemedical evaluations in court. The presenters will review the psychiatric literature on the use of telepsychiatry and licensing issues, including the Federation of State Medical Board's position on telemedicine. Judicial use of telecommunications will be analyzed and applied to the forensic psychiatric setting, giving differential consideration to civil and criminal trial settings. The workshop will also review professional ethical concerns related to the doctor-patient relationship in routine telepsychiatric practice as well as the application of forensic ethical principles.

REFERENCES
Grady B, Myers KM, Nelson E, et al: Evidence-based practice for telemental health. Telemedicine and e-Health 17:131-148, 2011
Bailey RA: The legal, financial, and ethical implications of online medical consultations. J Tech Law Policy 16:53-105, 2011

QUESTIONS AND ANSWERS
1. Ethics issues associated with telepsychiatry include which of the following:
a. Confidentiality
b. Ability to respond in an emergency
c. Technological reliability
d. Limitations on assessment
e. All of the above
ANSWER: e

2. Telemedicine has been documented in peer reviewed literature as successful in which of the following:
a. Eating disorders therapy
b. Child psychiatry treatments
c. Competency to stand trial
d. Depression
e. All of the above
ANSWER: e

S27 PRIVATE CASE FILES IN FORENSIC RESEARCH? ETHICS AND LEGAL ISSUES

Angela Hegarty, MD, North Great River, NY
Philip Candilis, MD, Arlington, MA
Howard Zonana, MD, New Haven, CT

EDUCATIONAL OBJECTIVE
Improved competence with respect to the application of ethics principles in decisions about research and improved ability to conduct research in forensic psychiatry.

SUMMARY
Using ample case examples, the presenters will debate whether and under what circumstances data routinely collected in the course of private consultation practice can be used for forensic research. Review of the literature suggests that data can be published for almost any purpose except research - absent informed consent once the identity of the subject is sufficiently obscured - unless already in the public sphere. In the course of the debate participants will learn about the ethics and legal issues involved at each stage of the process from the maintenance of case files in a forensic consulting practice, to how to proceed when the subjects do not come under the mandate of an IRB, and how the data in these files - often the product of unusually extensive and detailed evaluations, could add to the evolution of knowledge in forensic psychiatry in the same way case reports, case series and retrospective record reviews contribute to clinical psychiatry. The debate will center on how the principles of confidentiality and privilege, autonomy and informed consent can be applied in real world situations as new technologies expand the public sphere far beyond the courtroom.

REFERENCES
Kapoor R, Young JL, Coleman JT, et al: Ethics in forensic psychiatry publishing. J Am Acad Psychiatry Law 39(3):332-41, 2011
Candilis PJ: Commentary: towards a new chapter for forensic ethics. J Am Acad Psychiatry and Law 39(3):342 - 344, 2011

QUESTIONS AND ANSWERS
1. With regard to the publication of a case report, which of the following are important ethics considerations?
a. Whether or not the individual consented to the publication.
b. Whether or not the individual can be identified from the date to be published.
c. The ownership of the information.
d. All of the above.
ANSWER: d

2. In weighing the ethics costs and benefits of conducting research involving human subjects important questions include:
a. How will the research benefit the investigator?
b. How will litigation be avoided?
c. How will confidentiality be insured?
d. How will funding be obtained?
ANSWER: c

S28 ASSESSMENT OF OUTCOMES IN THERAPEUTIC COURTS IN COOK COUNTY ILLINOIS

Stephanie Callaway, PsyD, (I) Chicago, IL
Mark Kammerer, MS, (I) Chicago, IL
Helen Morrison, MD, MJ, Chicago, IL
Steven Dinwiddie, MD, Chicago, IL

EDUCATIONAL OBJECTIVE
Session will address multiple aspects of progress and current data related to outcomes in seven therapeutic treatment courts in Cook County Illinois. Research design, monitoring and outcomes in criminal felony drug, mental health and veterans courts assess progress at one and three years. Assessment includes cost effectiveness the programs.

SUMMARY
Illinois has 49000 inmates with approximately 3000 being added each year. Cook County has the largest pretrial detention center in the country. It holds 9800 inmates. In Illinois the proposed closure of several prisons has been related to severe budgetary restraints. Therapeutic courts have been formed in an attempt to relieve the burden of incarceration. Five courts are in process, in seven sites, with the major focus on drug, mental health and veterans courts. The Department of Defense notes statistical evidence that veterans are overrepresented in the criminal justice

system. Participation outcomes include completion of the program and recidivism rates which have noted a decrease in arrests from 530 to 67 (87%), conviction decreases from 238 to 29 (89%) and custody day decreases from 20,443 to 4,830.(76%). Of importance in assessing program efficacy and financial savings, the reduction in cost and jail utilization time compared costs from the year prior to admission to annual costs in the programs following admission. Those figures show a 92% reduction from 5,272,811 annually (17,760 per participant) 484,669 (1,373 per participant). The reduction in costs for days spent in custody were 77%. Intervention has shown positive outcomes.

REFERENCES

US Department of Veterans Affairs. Veterans Health Administration. Kussman MJ, Under Secretary for Health: IL 10-2009-005. Information and Recommendations for Services Provided by VHA Facilities to Veterans in the Criminal Justice System

Huddleston CW, Marlowe DB: Painting the current picture: a national report card on drug courts and other problem solving court programs in the United States. National Drug Court Institute, July 2011

QUESTIONS AND ANSWERS

1. One and three year reviews of all drug court graduates indicated:
a. felony arrests decreased by 70%.
b. no felony arrest occurred in 60% of those individuals.
c. total convictions decreased by 78%.
d. no felony drug conviction occurred in 80% of the individuals.
ANSWER: c

2. In mental health court, for three years after graduation versus the three years prior to entering the program:
a. felony arrests decreased By 80%.
b. total arrests decreased by 75%.
c. no felony arrests occurred in 85% of the participants.
d. no drug crime conviction occurred in 83% of the participants.
ANSWER: c

S29 PSYCHIATRIC DISORDERS IN OFFENDERS WITH PRENATAL ALCOHOL EXPOSURE

Mansfield Mela, MBBS, Saskawon, SK, Canada

EDUCATIONAL OBJECTIVE

To learn about the best estimates of offenders with fetal alcohol spectrum disorder (FASD), appreciate the various specific psychiatric co-morbidities among offenders with FASD and learn what offenders with both FASD and psychiatric disorders consider as best effective measures for treatment.

SUMMARY

Despite the awareness of large numbers of offenders displaying hyperactivity, impulsivity and poor consequential thinking, manifestations of FASD, there is a dearth of research on the relationship of FASD and criminality. A high rate of criminal involvement has been reported and youth with FASD are said to be 19 times more likely to be incarcerated than those without. A high percentage of patients with FASD have various comorbid psychiatric disorders, ADHD, alcohol dependence and antisocial personality disorder. We studied the patients attending a forensic outpatient clinic to determine the rate of FASD, and cognitive, behavioral, and clinical characteristics of these individuals with the goal of standardizing psychiatric diagnosis and improving FASD treatment program responsivity. All those consenting also provided a primary support person who in turn completed a tool designed to measure the effectiveness, on a likert scale, of various treatment modalities. The diagnosis of FASD was based on the Canadian guidelines for FASD diagnosis. Our results showed that mentally disordered offenders with FASD (58%) had a characteristic pattern of maladaptive functioning, dependent living, multiple and significant psychiatric comorbid diagnoses, especially ADHD and multiple neurocognitive dysfunctions. They also required intensive case management in the community as a rule.

REFERENCES

Popova S, Lange S, Berkmuradov D, et al: Fetal alcohol spectrum disorder prevalence estimates in correctional systems: a systematic literature review. Can J Pub Health 102(5): 336-340, 2011

Fast DK, Conry J: Fetal alcohol spectrum disorders and the criminal justice system. Dev Disabil Rev 15(3):250-257, 2009

QUESTIONS AND ANSWERS

1. The regions of the brain known to be susceptible to and showing demonstrable damage by prenatal alcohol exposure include the following except:

a. Frontal lobe
b. Cerebellum
c. Midbrain
d. Corpus callosum
e. All of the above

ANSWER: c

2. The following are protective factors against the effects of prenatal alcohol exposure except:

a. Diagnosis before the age of six
b. Adequate responsive parenting
c. Diagnosis of FAS
d. Maternal history of mental disorder
e. Stable home environment

ANSWER: d

S30 BEYOND FRIENDING: ANALYSIS OF THE IMPACT OF SOCIAL MEDIA WEBSITES AND DATA MINING ON THE OPINION AND PRACTICE OF FORENSIC PSYCHIATRISTS

John Lusins, III, MD, Morgantown, WV
Susan Choby, MD, Morgantown, WV

EDUCATIONAL OBJECTIVE

Provide insight and evidence regarding the current opinions and usage of online data amongst current and future forensic psychiatrists.

SUMMARY

Increased use of social media websites (SMS) such as Facebook and the widespread practice of "data mining" to compile ISP-linked interest and behavioral profiles have raised important questions regarding individual privacy. With an estimated 1 in 8 worldwide using social media and over 800 companies tracking online interests and habits, it is inevitable that use of this information will become an issue in criminal and civil investigations. The current study investigates the opinions of forensic psychiatrists related to the aggregation of such data and its use in forensic evaluations. We will examine the current knowledge base regarding such practices, personal usage patterns of SMS, and explore opinions regarding the appropriateness of inclusion in forensic evaluations. AAPL members, Forensic Fellowship Directors, and Forensic Fellows will be surveyed with a secure and anonymous online service. Questions will explore what is known about the issue, examine personal membership status and nature of shared content, and compile opinions related to the appropriateness of such information in forensic evaluations. We will investigate and explore correlations between SMS utilization, knowledge base, and practice demographics to better understand how such factors impact individual opinions regarding use of online information in forensic evaluations.

REFERENCES

Jent JF, Eaton CK, Merrick MT, et al: The decision to access patient information from a social media site: what would you do? J Adolesc Health 49(4):414-420, 2011

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

QUESTIONS AND ANSWERS

1. What percentage of medical schools have reported disciplinary incidents involving the posting of unprofessional content online?

a. 10%
b. 40%
c. 60%
d. 85%

ANSWER: c

2. Which statement is correct regarding social media in the workplace?
a. An employer can ask to access an applicant's social media profile during a job interview.
b. An applicant's social media content is protected from the employer under HIPAA rules.
c. Federal law prohibits firing of employees based on social media posts.
d. All of the above.
ANSWER: a

S31 **DSM 5 FIELD TRIAL IN A FORENSIC HOSPITAL**

Ernest Poortinga, MD, Ann Arbor, MI

EDUCATIONAL OBJECTIVE
Use one member's experience in the DSM 5 Field Trial to assist attendees in understanding how changes in DSM 5 may affect their forensic work.

SUMMARY
The DSM-5 Field Trials in Routine Clinical Practice Settings were conducted in a diverse array of clinical settings and examined the feasibility, clinical utility, and sensitivity to change of the proposed DSM-5 diagnostic criteria and dimensional assessment measures. This presentation will take participants through the unusual setting of a 220 bed forensic psychiatry hospital for the DSM 5 Field Trial, step by step, highlighting differences between general psychiatry and forensic psychiatry. Major obstacles such as IRB approval and Internet access in maximum security settings will be discussed. Finally, the presentation will conclude with a discussion of how the field trial revealed significant changes to common forensic diagnoses (antisocial personality disorder) and characteristics of new diagnoses such as attenuated psychotic symptoms syndrome.

REFERENCES
Regier DA: Time for a fresh start? Rethinking psychosis in DSM-V. Schizophr Bull 33:843-845, 2007
Kraemer HK, Shrout PE, Rubio-Stipec M: Developing the Diagnostic and Statistical Manual V: what will "statistical" mean in DSM-V? Social Psychiatry & Psychiatric Epidemiology 42: 259-267, 2007

QUESTIONS AND ANSWERS
1. Will the proposed changes in DSM 5 make the diagnosis of antisocial personality disorder more frequent or less frequent?
ANSWER: less frequent

2. What is the major new disorder in the psychosis section of DSM 5?
ANSWER: attenuated psychotic symptoms disorder

Sunday

SUNDAY, OCTOBER 28, 2012

PANEL — 8:00 AM – 10:00 AM — **DRUMMOND W/C**

Z1 ***Safety and Security Across the Continuum of Care in Psychiatry***

Barbara McDermott, PhD, (I) Sacramento, CA
Katherine Warburton, DO, Sacramento, CA
Robert Canning, PhD, (I) Sacramento, CA
Charles Scott, MD, Sacramento, CA

PANEL — 8:00 AM – 10:00 AM — **SALON JARRY/JOYCE**

Z2 ***Sexual Disorders and Offenses: Educating Students to Faculty***
Sexual Offenders Committee

Ryan Wagoner, MD, Pittsburgh, PA
Brad Booth, MD, Ottawa, ON, Canada
R. Gregg Dwyer, MD, Charleston, SC
John Paul Fedoroff, MD, Ottawa, ON, Canada

PANEL — 8:00 AM – 10:00 AM — **SALON 4/5**

Z3 ***The First Wave of Modern Terrorism and Forensic Psychiatry Circa 1900***

Ronald Schouten, MD, Boston, MA
Enrico Suardi, MD, Washington, DC

WORKSHOP — 8:00 AM – 10:00 AM — **SALON 6/7**

Z4 ***Computers and Technology in Forensic Psychiatry***
Computers Committee

Mark Hauser, MD, Newton, MA
Alan Newman, MD, Washington, DC
Andrew Nanton, MD, Orlando, FL
Tyler Jones, MD, Alexandria, VA
Paul O'Leary, MD, Birmingham, AL

PANEL — 8:00 AM – 10:00 AM — **KAFKA/LAMARTINE**

Z5 ***Forensic Psychiatric Issues in Combat-Related TBI and PTSD***
Forensic Neuropsychiatry Committee

Jacob Holzer, MD, Pocasset, MA
Robert Granacher, Jr., MD, MBA, Lexington, KY
Hal Wortzel, MD, Denver, CO
Timothy Allen, MD, Lexington, KY
Phillip Dingmann, MD, (I) Hyannis, MA

COFFEE BREAK — **10:00AM - 10:15AM** — **BALLROOM FOYER**

PANEL — 10:15 AM – 12:15 PM — **DRUMMOND W/C**

Z6 ***So You're Sorry? The Role of Remorse in Criminal Law***

Rocksheng Zhong, BS, (I) New Haven, CT
Howard Zonana, MD, New Haven, CT
Madelon Baranoski, PhD, (I) New Haven, CT
Stephen Wizner, JD, (I) New Haven, CT

WORKSHOP — 10:15 AM – 12:15 PM — **SALON JARRY/JOYCE**

Z7 ***Unintended Consequences of High Profile Serial Sex Homicide***

John Paul Fedoroff, MD, Ottawa, ON, Canada
Isabelle Cote, MD, CM, Hamilton, ON, Canada
John Bradford, MB, Ottawa, ON, Canada

PANEL 10:15 AM – 12:15 PM **SALON 6**/7

Z8 ***Suicide by Cop and Psychiatry in a War Zone***
Liaison with Forensic Sciences Committee

Manuel Lopez-Leon, MD, New York, NY
Peter Collins, MD, Toronto, ON, Canada
Karen Rosenbaum, MD, New York, NY

WORKSHOP 10:15 AM – 12:15 PM **SALON 4/5**

Z9 ***Understanding and Assessing Risk in Public Figure Stalking***

David James, MD, Oxford, United Kingdom
Frank Farnham, MD, Middlesex, United Kingdom

Z1 SAFETY AND SECURITY ACROSS THE CONTINUUM OF CARE IN PSYCHIATRY

Barbara McDermott, PhD, (I) Sacramento, CA
Katherine Warburton, DO, Sacramento, CA
Robert Canning, PhD, (I) Sacramento, CA
Charles Scott, MD, Sacramento, CA

EDUCATIONAL OBJECTIVE
The attendee will develop an understanding of the issues related to safety and security in the provision of mental health treatment to offenders with mental illness in the corrections and mental health systems. Issues such as safety, security, malingering and boundaries will be discussed.

SUMMARY
Much has been written in the past several decades on the criminalization of the mentally ill, a phenomenon largely attributed to the release of long-term psychiatric patients and the failure of the community mental health treatment system. This "deinstitutionalization," described by E. Fuller Torrey as "the largest failed social experiment in twentieth-century America" has left many individuals with mental illness without adequate resources. California, where most state psychiatric beds are reserved for mentally ill offenders, also boasts the nation's toughest three-strikes law. In this state, a third strike can be any felony; the sentence is a mandatory 25 years to life. Many offenders feign mental illness to serve "easier time" in a mental health facility. This panel will discuss the challenges in providing services to offenders with (or without) mental illness in two distinct settings: prisons and psychiatric hospitals. Dr. Warburton will discuss security issues associated with the provision of treatment in a mental health setting; Dr. Canning will discuss the provision of mental health treatment in a prison setting, emphasizing issues related to boundaries and manipulation; Dr. McDermott will discuss the consequences and motivations for malingering in each system; Dr. Scott will discuss future directions for care.

REFERENCES
Olley MC, Nicholls TL, Brink J: Mentally ill individuals in limbo: Obstacles and opportunities for providing psychiatric services to corrections inmates with mental illness. Behav Sci Law 27(5):811-831, 2009
Torrey EF: Jails and prisons – America's new mental hospitals. Am J Public Health 85(12):1611-1613, 1995

QUESTIONS AND ANSWERS
1. Which of the following is not a motivation for malingering in a correctional setting?
a. compensation
b. relocation
c. reduced sentence
d. amusement
ANSWER: c

2. What type of aggression is typically seen in individuals feigning mental illness?
a. impulsive
b. predatory
c. psychotic
d. relational
ANSWER: b

Z2 SEXUAL DISORDERS AND OFFENSES: EDUCATING STUDENTS AND FACULTY

Ryan Wagoner, MD, Pittsburgh, PA
Brad Booth, MD, Ottawa, ON, Canada
R. Gregg Dwyer, MD, Charleston, SC
John Paul Fedoroff, MD, Ottawa, ON, Canada

EDUCATIONAL OBJECTIVE
This presentation will improve attendee competence in identifying different levels of learning related to sexual disorders and sexual offenses; learn to use education about sexual disorders and sexual offenses to engage students in broader topics related to forensic psychiatry; and understand the concepts which are key in teaching sexual disorders.

SUMMARY
Sexual disorders are often cited as an important component of our training as physicians, and more specifically as psychiatrists. This fact is especially evident in the forensic community, where issues around sexual disorders and sexual offenses are often encountered. This panel will suggest various strategies and content to teach about sexual disorders and sexual offenses to different stages of learners, from medical students through attending. Further, the forensic issues which can often surround these topics will be addressed and integrated into the learning experience, in an effort to engage learners at all levels. Dr. Wagoner will present on teaching sexuality to medical students, including both classroom based and non-lecture based suggestions. Dr. Booth will address the education of residents on sexual disorders, including information on attitudes of residents towards sexual offenders. Dr. Dwyer will discuss his experiences in teaching forensic fellows about these topics and how he has shaped his curriculum. Finally, Dr. Fedoroff will present on informing the attending level physician on these topics, including integration of education, clinical work, and research related to sexual disorders and offenses.

REFERENCES
Levine S, Scott D: Sexual education for psychiatric residents. Academic Psychiatry 34:349-352, 2010
Dwyer R, Thornhill J: Recommendations for teaching sexual health: how to ask and what to do with the answers. Academic Psychiatry 34:339-341, 2010

QUESTIONS AND ANSWERS
1. Education of medical students about sexual health can include which format?
a. Didactics
b. Panel
c. Small groups
d. Simulated patients
e. All of the Above
ANSWER: e

2. Sexual disorders should be taught by:
a. anyone.
b. an educator interested in teaching the topic.
c. a sex therapist with no interest in education.
d. a patient with a sexual disorder.
ANSWER: b

Z3 THE FIRST WAVE OF MODERN TERRORISM AND FORENSIC PSYCHIATRY CIRCA 1900

Ronald Schouten, MD, Boston, MA
Enrico Suardi, MD, Washington, DC

EDUCATIONAL OBJECTIVE
Participants will learn about the turn of the 20th century debate on anarchy, mental illness, and criminal responsibility, discuss issues related to political violence by individuals or groups and reflect on forensic psychiatric issues raised by the coexistence of mental illness and political motives.

SUMMARY
At the turn of the 20th century U.S. President McKinley, French President Carnot, and King Humbert I of Italy were among many casualties of anarchism. Their assassins, Leon Czolgosz, Santo Caserio, and Gaetano Bresci respectively, were part of what has been described as the first wave of modern terrorism. French and Italian psychiatrists advocated against severe sentences for political assassins, whom they regarded for the most part as victims of "mental degeneracy," rather than true revolutionaries. The governments used the psychiatrists' arguments to depict the anarchists as dangerous lunatics. The judiciaries did not accept psychopathological determinism as a basis of penological doctrine and upheld free will and moral responsibility. Dr. Ronald Schouten, a member of the panel that conducted a behavioral analysis of the 2001 anthrax attacks and a coauthor of the panel's report, and Dr. Enrico Suardi will present psychological autopsies of Czolgosz, Caserio, and Bresci. They will touch on the highlights of the contemporaneous debate and their relationship to the modern discussions of psychological aspects of terrorism. They will then encourage a discussion of political violence by individuals or groups focused on political motives, mental illness, and criminal responsibility.

REFERENCES
Resnick PJ: The political offender: forensic psychiatric considerations J Am Acad Psychiatry Law 6(4):388-397, 1979
Pick D: The faces of anarchy: Lombroso and the politics of criminal science in post-unification Italy. History Workshop Journal 21(1):60-86, 1986

QUESTIONS AND ANSWERS
1. "Mental degeneracy" was:
a. a theory of hereditary degeneration of mental defects.
b. an anarchist group.
c. how 20th century jurists referred to the writings of contemporaneous psychiatrists.
d. a synonym of sexual psychopathology.
e. None of the above.
ANSWER: a

2. Issues that the coexistence of political motives and mental illness may raise include:
a. Competence to stand trial
b. Potential for misuse of court imposed insanity defense
c. Refusing a NGRI plea
d. Potential misuse of psychiatry to suppress political dissent
e. All of the above
ANSWER: e

Z4 COMPUTERS AND TECHNOLOGY IN FORENSIC PSYCHIATRY

Mark Hauser, MD, Newton, MA
Alan Newman, MD, Washington, DC
Andrew Nanton, MD, Orlando, FL
Tyler Jones, MD, Alexandria, VA
Paul O'Leary, MD, Birmingham, AL

EDUCATIONAL OBJECTIVE
Participants will learn ways to improve forensic psychiatry practice utilizing the latest technology, will become familiar with benefits of various hardware, software and peripheral devices, will gain a detailed understanding of software useful for practicing and publishing forensic psychiatry, and will become aware of web-related privacy issues.

SUMMARY
The Computers and Forensic Psychiatry Committee hosts an annual workshop for participants to learn about the use of computer hardware and software, and connected gadgets, that can enhance training in, and the practice of, forensic psychiatry. Presenters will be available with laptop computers, an array of gadgets, and a live Internet connection to demonstrate selected computer software applications and discuss their usefulness. For the beginner, there will be a review of some computer basics, including the importance of backup strategies. The presenters will discuss privacy issues surrounding web-connected devices and apps. Practical strategies for ensuring security online and avoiding privacy pitfalls will be demonstrated. The presenters will review various Internet based tools, some that can be useful for teaching and learning forensic psychiatry, others being used to facilitate the self-publishing process. The presenters will demonstrate the use of web-based research to enhance forensic psychiatry practice and will review resources of interest to the forensic psychiatrist, including applicable database programs. The audience is encouraged to bring questions and share their relevant experience to enable dialogue with the presenters.

REFERENCES
Quinn L: In Search of HIPAA Compliant Software, http://www.idealware.org/articles/search-hipaa-compliant-software, accessed August 16, 2012
Dreier T: Databases for All Reasons, http://www.pcmag.com/article2/0,2817,1160378,00.asp, accessed August 16, 2012

QUESTIONS AND ANSWERS

1. In order to be HIPAA compliant a site must include all the following except:
a. be password protected
b. keep a log of who changed a file
c. keep a log of who viewed a file
d. make back-up versions of file
e. all of the above
ANSWER: e

2. All databases include the following options except:
a. ability to do queries
b. define relational tables
c. store data in tables
d. define types of data
ANSWER: b

Z5 FORENSIC PSYCHIATRIC ISSUES IN COMBAT-RELATED TBI AND PTSD

Jacob Holzer, MD, Pocasset, MA
Robert Granacher, Jr., MD, MBA, Lexington, KY
Hal Wortzel, MD, Denver, CO
Timothy Allen, MD, Lexington, KY
Phillip Dingmann, MD, (I) Hyannis, MA

EDUCATIONAL OBJECTIVE

Improve understanding of, and review updates in, forensic issues associated with combat-related TBI and PTSD, including the effects of high-powered blast injuries, and the interrelationship of TBI, PTSD, and pain.

SUMMARY

The effects of combat-related TBI and PTSD in Iraq and Afghanistan have been a significant issue facing troops and veterans. These effects are related in part to the use of high-powered explosives with resulting severe injuries and the complex relationship of TBI, PTSD, and pain. This panel will review concepts and updates related to these clinical conditions and impact on forensically-related topics in the civil and criminal areas. Case examples and a first-hand account of forensic psychiatric evaluation and management in the field will be reviewed.

REFERENCES

Ritchie EC, Benedek D, Malone R, Carr-Malone R: Psychiatry and the military: an update. Psychiatr Clin North Am 29(3):695-707, 2006
Hoge CW: Once A Warrior Always A Warrior: Navigating the Transition from Combat to Home Including Combat Stress, PTSD, and mTBI. Guilford, CT:Globe Pequot Press, 2010

QUESTIONS AND ANSWERS

1. Which of the following is least accurate:
a. Co-morbid TBI and PTSD is controversial and not well understood.
b. Combat-related TBI, PTSD, and pain can, in some situations, be mislabeled as a personality disorder.
c. A challenging aspect to forensic assessment of co-morbid TBI and PTSD involves understanding if and how the brain injury impacts on the formation and recall of traumatic memories.
d. TBI and PTSD can be viewed as two separate clinical entities with regards to forensic assessment.
ANSWER: d

2. Barriers facing soldiers seeking help for effects of TBI and PTSD can include:
a. The perceived or real impact on fitness for duty.
b. Stigma
c. The perception that the evaluator will not understand what the soldier has been through.
d. All of the above
ANSWER: d

Z6 SO YOU'RE SORRY? THE ROLE OF REMORSE IN CRIMINAL LAW

Rocksheng Zhong, BS, (I) New Haven, CT
Howard Zonana, MD, New Haven, CT
Madelon Baranoski, PhD, (I) New Haven, CT
Stephen Wizner, JD, (I) New Haven, CT

EDUCATIONAL OBJECTIVE
Attendees will understand the legal relevance of remorse in the criminal court, varying perspectives of judges in the assessment of remorse and its effect on the disposition of criminal cases, and the responsibility of forensic psychiatrists to explain the effects of mental disorders on the experience and expression of remorse.

SUMMARY
Remorse is a complex blend of emotion and cognition; its role in the legal system, though historically well-established, has been fraught with difficulty. Due to imprecision in its definition and assessment, remorse has been applied inconsistently in the courts. This problem is compounded in individuals with psychiatric illness, whose behaviors and cognitions may deviate unexpectedly from the norm. The present research aims to clarify judges' views of remorse, the indicators they use to assess it, and their assumptions regarding its expression. We conducted and qualitatively analyzed 23 semi-structured interviews of Connecticut Superior Court judges about remorse and its expression and application. We found that judges differ in the degree to which they consider remorse; some believe it is highly important, while others dismiss it altogether. For those who deem it relevant, remorse is a factor primarily during arraignment and sentencing. Regarding expression, judges variously emphasized the value of defendants' oral statements, affect exhibited during those statements, general demeanor, and substantive actions performed throughout the process. The improved understanding of remorse arising from our study will not only illuminate the court's current treatment of a nebulous concept, but also aid psychiatric experts in crafting more effective modes of communication and education.

REFERENCES
Tudor S: Why should remorse be a mitigating factor in sentencing? Criminal Law and Philosophy 2(3):241-257, 2008
Ward BH: Sentencing without remorse. Loy U Chi LJ 38:131, 2006

QUESTIONS AND ANSWERS
1. The role of remorse in the criminal justice system:
a. has been determined by case law and is considered as a factor in sentencing.
b. is subject to judicial discretion.
c. benefits those with mental disorders.
d. cannot be measured or described because there is no agreed upon definition.
ANSWER: b

2. Understanding judicial views on remorse is relevant to forensic psychiatry because:
a. all defendants are remorseful but may not have the capacity to show it.
b. defendants with mental disorders are not viewed sympathetically by the court.
c. defendants with mental disorders may have limitations in their experience and expression of remorse.
d. judge's psychological makeup should be considered when giving expert testimony.
ANSWER: c

Z7 UNINTENDED CONSQUENCES OF HIGH PROFILE SERIAL SEX HOMICIDE

John Paul Fedoroff, MD, Ottawa, ON, Canada
Isabelle Cote, MD, CM, Hamilton, ON, Canada
John Bradford, MB, Ottawa, ON, Canada

EDUCATIONAL OBJECTIVE
To be aware of the potential effects of a "high profile" sex offender case on professionals, the media and the spouses of sex offenders.

SUMMARY
In the lead workshop presentation the publically available facts of "Colonel Russell Williams," former commander of Canada's largest airbase and decorated military pilot who was convicted of two sexual homicides, two sexual assaults and a series of home invasions will be reviewed. Dr. Cote will present and discuss the media reaction and what various experts said about this "sensational case"; Dr. Fedoroff will discuss the assessment and treatment of spouses of sex offenders; and Dr. Bradford will discuss the personal effects of involvement in a case such as this.

REFERENCES
Warren JI, Hazelwood RR: Relational patterns associated with sexual sadism: a study of 20 wives and girlfriends. Journal of Family Violence 17:75-89, 2002
Chan HC, Heide KM: Sexual homicide: a synthesis of the literature. Trauma Violence Abuse. 10(1):1-54, 2009

QUESTIONS AND ANSWERS
1. Spouses of incest sex offenders:
a. are less likely to believe and protect older children.
b. usually take no action to protect their children.
c. are more likely to believe their sons than their daughters.
d. should be offered divorce counseling.
e. a and c
ANSWER: e

2. Determine which of these statements apply to sexual homicide offenders:
a. Sexual homicide offenders have elevated levels of psychopathic traits relative to other offenders.
b. Sexual homicide offenders commit their crimes primarily in pursuit of sadistic pleasure.
c. Paraphilias are reported more frequently in sexual homicide offenders compared with nonhomicidal sexual offenders.
d. The killing of victims by sexual homicide offenders can occur simply to avoid detection.
e. All of the above.
ANSWER: e

Z8 SUICIDE BY COP AND PSYCHIATRY IN A WAR ZONE

Manuel Lopez-Leon, MD, New York, NY
Peter Collins, MD, Toronto, ON, Canada
Karen Rosenbaum, MD, New York, NY

EDUCATIONAL OBJECTIVE
At the end of this presentation participants will be aware of the demographics of suicide by cop as well as of the existing research related to this topic. Participants will also be cognizant of the role of psychiatrists in the war zone and the standards of treatment in combat situations.

SUMMARY
The Special Committee on Liaison with Forensic Sciences has invited Peter I. Collins, M.D., member of the American Academy of Forensic Sciences, to present and discuss his research findings on the frequency and characteristics of suicide by cop cases (SBC) among a large nonrandom sample of North American officer-involved shootings (OIS). "Suicide by cop" is when a subject engages in behavior which poses an apparent risk of serious injury or death with the intent to precipitate the use of force by law enforcement against the subject . Case studies will also be presented and discussed. Dr. Collins will discuss his role as combat psychiatrist in two deployments to Southern Afghanistan. He will also discuss the current standards of treatment for operational stress injury and acute stress disorder. Treatment modalities such as brief CBT, the PIES model, and other treatment models will also be discussed in relationship to the development of PTSD.

REFERENCES
Mohandie K, Meloy JR, Collins P: Suicide by cop among officer-involved shooting cases. J Forensic Sci 54(2):456-62, 2009
Mohandie K, Meloy JR: Clinical and forensic indicators of suicide by cop. J Forensic Sci 45:384-9, 2000

QUESTIONS AND ANSWERS
1. The standard practice in both the US and Canadian Forces is to treat Acute Operational Stress Injury with:
a Critical Incident Stress Debriefing
b. Combination pharmacotherapy - SSRIs or SNRIs in combination with a low dose anti-psychotic/mood modifier
c. Propranolol for "memory-scrubbing"
d. Individual attention with psychoeducation, a watch and wait stance with short course CBT if required
ANSWER: d

2. Current research indicates that Suicide by Cop is _____ % of officer involved shootings in North America:
a. 11%
b. 36%
c. 40%
d. 5%
e. 25%
ANSWER: b

Z9 **UNDERSTANDING AND ASSESSING RISK IN PUBLIC FIGURE STALKING**

David James, MD, Oxford, United Kingdom
Frank Farnham, MD, Middlesex, United Kingdom

EDUCATIONAL OBJECTIVE
It will aid attendees in understanding how to adapt their existing skills to evaluate risk in stalking and harassment of politicians and public officials. It will give perspective to history and current prevalence across different jurisdictions, and offer a practical view of working at this interface between psychiatry and policing.

SUMMARY
Politicians and public figures are commonly harassed, stalked and threatened by members of the public. This is illustrated by an unpublished survey of UK politicians. Many clinicians will eventually encounter cases in their practice. Most at risk are the general public, rather than targeted politicians. This behaviour has a lengthy history, exemplified by current and historical cases in the US and Europe, and classifications published from 1870 onwards. In the US, public figure threat assessment approaches have diverged from those involving general public stalking. The former have attracted behavioural policing approaches focussed on preventing violence; the latter constitute a wider research focus for forensic clinicians, extending to more common domains of risk (persistence, escalation, disruption, recurrence), and to the effects on victims. This workshop examines to what extent approaches to general public cases can usefully be applied to public figures cases. It illustrates the importance of motivation and mental illness in assessing and managing risk. It evaluates the usefulness to the clinician of structured professional judgement tools and the differences between risk assessment and threat assessment. It examines the latest approaches. Finally, the workshop looks at preventative aspects, illustrated by the security response to the London Olympics and Queen's Jubilee.

REFERENCES
Meloy JR, James DV, Mullen PE, et al: Factors associated with escalation and problematic approaches toward public figures. J Forensic Sci 56(S1):S128-S135, 2011
Meloy JR, Hoffman J, Guldimann A, et al: The role of warning behaviors in threat assessment: an exploration and suggested typology. Behav Sci Law 30(30):256-279, 2012

QUESTIONS AND ANSWERS
1. How does risk assessment differ from threat assessment?
a. Risk assessment is generally carried out in a static setting.
b. Substantial background about an individual is generally available.
c. Structured professional judgement tools are often used.
d. The emphasis is on propensity, rather than current status.
e. Interview with the subject is usual.
f. All of the above.
ANSWER: f

2. The following factors are not associated with persistence in both public figure and non-ex-intimate general public stalking/harassment cases:
a. Psychotic illness
b. Intimacy seeking motivation
c. Multiple forms of communication
d. Intrusive forms of communication
e. Violence
ANSWER: e

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

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The CME credit form will be initialed and one copy will be given back to you. NO Certificates will be mailed.

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American Academy of Psychiatry and the Law
43rd Annual Meeting – October 25-28, 2012 – Montreal, PQ, Canada

MEETING EVALUATION FORM

Check here if a member: _____ Program Committee _____ Education Committee

All comments made on this evaluation form are provided to the Education and Program Committees, the Council, and the individual participants. Constructive comments are used whenever possible to improve the content of the meeting presentations. Please complete the entire questionnaire using the key below and return it with your CME form to the registration desk before you leave. This form is anonymous and will not be retained by AAPL after the results are tallied.

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1 2 3 4 5
Poor Excellent

A. Rate how well the stated objectives of the overall CME activity (page v. of the Program Book) were met: _____

Comment:

B. Rate the overall educational quality of the CME activity: _____

Comment:

C. 1. What knowledge, competency or skill related to civil, criminal, or correctional psychiatry was learned from this activity?

2. Do you believe your competence or performance will be enhanced as a result of attending the Annual Meeting?
_____ Yes _____No

If yes, please briefly describe how:
_____

If no, please indicate why (please check all that apply):
_____ New knowledge or content confirmed my current practice
_____ Not convinced of the need to make a change
_____ Barriers prevent making changes
_____ Other- Please specify _____

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D. If this CME activity were to be repeated, what additional topics and/or teaching formats would you like to have included?

E. Please list speakers whose presentation seemed to contain commercial bias and describe the bias:

F. Please answer these questions (Numbers 2 and 3 may not be applicable):

1. I could more effectively manage my practice/work with or treat patients/perform forensic evaluations if I knew more about:

2. I could more effectively teach forensic psychiatry if I knew more about:

3. I could more effectively perform research or use research to enhance my practice if I knew more about:

G. Evaluation of specific sessions. Please rate each presentation on content (Column A) and correspondence to published objectives (Column B). Within each presentation, rate the quality of each speaker. Use the space beside or underneath each presentation for specific comments.

Thursday, October 25, 2012

A	**B**		
____	____	T1.	Assessing Symptom Exaggeration and Motives for Malingering in Veterans' Court Participants ____ Sikes
____	____	T2.	Stalking of Physicians: A Systematic Literature Review ____Nelsen
____	____	T3.	When God Commands: A Case Presentation with Literature Review ____Johnson
____	____	T4.	Mental Health Court: One Stop Shopping for Fellowship Training ____Frischer
____	____	T5.	Civil Commitment for Substance Abuse in Treatment Planning ____Eisen
____	____	T6.	The Pursuit of Synthetic Happiness: Story of "Legal Marijuana" ____Oluwabusi
____	____	T7.	Global Autobiographical Amnesia in a Criminal Defendant ____Simpson
____	____	T8.	Drug Courts and Opiate Addiction: A Survey of Judges' Opinions on the Use of Medication-Assisted Therapy in Drug Court Diversion ____Shelby
____	____	T9.	Incompetence to Stand Trial and Need for Hospitalization ____Lee
____	____	T10.	Using High Fidelity Simulations to Measure the Impact of PTSD on Performance and Decision Making in Emergency Service Workers ____Regehr
____	____	T11.	Synthetic Cannabinoids: Forensic and Regulatory Implications ____Gurmu
____	____	T12.	The Legal and Ethical Considerations for Cancer Chemotherapy and Psychotropics Over Objection ____Chlebowski
____	____	T13.	Believing Doesn't Make It So: Forensic Education and the Search for Truth ____Scott
____	____	T14.	Lifelong Learning and ABPN Maintenance of Certification ____Frierson ____Faulkner ____Pinals ____Wills
____	____	T15.	Mentally Disordered Offenders: Civil Commitment After Prison ____Simpson ____Farhadi ____Champion ____Hanson ____Tamburello
____	____	T16.	Then Who Can You Trust? Impaired Physicians, Attorneys, and Police Officers ____Sokolov ____Tucker ____Holmberg

____ ____ T17. Vets: PTSD & TBI Disability Assessments – Differing Venues and Purposes
____ Meyer ____Kleinman ____Peterson

____ ____ T18. Legal Highs, Psychoses, and Deaths from Cathinones, Synthetic-Cannabinoids, and Cyclohexylamines
____Felthous ____Collier ____Stoica ____Long

____ ____ T19. The Role and Responsibilities of Psychiatry in 21st Century Warfare
____Xenakis

____ ____ T20. Psychiatric Prescribing: Medicine, Malpractice, and Mayhem
____Scott ____Newman ____Chapman ____Shih

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____ ____ T21. When War Comes Home: Returning Vets and the Criminal Justice System
____Kleinman ____Brodie ____ Peterson ____Prabhu ____Middleton

____ ____ T22. Interpreting Psych Testing and Neuroimaging for Forensic Psychiatry
___Baranoski ____Nakic

____ ____ T23. Problem-Solving Courts: What Exactly is "the Problem"
____Rotter ____Pinals ____Binder ____Hoge

____ ____ T24. Assessing Inpatient Violence Risk in Children and Teens
____Mossman ____Barzman ____Blom

____ ____ T25. Factors Associated with Risk of Recurrent Domestic Violence
____Antoniak ____Kaufman ____Way

____ ____ T26. ASPD and Borderline PD: Same Thing After All?
____Lewis

____ ____ T27. Beyond a Reasonable Doubt: Evidence-Based Expert Opinions
____Kaufman ____Mossman ____Hall ____Trestman

____ ____ T28. Client Access to Clinical Content: Whose Report Is It Anyway?
____Rotter ____Grover ____Levin ____Hoge ____Fitch ____Zonana

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____ ____ T29. Closet to Court: Attorneys and Doctors on Undue Influence
____Soliman ____Dessin ____Fried ____Hatters Friedman

____ ____ T30. Combat Related Posttraumatic Stress Disorder and Criminal Responsibility: Determinations in the Post-Iraq Era: A Review and Case Report
____Frierson

____ ____ T31. Risk of Death for Veterans on Release from Prison
____Wortzel ____Blatchford ____Conner ____Adler ____Binswanger

____ ____ T32. Asperger's Disorder: Its Place in Forensic Psychiatry
____Roth

____ ____ T33. Transgendered and Incarcerated: A Review of the Literature, Current Policies and Laws, and Ethical Issues
____Glezer ____McNiel ____Binder

____ ____ T34. Hebephilia: Weed Diagnosis in the Botanical Garden of DSM?
____Maskel ____Bradford ____Wollert ____Saleh ____LeBell ____Singer _____ Forestell

Friday, October 26, 2012

A **B**

____ ____ F1. Anger and Hostility: Predictors of Physical and Verbal Aggression in Women with Borderline Personality Disorder
____Kolla

____ ____ F2. Involuntary Restraints in Pregnant Women
____Selhi

____ ____ F3. Comparison of IQ in Subgroups of Juvenile Delinquents
____Negron Munoz

____ ____ F4. Outcomes of a Jail-Based Competency Restoration Program
____Herndon

____ ____ F5. Court-Ordered Evaluations from a Mental Health Court: 5 Year Experience
____Parker

____ ____ F6. Anti-Government Rhetoric, Violence, and Psychiatric Vulnerability
____Holzer

____ ____ F7. Differences in the Implementation of AOT in New York City
____Rai

____ ____ F8. Issues in the Management of Transgender Inmates
____Simopoulos

____ ____ F9. Putting Parents to the Test: Do They Know Enough to be Effective Educational Advocates?
____Vinson

____ ____ F10. Patient Assaults Against Residents: Systematic Review and Model Curriculum
____Kwok

____ ____ F11. The Prevalence of Frotteurism in the Community: A Systematic Review
____Johnson

____ ____ F12. Parens Patriae, Parents and "Spice"
____Chlebowski

____ ____ F13. Sex Crimes and the World Wide Web
____Glancy ____Fedoroff ____Bradford

____ ____ F14. Updating the AAPL Practice Guidelines on the Insanity Defense
____Janofsky ____Zonana ____Hanson ____Myers ____Candilis

____ ____ F15. Civil Commitment…for Substance Abuse?
____Christopher ____Appelbaum ____Pinals ____Eisen

____ ____ F16. Legal, Ethical, and Risk Implications of Psychotropic Treatment in the Pregnancy/Perinatal Period
____Kaye ____Hatters Friedman ____Hall ____Janvier

____ ____ F17. Navigating the Forensic Systems in the U.S. and Chile
____Klein ____Ruiz ____Elgueta ____Busch

____ ____ F18. Should AAPL's Ethics Guidelines Be Enforced?
____Weinstock ____Candilis ____Myers

____ ____ F19. Competence to be Executed: An Illustrative Case
____Noffsinger _____Bailey ____Piel ____Beaman

____ ____ F20. Evaluation and Treatment of Adolescent Sexual Offenders
____Beadles ____Zerby ____Scott ____Jain

____ ____ F21. Landmark Cases and Supreme Court's Decision on Healthcare
____Hall ____Day

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____ ____ F22. Race, Culture and Socio-Economic Status: Three Heads of Bias in Forensic Psychiatry
____Gulrajani ____Rosenbaum ____ Margery Bertoglia ____Simpson ____Griffith

____ ____ F23. The Unabomer and His Family
____Kaczynski

____ ____ F24. Behavioral Genetics and the Criminal Law
____Hoge ____Appelbaum ____Wasserman

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____ ____ F25. The Psychiatrist as Expert Witness
____Resnick

____ ____ F26. Evaluating the Dementing Millionaire: Executive Functions and the Least Restrictive Guardianship
____Read ____Beaver ____Weinstock

____ ____ F27. Violent Video Games and the Battle of the Social Science Experts
____Hall ____Day

____ ____ F28. Judge, I'd Rather Do It Myself: Competency Evaluations After Edwards
____Baranoski ____Zonana ____Zhong ____Buchanan

____ ____ F29. Substance Abuse and Competency
____Westphal ____Devine ____ Vachon ____Norko ____Easton

FOLD & TEAR HERE

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____ ____ F31. A Case of Insanity: A School Shooting in the Shadow of Columbine
____Martinez ____Fukutaki ____Jensen ____Wortzel

____ ____ F32. Autism Spectrum Disorders in Criminal Forensic Setting
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____ ____ F33. Better Than You: Psychology vs. Psychiatric Risk Assessment
____Phillips ____Buchanan ____Patterson ____Fitch

____ ____ F34. When Forensic Examiners Disagree: Bias, or Just Inaccuracy?
____Mossman

____ ____ F35. "I Did Not Want a Mad Dog Released:" Jury Instructions on Insanity Acquittal Disposition
____Piel

____ ____ F36. Cyberstalking and Cyberharassment: A Review for the Forensic Psychiatrist
____Collins ____McNiel ____Binder

____ ____ F37. United States Department of Justice Findings Letters in Psychiatric Hospital CRIPA Cases: An Aid or a Distraction?
____Lee ____Geller

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____ ____ S1. Asperger's and Deviant Sexual Behavior: A Boy and a Dog
____Kellaher

____ ____ S2. Development of an In-Jail Competency Restoration Service
____Guy

____ ____ S3. An Association Between Sleep-Disordered Breathing and Anger and Hostility, and Improvement of Anger and Hostility with CPAP Treatment
____Fedoroff

____ ____ S4. American and British Juvenile Sex Offenders: Worlds Apart?
____del Busto

____ ____ S5. Civilian PTSD Symptoms and Risk for Invovlement in the Criminal Justice System
____Habib

____ ____ S6. Affiliation of Supreme Court Justices in Landmark Cases
____Beaman

____ ____ S7. Fear of Female Genital Mutilation as Asylum Seeker and the Role of Forensic Psychiatry
____Evcimen

____ ____ S8. Robotripping
____Beck

____ ____ S9. Undue Influence in Online Parmaceutical Marketing
____Falls

____ ____ S10. An Analysis of Sanctions and Respective Psychiatric Diagnoses in Veterans' Court
____Johnson

____ ____ S11. Veteran Diversion Particpants and Premilitary Trauma
____Pinals

____ ____ S12. Ethics Dilemmas in Forensic Psychiatry – Ask a Colleague
____Dike ____Meyer ____Gold ____Benedek ____Zonana

____ ____ S13. Early Career Workshop – If I Had Known Then What I Know Now
____Nanton ____Allen ____Gutheil ____Hegarty ____Newman ____Hatters Friedman

____ ____ S14. The Unconscious Offender: Sleep, Parasomnias, and Amnesia
____Mundy ____Racine ____Scott ____Billick

____ ____ S15. Assessing Causation in Psychic Damages
____Noffsinger ____Resnick ____Piel ____Watabe ____Stankowski

____ ____ S16. Re-visiting the Lesson of Osheroff vs. Chesnut Lodge
____Knoll ____Suardi ____Mook ____Hirschkop

____ ____ S17. The Psychopath Test
____Ronson

____ ____ S18. Assessment of Intellectually Disabled Murder Defendants
____Rosmarin ____Griffith ____Gutheil ____Turpin ____Colon

____ ____ S19. Starting a Forensic Private Practice
____Holmberg ____LaCroix ____Reynolds ____Granacher ____Levine ____Crowley
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____ ____ S20. Great Performances: Malingering in Fiction
____Soliman ____Cerny ____Hatters Friedman ____West ____Oxman

____ ____ S21. Police Interrogation, Mental Illness, and False Confessions
____Dell ____DeClue ____Stinson

____ ____ S22. Internet Chats Pilot Study Findings: Who Solicits Children
____Dwyer ____DeHart ____Moran ____Schwartz-Watts ____Burke

____ ____ S23. A National Survey of Aggression in State Psychiatric Hospitals
____Bobb ____Reid ____Warburton ____McDermott

____ ____ S24. Dangerous Offenders and Long-Term Offenders in the Province of Quebec
____Proulx

____ ____ S25. The Elucidation of Motive and Mental Illness in Civil and Criminal Arson, A Practical Guide to Evaluating Those that Play with Fire
____Beaman ____Mobbs ____Seawell ____Resnick

____ ____ S26. Dr. Frasier Crane Goes to Court: Telepsychiatry and Daubert
____Recupero ____Gold ____Christopher

____ ____ S27. Private Case Files in Forensic Research? Ethics and Legal Issues
____Hegarty ____Candilis ____Zonana

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____ ____ S28. Assessment of Outcomes in Therapeutic Courts in Cook County Illinois
____Callaway ___Kammerer ____Morrison ____Dinwiddie

____ ____ S29. Psychiatric Disorders in Offenders with Prenatal Alcohol Exposure
____Mela

____ ____ S30. Beyond Friending: Analysis of the Impact of Social Media Websites and Data Mining on the Opinion and Practice of Forensic Psychiatrists
____Lusins ____Choby

____ ____ S31. DSM 5 Field Trial in a Forensic Hospital
____Poortinga

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____ ____ Z1. Safety and Security Across the Continuum of Care in Psychiatry
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____ ____ Z2. Sexual Disorders and Offenses: Educating Students to Faculty
____Wagoner ____Booth ____Dwyer ____Fedoroff

____ ____ Z3. The First Wave of Modern Terrorism and Forensic Psychiatry Circa 1900
____Schouten ____Suardi

____ ____ Z4. Computers and Technology in Forensic Psychiatry
____Hauser ____Newman ____Nanton ____Jones ____O'Leary

____ ____ Z5. Forensic Psychiatric Issues in Combat-Related TBI and PTSD
____Holzer ____Granacher ____Wortzel ____Allen ____Dingmann

____ ____ Z6. So You're Sorry? The Role of Remorse in Criminal Law
____Zhong ____Zonana ____Baranoski ____Wizner

____ ____ Z7. Unintended Consequences of High Profile Serial Sex Homicide
____Fedoroff ____Cote ____Bradford

____ ____ Z8. Suicide by Cop and Psychiatry in a War Zone
____Lopez-Leon ____Collins ____Rosenbaum

____ ____ Z9. Understanding and Assessing Risk in Public Figure Stalking
____James ____Farnham

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