

AMERICAN ACADEMY
OF
PSYCHIATRY AND THE LAW

53RD ANNUAL MEETING

October 27-30, 2022
New Orleans, Louisiana



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.

AAPL wishes to thank the American Board of Psychiatry and Neurology for a grant to support educational programs.

**Fifty-Third Annual Meeting
American Academy of Psychiatry and the Law
October 27-30, 2022
New Orleans, Louisiana**

OFFICERS OF THE ACADEMY

Susan Hatters Friedman, MD <i>President</i>	Abhishek Jain, MD <i>Councilor</i>
James Knoll, MD <i>President-Elect</i>	Praveen Kambam, MD <i>Councilor</i>
Karen B. Rosenbaum, MD <i>Vice President</i>	Nathan Kolla, MD <i>Councilor</i>
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Stuart Anfang <i>Treasurer</i>	Anthony Tamburello, MD <i>Councilor</i>
William Connor Darby, MD <i>Councilor</i>	Ryan Wagoner, MD <i>Councilor</i>

PAST PRESIDENTS

Lisa Gold, MD	2020-21	Robert Wettstein, MD	2003-04	Richard Rosner, MD	1987-88
William Newman, MD	2019-20	Roy J. O'Shaughnessy, MD	2002-03	J. Richard Ciccone, MD	1986-87
Richard Frierson, MD	2018-19	Larry H. Strasburger, MD	2001-02	Selwyn M. Smith, MD	1985-86
Christopher R. Thompson, MD	2017-18	Jeffrey L. Metzner, MD	2000-01	Phillip J. Resnick, MD	1984-85
Emily A. Keram, MD	2015-16	Thomas G. Gutheil, MD	1999-00	Loren H. Roth, MD	1983-84
Graham Glancy, MB	2014-15	Larry R. Faulkner, M.D	1998-99	Abraham L. Halpern, MD	1982-83
Robert Weinstock, MD	2013-14	Renée L. Binder, MD	1997-98	Stanley L. Portnow, MD	1981-82
Debra Pinals, MD	2012-13	Ezra E. H. Griffith, MD	1996-97	Herbert E. Thomas, MD	1980-81
Charles Scott, MD	2011-12	Paul S. Appelbaum, MD	1995-96	Nathan T. Sidley, MD	1979-80
Peter Ash, MD	2010-11	Park E. Dietz, MD, PhD, MPH	1994-95	Irwin N. Perr, MD	1977-79
Stephen B. Billick, MD	2009-10	John M. Bradford, MB	1993-94	G. Sarwer-Foner, MD	1975-77
Patricia R. Recupero, MD, JD	2008-09	Howard V. Zonana, MD	1992-93	Seymour Pollack, MD	1973-75
Jeffrey S. Janofsky, MD	2007-08	Kathleen M. Quinn, MD	1991-92	Robert L. Sadoff, MD	1971-73
Alan R. Felthous, MD	2006-07	Richard T. Rada, MD	1990-91	Jonas R. Rappeport, MD	1969-71
Robert I. Simon, MD	2005-06	Joseph D. Bloom, MD	1989-90		
Robert T.M. Phillips, MD, PhD	2004-05	William H. Reid, MD, MPH	1988-89		

2022 ANNUAL MEETING CO-CHAIRS

Ryan Hall, MD and Karen B. Rosenbaum, MD

EXECUTIVE OFFICES OF THE ACADEMY

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

Jeffrey Janofsky, MD
Medical Director

Jacquelyn T. Coleman, CAE
Executive Director

CALL FOR PAPERS 2023

The 54th Annual Meeting of the
American Academy of Psychiatry and the Law will be held at the
Chicago Marriott Downtown in Chicago, Illinois
October 19 – October 22, 2023

Theme of the meeting is

BALANCE

Inquiries may be directed to Melissa Spanggaard, DO, and Jungjin Kim, MD

The Program Co-Chairs welcome suggestions for a mock trial or other
special presentations well in advance of the submission date.

Abstract submission forms will be posted online at **www.AAPL.org**.

The deadline for abstract submission is March 1, 2023



FUTURE ANNUAL MEETING DATES and LOCATIONS

55th Annual Meeting

October 24 – October 27, 2024 – Vancouver, BC, Canada

56th Annual Meeting

October 30 – November 2, 2025 – Boston, Massachusetts

57th Annual Meeting

October 26 – November 1, 2026 – Tampa, Florida

GENERAL INFORMATION

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REGISTRATION DESK (Grand Registration)

Hours of Operation

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

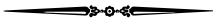
ALL STAR MEDIA Grand F Foyer

PRESENTATION CODES

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



Please note: to use the reseroved lactation room,
obtain key from staff at the registration desk.



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

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

MERCHANDISE FOR SALE		
<i>All proceeds used to fund AIER grants.</i>		
	ORIGINAL PRICE	AT MEETING PRICE
AAPL Logo Shirt	\$35.00	\$20.00
AAPL Logo Hat	\$20.00	\$10.00
AAPL Shirt and Hat Combo	\$50.00	\$25.00
AAPL Logo Tie	\$25.00	\$15.00

Limited quantities in some sizes.

Merchandise purchases or additional contributions (cash, check, Visa or MasterCard) to the Institute can be made at the AAPL registration desk.

To place an order or contribute to the AIER after the meeting please contact the AAPL Executive Office at 800-331-1389.

Contributions can be also be made online at www.aapl.org.

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



A MESSAGE TO PHYSICIAN ATTENDEES CONTINUING MEDICAL EDUCATION CHANGES

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

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

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

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

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

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

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

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

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

Thank you in advance.

Annette L. Hanson, MD and Kaustubh G. Joshi, 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



AAPL CODE OF CONDUCT AT EVENTS

AAPL has a goal to provide a welcoming environment for all participants at its activities. Participants are expected and required to engage in appropriate conduct and maintain a professional demeanor at all times. Any participants who failed to meet these expectations may be removed from any AAPL event or activities and other appropriate disciplinary measures may be taken.

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, as stated in the ACCME Standards for Integrity and Independence in Accredited Continuing Education. Refusal to disclose a conflict or the inability to resolve an identified conflict precludes participation in the CME activity.

The ACCME definition of an ineligible company is "... companies that are ineligible to be accredited in the ACCME System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients."

All speakers have been advised of the following:

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

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

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

FINANCIAL DISCLOSURES

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

SPEAKERS/PRESENTERS

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

Abi Zeid Daou, M.; Acosta Arias, B.; Aggarwal, R.; Ahmad, A.; Allen, T.; Alli-Balogun, O.; Alvarado, G.; Alvarez-Toro, V.; Ameen, A.; Anderson, K.; Anderson, W.; Angelotta, C.; Antonius, D.; Appel, J.; Appelbaum, P.; Arzar, T.; Ash, P.; Ashai, A.; Baker, S.; Baranoski, M.; Barnes, T.; Barrett, J.; Barsotti, C.; Batra, N.; Beaman, J.; Benedek, E.; Benotakei, A.; Bernstein, M.; Beven, G.; Bhullar, D.; Binder, R.; Blum, A.; Bodnar, T.; Boles, W.; Bovanendaran, D.; Bradford, J.; Brady, P.; Brendel, R.; Brown, B.; Bryant, P.; Buchanan, A.; Candilis, P.; Capalbo, G.; Caruso, K.; Casey, J.; Cerny-Suelzer, C.; Cervantes, A.; Chaffkin, J.; Champion, M.; Chatterjee, S.; Chien, J.; Choi, O.; Christmas, A.; Clark, C.; Datta, V.; Davis, A.; Day, G.; DiCiro, M.; Dike, C.; Ditter, S.; Dupre, J.; Durns, T.; DuWors, R.; Eberbach, W.; Espana, K.; Faizi, A.; Fay, B.; Ferranti, J.; Ficarro, S.; Fisher, K.; Fozdar, M.; Franklin, J.; Friedman, J.; Frierson, R.; Genre, K.; Getzen, H.; Gill, G.; Glancy, G.; Glass, O.; Glomski, A.; Gonzalez, E.; Grewal, L.; Gross, S.; Grover, M.; Guinea, J.; Guntner, T.; Gurtej, G.; Gutheil, T.; Hackman, D.; Hanif, H.; Harake, N.; Harding, L.; Hatters Friedman, S.; Henning, J.; Herger, M.; Hernandez, M.; Hicks, R.; Hinds, E.; Hirachan, S.; Hiromoto, L.; Hoang, H.; Holliday, J.; Holmberg, T.; Holzer, J.; House, S.; Iannuzzi, G.; Jain, B.; Juel, M.; Jung, P.; Kadakia, A.; Kaempf, A.; Kaplan, J.; Kapoor, R.; Katsulis, N.; Kaufman, R.; Kaur, S.; Keisari, E.; Khan B.; Khan, J.; Klein, C.; Knowles, J.; Kolla, N.; Korenis, P.; Krueger, R.; Kruse, K.; Kumar, S.; LaLave, J.; Landess, J.; Lang, P.; Lapchenko, M.; Leidenfrost, C.; Leifman, S.; Lilly, S.; Lish, D.; Lopez, S.; Lukas, S.; Magalotti, S.; Mancini, D.; Manfra, D.; Manning, T.; Marett, C.; Martin, D.; Martin, P.; Martinez, R.; Maskel, L.; Maskrey, C.; Masumova, F.; Matto, M.; Mayer, T.; McDermott, B.; McMahan, Z.; McNiel, D.; Merikangas, J.; Michaelsen, K.; Moore, K.; Morris, N.; Moseley, D.; Musselman, M.; Nanton, A.; Neely, H.; Negron-Munoz, R.; Nesbit, A.; Newman, A.; Nguyen, L.; Norko, M.; Olander, E.; Ostermeyer, B.; Panzer, D.; Park, B.; Penn, J.; Peroski, M.; Piel, J.; Pinals, D.; Poa, E.; Popkin, S.; Prabhu, M.; Purkayastha, S.; Rachal, J.; Rajagopal, L.; Ramshaw, L.; Ray, I.; Rayes, O.; Recupero, P.; Resnick, P.; Reynolds, B.; Reynolds, J.; Riess, P.; Rodgers, C.; Rosenbaum, K.; Rosmarin, D.; Ross, N.; Rotter, M.; Rozel, J.; Rush, L.; Salem, A.; Salzman, D.; Sampson, T.; Samuel, R.; Sanders, J.; Satodiya, R.; Sazton, A.; Schaefer, A.; Schillerstrom, J.; Schroder, W.; Scott, C.; Scott, J.; Segal, Y.; Setyan, A.; Shah, K.; Shah, P.; Sharma, H.; Sheahan, K.; Sherwood, B.; Sidhu, N.; Simpson, A.; Simpson, D.; Singh, B.; Singh, G.; Sloan, L.; Soares Barros, A.; Soliman, L.; Soliman, S.; Sonnier, L.; Sorrentino, R.; Sosa, J.; Sperry, L.; Sreedharan, D.; Steier, K.; Stevenson, B.; Stillman, I.; Sung, L.; Tamburello, A.; Tampi, R.; Testa, M.; Thompson, J.; Tindell, W.; Vinson, S.; Virani, S.; Wagoner, R.; Wall, B.; Warburton, K.; Wasser, T.; Webster, K.; Weiss, K.; West, S.; Westphal, A.; Wettstein, R.; Wilbanks, L.; Wilkie, T.; Williams, J.; Wilson, A.; Yadav, G.; Yarnell-MacGrory, S.; Zhang, T.

Disclosures mitigated by attestation that any clinical recommendations are evidence-based and free of commercial bias.

Forensic Implications of the Diagnosis of Complex PTSD Poster

Lee Hiromoto MD has disclosed that he owns shares in Sarepta Therapeutics and Sierra Oncology.

New Influences on Ethics: Dignity, Feminism, Professional Identity – Thursday, October 27, 4:15 – 6:15 pm

Philip Candilis, MD has disclosed ownership of stock in Merc, Pfizer, Dow, and Cigna.

ECT, TMS and Ketamine in Corrections: Limitations and Advocacy – Saturday, October 29, 2:15 – 4:00 pm

Lisa Harding, MD has disclosed that she is an advisor and speaker for Janssen Pharmaceuticals.

Decriminalizing Mental Illness – Thursday, October 27, 10:15 – 12:00 noon

Sarah Vinson, MD has disclosed that she is a Director of MindMed.

Disclosures mitigated by review of content of presentation in advance.

Watch Your Back, The Risk of Harm to the Forensic Psychiatrist – Friday, October 28, 2:15 – 4:00 pm

Philip Saragoza, MD has disclosed that he is a consultant for Work Trauma Services.

The Aristocrats of Crime – Saturday, October 29, 2:15 – 4:00 pm

Rose Negron-Munoz, MD has disclosed that she is a speaker for Alkermes.

PROGRAM AND EDUCATION COMMITTEE MEMBERS DISCLOSURE

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

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



SPECIAL EVENTS

WEDNESDAY, OCTOBER 26, 2022

	TIME	PLACE
AIER Meeting	7:00 a.m. – 8:30 a.m.	Nottoway
Council Meeting	8:45 a.m. – 1:00 p.m.	Nottoway
Council with Committee Chairs	6:00 p.m. – 7:00 p.m.	Grand Chenier
Committee Reception and Dinner (ticket required)	7:00 p.m. – 10:00 p.m.	Grand D/E

THURSDAY, OCTOBER 27, 2022

	TIME	PLACE
Past President's Breakfast	7:00 a.m. – 8:00 a.m.	Nottoway
Newsletter Committee	7:00 a.m. – 8:00 a.m.	Edgewood A/B
ADFPF Reception (for fellowship program faculty, fellows and potential applicants)	6:00 p.m. – 7:00 p.m.	Grand Couteau
Thursday Evening Presentation	7:00 p.m. – 9:00 p.m.	Grand C
Women of AAPL Reception	9:00 p.m. – 10:00 p.m.	Grand Chenier

FRIDAY, OCTOBER 28, 2022

	TIME	PLACE
Research Breakfast	7:00 a.m. – 8:00 a.m.	Edgewood A/B
Rappeport Fellows Breakfast	7:00 a.m. – 8:00 a.m.	Oak Alley
AAPL Business Meeting	8:00 a.m. – 9:30 a.m.	Grand C
Reception for Meeting Attendees	6:00 p.m. – 7:30 p.m.	Grand A/B

SATURDAY, OCTOBER 29, 2022

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

COFFEE BREAKS WILL BE HELD IN THE GRAND A/B FOYER

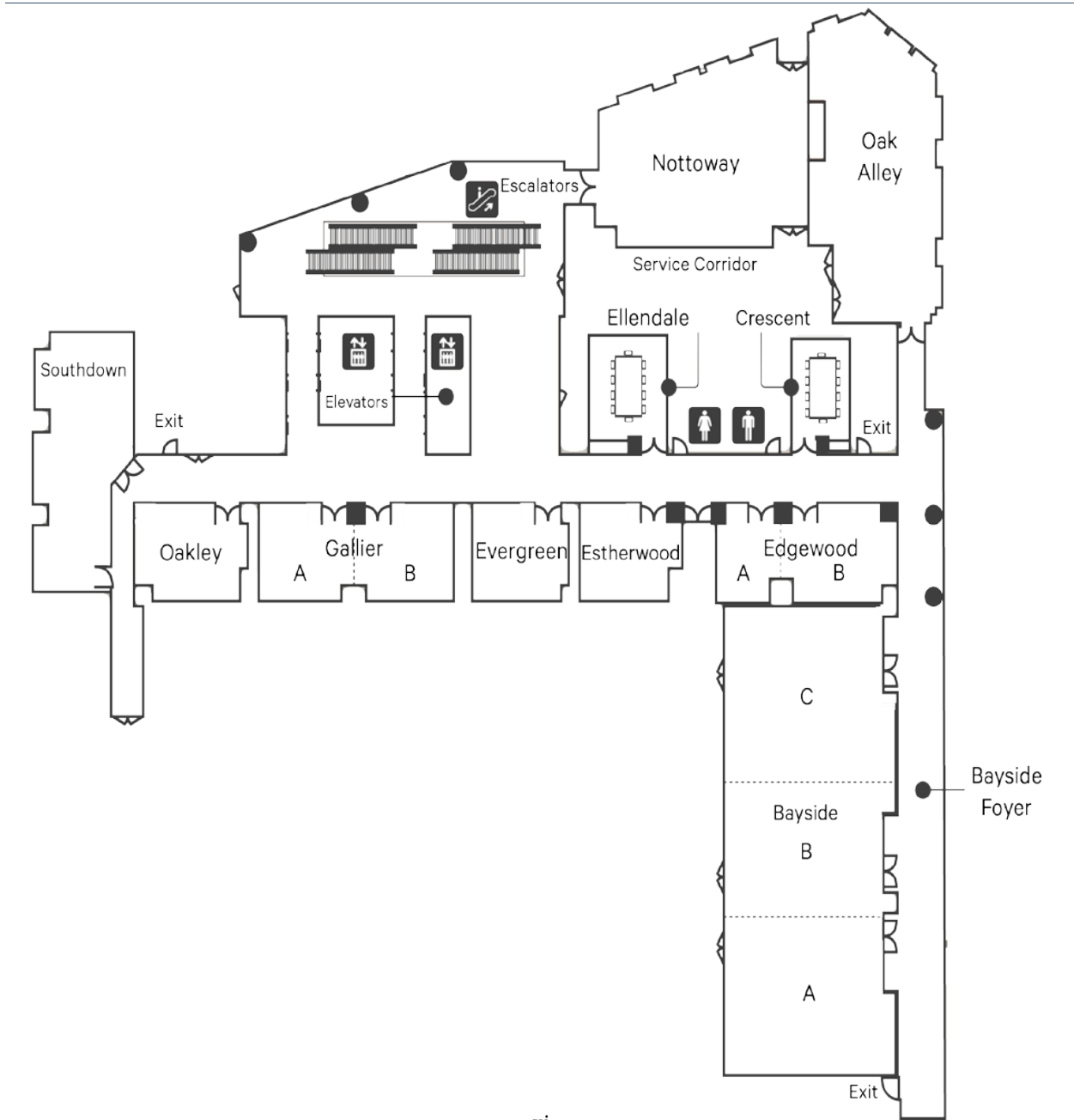
For locations of other events scheduled subsequent to this printing, check the registration desk.



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W

FRIDAY

SATURDAY

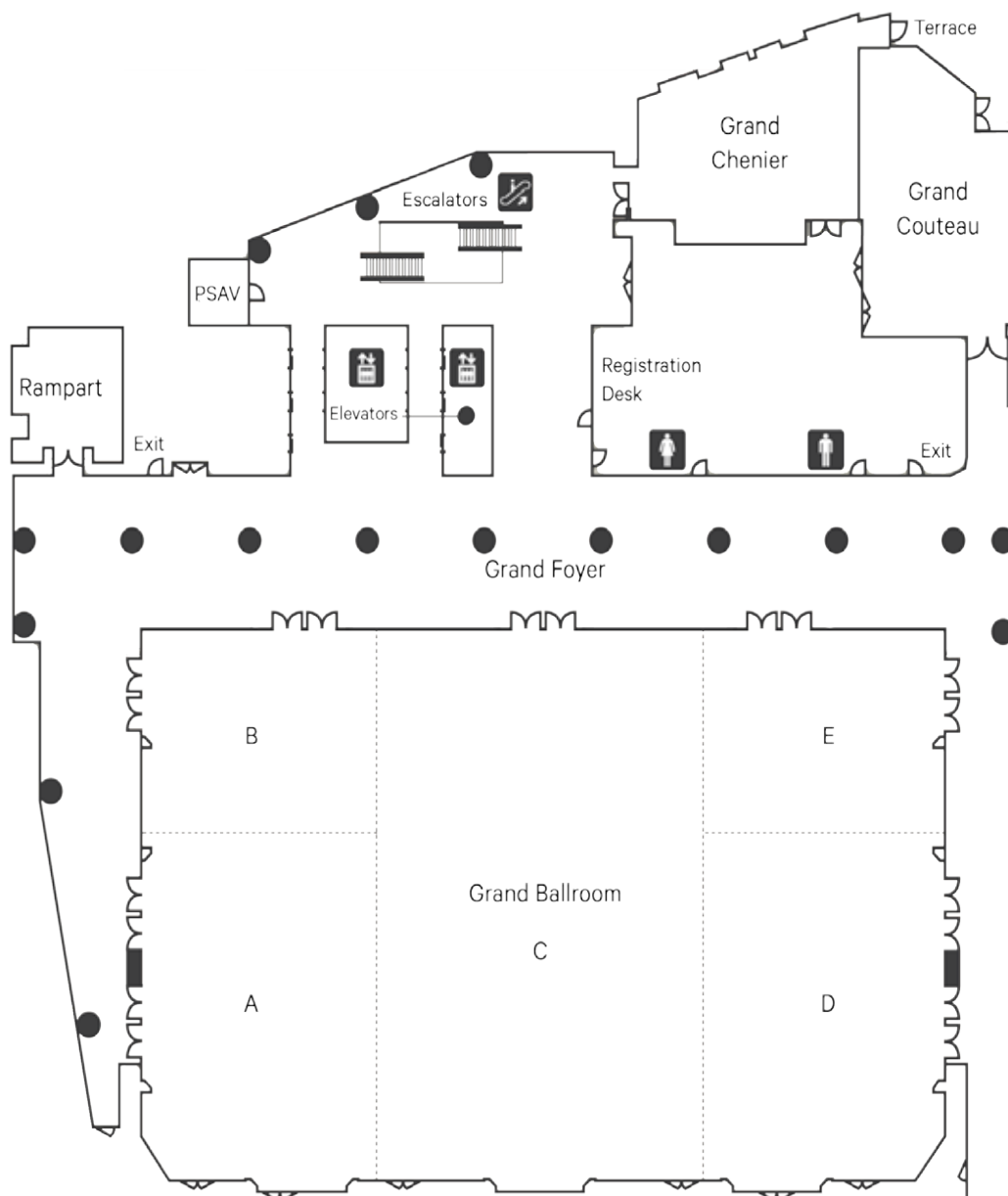
SUNDAY



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**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
Fifty-Third Annual Meeting**

OPENING CEREMONY

Thursday, October 27, 2022

8:00 am – 10:00 am

WELCOME AND INTRODUCTIONS

Susan Hatters Friedman, MD
President

PRESENTATION OF RAPPEPORT FELLOWS

Britta Ostermeyer, MD
Renée M. Sorrentino, MD
Co-Chairs, Rappeport Fellowship Committee

Alyssa M. Beda, MD
*University of Medicine Medical Center
Baltimore, Maryland*

Jasmine McClendon, MD
*University of California, Davis
Sacramento, California*

Juliette Dupre, MD
*University of Toronto
Toronto, Alberta, Canada*

Monika Pietrzak, MD, JD
*University Hospitals Cleveland Medical Center
Cleveland, Ohio*

Bushra Khan, MD
*University of Toronto
Toronto, Alberta, Canada*

Camille Tastenhoye, MD
*University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania*

AWARD PRESENTATIONS

Charles Scott, MD

Red Apple Award
Stuart A. Anfang, MD
Renée M. Sorrentino, MD

Golden Apple Award
Patricia R. Recupero, JD, MD

**Howard V. Zonana, MD
Best Teacher in a Fellowship Program**
Tobias D. Wasser, MD

Seymour Pollack Award
Richard P. Martinez, MD

Young Investigator Award
Awardee Pending

2021 Poster Award
John M. Bonetti, DO

Nathan Kolla, MD
Chair, Research Committee

Nathan Kolla, MD
Chair, Research Committee

**2022 CHARLES C. DIKE DIVERSITY
SCHOLARSHIP AWARDEES**

Viviana Alvarez-Toro, MD
Reema Dedania, MD

AAPL INSTITUTE FOR EDUCATION AND RESEARCH

Debra A. Pinals, MD

OVERVIEW OF THE PROGRAM

Ryan Hall, MD and Karen B. Rosenbaum, MD
Co-Chairs, Program Committee

INTRODUCTION OF THE PRESIDENT

Renée M. Sorrentino, MD and Elise Friedman

PRESIDENT'S ADDRESS

Susan Hatters Friedman, MD

ADJOURNMENT

Ryan Hall, MD and Karen B. Rosenbaum, MD
Co-Chairs, Program Committee

CONGRATULATIONS 2020 & 2021 RAPPEPORT FELLOWS

2021

Lawrence Belcher, MD
*Massachusetts General Hospital
Boston, Massachusetts*

Austin W. Blum, MD
*University of Chicago
Chicago, Illinois*

Mario Moscovici, MD
*University of Toronto
Toronto, Alberta, Canada*

Amanie Salem, MD
*New York-Presbyterian Hospital
New York, New York*

J. Alexander Scott, MD
*University of Michigan Hospital
Ann Arbor, Michigan*

Alexander Sones, MD
*University of California, Los Angeles
Los Angeles, California*

2020

Kathryn Ann Baselice, MD
New York University

Ayala Danzig, MD
*Yale School of Medicine
New Haven, Connecticut*

Tyler Durns, MD
*University of Utah
Salt Lake City, Utah*

Gregory Iannuzzi, MD
*University of South Florida
Tampa, Florida*

Laura Sloan, MD
*University of Minnesota Medical Center
Minneapolis, Minnesota*

Tianyi Zhang, MD
*University of California, San Francisco
San Francisco, California*

AWARD RECIPIENTS



RED APPLE OUTSTANDING SERVICE AWARD

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

STUART A. ANFANG, MD

A graduate of Harvard College and Harvard Medical School, Stuart Anfang MD competed his psychiatry residency at McLean Hospital and his forensic fellowship at UMass Medical School, training with Paul Appelbaum and Ken Appelbaum. He has been an active member of AAPL since before completing his fellowship in 1996. He has served for many years on AAPL Council (2004-13 and 2017-present—including 5 years as Treasurer, 1 year as Vice President, 1 year as Secretary, 3 years as a voting Councilor, plus 4 years non-voting participant as the AAPL Liaison to the APA Assembly).

As AAPL's Liaison (2004-10) to the APA Assembly, Dr. Anfang was the public face of AAPL (and sometimes of forensic psychiatry) within the organized house of psychiatry. He frequently coordinated Assembly representation with the APA Council on Psychiatry and Law, where our activities and interests often overlapped. As Treasurer (2017-present), he has successfully overseen AAPL's finances and investments. He recently served as Chair of the Strategic Planning Task Force, helping sustain AAPL's successful financial, leadership, and organizational future. He has served as 2013 Annual Meeting (San Diego) Program Co-Chair; JAAPL Associate Editor; Chair, Task Force to Revise Guidelines on Psychiatry Disability Evaluations, and active member of various committees and task forces. He has contributed more than 40 publications, chapters, and national presentations (often at AAPL/in JAAPL) related to forensic psychiatry—topics including psychiatric disability, civil commitment, Tarasoff, and geriatric forensic psychiatry.

Outside of AAPL, Dr. Anfang serves as Chair of the APA Isaac Ray Award Committee, and has chaired the APA Early Career Psychiatrist Committee and the APA Council on Psychiatry and Law Task Force for Resource Document on Physician Assisted Death. He has been an active member of the APA Council on Psychiatry and Law, APA Committee on Judicial Action, and the ABPN Forensic Psychiatry Examination Development Committee.

He is currently Vice Chair of Clinical Services in Psychiatry at Baystate Health (Springfield MA), Chief of Adult Psychiatry at Baystate Medical Center, and Professor of Psychiatry at UMass Chan Medical School. Happily married to Michelle (his McLean residency classmate), Stuart is the proud father of Michael (Shifi) and Emily. A resident of Longmeadow MA, he is past president of Temple Beth El and current chair of Jewish Geriatric Services Lifecare.

RENÉE M. SORRENTINO, MD

Dr. Sorrentino is the Medical Director at the Institute for Sexual Wellness and Clinical Assistant Professor at Harvard Medical School. Dr. Sorrentino is a board certified forensic psychiatrist with expertise in the evaluation and treatment of individuals with paraphilias.

Dr. Sorrentino's practice is devoted to the treatment and evaluation of paraphilias and sexual offenders, as well as, the hormonal treatment of paraphilias. 15 years ago she started one of the first multidisciplinary centers for the treatment of sexual offenders in the nation. Her vision was to incorporate the evidenced based principles of sex offender recidivism by offering biological and psychological treatment modalities. In this capacity, Dr. Sorrentino has consulted with local and state agencies to provide treatment and evaluation to individuals who engage in problematic sexual behaviors. Her work was recently recognized as she was awarded the Massachusetts Psychiatric Association Award for the Advancement of the Profession. She is active in the local chapter of the Association for the Treatment of Sexual Abusers (ATSA) serving as a Board member for the past ten years. She serves as an editorial board member, current secretary, frequent presenter and former council at the American Academy of Psychiatry and the Law (AAPL). Dr. Sorrentino is an American Psychiatric Association (APA) Representative for the Massachusetts region.

Dr. Sorrentino has authored book chapters and journal articles in the areas of general forensic psychiatry as well as paraphilic disorders. Recognizing the impact that treatment has on reducing sexual violence, training and mentorship has been a central focus of her career. To this end she has been instrumental at introducing the paraphilic disorders in six of the psychiatry residency training programs in Massachusetts. In addition, she mentors trainees and general psychiatrists in the treatment of paraphilias with the goal of decreasing sexual violence with the help of psychiatrists.

GOLDEN APPLE AWARD

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

PATRICIA R. RECUPERO, JD, MD

Patricia R. Recupero, J.D., M.D., is widely recognized as one of the foremost experts in forensic psychiatry. A board-certified psychiatrist with added qualifications in Forensic Psychiatry and Addiction Psychiatry, she graduated from the Alpert Medical School of Brown University in 1985 and completed her residency in General Psychiatry at Brown University in 1989. During residency, she served as chief resident in psychiatry. Prior to attending medical school, Dr. Recupero attended the State University of New York at New Paltz for her undergraduate education, followed by Boston College Law School, graduating in 1973. She is licensed to practice both medicine and law in Massachusetts and Rhode Island.

Dr. Recupero has been a member of the medical staff at Butler Hospital in Providence, Rhode Island since 1989 and has served the hospital both clinically and administratively in various roles, including Unit Chief, Medical Director, and President and CEO. In both her clinical work and administrative roles, she has been actively involved in the assessment and treatment of a wide range of psychiatric disorders. She has been recognized as an expert in psychiatry and has testified many times. As a current member of the faculty (Clinical Professor) of the Alpert School of Medicine of Brown University, she teaches in the fields of forensic psychiatry, addiction psychiatry, and ethics. Dr. Recupero served as a member of the Rhode Island Parole Board for five years, in which role she made many determinations of dangerousness and suitability for parole. She has published approximately forty peer-reviewed articles and has lectured on numerous topics including sexual harassment, substance abuse, marital violence, disability, and cybermedicine. Dr. Recupero is widely recognized as one of the trailblazers in examining the relationship between the internet and psychiatry.

In 2019, a book that Dr. Recupero co-edited on Geriatric Forensic Psychiatry received the Manfred Guttmacher Award for the best publication in forensic psychiatry during the previous year. She has been active in the American Psychiatric Association, both in elected positions and as a Member of the Council on Psychiatry and the Law. She has also served in many capacities for the American Academy of Psychiatry and the Law, including President. In addition, she is the past President of the National Association of Psychiatric Health Systems, based in Washington, D.C.

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.

TOBIAS D. WASSER, MD

Tobias Wasser, MD received his MD from the University of Connecticut School of Medicine and completed all his psychiatry training at Yale, including the residency program and fellowships in both forensic and public psychiatry. He is currently an Associate Professor of Psychiatry at Yale with active involvement in both the Public Psychiatry and Law and Psychiatry Divisions. For the past five years he has served as the Chief Medical Officer of Whiting Forensic Hospital, Connecticut's only state-operated forensic hospital. His educational work has focused on both residency and forensic fellowship training. He has served as a supervisor in forensic fellowship for the past six years, an associate program director for Yale's adult residency program for the past two years and just this past summer was appointed as the Adult Residency Program Director and Deputy Chair for Education for Yale's Psychiatry Department.

SEYMOUR POLLACK AWARD

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

RICHARD P. MARTINEZ, MD

Dr. Richard Martinez is the Robert D. Miller Professor of Forensic Psychiatry and Director of Forensic Psychiatry Services and Training at the University of Colorado Anschutz School of Medicine. Dr. Martinez was born and raised in New Orleans, attended Tulane University for undergraduate studies, completed medical school at LSU in New Orleans, and received his training in general psychiatry in Colorado. In the late 1980's, as a member of the International Physicians for the Prevention of Nuclear War, he made several trips to the Soviet Union including the nuclear test site in Semipalatinsk, Kazakhstan to lobby for a ban on nuclear testing, and learn about the public health effects of nuclear testing.

In the 1990's, he completed a Masters in Humanities degree at the University of Colorado. He then moved to Boston for two years where he completed fellowships in bioethics and professional ethics at Harvard Medical School and the Edmond J. Safra Center for Professional Ethics at Harvard University. Upon his return to Colorado, he made a mid-career decision and completed forensic psychiatry training under Dr. Robert D. Miller. He is former president of the Association of Directors of Forensic Psychiatry Fellowship Programs, former councilor and vice-president of the American Academy of Psychiatry and Law, a member of the Group for the Advancement of Psychiatry's Law and Psychiatry Committee, co-editor of the "Reflections and Narratives" section of the J AAPL, and chair of the APA's Committee on Psychiatry and Law.

He has written on numerous topics in professional ethics, law and psychiatry, end of life care, informed consent and boundaries, and a book on ethics in forensic practice, written with two colleagues, Dr. Phil Candilis and Dr. Robert Weinstock. With Dr. Candilis, he has advocated for a forensic professional identity that they have labeled "robust professionalism," joining his interest in professional ethics to forensic professional identity, and identifying certain overarching social goods that provide ethical guidance in forensic practice.

DISTINGUISHED LECTURERS



Thursday, October 27, 2022

BRYAN STEVENSON, JD

American Injustice: Mercy, Humanity and Making a Difference

Bryan Stevenson, JD is the founder and Executive Director of the Equal Justice Initiative, a human rights organization in Montgomery, Alabama. Under his leadership, EJI has won major legal challenges eliminating excessive and unfair sentencing, exonerating innocent death row prisoners, confronting abuse of the incarcerated and the mentally ill, and aiding children prosecuted as adults.

Mr. Stevenson has argued and won multiple cases at the United States Supreme Court, including a 2019 ruling protecting condemned prisoners who suffer from dementia and a landmark 2012 ruling that banned mandatory life-imprisonment-without-parole sentences for all children 17 or younger. Mr. Stevenson and his staff have won reversals, relief, or release from prison for over 135 wrongly condemned prisoners on death row and won relief for hundreds of others wrongly convicted or unfairly sentenced.

Mr. Stevenson has initiated major new anti-poverty and anti-discrimination efforts that challenge inequality in America. He led the creation of two highly acclaimed cultural sites which opened in 2018: the Legacy Museum and the National Memorial for Peace and Justice. These new national landmark institutions chronicle the legacy of slavery, lynching, and racial segregation, and the connection to mass incarceration and contemporary issues of racial bias. Mr. Stevenson is also a Professor of Law at the New York University School of Law.

Friday, October 28, 2022

ANN W. BURGESS, DNSC, APRN

A Killer by Design: The FBI Mindhunters and Profiling Killers

Ann Wolbert Burgess, DNSc, APRN is Professor of Psychiatric Mental Health Nursing at Boston College Connell School of Nursing and Professor Emerita from the University of Pennsylvania. Her research began with the study and counseling of 146 rape victims admitted to a large urban hospital emergency department between the ages of 3 and 73. Three categories of sexual trauma were analyzed: rape trauma, pressured sex and sex stress. The research then advanced to the study of serial offenders with the special agents at the FBI Academy. Patterns and motives of serial sexual offenders were analyzed and a second study included the history of the genesis of criminal profiling. More recently her research has expanded to studying patterns of strangulation by stranger and known offenders to better understand the early origins of violent thinking and acting as a strategy to early intervention to decrease trauma and victimization.

Saturday, October 29, 2022

GARY E. BEVEN, MD

Advancing and Protecting the Health and Wellbeing of Astronauts

Gary E. Beven, MD currently serves as Division Chief, Space Medicine Operations within the Human Health and Performance (HH&P) Directorate. The Space Medicine Operations Division is responsible for advancing and protecting the health and well-being of astronauts and the Johnson Space Center workforce to enable human exploration of space. Areas of responsibility include flight surgeon support of NASA's human spaceflight mission including the International Space Station, Commercial Crew, and the Artemis Programs. Other areas of responsibility include Biomedical Engineering, Aerospace Medicine, Occupational Health, Space Radiation Analysis, Research Operations and Integration, Behavioral Health and Performance, Johnson Space Center Clinic, Pharmacy, and Clinical laboratory and medical services at the Neutral Buoyancy Lab, White Sands Test Facility, NM and in Moscow and Star City, Russia.

Dr. Beven has worked as a physician at the Johnson Space Center since 2005. He has previously served as the Johnson Space Center Chief of Aerospace Psychiatry, Lead of the Behavioral Health and Performance Operations Group, Deputy Chief of the Space and Occupational Medicine Branch, and Chief of the Space and Occupational Medicine Branch. Dr. Beven received his Bachelor of Arts degree from the University of Colorado and his Doctor of Medicine Degree from Case Western Reserve University. He is a retired US Air Force Lt. Colonel and flight surgeon with 22 years of military service and an Associate Fellow of the Aerospace Medical Association. Dr. Beven has received the Space Flight Awareness Silver Snoopy Award and the Aerospace Medical Association's Raymond F. Longacre Award for outstanding accomplishments in the psychological and psychiatric aspects of aerospace medicine.

THURSDAY, OCTOBER 27, 2022

POSTER SESSION A

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

GRAND A/B FOYER

THURSDAY

T1 Examining Liability in Collaborative Care Models in Psychiatry

Jacob Franklin, MD (I), Ann Arbor, MI
Bailey Fay, MD, Ann Arbor, MI
George L. Alvarado, MD (I), Ann Arbor, MI
Matthew W. Grover, MD, Ann Arbor, MI

T2 Suicide Deaths Before and During the Pandemic in Two MI Counties

Hayley K. Getzen, MD, Saline, MI
Debra A. Pinals, MD, Ann Arbor, MI
Omar Rayes, MD (I), Ann Arbor, MI
Lok Man Sung, MD (I), Ann Arbor, MI
Allecia Wilson, MD (I), Ann Arbor, MI

T3 Psychiatric Comorbidities of Incarceration in Gender Dysphoria.

Gurtej Gill, MD, Bronx, NY
Yarden Segal, MD, Bronx, NY
Zachary McMahan, MD (I), Bronx, NY
Panagiota Korenis, MD (I), Bronx, NY

T4 Incarceration and Trauma: The Impact on Youthful Offenders

Rebecca H. Hicks, MD, Buffalo, NY
Corey M. Leidenfrost, MD (I), Buffalo, NY
Daniel Antonius, MD (I), Buffalo, NY
Peter S. Martin, MD, Buffalo, NY
Stephanie Ficarro, MD (I), Buffalo, NY

T5 The Canadian Guidelines for Forensic Psychiatry Assessment

Graham Glancy, MBChB, Toronto, ON, Canada
Lisa Ramshaw, MD (I), Toronto, ON, Canada
Treena Wilkie, MD, Toronto, ON, Canada
Sumeeta Chatterjee, MD (I), Toronto, ON, Canada

T6 Civil Commitment: What's (Scammer) Love Got to Do with It?

John P. Henning, MD, Cincinnati, OH
Jason Barrett, MD, Cincinnati, OH
Christopher Marett, MD, Cincinnati, OH

T7 Defining Capacity: A Review of States' Best Practices

Ethan D. Hinds, III, MD, San Antonio, TX
Irelisse M. Velazquez-Negron, MD, San Antonio, TX
Benjamin Brown, MD, San Antonio, TX
Eduardo L. Gonzalez, BS (I), San Antonio, TX
Jason E. Schillerstrom, MD (I), San Antonio, TX

T8 Internet Based Data Use in Forensic Evaluations

Mark M. Juel, MD (I), Grand Rapids, MI
Weston M. Anderson, MD, Grand Rapids, MI

T9 Reimagining Competency Restoration with a Software-Based Program

Aayush Kadakia, MD (I), Plano, TX
Parker Brady, MD (I), Dallas, TX
Ambriale Davis, MD (I), Dallas, TX
Juan Sosa, MD, Denver, CO
Sarah Baker, MD, Dallas, TX

T10 Suicide Notes of New York State Prisoners; What do They Tell Us?

Stephanie Lilly, MA (I), Marcy, NY
Jonathan S. Kaplan, MD, Poughkeepsie, NY
Meaghan Bernstein, MA (I), Marcy, NY
Steve Gross, PsyD (I), Marcy, NY
Bethanie Sherwood, MSW (I), Marcy, NY

T11 Forensic Patient in Civil Facilities: Insanity Acquittees and Parolees

Simarpreet Kaur, MD, Hicksville, NY
Gurtej Gill, MD, Bronx, NY
Merrill R. Rotter, MD, Bronx, NY

T12 Incarceration and Trauma: Gender Differences and Similarities

Corey M. Leidenfrost, PhD (I), Buffalo, NY
Peter Martin, MD, Buffalo, NY
Rebecca Hicks, MD, Buffalo, NY
Daniel Antonius, PhD (I), Buffalo, NY

T13 Expert Witnesses in Clinical Inpatient Psychiatric IVA Hearings

David Mancini, MD, Baltimore, MD
Patrick Jung, MD (I), Baltimore, MD

T14 Forensic Implications of the Diagnosis of Complex PTSD

Bailey Reynolds, MD (I), Portland, OR
Lee Hiromoto, MD (I), Portland, OR
Karina Espana, MD, Portland, OR
Joseph Chien, MD, Portland, OR

T15 To Look or Not to Look: Vicarious Trauma from Reviewing Graphic Images

Raina Aggarwal, MD, New York, NY
Madelon V. Baranoski, PhD (I), New Haven, CT
Maya Prabhu, MD, LLB, New Haven, CT
Charles Dike, MD, New Haven, CT

OPENING CEREMONY

8:00 AM – 10:00 AM

GRAND C

T16 Searching for the Whole Truth: Considering Culture and Gender in Contemporary Forensic Psychiatric Practice

Susan Hatters Friedman, MD, Cleveland, OH

COFFEE BREAK

10:00 AM – 10:15 AM

GRAND A/B FOYER

PANEL DISCUSSION

10:15 AM – 12:00 PM

GRAND C

T17 Decriminalizing Mental Illness and the National Judicial MH Task Force

Michael K. Champion, MD, Honolulu, HI
Judge Steven Leifman (I), Miami, FL
Sarah Y. Vinson, MD, Atlanta, GA
Chief Justice Loretta Rush (I), Indianapolis, IN

PANEL DISCUSSION

10:15 AM – 12:00 PM

GRAND D

T18 Let's Talk About Sex (And Gender) in the Courtroom

(Sponsored by the Gender Issues Committee)

Nina Ross, MD, Shaker Heights, OH
Jacqueline Landess MD, JD, Milwaukee, WI
Aimee Kaempf, MD, Tucson, AZ
Kathleen Kruse, MD, Cleveland, OH
Cathleen A. Cerny-Suelzer, MD, Cleveland, OH

PANEL DISCUSSION 10:15 AM – 12:00 PM **BAYSIDE ABC**

T19 From My Cold, Dead Hands: Gun Culture and Forensic Psychiatry (Core)
 Greg Iannuzzi, MD, Tampa, FL
 Wes Eberbach, MD (I), Tampa, FL
 Nakul Batra, MD (I), Tampa, FL
 Michael Hernandez, MD (I), Tampa, FL
 Ryan Wagoner, MD, Tampa, FL

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

T20 The Antidote to Polypharmacy: Deprescribing in Juvenile Justice
 (Sponsored by the Corrections Committee)
 Loretta Sonnier, MD, New Orleans, LA
 Teresa Mayer, MD, Denver, CO
 Sumedha Purkayastha, MD, (I) New Orleans, LA
 Joseph Penn, MD, Conroe, TX

RESEARCH-IN-PROGRESS 10:15 AM – 12:00 PM **NOTTOWAY**

T21 Developing a Trial Competency Waitlist Reevaluation Program
 Melinda DiCiro, PsyD (I), Sacramento, CA
 Carolina A. Klein, MD, Vallejo, CA
 Katherine Warburton, DO, Sacramento, CA

T22 A Survey of U.S. States' Competency to Stand Trial Systems
 Daniel T. Hackman, MD, Baltimore, MD
 Alexis L. Glomski, MD, Louisville, KY
 Wil Schroder (I), Wilder, KY

T23 Decision Making Capacity in the Era of COVID Skepticism
 Bellaniry Acosta Arias, MD, East Rutherford, NJ
 Jacob M. Appel, MD, New York, NY
 Karl Steier, DO (I), Harrison, NJ
 Kishan Shah, MD (I), Newark, NJ
 Andrew Shaw Benotakei, BS (I), Clifton, NJ

LUNCH (TICKET REQUIRED) 12:00 PM – 2:00 PM GRAND A/B FOYER

T24 American Injustice: Mercy, Humanity and Making a Difference
 Bryan Stevenson, JD (I), Montgomery, AL

WORKSHOP 2:15 PM – 4:00 PM **GRAND C**

T25 The Whole Truth: Gender Affirming Care and Forensic Psychiatrists' Role
 Jeffrey Khan, MD, Houston, TX
 Edward Poa, MD, Houston, TX
 Margarita Abi Zeid Daou, MD, Worcester, MA
 Topaz Sampson, MD, Houston, TX
 Hira Hanif, MD, Houston, TX

PANEL DISCUSSION 2:15 PM – 4:00 PM **GRAND D**

T26 Challenges and Solutions in Forensic Professional Development
 (Sponsored by the Early Career Psychiatry Committee)
 Ambarin S. Faizi, Santa Ana, CA
 Thomas Gutheil, MD, Brookline, MA
 Ryan Wagoner, MD, Tampa, FL
 Karen B. Rosenbaum, MD, New York, NY
 Trent C. Holmberg, MD, Draper, UT

PANEL DISCUSSION	2:15 PM – 4:00 PM	BAYSIDE ABC
T27 Avoiding Bars and Razor Wire: Mental Health Jail Diversion Strategies		
(Sponsored by the Corrections Committee)	Kathleen Kruse, MD, Cleveland, OH Adelle Schaefer, MD, New York, NY Megan Testa, MD, Shaker Heights, OH Sara West, MD, Broadview Heights, OH	
WORKSHOP	2:15 PM – 4:00 PM	GRAND E
T28 Criminal Responsibility in Epilepsy (Advanced)		
(Sponsored by the Forensic Neuropsychiatry Committee)	Vivek Datta, MD, MPH, San Francisco, CA Timothy Allen, MD, Lexington, KY Austin Blum, JD, MD, Chicago, IL Tyler Durns, MD, Salt Lake City, UT	
SCIENTIFIC PAPERS	2:15 PM – 4:00 PM	NOTTOWAY
T29 Electronic Surveillance in U.S. Jails and Prisons		
	Hwa Soo Hoang, MD, San Francisco, CA Nathaniel P. Morris, MD, San Francisco, CA Dale E. McNiel, PhD (I), San Francisco, CA Renée Binder, MD, San Francisco, CA	
T30 Advocating for the Integration of Culture into Forensic Therapeutics		
	Bushra M. Khan, MD, Toronto, ON, Canada Alexander I. F. Simpson, MBChB, Toronto, ON, Canada	
T31 Elder Financial Exploitation in the Digital Age		
	Tianyi Zhang, MD, San Francisco, CA Nathaniel P. Morris, MD, San Francisco, CA Dale E. McNiel, PhD (I), San Francisco, CA Renée Binder, MD, San Francisco, CA	
COFFEE BREAK	4:00 PM – 4:15 PM	GRAND A/B FOYER
WORKSHOP	4:15 PM – 6:15 PM	GRAND C
T32 New Influences on Ethics: Dignity, Feminism, Professional Identity		
(Sponsored by the Human Rights and National Security Committee)	Sarah E. Baker, MD, Dallas, TX Philip J. Candilis, MD, Washington, DC Alec Buchanan, MD, New Haven, CT Navneet Sidhu, MD, Washington, DC Richard Martinez, MD, Aurora, CO	
FLASH TALKS	4:15 PM – 6:15 PM	GRAND D
T33 Red Flag Laws and the Psychiatrist as Petitioner: A Survey of American Psychiatric Association Members in the District of Columbia		
	Erika Olander, MD, Alexandria, VA	
T34 Withdrawn		
T35 Forensic Psychiatry Fellowship Training During COVID-19		
	Jason A. Barrett, MD, Cincinnati, OH	
T36 Collaboration Between Law Enforcement Officers and Psychiatrists		
	Shayna J. Popkin, MD, Silver Spring, MD	

T37 The Federal 9-8-8 Law and the Future of Crisis Mental Health

Laura Sloan, MD, Minneapolis, MN

T38 News Reporting of Excited Delirium from 1002-2022

Artur Setyan, MD (I), Glendale, AZ

T39 An Analysis of Proposed Laws Banning Gender Affirming Care for Minors

Harshit Sharma, MD, New York, NY

WORKSHOP

4:15 PM – 6:15 PM

BAYSIDE ABC

T40 Disease, Defect or Disability? The Sex Offender Designation

(Sponsored by the Sexual Offenders Committee)

Renée M. Sorrentino, MD, Weymouth, MA
 John Bradford, MD, Hamilton, ON, Canada
 Richard Krueger, MD, New York, NY
 Alcina Juliana Soares Barros, MD (I), Porto Alegre, Brazil

PANEL DISCUSSION

4:15 PM – 6:15 PM

GRAND E

T41 Psychedelics in Psychiatry: Lessons Learned and Forensic Concerns

(Sponsored by the Psychopharmacology Committee)

Tyler Durns, MD, Salt Lake City, UT
 Reagan Gill, DO, Sacramento, CA
 Caitlin Clark, MD (I), Salt Lake City, UT
 Greg Iannuzzi, MD, Tampa, FL

WORKSHOP

4:15 PM – 6:15 PM

NOTTOWAY

T42 Daughters of the Motherland: A Look at South Asian Patriarchal Norms

Ayesha Ashai, MD, Oak Brook, IL
 Lubna Grewal, MD, Denver, CO

THURSDAY EVENING PRESENTATION

7:00 PM – 9:00 PM

GRAND C

T43 NOLA True Crime Presentation

James B. McConville, MD (I), New Orleans, LA
 Barksdale Hortenstine, (I), New Orleans, LA

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

T1 EXAMINING LIABILITY IN COLLABORATIVE CARE MODELS IN PSYCHIATRY

Jacob Franklin, MD (I), Ann Arbor, MI
Bailey Fay, MD, Ann Arbor, MI
George L. Alvarado, MD (I), Ann Arbor, MI
Matthew W. Grover, MD, Ann Arbor, MI

EDUCATIONAL OBJECTIVE

1. Describe three different models of collaborative care; 2. Describe the differences in liability in each of the different models of collaborative care; 3. Identify three ways to reduce legal risk in collaborative care and outpatient consultation settings.

SUMMARY

Collaborative psychiatric care is an emerging model of practice looking to address the growing mental health needs across the United States. Given the evidence for its efficacy in managing depression and anxiety in primary care settings, health care systems have looked to exponentially expand these models of care secondary to recent political, financial, and professional support. While supervision provided by psychiatric providers is not new, the interplay between supervision, collaboration, and consultation presents providers with practical, legal, and ethical challenges. These models of delivery are likely to impact all psychiatric subspecialties, yet little is known surrounding malpractice liability for the consulting psychiatrist who may provide guidance to the primary care provider in both formal and less formal forms of communication and documentation. This poster will examine the current literature on risk liability to psychiatrists in collaborative care settings, review applicable case law, and provide practical suggestions on how risk liability can be proactively managed in collaborative care settings.

REFERENCES

Bland DA, Lambert K., Raney L. Resource Document on Risk Management and Liability Issues in Integrated Care. *Am J. Psychiatry*. 2014 May; 171(5):1-7.

American Psychiatric Association. Guidelines for Psychiatrists in Consultative, Supervisory or Collaborative Relationships with Nonphysician Clinics [Internet]; 2009. Available from: https://www.psychiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/rd2009_CollaborativeRelationships.pdf. Accessed March 10, 2022

QUESTIONS AND ANSWERS

1. What percentage of antidepressants are prescribed by primary care physicians?
- A. Greater than 50%
 - B. 50%
 - C. Less than 50%
 - D. None of the above

ANSWER: A

2. While the clinical role of an integrated psychiatrist is likely blended, and laws vary across jurisdictions, the model of integrated practice with the highest level of liability for the psychiatrist is which role?
- A. The supervisory role
 - B. The collaborative role
 - C. The consultant role
 - D. None of the above

ANSWER: A

T2 SUICIDE DEATHS BEFORE AND DURING THE PANDEMIC IN TWO MICHIGAN COUNTIES

Hayley K. Getzen, MD, MPH, Saline, MI
Debra A Pinals, MD, Ann Arbor, MI
Omar Rayes, MD (I), Detroit, MI
Lok Man Sung, MD (I), Detroit, MI
Allecia Wilson, MD (I), Ann Arbor, MI

EDUCATIONAL OBJECTIVE

1. Discuss the impact of pandemics on mental health; 2. Compare suicide rates and cause of death pre-COVID-19 and during COVID-19; 3. Describe differences in suicide rates by demographic (age, sex, zip code) before and during the pandemic.

SUMMARY

The COVID-19 pandemic has had many economic and psychosocial implications. With widespread infection came isolation, loneliness, financial loss, loss of loved ones, fear, and uncertainty for many. It is known that these are risk factors for developing or exacerbating psychiatric illnesses. Significant social stressors, combined with biological risk factors and psychological vulnerabilities, can increase the risk of psychiatric symptoms, which may lead to an increase in suicide deaths. Despite increased risk factors for suicide observed during the COVID-19 pandemic, studies of previous pandemics have highlighted conflicting evidence on whether pandemics contribute to an increase in suicide deaths. Psychological autopsies also may not be fully completed, making the manner of death unclear in certain cases. Suicide deaths from the Washtenaw and Wayne County Medical Examiners’ Offices will be reviewed with comparisons of suicide rates from the pre-COVID-19 era (2014-2019) to those during the emergence of the COVID-19 pandemic (2020). The immediate causes and circumstances of the suicide deaths will also be compared to determine whether there were changes in the methods of suicide across these time frames. When available, toxicology results will be reviewed. Demographic information, including age, sex, and zip codes of the decedents will also be compared.

REFERENCES

Banerjee, D., Kosagisharaf, J. R., & Rao, T. S. S. (2020). ‘The dual pandemic’ of suicide and COVID-19: A biopsychosocial narrative of risks and prevention. *Psychiatry Research*, 295(113577), 1-8. <https://doi.org/https://doi.org/10.1016/j.psychres.2020.113577>.
Radeloff, D., Papsdorf, R., Uhlig, K., et al. (2021). Trends in suicide rates during the COVID-19 pandemic restrictions in a major German city. *Epidemiology and Psychiatric Sciences*, 30, e16, 1-5. <https://doi.org/10.1017/S2045796021000019>.

QUESTIONS AND ANSWERS

1. There have been proposed risk factors for suicide during pandemics based on previous theories of suicide. Which of the following has been proposed as a risk factor for suicide during pandemics?
- A. Maximal social cohesion
 - B. Financial security
 - C. Extreme social regulations
 - D. Mentalization

ANSWER: C

2. Suicide rates can vary significantly across different regions. Which type of region has the highest rate of suicide deaths?
- A. Rural
 - B. Suburban
 - C. Small urban
 - D. Large urban

ANSWER: A

T3 PSYCHIATRIC COMORBIDITIES OF INCARCERATION IN GENDER DYSPHORIA.

Gurtej Gill, MD, Bronx, NY
Yarden Segal, MD, Bronx, NY
Zachary McMahon, MD (I), Bronx, NY
Panagiota Korenis, MD (I), Bronx, NY

EDUCATIONAL OBJECTIVE

The educational objective is to discuss the challenges of managing an acute patient with extensive legal substance abuse history while addressing the features of gender identity disorder and highlighting the difficulties for both the patient and physician in managing these challenges.

SUMMARY

Mental health remains a key comorbidity in the transgender population. There are more consequences on mental health if there is a long-term incarceration history of a transgender person. 21% of transgender women are incarcerated in their lifetime, compared to <3% of the US general population. Incarcerated transgender women are typically at risk for verbal, physical, and sexual assault that has been cross-sectionally linked to poor mental health in transgender patients. Childhood traumas and Adverse childhood experiences may attribute to gender dysphoria as well as the externalizing and internalizing behaviors of the child in the later part of life. Our patient is in her '50s, a transgender female, admitted for Major Depressive disorder with Psychotic features, and substance abuse disorder. Patient was selectively mute, isolative, unable to perform ADLs, and believed was in the "Federal Penitentiary." Patient was initiated on Sertraline, Mirtazapine, and Risperidone. Patient still was socially withdrawn, but with treatment was oriented to person, place, and time. We will discuss the challenges of managing an acute patient with extensive legal substance abuse history while addressing the features of gender identity disorder and highlighting the difficulties for both the patient and physician in managing these challenges.

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QUESTIONS AND ANSWERS

1. What Percentage of transgender women are incarcerated in their lifetime?

- A. 21%
- B. 15%
- C. 35%

ANSWER: A

2. Which of the following is not the biggest barrier to treat a psychiatric patient who has long history of incarceration?

- A. Lack of motivation
- B. Lack of medical and mental health records
- C. Lack of trust
- D. History of abuse

ANSWER: A

T4 INCARCERATION AND TRAUMA: THE IMPACT ON YOUTHFUL OFFENDERS

Rebecca H. Hicks, MD, Buffalo NY
Corey M. Leidenfrost, MD (I), Buffalo NY
Daniel Antonius, MD (I), Buffalo NY
Peter S. Martin, MD, Buffalo NY
Stephanie Ficarro, MD (I), Buffalo, NY

EDUCATIONAL OBJECTIVE

Conference attendees will be educated on the prevalence rates of trauma/PTSD among criminal justice involved youths and the different types of traumatic events. Attendees will gain a better understanding of how childhood trauma manifests as increased risk for criminal behavior, ultimately demonstrating the importance of identifying trauma early in youthful offenders.

SUMMARY

Studies examining histories of trauma exposure among youthful offenders often have small sample sizes and do not distinguish between incarcerated and non-incarcerated youths. This paucity of research makes determining accurate and reliable rates of posttraumatic stress disorder (PTSD) among incarcerated youths difficult. Regardless, available evidence suggests that rates of PTSD amongst incarcerated youth is alarmingly elevated compared to community samples. Exposure to childhood trauma has been linked to neurobiological changes that may increase risk for youth to develop psychopathology and conduct-related behaviors (i.e., impulsivity and substance use) that increase future risk for incarceration. Recent evidence suggests that there is a negative cumulative effect of trauma on youth and that trauma exposure may occur within the first years of life. This poster will focus on how experiencing childhood trauma may increase the risk for developing criminogenic behavior that may result in incarceration as a youth. For example, an adolescent fleeing abuse by leaving home may place themselves at risk for homelessness and stress, which increases risk for developing substance use disorders. This poster will explore how identifying trauma experiences and symptoms of PTSD early on in incarcerated youths is essential in preventing future criminal recidivism. Implications for psychiatric treatment will be discussed.

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Cuomo, C., Sarchiapone, M., Di Giannantonio, M., Mancini, M., & Roy, A. (2008). Aggression, impulsivity, personality traits, and childhood trauma of prisoners with substance abuse and addiction. *The American Journal of Drug and Alcohol Abuse*, 34, 339-345.

QUESTIONS AND ANSWERS

1. Which of the following statement is not true regarding childhood trauma?
 - A. Childhood trauma can cause neurobiological changes in brain development that can lead to difficulty regulating emotions and impulse control
 - B. Childhood trauma can increase experiencing social stressors such as homelessness
 - C. Childhood trauma places youths at increased risk for criminal behavior
 - D. Childhood trauma does not place youths at increased risk to develop criminal behavior

ANSWER: D

2. What makes it difficult to determine accurate and reliable rates of posttraumatic stress disorder (PTSD) among incarcerated youths?
 - A. Incarcerated youthful offenders do not exhibit PTSD
 - B. Studies often have small sample sizes and do not distinguish between incarcerated and non-incarcerated youths
 - C. Youthful offenders are often too young to experience enough trauma to cause PTSD
 - D. Studies are not allowed to include children and adolescents

ANSWER: B

T5 THE CANADIAN GUIDELINES FOR FORENSIC PSYCHIATRY ASSESSMENT

Graham D. Glancy, MB, ChB, Toronto, ON, Canada
 Lisa Ramshaw, MD (I), Toronto, ON, Canada
 Treena Wilkie, MD, Toronto, ON, Canada
 Sumeeta Chatterjee, MD (I), Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

At the end of the presentation participants will be able to understand the writing and implementation of forensic guidelines

SUMMARY

Forensic psychiatry was recognized as a subspecialty of psychiatry by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2011. Subsequently, several forensic subspecialty training programs were created across Canada. Recognizing the importance of national standards of forensic practice, we embarked on a national collaborative project to develop The Canadian Guidelines for Forensic Psychiatry Assessment and Report Writing. This includes a General Principles document and nine specific guidelines

This presentation outlines the process by which the guidelines were conceived, developed, written and distributed. After approval by the Canadian Academy of Psychiatry and the Law (CAPL) Board in November 2020, a Steering Committee drafted all of the guidelines. A National Working Group, selected based on expertise, regional representation and interest, was then created to review each of the guidelines. This was followed by an expert peer review, final approval by the CAPL Board, and publication on the CAPL website. The guidelines provide a review of legal and psychiatric principles and offer practical guidance in the performance of forensic evaluations. They are intended for forensic psychiatrists and other clinicians working in a forensic assessor role, to be used for education, reference, and self-assessment.

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Glancy, G. et al (2015). Practice guideline: The forensic assessment. Journal of the American Academy of Psychiatry and the Law, (supp), 43, 263.25.

QUESTIONS AND ANSWERS

1. When developing national guidelines it is important that the selection of a National Working Group, is selected based on which of the following:

- A.** Expertise
- B.** Regional representation
- C.** Interest
- D.** All of the above

ANSWER: D

2. Topics in forensic psychiatry for separate national guidelines would include which of the following:

- A.** Criminal responsibility
- B.** Competence/fitness to stand trial
- C.** Risk assessment
- D.** All of the above

ANSWER: D

T6 CIVIL COMMITMENT: WHAT'S (SCAMMER) LOVE GOT TO DO WITH IT?

John P. Henning, MD, Cincinnati, OH
Jason Barret, MD, Cincinnati, OH
Christopher Marett, MD, Cincinnati, OH

EDUCATIONAL OBJECTIVE

To examine how financial harms incurred through romance scams relate to the assessment of dangerousness and grave disability in forensic psychiatry.

SUMMARY

Individuals with decompensated mental illness may have impaired judgment. This vulnerability has led some to fall victim to financial exploitation via online romance scams. For example, individuals experiencing euphoric mania may be trusting and believe outrageous claims in the pursuit of love. Physical distance no longer provides protection from the unscrupulous who use the internet to target individuals. According to the FBI Internet Crime Complaint Center (IC3), from January 1, 2021 to July 31, 2021, there were 1,800 reported complaints related to online romance scams which resulted in losses of approximately \$133,400,000. Connor v. Donaldson established that an individual could not be civilly committed if they were not dangerous to themselves or others. In this poster we present a deidentified case of an elderly woman who lost thousands of

dollars to romance scammers during a manic episode. The outcome of her civil commitment hearing hinged on the legal interpretation of her financial loss as either evidence of present dangerousness or the inability to care for herself. We consider whether failing to recognize dangerousness evidenced by financial harms, which stem directly from mental illness, neglects the *parens patriae* role of the state.

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QUESTIONS AND ANSWERS

1. Self-Assessment Question #1 How do romance scammers typically make first contact with their victims?

- A. In person through friends or acquaintances
- B. Online via email
- C. Craigslist, Ebay, or other auction/services sites
- D. Dating apps and other social media sites

ANSWER: D

2. Which two legal doctrines allow the authority for civil for commitment?

- A. *Parens patriae* and police power
- B. *Parens patriae* and beneficence
- C. Non malfeasance and beneficence
- D. Police Power and respect for persons

ANSWER: A

T7 DEFINING CAPACITY: A REVIEW OF STATES’ BEST PRACTICES

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 Ivelisse M. Velazquez-Negron, MD, San Antonio, TX
 Benjamin Brown, MD, San Antonio, TX
 Eduardo L. Gonzalez, BS, San Antonio, TX
 Jason E. Schillerstrom, MD, San Antonio, TX

EDUCATIONAL OBJECTIVE

To review the clinician’s role in adult guardianship proceedings and evolving legal reforms; to critically evaluate medical literature thereof; to compare and contrast best practices amongst the 50 states.

SUMMARY

Due to growing geriatric populations, courts are increasingly asking clinicians to evaluate impairment due to medical causes for adult guardianship proceedings. Judges then compare the medical evaluation and state-specific definition of incapacitated persons to determine which rights, if any, the ward should retain. However, with escalating calls for legal reform, we reviewed medical literature surrounding definitions for adult guardianship. We found a remarkable gap in the literature as only 3 papers compare adult guardianship laws. We then surveyed each state’s laws and synthesized a model definition of incapacitated person. Next, we analyzed the definitions with reference to the synthetic definition using descriptive statistics. The data show broad diversity in how states define capacity. For example, 12 states explicitly label an incapacitated person as disabled. Given the profound differences in state definitions of incapacitated persons, reconsidering the guardianship process, including the clinician’s role, is warranted to maximize ward autonomy, justice, beneficence while minimizing harms. We hope our analysis will inform evidence-based discussions on adult guardianship and calls for legal reform.

REFERENCES

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Keith P. Guardianship reform: does revised legislation make a difference in outcomes for proposed wards? *J. Aging Social Policy.* 1992; 4(3-4)

QUESTIONS AND ANSWERS

1. Which of the following roles may examiners have for adult guardianship proceedings?

- A. Physician
- B. Psychologist
- C. Social Workers
- D. Varies state by state

ANSWER: D

2. In general, courts consider which of the following during adult guardianship proceedings?

- A. Mental illness
- B. Physical Illness
- C. Proposed ward's ability to make a decision
- D. Proposed ward's ability to communicate a decision
- E. All of the above

ANSWER: E

T8 INTERNET BASED DATA USE IN FORENSIC EVALUATIONS

Mark M. Juel, MD (I), Grand Rapids, MI
Weston M. Anderson, MD, Grand Rapids, MI

EDUCATIONAL OBJECTIVE

Provide information about the current status of internet based collateral information utilized by forensics based clinicians.

SUMMARY

In our increasingly digital world, an individual's online activity and personal identity are progressively intertwined. There is currently little research or information on the practices of obtaining internet-based collateral information for use in forensic evaluations, and only broad, conflicting ethical recommendations regarding viewing patient's online activity in clinical settings. An online survey was distributed to psychiatrists and psychologists who complete forensic assessments to evaluate current perceptions and use of internet-based data as collateral information. The survey was administered from October through November 2021. Respondents were made up of psychiatrists (8%) and doctoral-level psychologists (77%); female (62%) and non-Caucasians (13%). Of the 117 respondents, 77% (n=90) reported using internet-based data. However, the majority (69%; 81 of 117) reported using internet-based data in less than 25% of their cases. The most common sources were social media (50% of respondents), emails (32%), and examinee's internet search history (16%). Guidelines for use of internet-based data were only used by 35% of respondents, with no specific guideline provided. Our data indicates most forensics examiners utilize internet-based data in a small portion of their evaluations, but the collection, use, and perceived utility of this information is varied and without clear guidelines.

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QUESTIONS AND ANSWERS

- 1. Which of the following is the most frequently used source of internet based collateral information?
 - A. Emails
 - B. Internet Search History
 - C. Social Media
 - D. Text messages

ANSWER: C

- 2. Internet based collateral information is currently used in what percentage of forensics assessments?
 - A. Under 25%
 - B. 35%
 - C. 50%
 - D. 75%

ANSWER: A

T9 REIMAGINING COMPETENCY RESTORATION WITH A SOFTWARE-BASED PROGRAM

Aayush Kadakia, MD (I), Plano, TX
 Parker Brady, MD (I) Dallas, TX
 Ambriale Davis, MD (I), Dallas, TX
 Juan Sosa, MD, Denver, CO
 Sarah Baker, MD, Dallas, TX

EDUCATIONAL OBJECTIVE

To evaluate the feasibility of a software-based adjudicative competency restoration program.

SUMMARY

For defendants unfit to stand trial, restoration of adjudicative competence requires intensive in-person evaluation, stabilization, education, and re-evaluation. Inefficiencies are responsible for significant cost and jail burden. To our knowledge, no software-based system exists for re-education and re-evaluation. We sought to characterize the feasibility of such a model in a progressively technology-based culture. We conceptualized an interactive, software-based competency restoration program consisting of learning modules that transmit user data to an overseeing physician. A prototype was designed and evaluated for functionality. A software-based learning module was constructed to teach the role of courtroom personnel, which comprises one topic of a standard competency restoration curriculum. The module mimicked gameplay with points and in-module assessments to incentivize retention. Users could interact with animations, voiceovers, and on-screen text. The software model successfully transmitted screen time, cursor activity, and assessment performance to the physician account. Competency restoration is a time- and cost-intensive, bottleneck step in the judicial system. Software-based competency restoration programming is a feasible model that may reduce cost, time to restoration, and jail/psychiatric facility overcrowding. Further research with a software-based system that incorporates all learning targets is needed to determine the usefulness, reliability, and validity of this method.

REFERENCES

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QUESTIONS AND ANSWERS

1. Which Supreme Court case determined a Constitutional standard for competency to stand trial?

- A. Jackson v. Indiana
- B. Dusky v. United States
- C. Drope v. Missouri
- D. Wilson v. United States
- E. Sell v. United States

ANSWER: B

2. According to a meta-analysis of competence restoration research by Pirelli, et al in 2020, what was most significant variable distinguishing those found incompetent to stand trial from those found competent to stand trial?

- A. Diagnosis of a Mood Disorder
- B. Level of Education
- C. Presence of a Personality Disorder
- D. Diagnosis of a Psychotic Disorder
- E. Age

ANSWER: D

T10 SUICIDE NOTES OF NEW YORK STATE PRISONERS; WHAT DO THEY TELL US?

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Stephanie Lilly, MA (I), Marcy, NY
Meaghan Bernstein, MA (I), Marcy, NY
Steve Gross, PsyD (I), Marcy, NY
Bethanie Sherwood, MSW (I), Marcy, NY

EDUCATIONAL OBJECTIVE

This study will examine the themes present in suicide notes and psychological autopsies of New York State prisoners and compare characteristics of those who left suicide notes in comparison to those who did not.

SUMMARY

While research on suicide is ongoing in the general population, there is little focus on suicide in correctional settings. The number of suicides in state prisons increased by 85% in 2019. New York State's approach to understanding suicide in prison has involved reviewing psychological autopsies and suicide notes. The objective of this study is to examine themes present in suicide notes and psychological autopsies and assess characteristics in individuals who left suicide notes.

The retrospective study will include individuals who completed suicide between 2016-2021 while incarcerated in New York State prisons. Demographic variables include age, psychiatric and general medical diagnoses, religion and housing location. Dependent variables include disciplinary infractions, crime, hospitalization, phone calls, transfer and themes present in notes or psychological autopsies. Documents will be coded for themes using Leenaars' schematic analysis. Interrater reliability will be determined using Cronbach's alpha. It is hypothesized that individuals who left notes were younger, less impulsive and less likely to have mental health services. The researchers expect to find themes of apology, shame and/or guilt in the suicide notes. The researchers will incorporate findings into the prison based suicide risk assessment process and expect the results to enhance the overall identification of suicide risk.

REFERENCES

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- Lazarides, A., Wassenaar, D., et al. (2019). A Thematic content analysis of suicide notes from South Africa. *African Journal of Psychology*, 49(1), 148-159.

QUESTIONS AND ANSWERS

1. In 2019, the number of suicides in state prisons increased by:

- A. 20%
- B. 55%
- C. 75%
- D. 85%

ANSWER: D

2. Antoon Leenaars' research on suicide notes concluded how many intrapsychic and interpersonal clusters?

- A. 2
- B. 8
- C. 16
- D. 20

ANSWER: B

T11 FORENSIC PATIENT IN CIVIL FACILITIES: INSANITY ACQUITTEES & PAROLEES

Simarpreet Kaur, MD, Bronx NY

Gurtej Gill, MD, Bronx NY

Merrill R. Rotter, MD, Bronx NY

EDUCATIONAL OBJECTIVE

The educational objective of this poster is to compare two types of admissions to civil psychiatric center from forensic custody: those found not responsible by reason of mental disease or defect (NGRI) and those civilly committed at the end of their prison sentence. While there have been descriptions of both the incarcerated and diverted groups in the literature, in this study we review a head-to-head comparison of those hospitalized as insanity acquittees and those hospitalized upon release from prison.

SUMMARY

Individuals with serious mental illness and criminal-legal involvement include both those sentenced to prison and those diverted into the mental health system by way of an insanity plea. The differentiation between those two paths may be related to the person's clinical condition in general (and, in particular, at the time of the offense), its relationship to the relevant legal criteria and/or the preferred legal strategy of the defendant. The different legal paths may not, however, reflect a difference in clinical and psychosocial need in these two groups, both of whom suffer from serious mental illness. In New York State, incarcerated individuals who continue to require inpatient psychiatric care at the end of their sentences may be civilly committed to a psychiatric facility upon release. While there have been descriptions of both the incarcerated and diverted groups in the literature, in this study we review a head-to-head comparison of those hospitalized as insanity acquittees and those hospitalized upon release from prison. Drawing from the clinical material presented to the hospital upon admission, we focus on the demographics, education, history of employment, psychiatric diagnoses, substance use, and previous hospitalizations. Results will help guide both preventive efforts and treatment planning.

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QUESTIONS AND ANSWERS

1. What is the characteristic of the individuals with serious mental illness and criminal legal involvement who are diverted into the mental health system by way of an insanity plea?

- A. Increased delusional content
- B. Fewer psychiatric hospitalizations
- C. Higher intelligent quotient

ANSWER: A

2. What is the characteristic of the individuals with serious mental illness and criminal legal involvement who are sentenced to prison?
- A. Higher intelligent quotient
 - B. Increased delusional content
 - C. Impaired reality testing

ANSWER: A

T12 INCARCERATION AND TRAUMA: GENDER DIFFERENCES AND SIMILARITIES

Corey M. Leidenfrost, PhD (I), Buffalo, NY
Peter Martin, MD, Buffalo, NY
Rebecca Hicks, MD, Buffalo, NY
Daniel Antonius, PhD (I), Buffalo, NY

EDUCATIONAL OBJECTIVE

Conference attendees will be challenged to confront the presumption that trauma exposure and PTSD is more prevalent for incarcerated women versus men. Attendees will gain a better understanding of how trauma exposure and related symptoms may manifest differently as a function of gender and how to consider these differences in interventions.

SUMMARY

Recent research suggests that a trauma exposure history is almost a ubiquitous experience for incarcerated individuals in the United States. While anecdotal evidence suggests that incarcerated women tend to have higher rates of trauma exposure and posttraumatic stress disorder (PTSD) compared to incarcerated men, recent research contradicts this colloquial wisdom. However, this belief also appears perpetuated through an imbalance of research focused on trauma among incarcerated women versus men. In the community, women tend to have significantly higher rates of PTSD than men; however, this difference is reduced in correctional settings. Moreover, trauma-related issues in correctional settings, and how individuals experience and exhibit such issues, is complex and often different than the experiences seen in the community. This poster will explore how the experience of trauma affect incarcerated individuals and how related symptoms manifest differently as a function of gender. Early trauma exposure may negatively impact the developmental trajectories for both men and women who are later incarcerated; however, the way this impact is manifested through behavior and attitudes may differ significantly. For example, some evidence suggests that women perceive the correctional environment as safer than the community. The poster will provide implications for practice in correctional psychiatry.

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QUESTIONS AND ANSWERS

1. Which of the following statement is true regarding PTSD rates among incarcerated men and women.
- A. Rates for PTSD in incarcerated women are higher in men versus women.
 - B. Rates for PTSD in incarcerated men are higher in women versus men.
 - C. Rates of PTSD may be equal among incarcerated men and women.
 - D. PTSD is not a problem for incarcerated individuals.

ANSWER: C

2. Which of the follow statements is true regarding how trauma may manifest for incarcerated men and women?
- A. Incarcerated men may exhibit more externalizing problems, such as substance use and violence versus incarcerated women.
 - B. Incarcerated woman may exhibit more internalizing problems, such as self-injurious behavior and eating disorders versus incarcerated men.
 - C. Incarcerated women are more likely to be exposed to interpersonal sexual trauma versus incarcerated men.
 - D. All of the above.

ANSWER: B

T13 EXPERT WITNESSES IN CLINICAL INPATIENT PSYCHIATRIC IVA HEARINGS

David Mancini, MD, Baltimore, MD,
Patrick Jung, MD, Baltimore, MD

EDUCATIONAL OBJECTIVE

Exploring the role of the forensic psychiatrist as a teacher (for clinicians) and/or expert witness for the hospital in contentious adult inpatient IVA hearings.

SUMMARY

Throughout the state of Maryland, there has been an increasing push on the part of public defenders to “up the ante” in IVA hearings as it relates to proving their case for involuntary release. One way that they have begun to accomplish this task has been to threaten or call their own expert witnesses to testify on behalf of the patient in these administrative hearings. In a recent case on one of the adult inpatient units at the University of Maryland Midtown campus, impatient attendings were faced with a situation in which a public defender was threatening to bring an expert witness to refute the testimony of the treating psychiatrist petitioning for involuntary retention of a patient. What ensued was a frantic search on the part of the hospital team as to what to do in this, and other increasingly contentious hearings without the proper tools or knowledge about how to testify faced with such aggressive opposing counsel. This case highlighted several evolving issues on the topic of IVA hearings, including the lack of psycho legal education and preparedness required for this evolving landscape, and the role of the forensic psychiatrist as a teacher and expert within the clinical setting.

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Perlin ML, Siggers WW: The role of the lawyer in mental health advocacy. Bull Am Acad Psychiatry Law 4:204-15, 1976.

QUESTIONS AND ANSWERS

1. What is the standard of proof in civil commitment hearings?
- A. Preponderance of the evidence
 - B. Beyond a reasonable doubt
 - C. Clear and convincing
 - D. Probable cause

ANSWER: C

2. Psychiatric involuntary commitment hearings are classified as what type of proceeding:
- A. Criminal
 - B. Civil
 - C. Administrative
 - D. Appellate

ANSWER: B

T14 FORENSIC IMPLICATIONS OF THE DIAGNOSIS OF COMPLEX PTSD

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Lee Hiromoto, MD (I), Portland, OR
Karina Espana, MD, Portland, OR
Joseph Chien, MD, Lake Grove, OR

EDUCATIONAL OBJECTIVE

Readers will understand the differences and overlap between the diagnoses of complex PTSD and borderline personality disorder. Readers will become familiar with the forensic implications of recognizing the diagnosis of complex PTSD.

SUMMARY

Complex post-traumatic stress disorder (cPTSD) and borderline personality disorder (BPD) may present similarly, as both conditions can both present with trauma histories, affective instability (due to poor emotional regulation), negative concepts of self, and difficulty with interpersonal relationships. This overlap may cause clinicians to miss a co-morbid or primary cPTSD in favor of a BPD diagnosis. BPD may be more familiar given its established history, whereas cPTSD was first listed in the ICD-11 in 2018, and is not included in the DSM-5. This poster will highlight the commonalities and divergences of these two diagnoses, which have been theorized by some scholars to exist on a spectrum. The poster then addresses some forensic implications of missing a cPTSD diagnosis. These implications include clinician stigma, reduced access to criminal mitigation (e.g. the insanity defense) based on mental illness, financial inequity, and treatment limitations (in both access and development).

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Rod AN, Schmidt C. Complex PTSD: what is the clinical utility of the diagnosis? *European Journal of Psychotraumatology*, 12:1-9, 2021.

QUESTIONS AND ANSWERS

1. The presence of which of the following items in a history of presenting illness would be more consistent with complex PTSD, and less consistent with borderline personality disorder (BPD)?

- A. Angry outbursts to minor stimuli (e.g. traffic)
- B. Complete avoidance of interpersonal relationships
- C. History of child abuse
- D. Intense fear of abandonment
- E. Long history of self-harm in the form of superficial cutting

ANSWER: B

2. A person with a self-reported history of childhood trauma, fluctuating mood, dissociative episodes, and hearing voices is arrested for theft. If this person were to argue for an insanity defense based on one diagnosis, which diagnosis would be LEAST likely to qualify?

- A. Bipolar disorder I, with psychotic features.
- B. Borderline personality disorder
- C. Major depressive disorder
- D. Post-traumatic stress disorder
- E. Schizophrenia

ANSWER: B

T15 TO LOOK OR NOT TO LOOK: VICARIOUS TRAUMA FROM REVIEWING GRAPHIC IMAGES

Raina Aggarwal, MD, New York, NY
Madelon V. Baranoski, PhD (I), New Haven, CT
Maya Prabhu, MD, LLB, New Haven, CT
Charles Dike, MD, New Haven, CT

THURSDAY

EDUCATIONAL OBJECTIVE

To present data from a survey we are conducting to assess forensic evaluators' views regarding review of graphic material and how views vary based on evaluators' demographic characteristics. To examine the implications of this data for forensic practice. To discuss how consideration of potential for vicarious traumatization could be incorporated into forensic practice and training.

SUMMARY

Forensic psychiatry cases increasingly involve digital evidence, which can lead to a substantial number of graphic images for forensic evaluators to review. The impact on evaluators and potential for vicarious traumatization are just now being considered. We will present fictionalized cases and use clicker questions to have audience members describe how they would proceed in terms of reviewing images. Based on those cases, in vivo data obtained from audience responses, data from a survey we are conducting to assess these views, and review of literature, we will present a "debate" examining the risks and benefits of full review of all material versus selective review. We will explore the following questions: (1) In which cases should evaluators review graphic images? (2) How should the potential for vicarious traumatization be considered in determining whether to review images? (3) Should evaluators review all images, or is reviewing some subset of the evidence sometimes sufficient? If the latter, how should evaluators determine which images to review? (4) What are the ethical and professional implications of not reviewing all potentially relevant images? (5) What are the responsibilities of fellowship programs to protect trainees from vicarious traumatization in balance with teaching and maintaining professional/pedagogical standards?

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Barros AJS, Teche SP, Padoan C, et al. Countertransference, Defense Mechanisms, and Vicarious Trauma in Work With Sexual Offenders. *J Am Acad Psychiatry Law*. 2020 Sep; 48(3):302-314

Bradford JMW, de Amorim Levin GV. Vicarious Trauma and PTSD in Forensic Mental Health Professionals. *J Am Acad Psychiatry Law*. 2020 Sep; 48(3):315-318.

QUESTIONS AND ANSWERS

1. Which of the following terms are specific to work with trauma survivors or perpetrators?

- A. Burnout
- B. Compassion fatigue
- C. Secondary traumatic stress
- D. Vicarious trauma
- E. B & C
- F. C & D
- G. B, C, & D

ANSWER: F

2. Which of the following is NOT listed in the DSM-5 as one of the ways in which a PTSD exposure can occur?

- A. Directly experiencing the traumatic event(s).
- B. Witnessing, in person, the event(s) as it occurred to others.
- C. Viewing video footage or images of the traumatic event.
- D. Learning that the traumatic event(s) occurred to a close family member or close friend.
- E. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).

ANSWER: C

T16 SEARCHING FOR THE WHOLE TRUTH: CONSIDERING CULTURE AND GENDER IN CONTEMPORARY FORENSIC PSYCHIATRIC PRACTICE

Susan Hatters Friedman, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

At the end of this session, the learner will be able to: describe the importance of the consideration of gender and culture in forensic psychiatric evaluations, treatment, and testimony.

SUMMARY

Modern forensic psychiatrists practice in a system which has gender and cultural biases. Though we are only one small piece of the criminal justice system, learning about cultural and gender issues is critical so that we properly engage and fulfil our mission of striving toward objectivity. Paternalism or chivalry are not the answer when faced with gender issues, as presuming color-blindness is not the answer when faced with cultural issues. Rather we need to examine our own biases, and educate ourselves. There are many opportunities for teaching and public health in our field, each of which can help address these issues on a larger scale as well.

REFERENCES

Friedman SH. Culture, bias, and understanding: We can do better. *Journal of the American Academy of Psychiatry and the Law*. 2017 Jun;45(2):136-9.

Friedman SH. Realistic consideration of women and violence is critical. *J Am Acad Psychiatry Law*. 2015 Sep;43(3):273-6.

QUESTIONS AND ANSWERS

1. Which of the following is true about sexual assault:

- A. Most rapists are strangers
- B. Most rapes involve a gun
- C. Most victims report rapes immediately
- D. False reports are common
- E. None of the above

ANSWER: E

2. Which of the following not a category of intimate partner violence:

- A. Coercive-control
- B. Violent resistance
- C. Situational couple violence
- D. Separation-instigated violence
- E. All of the above are categories

ANSWER: E

T17 DECRIMINALIZING MENTAL ILLNESS & THE NATIONAL JUDICIAL MH TASK FORCE

Michael K. Champion, MD, Honolulu, HI
Judge Steven Leifman (I), Miami, FL
Sarah Y. Vinson, MD, Atlanta, GA
Chief Justice Loretta Rush (I), Indianapolis, IN

EDUCATIONAL OBJECTIVE

Describe an overview of the National Judicial Task Force and why it was formed; Identify at least three ways forensic psychiatrists can (and should) utilize Task Force Objectives to improve outcomes in legal, forensic, and clinical systems and the community; Identify at least two ways to engage local judges in the work of the Task Force and decriminalizing mental illness

SUMMARY

Exposure to the criminal justice system is an important social determinant of mental health. Psychiatrists who train their sights on the psychological/social ramifications of criminal justice system involvement and gain an understanding of its workings “and failures” can hold unique insights about the structural trauma enacted by the system. The Chief Justices of all 50 states and all 50 State Court Administrators have established a National Judicial Task Force Examining the State Courts’ Response to Mental Illness. This session will provide an overview of the Task Force’s work and discuss opportunities for forensic psychiatrists to use their expertise to improve outcomes for those who become involved in the criminal justice system. Developing collaborative partnerships with judges to impact system change will be emphasized. The Judges and Psychiatrists Leadership Initiative (JPLI), a project of The American Psychiatric Association Foundation and the Council of State Governments Justice Center, supports the development of these collaborative partnerships. A multidisciplinary presentation drawing upon the literature and the expertise of a panel of judges and psychiatrists who are leaders in JPLI and/or the National Judicial Task Force will be followed by discussion and Q and A regarding actionable steps to decriminalize mental illness.

REFERENCES

Vinson SY, Coffey TT, Jackson N, McMickens CL, McGregor B, Leifman S. Two Systems, One Population:: Achieving Equity in Mental Healthcare for Criminal Justice and Marginalized Populations. *Psychiatr Clin North Am.* 2020 Sep;43(3):525-538. doi: 10.1016/j.psc.2020.05.006. Epub 2020 Jun 30. PMID: 32773079.

The National Judicial Task Force to Examine State Courts’ Response to Mental Illness. Report to the Conference of Chief Justices and Conference of State Court Administrators. National Center for State Courts; July 2021. Available from: https://www.ncsc.org/_data/assets/pdf_file/0022/66451/Task-Force-Report-for-CCJ-COSCA-July-2021.pdf Accessed: September 27, 2021.

QUESTIONS AND ANSWERS

1. What are three effective strategies to reduce the involvement of people with mental illness in the criminal justice system?

- A. Law enforcement Crisis Intervention Team programs (prebooking diversion).
- B. Diversion into treatment and Mental Health Courts (post-booking diversion).
- C. Limit the use of the CST process to cases that are inappropriate for dismissal or diversion.
- D. All of the above

ANSWER: D

2. Incarceration is associated with negative effects on which of the following?

- A. Mental health outcomes.
- B. Housing stability.
- C. Reintegration and successful tenure in the community.
- D. All of the above.

ANSWER: D

T18 LETS TALK ABOUT SEX (AND GENDER) IN THE COURTROOM

Nina Ross MD, Shaker Heights, OH
Jacqueline Landess, MD, JD, Milwaukee, WI
Aimee Kaempf, MD, Tucson, AZ
Kathleen Kruse, MD, Cleveland, OH
Cathleen A. Cerny-Suelzer, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Participants will understand how gender of the expert witness, trier of fact and/or person charged with a crime impacts legal decision-making and outcomes.

SUMMARY

Gender affects all aspects of the legal process. Women and men exhibit significantly different patterns in criminal activity. Gender impacts those who practice law, from attorneys to juries and judges. For example, female attorneys are much more likely to report exclusion from networking opportunities and inappropriate interactions from male attorneys and judges. Gender also impacts the forensic psychiatrist, both in the evaluation process and in how a forensic psychiatrist is perceived by the court system. Gender also affects the work of expert witnesses. Women are more likely to perform a more limited range of expert evaluations and gender may play a role in whether or not expert witnesses are retained. This panel discussion will explore aspects of gender in the courtroom, with a particular emphasis on sources of biases as the result of gender. Topics discussed will include how gender impacts the expert witness and the trier of fact as well as judicial decision-making.

REFERENCES

Kaempf AC, Baxter P., Packer IK, et al: Gender and the experience of mental health expert witness testimony. *J Am Acad Psychiatry Law* 43:52-9, 2015

Recupero PR, Christopher PP, Strong DR, et al: Gender Bias and Judicial Decisions of Undue Influence in Testamentary Challenges. *J Am Acad Psychiatry Law* 43(1) 60-68, 2015.

QUESTIONS AND ANSWERS

1. Which of the following factors most impacts judicial decision-making in cases of undue influence?

- A. Gender of the testator
- B. Extent of the estate
- C. Gender of the testatrix
- D. Gender of the judge

ANSWER: D

2. What percent of female forensic psychiatrists report that they always feel confident in their expert opinions?

- A. 2%
- B. 8%
- C. 15%
- D. 30%
- E. 60%

ANSWER: B

T19 FROM MY COLD, DEAD HANDS: GUN CULTURE AND FORENSIC PSYCHIATRY

Greg Iannuzzi, MD, Tampa, FL
Wes Eberbach, MD, Tampa, FL
Nakul Batra, MD, Tampa, FL
Michael Hernandez, MD, Tampa, FL
Ryan Wagoner, MD, Tampa, FL

EDUCATIONAL OBJECTIVE

To educate forensic psychiatrists about the implications of gun laws on forensic risk assessment and criminal responsibility.

SUMMARY

Law surrounding access to firearms remains controversial. Supporters of gun access cite the constitutional basis for the right to bear arms. Opponents emphasize the prevalence of gun violence affecting the United States compared to other countries. The goal of this panel is to inform the forensic psychiatrist about 'gun culture' and its implication for forensic psychiatric examination and risk assessment.

First, Dr. Iannuzzi will introduce the topic with the development of firearm regulation in the United States and implication for suicide and violence risk assessment. Next, Dr. Eberbach will discuss the regulation of firearms for civilian use, including outcomes for individuals who have used firearms to defend themselves. Then, Dr. Batra will discuss regulation of populations who use firearms in employment. Afterwards, Dr. Hernandez will discuss gun laws affecting youth, including firearm accessibility and threats of violence. Finally, Dr. Wagoner will conclude with the role of the forensic psychiatrist in removal and restoration of gun rights, with an emphasis on bias inherent to the examiner.

REFERENCES

Flaherty MR, Klig JE. Firearm-related injuries in children and adolescents: an emergency and critical care perspective. *Curr Opin Pediatr.* 2020 June; 32(3):349-353
 Madhavan S, Taylor JS, Chandler JM, et al. Firearm Legislation Stringency and Firearm-Related Fatalities among Children in the US. *J Am Coll Surg.* 2019 Aug; 229(2):150-157.

QUESTIONS AND ANSWERS

1. Which of the following is true regarding mass casualty shootings in schools in the United States?
- A. Most are committed with illegally obtained firearms
 - B. They represent the majority of pediatric firearm mortality
 - C. Most victims are able to receive hospital care for their injuries
 - D. Mortality is increased in shootings involving an assault-style firearm

ANSWER: D

2. Which of the following is true of child access prevention laws in the United States as it relates to pediatric firearm mortality?
- A. Increased firearm legislation stringency decreases pediatric firearm mortality
 - B. Increased firearm legislation stringency decreases pediatric firearm homicides, but not suicides
 - C. Low and high firearm legislation stringency are equally effective at decreasing pediatric firearm mortality
 - D. Firearm legislation stringency decreases pediatric firearm mortality only in households with low family cohesion

ANSWER: A

T20 THE ANTIDOTE TO POLYPHARMACY: DEPRESCRIBING IN JUVENILE JUSTICE

Loretta Sonnier, MD, New Orleans, LA
 Teresa Mayer, MD, Denver, CO
 Sumedha Purkayastha, MD (I), New Orleans, LA
 Joseph Penn, MD, Conroe, TX

EDUCATIONAL OBJECTIVE

To appreciate the potential benefits of ‘deprescribing’ in juvenile justice settings and review relevant pragmatic, clinical, and systemic considerations.

SUMMARY

A formidable and unique set of challenges faces the psychiatrist treating detained youth in the juvenile justice setting. While psychotropics can support youth in their psychosocial, educational, and overall functioning, both the setting and this population’s inherent vulnerability begs the application of a judicious pen whilst writing prescriptions. ‘Deprescribing’ refers to the process of gradually tapering and discontinuing excessive medications after assessing for stability in order to ensure optimal treatment with minimization of side effects. Deprescribing is the antidote for polypharmacy, but national consensus guidelines do not exist. To address this gap in knowledge, this presentation will summarize the problem of polypharmacy in juvenile justice and its causative factors, successful deprescribing interventions implemented in Colorado and Louisiana juvenile detention facilities, and potential algorithms for deprescribing. After providing the audience with this framework, we will guide them through several case examples to highlight commonly encountered issues in deprescribing as well as their solutions.

REFERENCES

Lee T., Walker C., Bishop A. The Impact of Psychiatric Practice Guidelines on Medication Costs and Youth Aggression in a Juvenile Justice Residential Treatment Program. *Psychiatr Serv* 67(2):214-220, 2016
 Grudnikoff E and Bellonci C. Deprescribing in Child and Adolescent Psychiatry – A Sorely Needed Intervention. *Am J Ther* 24(1), 2017.

QUESTIONS AND ANSWERS

1. The following will occur if evidence-based psychiatric practice guidelines are implemented in a juvenile justice facility:
 - A. Medication expenditures will rise and youth aggression will worsen before it gets better.
 - B. Medication expenditures will decrease and there will be no appreciable change in aggression if an organized social program is in place.
 - C. The change in medication expenditures and aggression will have an inverse relationship.

ANSWER: B

2. Which of the following factors contribute to justice-involved youth being more vulnerable to psychotropic polypharmacy?
 - A. Biological, social and psychological factors.
 - B. Genetic predisposition, exposure to teratogens, and history of abuse and neglect.
 - C. Poorer adherence to outpatient treatment and greater disruptions in longitudinal care.
 - D. All of the above

ANSWER: D

T21 DEVELOPING A TRIAL COMPETENCY WAITLIST REEVALUATION PROGRAM

Melinda DiCiro, PsyD (I), Sacramento CA
Carolina A. Klein, MD, Vallejo, CA
Katherine Warburton, DO, Sacramento, CA

EDUCATIONAL OBJECTIVE

At the end of this session, participants will have learned about the impetus, genesis, implementation, outcomes, and lessons-learned of a novel program being used to help resolve one state's trial competency restoration challenges.

SUMMARY

To help resolve a trial competency treatment crisis in California, a waitlist re-evaluation program was established. For several years, California has implemented strategies to reduce treatment wait times for defendants deemed incompetent to stand trial. The crisis accelerated during the COVID 19 pandemic, wherein admissions and transfers between facilities were repeatedly suspended. The concept for the California Department of State Hospitals (DSH) Reevaluation Program emerged from a project established on an emergency basis to meet the needs of individuals in jails who could not be transferred to the state hospital due to COVID 19 restrictions. That program revealed that large portions of those on the waitlist urgently needed an involuntary medication order or were good candidates for diversion or other less restrictive treatment. About one third were found already competent. Consequently, California statute established a reevaluation program in July 2021. DSH has expanded the program to more than thirty of fifty-eight counties and developed ways to identify those most likely to benefit from re-evaluation. We are gathering and analyzing data to understand and target the treatment or intervention needs of individuals on the waitlist. We will present initial outcome data from this project and lessons learned.

REFERENCES

Callahan, L, Pinals, D. Challenges to reforming the competence to stand trial and competence restoration system. *Psychiatric Services* 2020 Apr 71(7)691-697.

Morris, N, McNeil, D, Binder, R. Estimating numbers of competency to stand trial evaluations across the United States. *J Am Acad Psychiatry Law* 2022 Mar 50 (1).

QUESTIONS AND ANSWERS

1. What is the rate of individuals deemed incompetent to stand trial and on the waitlist for transfer to a treatment facility who are found to be already competent?
 - A. 30 Percent
 - B. 40 Percent
 - C. 5 Percent

ANSWER: A

2. At what rate did the judge agree with evaluators in the reevaluation program who opined that an individual on the wait list was competent to proceed?
- A. 20 percent
 - B. 50 percent
 - C. >99 percent

ANSWER: C.

T22 A SURVEY OF U.S. STATES' COMPETENCY TO STAND TRIAL SYSTEMS

Daniel T. Hackman, MD, Louisville, KY
Alexis L. Glomski, MD, Louisville, KY
Wil Schroder, MD (I), Wilder, KY

EDUCATIONAL OBJECTIVE

To understand the need for competency to stand trial (CST) evaluations in each state, how CST evaluations are conducted in each state, and determine whether each state is amenable to private forensic evaluators meeting the CST evaluation needs; to understand how often states are using tele-evaluation technology to conduct CST evaluations; and to review case law relevant to the litigation involving delays in the CST evaluation system.

SUMMARY

Competency to stand trial (CST) refers to the constitutional requirement that people facing criminal charges must be able to assist in their own defense. A criminal case cannot be adjudicated unless this requirement is met. Across the U.S., states are reporting significant increases in the number of people entering the process to have their competency evaluated and restored in order to stand trial. Increasing use of CST processes is leading to delays in getting people evaluated and restored, resulting in significant costs to the people involved in the process and the general public. Recent collaborative efforts have led to recommended strategies to address this problem. The increasing use and acceptance of tele-evaluations and the advancement of internet connecting technology provide an opportunity to bridge the gap between evaluators and those ordering CST evaluations. However, each state has its own system for conducting CST evaluations. The goal of our study is to understand the landscape of the different states' CST evaluation processes in order to determine which states are currently amenable to free market solutions for solving CST evaluation backlogs and which ones are not. We plan to survey knowledgeable stakeholders in each state to make these determinations.

REFERENCES

Fader-Towe H., Kelly E. Just and Well: Rethinking How States Approach Competency to Stand Trial [Internet]; 2020. Available from: <https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf>. Accessed March 3, 2022.

Mossman D, Noffsinger SG, Ash P, et al. AAPL Practice Guideline for the Forensic Psychiatric Evaluation of Competence to Stand Trial. *J Am Acad Psychiatry Law*. 2007; 35(Supplement 4), S3-S72.

QUESTIONS AND ANSWERS

1. The law requires that the competency to stand trial process for a defendant be conducted within a "reasonable period of time" based on which of the following cases:
- A. Jackson v. Indiana.
 - B. Dusky v. U.S.
 - C. Wilson v. U.S.
 - D. Cooper v. Oklahoma.

ANSWER: A

2. In *Trueblood v. Washington State Department of Social and Health Services*, a federal court found that Washington's competency to stand trial process was taking too long, violating people's constitutional right to due process. The state was ordered to provide competency evaluations within ___ days as a result of this case.

- A. 180
- B. 90
- C. 30
- D. 14

ANSWER: D

T23 DECISION MAKING CAPACITY IN THE ERA OF COVID SKEPTICISM

Bellanirys Acosta Arias, MD, East Rutherford, NJ
Jacob M. Appel, MD, New York, NY
Karl Steier, DO (I), Harrison, NJ
Kishan Shah, MD (I), Newark, NJ
Andrew Shaw Benotakei, BS (I), Clifton, NJ

EDUCATIONAL OBJECTIVE

Research, gaining access to new scientific data as well as improved data in areas that form the basis for practice of the discipline

SUMMARY

Decision making capacity is an important element of informed consent and a staple of medical ethics. Clinicians routinely determine decision making capacity when a patient's consent for treatment is needed. However, capacity becomes complex when a patient's decision seems contrary to their own medical benefit. Currently, the social, political, medical and economic impact of the COVID-19 pandemic has brought upon complicated scenarios regarding the COVID virus and related treatment. Examples of these include refusal of evidence based treatment of COVID complications, refusal of vaccination or even outright refusal of the acceptance of the virus itself. This can lead to obvious repercussions to both an individual's health and one's own community. Furthermore, the social and political divide in the world related to COVID issues complicates each individual's perspectives. The authors reviewed the current literature to discuss the current challenges practitioners face related to COVID skepticism. We also reflect on the process and nuances of capacity in scenarios ranging from overvalued beliefs (i.e. a widespread cultural view) to more unfounded delusions, and if possible how clinicians can navigate and think about ethical approaches for these patients.

REFERENCES

Grisso T, Appelbaum PS. *Assessing competence to consent to treatment: A guide for physicians and other health professionals*. New York: Oxford University Press; 1998.

Palmer BW, Harmell AL. Assessment of healthcare decision-making capacity [Internet]. *Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists*. Oxford University Press; 2016 [cited 2022Mar8]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007079/>.

QUESTIONS AND ANSWERS

1. Which of the following should be demonstrated as an element of capacity?

- A. Demonstrate the absence of personality pathology
- B. Ability to evidence rationale or reasoning for their decision
- C. Ability to maintain attention
- D. Demonstrate the absence of psychosis

ANSWER: B

2. Which of the following would be considered an extreme overvalued belief?

- A. the belief that strangers are jealous of you
- B. intrusive thoughts of wanting to hurt strangers
- C. the belief that blood transfusions will result in divine punishment
- D. the belief that the TV is always speaking of oneself

ANSWER: C

T24 AMERICAN INJUSTICE: MERCY, HUMANITY AND MAKING A DIFFERENCE

Bryan Stevenson, JD (I), Montgomery, AL

THURSDAY**EDUCATIONAL OBJECTIVE**

To educate AAPL members on American injustice in the criminal justice system especially as it relates to the death penalty

SUMMARY

Professor Bryan Stevenson is an attorney, New York University law professor, and the author of the book, *Just Mercy, A Story of Justice and Redemption* which was made into a film *Just Mercy* directed by Destin Daniel Cretton (2019). In the film, an early career Bryan Stevenson is played by Michael B. Jordan who fights to prove the innocence of Walter McMillian (played by Jamie Foxx) who is on death row for a murder he did not commit. Mr. Stevenson founded the Equal Justice Initiative (EJI) in 1989, a non-profit organization that provides legal counsel to people who have been unjustly convicted, unfairly sentenced, or abused while incarcerated. Professor Stevenson graduated Harvard in 1985 with both a master's in public policy from the Kennedy School of Government and a JD from the School of Law. He joined the clinical faculty at New York University School of Law in 1998. He will be speaking about American Injustice: Mercy, Humanity, and Making a Difference.

REFERENCES

Stevenson, B. *Just Mercy: A Story of Justice and Redemption*. Spiegel & Grau, Random House LLC. New York, NY: 2014

Equal Justice Initiative: Available at: <https://eji.org/about/> Accessed on 9/1/2022

QUESTIONS AND ANSWERS

1. What does EJI Stand for?

- A. Extra Justice Insider
- B. Encouragement of Judicial Instincts
- C. Equal Justice Initiative
- D. Every Judge's Ideal

ANSWER: C

2. Why is EJI Necessary?

- A. There is injustice in the U.S criminal Justice system
- B. It is not necessary, the criminal justice system is always fair and just
- C. There are innocent people on death row
- D. A and C

ANSWER: D

T25 THE WHOLE TRUTH: GENDER AFFIRMING CARE & FORENSIC PSYCHIATRISTS' ROLE

Jeffrey Khan, MD, Houston, TX
Edward Poa, MD, Houston, TX
Margarita Abi Zeid Daou, MD, Worcester, MA
Topaz Sampson, MD, Houston TX
Hira Hanif, MD, Houston, TX

EDUCATIONAL OBJECTIVE

1. Increasing awareness on some of the ways local and state governments are attempting to regulate transgender care.
2. Preparing forensic psychiatrists to analyze the evidence and arguments used in supporting some of these regulations.
3. Considering the ethics surrounding gender-affirming care and mental health and the role of forensic psychiatrists among other experts in cases related to these regulations.

SUMMARY

Governments have long sought to regulate people's life based on gender and sexuality, including the rights of transgender people and their access to facilities, sports, and healthcare. Recently, Texas' Governor Greg Abbott issued an executive order directing the Texas Department of Family and Protective Services to investigate "the parents of a child who is subjected to these abusive gender-transitioning procedures, and on other state agencies to investigate licensed facilities where such procedures may occur." Mandatory reporters seem also required to report such care as abuse. This is only the latest in a string of orders, laws, and mandates limiting transgender persons rights. In this workshop, we will review this and other recent decisions nationwide and the evidence used to support them. As forensic psychiatrists, we may be asked to assess for child abuse in custody decisions or malpractice litigations regarding such transgender care. As such, experts should be prepared to respond to these directives and the underlying evidence. Similarly, as physicians, our role would also include advocating for equal access to healthcare. Therefore, we will explore what is our role in larger societal discussions and in education around this area, previously considered a mental illness or now treated as abuse.

REFERENCES

Abbott G, Letter to Jaime Masters, Commissioner, Texas Department of Family and Protective Services, February 22, 2022) Available from: <https://gov.texas.gov/uploads/files/press/O-MastersJaime202202221358.pdf>

State of Texas: House Bill 25 (TX 87(3) HB 25). Available at: <https://capitol.texas.gov/BillLookup/History.aspx?LegSess=873&Bill=HB25>

QUESTIONS AND ANSWERS

1. The definition of child abuse and neglect as defined by The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. Â§ 5106g) defines child abuse and neglect as, at minimum:

- A. Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation.
- B. An act or failure to act which presents an imminent risk of serious harm.
- C. Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning.
- D. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning.
- E. A and B.
- F. C and D.

ANSWER: E

2. In addition to a critical review of the cited literature, why is it also important to review the organizations that put forth statements, practice standards, etc.?

- A. It would be helpful so that one can find other organizations that promote evidence supporting an opinion with which you agree.
- B. It is critical to understand the driving motivations behind organizations (even with academic or professional names) that may be cited, as they may be based on advancing political or social causes rather than sharing scientific knowledge.
- C. In order to be able to name and cite the organization correctly in reports, etc.
- D. All of the above.

ANSWER: B

T26 CHALLENGES & SOLUTIONS IN FORENSIC PROFESSIONAL DEVELOPMENT

Ambarin S. Faizi, MD, Santa Ana, CA
Thomas Gutheil, MD, Brookline, MA
Ryan Wagoner, MD, Tampa, FL
Karen B. Rosenbaum, MD, New York, NY
Trent C. Holmberg, MD, Draper, UT

EDUCATIONAL OBJECTIVE

To provide forensic psychiatrists different insights and recommendations from an experienced panel on common challenges they may face in practice.

SUMMARY

The practice of forensic psychiatry is riddled with challenges and dilemmas many early career forensic psychiatrists often face. While fellowship training equips early career psychiatrists to enter the field with confidence and expertise in approaching cases, the peripheral world of navigating difficult interactions with attorneys, addressing underlying preconceptions related to one's gender and cultural affiliation, building and marketing a forensic practice, and the role of technology in forensic evaluations, is often uncharted territory. Panelists with varying degrees of experience, ranging from early-mid level to senior level forensic psychiatrists will address real-world scenarios including: the interplay of gender and culture in expert selection, convincing an attorney to choose you for a case despite the lack of prior experience, dealing with attorneys who try to influence your opinion, the boundaries of critiquing or opining against one's colleagues or mentors, the emerging landscape of technology in remote and in-person forensic evaluations, understanding and upholding your self-worth while setting fees and retainer agreements, balancing a "day job" with building a forensic practice, marketing yourself as an expert even though your experience may be limited, and ethical considerations in forensic psychiatry. This interactive discussion will provide attendees a range of recommendations to avoid common pitfalls.

REFERENCES

Price M., Recupero P., Strong D., et al: Gender differences in the practice patterns of forensic psychiatry experts. *J Am Acad Psychiatry Law* 2004; 32:250-258.

Rosenbaum K., Rosmarin D.: The boundaries of critiquing a colleague. *Journal of American Academy of Psychiatry and Law Online*; 49:470-472.

QUESTIONS AND ANSWERS

1. Which of the following may be seen as a common challenge for early career forensic psychiatrists?

- A. Convincing attorneys of their expertise despite the lack of experience
- B. Possibly going against one's peers and mentors
- C. Appreciating their own value and worth as an expert
- D. Marketing oneself despite having little experience
- E. All of the above

ANSWER: E

2. The AAPL website contains which of the following resources that might be helpful for early career forensic psychiatrists?

- A. Ethics and practice guidelines
- B. Marketing tips
- C. Legal resources
- D. All of the above

ANSWER: D

T27 AVOIDING BARS AND RAZOR WIRE: MENTAL HEALTH JAIL DIVERSION STRATEGIES

Kathleen Kruse, MD, Cleveland, OH
Adelle Schaefer, MD, New York, NY
Megan Testa, MD, Cleveland, OH
Sara West, MD, Broadview Heights, OH

EDUCATIONAL OBJECTIVE

To provide forensic and correctional forensic psychiatrists increased knowledge of mental health jail diversion approaches. The Sequential Intercept Continuum will be emphasized. Challenges and opportunities implementing an exciting novel pre-arrest mental health diversion program will be emphasized as a case illustration.

SUMMARY

Individuals with severe mental illnesses [(SMI), e.g., schizophrenia and other psychotic disorders, bipolar and severe depressive disorders] and/or substance use disorders are at elevated risk of justice system involvement. They represent a larger percentage of jail inmates compared to the general population, and spend longer time in jail than their non-SMI counterparts. Jail inmates with SMI and non-SMI often require psychiatric evaluation and psychotropic management, further driving up health care costs and custody staffing demands. In this presentation, we will review the Sequential Intercept Model, including various avenues for jail diversion, such as police officer Crisis Intervention Team (CIT) training and pre- and post-arrest diversion programming. We will review general treatment guidelines for the identification and management of justice-involved individuals with SMI, non-SMI, and/or substance use disorders, as well as specific recommendations for treatment in these settings. Finally, we will discuss experiences with a novel pre-arrest diversion program in a large metropolitan city and provide an overview of current data regarding service provision, as well as strengths and challenges of the program through a forensic psychiatric lens. We will also review de-identified clinical vignettes to illustrate teaching points and foster collaborative discussions among audience members.

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QUESTIONS AND ANSWERS

1. What percentage of the people in the U.S. that were fatally shot by police officers in 2018 (n = ~1000) suffered from mental illness?

- A.** 5%
- B.** 15%
- C.** 25%
- D.** 35%

ANSWER: C

2. Which of the following serve as alternatives to the traditional prosecution of those experiencing mental illness?

- A.** Not Guilty by Reason of Insanity (NGRI)
- B.** Mental Health Court
- C.** Diminished Capacity
- D.** All of the Above

ANSWER: D

T28 CRIMINAL RESPONSIBILITY IN EPILEPSY

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Timothy Allen, MD, Lexington, KY
Austin Blum, JD, MD, Chicago, IL
Tyler Durns, MD, Salt Lake City, UT

EDUCATIONAL OBJECTIVE

To enhance skills in the evaluation of neuropsychiatric syndromes in epilepsy as they relate to criminal behavior and the applicability of common affirmative defenses in this context

SUMMARY

Epilepsy is a common neuropsychiatric disorder characterized by a propensity to recurrent seizures. It is associated with neuropsychiatric symptoms including depression, mania, psychosis, and aggression. Commonly used antiseizure medications such as levetiracetam have also been associated with psychosis and aggression. Although rare, it has long been recognized that persons with epilepsy may engage in criminal conduct due to automatisms during focal seizures, as a result of peri-ictal aggression, due to psychosis (such as post-ictal psychosis, alternate psychosis or schizophrenia-like psychosis of epilepsy), or as a result of the effects of anti-seizure medications. In this highly interactive workshop, we will review through case material the relevance of various affirmative defenses where epilepsy leads to criminal conduct including the insanity defense, unconsciousness/automatism defense, diminished capacity, and involuntary intoxication. The need to distinguish violence directly due to epilepsy from other causes, and the potential for malingering will also be discussed.

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QUESTIONS AND ANSWERS

1. Which of the following affirmative defenses may be invoked by a defendant with epilepsy whose criminal conduct may have been related to Levetiracetam?
- A. Insanity
 - B. Unconsciousness
 - C. Involuntary intoxication
 - D. Duress

ANSWER: C

2. Violence in epilepsy most commonly occurs:
- A. Pre-ictally
 - B. As part of a focal impaired awareness seizure
 - C. Post-ictally
 - D. Inter-ictally

ANSWER: C

T29 ELECTRONIC SURVEILLANCE IN U.S. JAILS AND PRISONS

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Nathaniel P. Morris, MD, San Francisco, CA
Dale E. McNeil, PhD (I), San Francisco, CA
Renée Binder, MD, San Francisco, CA

EDUCATIONAL OBJECTIVE

To review the limitations on privacy rights for the incarcerated population and the implications for treatment and forensic evaluations

SUMMARY

Electronic surveillance is pervasive in correctional facilities, where the right to privacy has traditionally been limited. With advances in technology and the increased capacity to monitor communication, breaches in attorney-client privilege have come into question, leading to campaigning by prisoners’ rights advocacy groups to put limits on surveillance. Examples of electronic surveillance include monitoring of telephone conversations via artificial intelligence (AI) to screen for key words, recording and storing of related data, and advanced AI-facilitated video and audio monitoring on site. The expansion of telehealth following the Covid-19 pandemic has led to more clinical and forensic encounters taking place online with the potential for monitoring, while on-site encounters may be monitored through the use of advanced surveillance technology. In this paper, the authors explore the implication of these developments to the correctional and forensic psychiatrist.

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Shachar C, Engel J, Elwyn G. Implications for Telehealth in a Postpandemic Future: Regulatory and Privacy Issues. 23. JAMA, 2020, 23-323.

QUESTIONS AND ANSWERS

1. What Supreme Court opinion included the statement, “In prison, official surveillance has traditionally been the order of the day”?

- A. Hudson v. Palmer (1984)
- B. Katz v. United States (1967)
- C. Lanza v. New York (1962)
- D. United States v. Koyomejian (1991)
- E. Riggins v. Nevada (1992)

ANSWER: C

2. Which of the following changes increased the use of telehealth?

- A. The quality of care for telehealth visits became inferior to that of face-to-face visits.
- B. Insurance reimbursement for telehealth visits decreased compared to face-to-face visits
- C. HIPAA loosened some of its regulations to allow for not fully compliant platforms to be used in the delivery of good faith clinical care
- D. State licensing requirements were made more rigorous
- E. Mental health care was made available for free for all US citizens.

ANSWER: C

T30 ADVOCATING FOR THE INTEGRATION OF CULTURE INTO FORENSIC THERAPEUTICS

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Alexander I. F. Simpson, MB ChB, Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

At the end of this session, participants will (1) understand how culture is currently integrated into forensic practice through both clinical work and tools; (2) recognize how outcomes are currently framed within forensic psychiatry and the importance for aiming for equity of outcomes by ethnicity; and (3) appreciate the role of the measurement-based care framework and the tools that can be used to evaluate cultural safety in forensic services.

SUMMARY

As societies become increasingly interconnected, there is an increased level of diversity encountered in Psychiatry. Forensic mental health services provide care for many people of minority ethnicity whose overrepresentation in these areas is a result of complex structural inequities in society. The need for cross-cultural understanding has long been advocated for in forensic practice but earlier calls to action regarding the integration of cultural practice into forensics have been unheeded. The integration of culture into forensic assessment has been well described, the literature regarding cultural responsiveness in forensic rehabilitation and recovery-based services is still emerging. Cultural responsiveness is also commonly expressed as a strategic goal for forensic providers; however, there is limited evidence for how to address and measure the effectiveness of cultural responsiveness initiatives. We will argue that equity of outcome by ethnicity should be the aim of forensic services, and this requires ongoing systematic measurement. We review literature regarding how cultural safety, rather than cultural competence, should be promoted as the patient experience for which services should strive. Finally, we demonstrate how the measurement-based care framework can provide tools to evaluate service responses systematically to address the challenges in achieving delivery of culturally safe forensic services.

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Kirmayer LJ, Fung K., Rousseau C, et al. Guidelines for training in cultural psychiatry. Can J Psychiatry. 2021; 66(2):195 “246.

QUESTIONS AND ANSWERS

1. What tool has been used to explicitly measure issues relevant to cultural competency and safety within the forensic clinical environment?
 - A. Cultural Competence Health Practitioner Assessment
 - B. Client Cultural Competency Inventory
 - C. Cultural Information Gathering Tool
 - D. Cultural Formulation Interview

ANSWER: D

2. What are the current roadblocks to the implementation of tools to understand the effects of culture within the forensic mental health system?
 - A. Cultural competency and safety are not systematically assessed within any clinical tools
 - B. The sustainability of integrating culture into training and practice through a systemic change through all levels of service rather than one-off training events.
 - C. Lack of interest
 - D. Belief that cultures is already successfully implemented into care

ANSWER: B

T31 ELDER FINANCIAL EXPLOITATION IN THE DIGITAL AGE

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Dale E. McNiel, PhD (I), San Francisco, CA
Renée Binder, MD, San Francisco, CA

EDUCATIONAL OBJECTIVE

Participants will learn about new forms of elder financial exploitation perpetrated through online platforms and how to utilize practical skills and resources to more accurately identify when an older person lacks financial capacity and is vulnerable to exploitation.

SUMMARY

Elder financial abuse violates the dignity, mental integrity, and fundamental rights of older adults. Reports of elder financial exploitation climbed during the COVID-19 pandemic, as many older adults were targeted by perpetrators seeking to take advantage of their worries about health and finances, increased isolation, and relative lack of familiarity with the digital technologies prevalent in their everyday lives. This article examines trends in usage of electronic financial technologies by older adults and describes new technology-based mechanisms of elder financial exploitation. We review the conceptual approaches and instruments used in financial capacity assessments, as well as the limitations of their applicability to the growing cohort of older adults that have adopted modern digital technologies to manage finances. We discuss elder abuse statutes and the variations in legal definitions of protected older adults and the perpetrators who can be held accountable for elder financial exploitation. In addition, we explore new directions for elaborating current approaches to financial capacity assessments and elder protection to address the demands and perils of the technology-driven post-pandemic era.

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Marson D. Conceptual Models and Guidelines for Clinical Assessment of Financial Capacity. Arch Clin Neuropsychol. 2016 Sep; 31:541-553.

QUESTIONS AND ANSWERS

1. Financial capacity measures have been developed to assess the following EXCEPT:

- A. Declarative knowledge of personal assets and estate
- B. Procedural skills such as cash transactions and checkbook management
- C. Financial judgment in hypothetical scenarios
- D. Cultural and familial attitudes toward money
- E. Understanding, appreciation, reasoning, and communication of choice

ANSWER: D

2. Which of the following scams caused older adults to lose the most money in 2020?

- A. Online shopping scams
- B. Romance scams
- C. Computer tech support scams
- D. Cryptocurrency investment scams
- E. Grandparent scams

ANSWER: B

T32 NEW INFLUENCES ON ETHICS: DIGNITY, FEMINISM, PROFESSIONAL IDENTITY

Sarah E. Baker, MD, Dallas, TX
Philip J. Candilis, MD, Washington, DC
Alec Buchanan, MD, New Haven, CT
Navneet Sidhu, MD, Washington, DC
Richard Martinez, MD, Aurora, CO

EDUCATIONAL OBJECTIVE

To advance the models available for addressing inequities in the judicial system. To improve methods for teaching analysis of complex ethics cases. To enhance consultation on conflicts between community security and individual freedoms.

SUMMARY

This workshop will ask whether new developments in forensic ethics offer the prospect of helping forensic psychiatry address inequities among vulnerable groups treated inequitably in the judicial system.

Alec Buchanan will begin by discussing the role of dignity of the person as an ethical principle. Legal cases, including France's controversy over the rights of people to behave in undignified ways, suggest that it may usefully extend the reach of respecting the person. Sarah Baker will review empathy as a specific ethics tool. Navneet Sidhu will discuss feminist concerns with dignity in corrections such as prolonged protective custody and extended suicide precautions. Philip Candilis will offer criticisms of dignity while exploring how it applied to the torture of a German kidnapper. Richard Martinez will then connect the discussion to professionalism and the goals of forensic psychiatry.

Participants will then bring their own ethical dilemmas for discussion into small groups or choose one of three topics: France's prohibition of "dwarf-tossing", Germany's mixed response to torturing a kidnapper (the Daschner trial), or the US detention of pregnant women with substance use. Speakers will then bring the groups together for discussion.

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Martinez R. Professional Identity, the Goals and Purposes of Forensic Psychiatry, and Dr. Ezra Griffith. *J Am Acad Psychiatry Law*. 2018 Dec;46(4):428-437.

QUESTIONS AND ANSWERS

1. Which ethics theory is most widely supported by considerations of dignity?
- A. Forensic exceptionalism
 - B. Human rights
 - C. The ethics of care
 - D. Animal rights
 - E. Autonomy

ANSWER: B.

2. A theory of ethical practice must contain which elements?
- A. Principles and rules
 - B. Values and practice
 - C. Habits and skills
 - D. A justification and its application
 - E. A rule and its exceptions

ANSWER: D.

T33 RED FLAG LAWS AND THE PSYCHIATRIST AS PETITIONER: A SURVEY OF AMERICAN PSYCHIATRIC ASSOCIATION MEMBERS IN THE DISTRICT OF COLUMBIA AND HAWAII

Erika Olander, MD, Alexandria, VA

EDUCATIONAL OBJECTIVE

At the end of this presentation, participants will be familiar with “red flag laws,” also known as Extreme Risk Protection Orders (ERPOs). They will learn that psychiatrists and other clinicians may serve as petitioners for ERPOs in certain jurisdictions and identify potential concerns and barriers associated with clinician ERPO use.

SUMMARY

Risk-based gun removal laws, also known as “red flag laws”, involve a civil order issued by a court that temporarily prohibits gun access for an individual believed to pose a significant danger to self or others. These laws have been passed in 19 states and the District of Columbia and allow designated persons, such as police officers and family members, to petition the court to issue an order for a person of concern. As health care professionals are well-positioned to assess a patient’s risk of dangerousness and access to firearms, legislators have considered including them as eligible petitioners. To date, four jurisdictions (Maryland, the District of Columbia, Hawaii, and Connecticut) allow clinicians to petition for these orders. As an emerging clinical tool to help reduce gun violence, including suicide, risk-based gun seizure may be embraced by psychiatrists as with other measures that promote patient safety. Research about clinicians’ awareness, use, and views of these laws and their potential role in patient care is in its infancy. This flash talk will review key literature relating to this topic of import to forensic psychiatry and public health and touch briefly on research being conducted by the presenter.

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Swanson JW, Nestadt PS, Barnhorst AV et al. Risk-based temporary firearm removal orders: a new legal tool for clinicians. Harv Rev Psychiatry. 2021 29(1):6-9.

QUESTIONS AND ANSWERS

1. According to a study in Indiana by Swanson et al., one suicide was averted for about every 10 gun-action removals.

- A. True
- B. False

ANSWER: A

2. Which of the following are potential barriers to the use of risk-based gun removal laws by psychiatrists?

- A. Not enough time to file a petition/attend a hearing
- B. Concerns about impact on the doctor-patient relationship
- C. Liability concerns
- D. All of the above

ANSWER: D

T34 WITHDRAWN

T35 FORENSIC PSYCHIATRY FELLOWSHIP TRAINING DURING COVID-19

Jason A. Barrett, Cincinnati, Ohio

EDUCATIONAL OBJECTIVE

Teaching

SUMMARY

As COVID-19 surged in the United States, academic training centers buckled under unexpected pressures to keep up with concomitant demands. Quandaries arose in balancing the needs of healthcare systems with those of learners at various stages of training. To help provide guidance during a COVID-19 surge, the Accreditation Council for Graduate Medical Education (ACGME) set out their updated COVID-19 requirements. The requirements were to “address actions that Sponsoring Institutions take in response to the COVID-19 pandemic relating to the operations of their residency/fellowship programs” and grant “a significant degree of flexibility to accredited Sponsoring Institutions and programs to realign their resident and fellow workforce to meet the increased clinical demands created by the pandemic.” These requirements provided Sponsoring Institutions broad direction to address pandemic related workforce realignment and opened up new challenges and conundrums in specialized residencies and fellowships. This Flash Talk assesses issues that arose for forensic psychiatry fellows and presents a checklist the authors developed that will help guide which forensic psychiatry fellows are immediately suitable to assist on the frontline.

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Accreditation Council for Graduate Medical Education. Sponsoring Institution Emergency Categorization [Internet]; 2022. Available from: <https://www.acgme.org/COVID-19/Sponsoring-Institution-Emergency-Categorization/>.

QUESTIONS AND ANSWERS

1. Based on ACGME advisement, what percentage of annual education time could fellows spend in core specialty service to assist with COVID-19?

- A. 10%
- B. 15%
- C. 20%
- D. 25%

ANSWER: C.

2. Sponsoring Institutions in the Emergency Category as classified by the ACGME were advised to
- A. No longer enable work hour limitations for residents and fellows
 - B. Relax the provision for adequate resources and training in the clinical learning environment
 - C. Lessen supervision needed for residents or fellows involved in the care of COVID-19 patients
 - D. Continue to assess residents and fellows in all six core competencies

ANSWER: D.

T36 COLLABORATION BETWEEN LAW ENFORCEMENT OFFICERS AND PSYCHIATRISTS

Shayna J. Popkin, MD, Silver Spring, MD

EDUCATIONAL OBJECTIVE

To identify, address, and work to resolve areas of mental health concern in the community while taking advantage of the unique expertise these two different professions possess, allowing them to work together, learn from each other, and ultimately provide optimal care for persons of the community struggling with mental illness. One of the long-term goals of this collaboration is to provide a model for other communities throughout the country to implement to address similar issues they face.

SUMMARY

Law enforcement officers often find themselves as the front-line professionals who interact with people of the community struggling with severe mental illness, especially when they are in crisis. Law enforcement officers are faced with the challenging balance of protecting the safety and welfare of the community with protecting an individual suffering with mental illness. Law enforcement officers are faced with the ethical and moral dilemmas of deciding if a person who committed a crime should be taken directly to the criminal justice system or first be evaluated by the mental health system. Psychiatrists have years, sometimes decades, of training to become experts on mental illness. Law enforcement officers have to make split time decisions in high stress, risky situations, with limited mental health training and resources at their disposal. While many strides have been made to improve community mental health, gaps in care remain. Children's National Medical Center and Montgomery County, Maryland Sheriff's Office have partnered up to tackle these issues head on.

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QUESTIONS AND ANSWERS

1. What role do law enforcement officers (LEO's) play if a patient in the community need to be involuntarily hospitalized?
- A. In most jurisdictions, LEO's play no role in involuntary hospitalizations
 - B. In most jurisdictions, LEO's have the authority to commit a patient for 30 days
 - C. In most jurisdictions, LEO's would take the patient directly to a correctional facility
 - D. In most jurisdictions, LEO's have the authority to take a person to a hospital or facility for mental healthcare treatment

ANSWER: D

2. Which of the following remains a primary gap in psychiatric community mental health that often involve law enforcement officers?
- A. Lack of in-patient psychiatric beds for emergency petitions
 - B. Increased use of Long Acting Injectables
 - C. Decrease in number of in-patient psychiatric voluntary beds
 - D. Increased number of community ACT teams

ANSWER: A

T37 THE FEDERAL 9-8-8 LAW AND THE FUTURE OF CRISIS MENTAL HEALTH

Laura Sloan, MD, Minneapolis, MN

EDUCATIONAL OBJECTIVE

Improve knowledge about how the Federal 988 Bill may affect forensic patients and individuals involved in the criminal justice system; increase understanding of the development of the crisis mental health system in response to the Federal 988 Bill; and assess the state of the research on crisis mental healthcare.

SUMMARY

In this Flash Talk, I will discuss proposed changes to the crisis mental health response system under the federal 9-8-8 law. In October 2020, Congress signed the National Suicide Hotline Designation Act of 2020 which established 9-8-8 as the new national mental health crisis number. This law was enacted to improve upon the current patchwork of crisis mental healthcare which relies heavily on police response. It is expected that after 9-8-8 is available in July 2022, there will be an increase in mental health crisis calls to this centralized, more recognizable number. While the law permits states to collect funds to respond to these calls, it does not detail exactly how states should use the funds to develop their mental health crisis systems. In this talk, I will discuss the current state of crisis mental healthcare as well as potential changes that the 9-8-8 bill may bring. Additionally, I will focus on the law's mandate to develop specialized services for populations at high-risk for suicide including LGBTQ youth, minorities (particularly American Indian and Alaska Native individuals), and rural individuals.

REFERENCES

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Bailey K., Lowder EM, Grommon E, Rising S, Ray BR. Evaluation of a Police-Mental Health Co-response Team Relative to Traditional Police Response in Indianapolis. *Psychiatric Services*. 2021 August: appi-ps.

QUESTIONS AND ANSWERS

1. Which of these crisis mental healthcare models include mental health workers responding to mental health crises?
 - A. Crisis Intervention Teams (CIT).
 - B. Co-Response Model.
 - C. Mental Health Only Response.
 - D. B and C.
 - E. All of the above

ANSWER: D

2. Research indicates that including mental health workers in crisis mental healthcare has had what outcome compared to a police-only response?
 - A. Reduced mortality for individuals in crisis.
 - B. Reduced arrest rates of individuals in crisis.
 - C. Increased police officer satisfaction.
 - D. A and B.
 - E. All of the above

ANSWER: B

T38 NEWS REPORTING OF EXCITED DELIRIUM FROM 2002-2022

Artur Setyan, MD (I), Glendale, AZ

EDUCATIONAL OBJECTIVE

Understand the controversy surrounding the diagnosis of excited delirium syndrome and its reporting in the popular press over the past 20 years.

SUMMARY

Excited Delirium Syndrome is a term used in the emergency medicine and law enforcement literature to describe agitation and aggression in the pre-hospital or custodial setting that is often associated with sudden death. As this diagnosis has often been reported as the cause of deaths in police custody where there are concerns of excessive force, most recently the diagnosis has been lambasted as scientifically meaningless, racist, or a convenient cover for deaths due to excessive force. EBSCO Host Newspaper Source was used to identify media reporting of excited delirium from 2002-2022 to identify trends in reporting. 146 articles were identified. Most deaths reported involved law enforcement including restraint and Taser. In some cases, spit hoods were used. Substance use was commonly reported, with urine toxicology for cocaine and methamphetamine being most commonly reported. The concept was most commonly challenged in media reporting between 2007 and 2010 and from 2020 onwards, with most reporting uncritically accepting the diagnosis. The implications of these findings for forensic psychiatrists will be discussed.

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 Rimmer, A. (2021). Excited delirium: What’s the evidence for its use in medicine? *BMJ.* 2021 May 5;373:n1156.

QUESTIONS AND ANSWERS

1. Which of the following substances is most commonly reported in association with excited delirium?
 - A. Cocaine
 - B. Methamphetamine
 - C. PCP
 - D. Opioids

ANSWER: A

2. The American Medical Association specifically opposes the use of which of the following interventions in the management of “excited delirium”?
 - A. Ketamine
 - B. Haloperidol
 - C. Midazolam
 - D. Verbal de-escalation

ANSWER: A

T39 AN ANALYSIS OF PROPOSED LAWS BANNING GENDER AFFIRMING CARE FOR MINORS
 Harshit Sharma, MD, New York, NY

EDUCATIONAL OBJECTIVE

Describe common provisions to proposed bills banning gender affirming care for minors; Compare and contrast proposed bills banning gender-affirming care with professional guidelines for management of gender dysphoria in youths

SUMMARY

In February of 2022, the governor of Texas passed an order declaring gender-affirming care for minors as child abuse after the state failed to pass a bill banning gender-affirming care for minors into law. Such bills have been introduced in over 20 states across the United States. 45.1% of these bills classify gender-affirming care as professional misconduct and grounds for revoking medical licensure, 25.5% as a felony, 29.4% as child abuse. 11.8% of these bills directly impact mental health and counseling services relating to gender dysphoria. The justification for these measures is based on the states’ responsibility to protect minors from potentially dangerous medical treatment. However, they represent an intrusion of the physician-patient relationship effectively censoring physicians from advising patients about available treatment options. These bills may violate the first amendment’s protection of free speech, the fourth amendment’s right to privacy, and the fourteenth amendment’s equal protection clause. They also present ethical challenges for physicians and clash with existing scientific guidelines. We argue that tort law already protects minors from negligent gender-affirming care and these bills should be understood and challenged in the context of a new wave of anti-transgender legislation.

REFERENCES

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Kimberly LL, Folkers KM, Friesen P et al. Ethical issues in gender-affirming care for youth. *Pediatrics*. 2018 Dec 1;142(6).

QUESTIONS AND ANSWERS

1. According to WPATH (World Professional Association for Transgender Health) standards of care, which of the following physical interventions is categorized as a “fully reversible intervention”:
 - A. GnRH analogues
 - B. Hormone therapy
 - C. Feminizing mammoplasty
 - D. Male chest reconstruction / mastectomy

ANSWER: A

2. Which of the following states was the first to pass into law a bill banning gender affirming care for minors:
 - A. Minnesota
 - B. Arkansas
 - C. North Dakota
 - D. New Hampshire

ANSWER: B

T40 DISEASE, DEFECT OR DISABILITY? THE SEX OFFENDER DESIGNATION

Renée M. Sorrentino, MD, Weymouth, MA
John Bradford, MD, Hamilton, ON, Canada
Richard Krueger, MD, New York, NY
Alicia Juliana Soares Barros, MD (I), Porto Alegre, Brazil

EDUCATIONAL OBJECTIVE

Participants will be familiar with the challenges in defining paraphilic disorders as mental illnesses based on the legal setting; Participants will understand the effects of the sex offender label in various medicolegal settings.

SUMMARY

Paraphilias are established mental illnesses since DSM-I. Despite their inclusion in the DSM, there still exists widespread debate in the field about what type of sexual behavior constitutes a mental illness. The acceptance of paraphilic disorders as mental illnesses varies depending on the context. For example paraphilic disorders are widely accepted as mental illnesses in sexually dangerous persons (SDP) commitments, but not in insanity defenses, psychiatric civil commitment, or disability eligibility. Psychiatry's debate about what type of sexual behavior constitutes a mental illness as well as societal perceptions of sexual offenders as predatory recidivist contributes to the stigma of those labeled as sexual offenders. In this workshop, the panelist will review the revisions in ICD-11 aimed at decreasing stigma and textual changes in DSM-5-TR that may have an effect on the applicability of pedophilic diagnoses. The effects of the sex offender designation will be explored including the role in custody cases in which a parent is a sexual offender, psychiatric disability claims, and access to psychiatric care. In conclusion, the consequences of defining paraphilic disorders as mental illnesses for the purposes of SDP commitments will be presented.

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QUESTIONS AND ANSWERS

1. Which of the DSM-5 paraphilic disorders do not include a course specifier?

- A. Exhibitionistic
- B. Pedophilic
- C. Voyeuristic
- D. Fetishistic

ANSWER: B

2. Proposed changes to the ICD-11 include:

- A. Inclusion of Coercive Sexual Sadism Disorder
- B. Renaming Disorders of Sexual Preference to Paraphilic Disorders
- C. Removal of Multiple Disorder of Sexual Preference
- D. All of the above

ANSWER: D

T41 PSYCHEDELICS IN PSYCHIATRY: LESSONS LEARNED AND FORENSIC CONCERNS

Tyler Durns, MD, Salt Lake City, UT
 Reagan Gill, DO, Sacramento, CA
 Caitlin Clark, MD (I), Salt Lake City, UT
 Greg Iannuzzi, MD, Tampa, FL

EDUCATIONAL OBJECTIVE

Update on the current status of and research regarding psychiatric use of psychedelics, and forensic ramifications of the increased availability and use of these substances.

SUMMARY

Scientific research on psychedelic compounds for psychiatric disorders began in the 1940s but was brought to a dramatic halt with Richard Nixon's "war on drugs." In the last two decades, numerous clinical trials using the NMDA-antagonist ketamine, have demonstrated safety and efficacy for treatment-resistant depression. Subsequently, there has been a renewed scientific and cultural interest in psychedelic medicines. Clinical trials have again begun to examine psilocybin (the psychoactive compound in 'mushrooms' and 3,4-methylenedioxy-methamphetamine (MDMA) for common psychiatric disorders. Enthusiasm in popular culture has led to increased pressure on the United States Drug Enforcement Agency to change drug scheduling and push for decriminalization. However, much is left unknown how these changes may impact general and forensic psychiatrists alike. The presentation seeks review the criminalization/decriminalization of and evidence for psychedelic substances and research. We will also detail the forensic implications of the licit and illicit use of these substances as they are relevant to the practice of forensic psychiatry. Cultural and gender inequity in psychedelic research and the role of these inequalities as they may affect forensic evaluations will be described.

REFERENCES

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Noorani, Tehseen, 2019, 'Making psychedelics into medicines: The politics and paradoxes of medicalization', Journal of Psychedelic Studies, DOI: 10.1556/2054.2019.018.

QUESTIONS AND ANSWERS

1. What is the distinction between schedule I and schedule II drugs per DEA guidelines?

- A. Abuse potential
- B. Risk of death with abuse
- C. Medicinal benefit
- D. Average black-market value, per dea statistics
- E. None of the above

ANSWER: C

2. Which currently illegal drugs have had randomized controlled trials showing benefit for psychiatric conditions?

- A. LSD
- B. Psilocybin (“mushrooms”)
- C. MDMA
- D. All of the above

ANSWER: D

T42 DAUGHTERS OF THE MOTHERLAND: A LOOK AT SOUTH ASIAN PATRIARCHAL NORMS

Ayesha Ashai, MD, Oak Brook, IL
Lubna Grewal, MD, Denver, CO

EDUCATIONAL OBJECTIVE

To provide a background education on South Asian cultural norms and support professional development of forensic evaluators on how these norms influence issues of psychiatric diagnosis, risk assessment, and sexuality in the public sphere.

SUMMARY

Throughout South Asia, societal values are influenced by a patriarchal social order where significant gender disparities exist between men and women. These patriarchal values are embedded throughout religious, social, and legal institutions, sustaining gender disparities that can seem archaic in westernized societies. Since 1965, the South Asian American community has grown exponentially and within it, immigrants and first generation South Asian Americans have adapted in various ways to reconcile ancestral values with the world they find themselves in today. As the US grapples with its own views on women and minorities through modern movements, it is imperative we work to approach this process with nuanced appreciation of the differences in experiences in various ethnic groups.* For forensic evaluators, there is often a lack of familiarity about how South-Asian values influence perceptions, decisions, and behavior. By referencing publicly known legal cases, this presentation will seek to provide a background education on South Asian cultural norms and support professional development of forensic evaluators on how these norms influence issues of psychiatric diagnosis, risk assessment, and sexuality in the public sphere.

REFERENCES

Bano, Samia, et al. Violence against women in South Asian communities: Issues for policy and practice. Jessica Kingsley Publishers, 2009.

Chaudhuri, Soma, Merry Morash, and Julie Yingling. ‘Marriage migration, patriarchal bargains, and wife abuse: A study of South Asian women.’ Violence against women 20.2 (2014): 141-161.

QUESTIONS AND ANSWERS

1. Forensic evaluators often miss which of the following aspects of South Asian culture in risk assessment cases?

- A. Code of Silence
- B. Skewed definitions of abuse
- C. Isolation of Immigration
- D. Internalized patriarchal values
- E. All of the above

ANSWER: E

2. Honor Killings are a distinct type of violence against women in South Asia specifically.

- F. True
- A. False

ANSWER: False

EDUCATIONAL OBJECTIVE

The case will cover the phenomenon of serial murder, sociopathy and mental illness. We will dissect psychopathic and psychotic behavior in a defendant demonstrating both. Participants will learn from the evaluatee's defense attorney who navigated the pitfalls of a defendant who confesses to a murder in a death penalty state.

SUMMARY

During the devastation of Hurricane Katrina in 2005, many neighborhoods in New Orleans faced catastrophic effects of the flood. During the long rebuilding process which followed, some neighbors remained only marginally habitable and patrolled for years. A serial killer preyed on young women for one year but remained undetected by the crippled police force. Eight years later, a man in a Texas jail confessed to a cold case, then more. Following his extradition to New Orleans, his attorney found evidence suggesting mental illness and feared he may be engaging in false confessions. This presentation is the story of that evaluation, and the bizarre psychiatric and legal path to the truth.

REFERENCES

Vronsky, P.; *Serial Killers: The Method and Madness of Monsters*; Berkeley 2004, 2020

Olasky, Marvin; *Politics of Disaster: Katrina, Big Government, and a New Strategy for Future Crises*, 2006.

QUESTIONS AND ANSWERS

1. What percentage of serial killers are clinically "psychotic" based on DSM criteria and qualify for legal insanity under United States insanity standards?

ANSWER: 2-4%

2. What are the primary types of serial killers according to Holmes and DeBurger's Classification based on Psychological Factors and Motivations?

ANSWER: Visionary Type, Missionary Type, Hedonistic, and Power and Control Types

FRIDAY, OCTOBER 28, 2022

POSTER SESSION B

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

GRAND A/B FOYER

- F1 Deliberate Indifference and Suicide in the U.S. Corrections System**
Carol Barnes, MD (I), Seattle, WA
Jennifer Piel, MD, Seattle, WA
- F2 Cultural Competence in the Forensic Assessment of an Infant**
Joel H. Barrett Jr., MD, Lubbock, TX
Astik Joshi, MD, Lubbock, TX
- F3 Early Orientation of Medical Students to Law Through Asylum Clinic**
Natalie L. Constantine, MD (I), Delray Beach, FL
- F4 Violence risk assessment in paranoid patient with firearm charges (Core)**
Ruth Corazon Llerena Benites, MD (I), Astoria, NY
- F5 Nursing Perceptions of Inpatient Insanity Acquittes**
Michael J. Benson, MD, Etna, NH
Daniel W. Lampignano, MD (I), Concord, NH
- F6 Guardianship in Factitious Disorder Imposed on Another**
Christopher R. Bone, DO (I), Fort Worth, TX
James R. Haliburton, MD (I), Fort Worth, TX
Bethany L. Hughes, MD, Fort Worth, TX
- F7 Neuroimaging for the Insanity Defense: Systemic Review 2012-2022 (Core)**
Amareen Dhaliwal, MD (I), Boca Raton, FL
Anthony Sanchez, MD (I), Delray Beach, FL
Kristian Hogue, MD, Delray Beach, FL
Gavin Rose, MD, Ft. Lauderdale, FL
- F8 A Systemic Review on Gender Differences in Forensic Psychiatric Units (Core)**
Amareen Dhaliwal, MD (I), Boca Raton, FL
Anthony Sanchez, MD (I), Boca Raton, FL
- F9 Klinefelter Syndrome and Fire Setting Behavior: A Literature Review**
Ambra D'Imperio, MD (I), Geneva, Switzerland
Neva Eloisa Suardi, MD (I), Geneva, Switzerland
Gerard Niveau, MD (I), Geneva, Switzerland
- F10 Racial inequity in CST and Criminal Responsibility Evaluations**
Anchana Dominic MD, Columbia, MO
- F11 Educating trainees on Reducing Inpatient Milieu Violence Risk (Core)**
Nur-ul-Ein, MD (I), Brooklyn, NY
Mahmoud Dweik, MD (I), Brooklyn, NY
- F12 Cognitive Remediation in a Jail Based Competency Restoration Program**
Laura Ellison, PsyD (I), Kennesaw, GA
Ayanna Payne, MD (I), Atlanta, GA
Tomina Schwenke, PhD (I), Atlanta, GA
Glenn Egan, PhD (I), Atlanta, GA
Peter Ash, MD, Atlanta, GA
- F13 Does the Federal CSA Preempt Worker's Compensation Laws?**
Brianna J. Engelson, MD, St. Paul, MN
Chinmoy Gulrajani, MD, Minneapolis, MN

FRIDAY

F14 Is Competency Restoration for Females the Same as for Males?

Katherine A. Fox, PhD (I), Atlanta, GA
Mary Maddox, PsyD (I), Atlanta, GA
Victoria Roberts, MD (I), Atlanta, GA
Tomina Schwenke, PhD (I), Atlanta, GA
Peter Ash, MD, Atlanta, GA

F15 Catatonia and Competency to Proceed: A Case Report

Gurtej Gill, MD, Bronx, NY
Paulina Riess, MD, Bronx, NY
Zachary McMahon, MD (I), Bronx, NY

BUSINESS MEETING (MEMBERS ONLY) 8:00 AM – 9:30 AM **GRAND C**

COFFEE BREAK 9:30 AM – 10:00 AM GRAND A/B FOYER

PANEL DISCUSSION 10:00 AM – 12:00 PM **GRAND C**

F16 LGBTQIA Issues in the Criminal Justice and Corrections Systems

(Sponsored by the Diversity Committee)

Elie G. Aoun, MD, New York, NY
Barry Wall, MD, Providence, RI
Ren Belcher, MD, Boston, MA
Bethany L. Hughes, MD, Wichita Falls, TX
Charles Dike, MD, New Haven, CT

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

F17 Foreign Leaders Analysis, an Edge in Strategic Thinking

(Sponsored by the Human Rights and National Security Committee)

Danielle B. Kushner, MD, Brooklyn, NY
Kenneth B. Dekleva, MD (I), Dallas, TX
James L. Knoll, MD, Washington, DC
Rexon Ryu, MD (I), Washington, DC
Enrico Suardi, MD, Washington, DC

PANEL DISCUSSION 10:15 AM – 12:00 PM **BAYSIDE ABC**

F18 To See or Not to See? Danger vs. Duty When Viewing Evidence

Ren Belcher, MD, Boston, MA
Renée Sorrentino, MD, Weymouth, MA
Joel Watts, MD, Ottawa, ON, Canada
Susan Hatters Friedman, MD, Cleveland, OH

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

F19 Trauma and the Autism Spectrum: Challenges in Forensic Assessment

(Co-Sponsored by the Trauma and Stree and Developmental Disabilities Committees)

Andrew P. Levin, MD, Dobbs Ferry, NY
Alexandra Junewicz, MD, New York, NY
Kathleen Kruse, MD, Cleveland, OH
Trent C. Holmberg, MD, Draper, UT
Kenneth J. Weiss, MD, Bala Cynwyd, PA

WORKSHOP 10:15 AM – 12:00 PM **NOTTOWAY**

F20 Advocacy to Advance Juvenile Justice

Amanie M. Salem, DO, MPH, New York, NY
Anne McBride, MD, Sacramento, CA
Paul A. Bryant, MD, New Haven, CT
Jorien Campbell, MD, Berkeley, CA
Christopher Thompson, MD, Los Angeles, CA

LUNCH (TICKET REQUIRED)

12:00 PM – 2:00 PM

GRAND A/B FOYER

F21 A Killer by Design: The FBI Mindhunters and Profiling Killers

Ann W. Burgess, DNSc, APRN (I), Boston, MA

PANEL DISCUSSION

2:15 PM – 4:00 PM

GRAND C

F22 Racial Inequities in the Justice System

Camille Tastenhoye, MD, Pittsburgh, PA
Kathleen Kruse, MD, Cleveland, OH
Reema Dedania, MD, Cleveland, OH
Megan Testa, MD, Shaker Heights, OH

PANEL DISCUSSION

2:15 PM – 4:00 PM

GRAND D

F23 Watch Your Back: The Risk of Harm to the Forensic Psychiatrist

Kathleen L. Kruse, MD, Ann Arbor, MI
Nina E. Ross, MD, Cleveland, OH
Jeffrey Guina, MD, Pontiac, MI
Philip Saragoza, MD, Ann Arbor, MI
Drew Calhoun, MD, Tacoma, WA

PANEL DISCUSSION

2:15 PM – 4:00 PM

BAYSIDE ABC

F24 Munchausens by Proxy: Child Abuse by Another Name

(Sponsored by the Gender Issues Committee)

Susan Hatters Friedman, MD, Cleveland, OH
Joshua B. Friedman, MD, PhD (I), Cleveland, OH
Kathleen L. Kruse, MD, Cleveland, OH
Karen B. Rosenbaum, MD, New York, NY
Renée M. Sorrentino, MD, Weymouth, MA

PANEL DISCUSSION

2:15 PM – 4:00 PM

GRAND E

F25 Family Values: Undue Influence in Collectivist Cultures

(Sponsored by the Geriatric Psychiatry and the Law Committee)

Sherif Soliman, MD, Matthews, NC
Ian Lamoureux, MD, Scottsdale, AZ
Timothy J. Gallagher, Esq., (I) Cleveland, OH

RESEARCH IN PROGRESS

2:15 PM – 4:00 PM

NOTTOWAY

F26 Validation of the Levenson Self-Report Psychopathy Scale

Elias Ghossoub, MD, Beirut, Lebanon
Hala K. Itani, MD (I), Beirut, Lebanon
Michele Cherro, MD (I), Beirut, Lebanon
Rayah Touma Sawaya, MD (I), Beirut, Lebanon
Pia Maria Ghanime, MD (I), Beirut, Lebanon
Marc Barakat, PhD (I), Beirut, Lebanon
Martine El Bejjani, PhD (I), Beirut, Lebanon
Khalil El Asmar, PhD (I), Beirut, Lebanon

F27 The Online Future of AAPL Learning

Katherine Michaelson, MD, Seattle, WA
Tobias Wasser, MD, Cheshire, CT

F28 Workplace Trauma in a Digital Age: Video Evidence of Violent Crime

Arija Birze, MD (I), Toronto, ON, Canada
Kaitlyn Regehr, MD (I), Toronto, ON, Canada
Cheryl Regehr, Toronto, ON, Canada

FRIDAY

COFFEE BREAK **4:00 PM – 4:15 PM** **GRAND A/B FOYER**

AUDIOVISUAL SESSION (AAPL MEMBERS ONLY) 4:15 PM – 6:15 PM **GRAND C**

F29 Quintuple Filicide: The Role of Cannabinoids in a Capital Case

(Sponsored by the Peer Review Committee)

David Rosmarin, MD, Newton, MA
Richard Frierson, MD, Columbia, SC
Bob Wettstein, MD, Pittsburgh, PA
Scott Lukas, PhD (I), Belmont, MA

PANEL DISCUSSION 4:15 PM – 6:15 PM **GRAND D**

F30 Through the Looking Glass: Perspectives on California's Meth Madness (Core)

Jessica Ferranti, MD, Sacramento, CA
Barbara E. McDermott, PhD, Sacramento, CA
Charles L. Scott, MD, Sacramento, CA

PANEL DISCUSSION 4:15 PM – 6:15 PM **BAYSIDE ABC**

F31 Trigger Warning: Disparities In Firearm Injury Prevention

Layla Soliman, MD, Charlotte, NC
Ashley Britton Christmas, MD (I), Charlotte, NC
James Rachal, MD (I), Charlotte, NC
John Rozel, MD (I), Pittsburgh, PA
Christopher Barsotti, MD (I), Bennington, VT

PANEL DISCUSSION 4:15 PM – 6:15 PM **GRAND E**

F32 Evaluating Peers: Helpful Fitness for Duty Exams of Older Physicians

Carla Rodgers, MD, Bala Cynwyd, PA
Fatima Masumova, DO, Mullica Hill, NJ
Manish Fozdar, MD, Raleigh, NC
Bobby Singh, MD (I), San Francisco, CA
Oliver Glass, MD, Gainesville, GA

WORKSHOP 4:15 PM – 6:15 PM **NOTTOWAY**

F33 Fatality Review Teams: A Public Health Role for Forensic Psychiatry

Susan Hatters Friedman, MD, Cleveland, OH
Joshua B. Friedman, MD, PhD (I), Cleveland, OH
Kathleen L. Kruse, MD, Cleveland, OH
Jason Beaman, DO, Tulsa, OK

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

F1 DELIBERATE INDIFFERENCE AND SUICIDE IN THE U.S. CORRECTIONS SYSTEM

Carol Barnes, MD (I), Seattle, WA

Jennifer Piel, MD, Seattle, WA

EDUCATIONAL OBJECTIVE

Through review of court cases involving constitutional claims against correctional healthcare workers, the poster identifies clinical pearls to minimize legal consequences and manage suicide-related risk.

SUMMARY

The United States corrections system is the largest provider of mental health care in the country. In 2019, a total of 695 suicides occurred in U.S. jails and prisons at a rate of 49 deaths per 100,000 inmates. This is significantly higher than the rate of 13.9 deaths per 100,000 in the general population. Although many of these deaths receive little attention, some are brought before the legal system when family members bring suit to hold corrections staff accountable or seek monetary damages for the loss of their loved one. Among actions commonly brought against correctional staff are claims of constitutional violations. Pre- and post-trial detainees alike have constitutional rights to adequate medical and psychiatric care as established by the Fourteenth Amendment and the Eighth Amendment, respectively. To further elucidate correctional clinicians' medical and legal responsibilities in suicide-related care, the authors examined published federal appellate legal cases from October 29, 2016 to November 1, 2021 in which allegations were made against healthcare personnel for civil rights violations (claims of deliberate indifference) following a detainee's suicide attempt or death by suicide. The poster distills themes identified from sixteen distinct appellate decisions meeting inclusion criteria and provides clinical pearls based on each.

REFERENCES

- Carson EA. Suicide in Local Jails and State and Federal Prisons, 2000-2019 - Statistical Tables [Internet]; 2021. Available from <https://bjs.ojp.gov/library/publications/suicide-local-jails-and-state-and-federal-prisons-2000-2019-statistical-tables>. Accessed March 7, 2022.
- Hedegaard H., Curtin SC, Warner M. Suicide mortality in the United States, 1999-2019. NCHS Data Brief, no 398. Hyattsville, MD: National Center for Health Statistics. 2021.

QUESTIONS AND ANSWERS

1. What was the suicide rate across jails and prisons in the United States in 2019?
 - A. 13.9 per 100,000
 - B. 49 per 100,000
 - C. 4.9 per 100,000
 - D. 139 per 100,000

ANSWER: B

2. Which of the following is true of the Deliberate Indifference standard by which correctional employees are held?
 - A. Has been applied to both physical and mental health conditions
 - B. Is a separate claim from medical malpractice
 - C. Requires demonstrating that an employee was aware of an inmate's serious medical/psychiatric need.
 - D. Requires proof that an employee disregard known substantial risk of serious harm
 - E. All of the Above

ANSWER: E

F2 CULTURAL COMPETENCE IN THE FORENSIC ASSESSMENT OF AN INFANT

Joel H. Barrett, Jr., MD, Lubbock, TX
Astik Joshi, MD, Lubbock, TX

EDUCATIONAL OBJECTIVE

Provide the standard of care for the forensic assessment of infants with cultural competency

SUMMARY

Infant Psychiatry emphasizes prevention and intervention for mental health disorders early in life. Infant Psychiatry requires the assessment of the subject in the setting of the sustaining caregiving environment. Therefore, an evaluator's cultural competency is essential in multidisciplinary assessments and interventions for legal questions. The current review presents the standard of care for an Infant Psychiatry Assessment in the context of recent case law, demonstrating the requirement of cultural competence in the context of a common legal question, Child Custody.

REFERENCES

Thomas, JM, et al. Practice Parameters for the Psychiatric Assessment of Infants and Toddlers (0 - 36 months). J Am Acad Child Adolesc Psychiatry. 1997 October; 36(10): 21S - 36S.

Glancy, GD, et al. AAPL Practice Guideline for the Forensic Assessment. J Am Acad Psychiatry Law. 2015 June; 43(2): S3 - S53.

QUESTIONS AND ANSWERS

1. According to the American Academy of Child and Adolescent Psychiatry Practice Parameter, all the following are components of Infant and Toddler Mental Status Exam except:
 - A. Self-regulation
 - B. Attitude
 - C. Play
 - D. Cognition
 - E. Relatedness

ANSWER: B

2. In Child Custody Evaluations, which of the following assessment areas may be limited in infants?
 - A. Continuity and Quality of Attachments
 - B. Child's Stated Preference
 - C. Child's Special Needs
 - D. Sibling Relationships
 - E. Parent's Physical and Psychiatric Health

ANSWER: B

F3 EARLY ORIENTATION OF MEDICAL STUDENTS TO LAW THROUGH ASYLUM CLINIC

Natalie L. Constantine, MD (I), Delray Beach, FL

EDUCATIONAL OBJECTIVE

To share successes and challenges at a Human Rights Clinic for asylum-seekers where medical students are involved in forensic clinical evaluations and affidavit-writing, and expand on its impact on medical student interests and perspectives in law.

SUMMARY

Responding to growing requests for forensic clinical evaluations by asylum-seekers, a Human Rights Clinic (HRC) increased its efficiency through medical student participation in evaluations and affidavit preparation. During the pandemic, students overcame challenges by collaborating with lawyers to adapt clinic processes to a virtual platform, developing an online training module for physicians and students, and expanding affidavit-writing to include incarcerated individuals with co-morbid disease. To evaluate how students were impacted by volunteering with the HRC and assess knowledge and interests of the general student body, two surveys were distributed. Volunteers (n=27) signified increased interest in psychiatry, understanding of

the integration of medicine and the law, and desire to continue involvement in legal services. The general student body (n=78) signified poor knowledge regarding asylum medicine and minimal exposure to law, but expressed strong interest to receive training as they perceived it of vital importance for their medical career. Involving medical students in legal processes through an asylum clinic is a valuable modality that helps meet the demand for medical evaluations by asylum-seekers while also providing a robust exposure of medical students to the interface between psychiatry and the law.

REFERENCES

Ferdowsian, Hope et al. "Asylum Medicine: Standard and Best Practices." *Health and human rights* vol. 21,1 (2019): 215-225.

Zonana H. "Commentary: The role of forensic psychiatry in the asylum process," *Journal of the American Academy of Psychiatry and the Law*. 2010;38:499-501.

QUESTIONS AND ANSWERS

1. What is an asylum seeker?

- A. A person who has fled their country of origin and is unable or unwilling to return because of a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion.
- B. A person who leaves his or her country of origin purely for financial and/or economic reasons. They choose to move in order to find a better life and they do not flee because of persecution.
- C. A person who is seeking international protection is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it.
- D. A person someone who makes a conscious decision to leave his or her home and move to a foreign country with the intention of settling there regardless of reason.

ANSWER: C

2. What is the typical length of the asylum process?

- A. <6 months
- B. 1-2 years
- C. >5 years
- D. >8 years

ANSWER: B

F4 VIOLENCE RISK ASSESSMENT IN PARANOID PATIENT WITH FIREARM CHARGES

Ruth Corazon Llerena Benites, MD (I), Astoria, NY

EDUCATIONAL OBJECTIVE

Improve service to forensic patients and enhancement of consulting skills

SUMMARY

Violence risk assessment of patients with schizophrenia can help understand the causes of violence perpetration, therefore reducing its occurrence. This case describes the challenge of assessing a patient who obtained a firearm in the context of paranoid delusions. A 45-year-old woman with schizophrenia, cannabis and alcohol use disorders, with previous inpatient hospitalizations due to threat/control-override delusions and connected to a service-delivery psychiatric treatment team, became paranoid towards her neighbor and brandished a loaded gun, reportedly in self-defense. She was charged with criminal possession of firearms and released from jail with a court date. She was later admitted for psychiatric hospitalization due to erratic behavior. Her treatment team performed a violence risk assessment, identifying both static and non-static risk factors. The latter were modified by confirming the removal of firearms, reducing positive symptoms with antipsychotics, encouraging medication adherence, reinforcing abstinence from substances, relocating to a temporal residence, and initiating court-mandated outpatient treatment. This clinical scenario is common among this population, due to multiple factors that elevate the risk for being victims or perpetrators of violent acts. It is important to encourage further education in the psychiatric community to better identify and reduce violence risk factors and improve outcomes in this population.

REFERENCES

Whiting D, Gulati G., Geddes JR, Fazel S. Association of Schizophrenia Spectrum Disorders and Violence Perpetration in Adults and Adolescents From 15 Countries: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2022;79(2):120-132. doi:10.1001/jamapsychiatry.2021.3721

Rund BR. A review of factors associated with severe violence in schizophrenia. *Nord J Psychiatry*. 2018;72(8):561-571. doi:10.1080/08039488.2018.1497199.

QUESTIONS AND ANSWERS

1. How can Violence Risk Assessments improve the outcome of patients with Schizophrenia?

- A. By predicting violence perpetration
- B. By modifying static risk factors
- C. By modifying non-static risk factors
- D. By reviewing psychiatry history and determine history of trauma or abuse

ANSWER: C

2. Which risk factors can be modified by the psychiatric treatment team?

- A. A non-static risk factor such as firearm possession cannot be dispute per law
- B. Static risk factors such as age, family history, psychiatric history, violence history, history of sexual or physical abuse, etc.
- C. Static and non-static risk factors can be modified equally.
- D. Non-static risk factors such as active psychosis, medication adherence, substance use, housing situation, etc.

ANSWER: D

F5 NURSING PERCEPTIONS OF INPATIENT INSANITY ACQUITTEES

Michael J. Benson, MD, Etna, NH

Daniel W. Lampignano, MD (I), Concord, NH

EDUCATIONAL OBJECTIVE

Understand clinical caregiver perception of insanity acquittees in order to improve patient treatment

SUMMARY

Public perception of the insanity defense is well documented. Absent in the literature, however, is nursing perception of insanity acquittees under their care. We surveyed nursing staff at a state psychiatric hospital charged with treating both not guilty by reason of insanity (NGRI) and civilly committed patients to determine if the groups were perceived differently by their caregivers. Data collection is ongoing at this time and will be completed this summer. Whereas considerable data exists surrounding the determination of insanity in the forensic literature, the treatment of forensic patients, including in settings not specifically designed for forensic populations, is sparse. The present study adds important findings to the treatment and eventual community reintegration of this patient subgroup.

REFERENCES

Bloechl AL, Vitacco MJ, Neumann CS, Erickson SE. An empirical investigation of insanity defense attitudes: exploring factors related to bias. *International journal of law and psychiatry*. 2007 March; 30(2), 153-161

Silver E, Cirincione C, Steadman HJ. Demythologizing inaccurate perceptions of the insanity defense. *Law and Human Behavior*. 1994 February; 18(1), 63-70.

QUESTIONS AND ANSWERS

1. Each of the following are commonly cited as reasons for negative attitudes of the insanity defense held by the general public except

- A. NGRI is often viewed as a “loophole”
- B. Frequency of the use of the insanity defense is overestimated
- C. Negative media coverage of mentally ill defendants
- D. Lack of sympathy toward the mentally ill

ANSWER: D

2. Which of the following is a validated scale measuring public perception of the insanity defense
- A. PNGRIA (perception of not guilty by reason of insanity acquittees scale)
 - B. IDA-R (insanity defense attitude-revised scale)
 - C. NGRIV-R (not guilty by reason of insanity views-revised scale)
 - D. AIDR (attitudes of insanity defense ruling scale)

ANSWER: B

F6 GUARDIANSHIP IN FACTITIOUS DISORDER IMPOSED ON ANOTHER

Christopher R. Bone, DO (I), Fort Worth, TX
James R. Haliburton, MD (I), Fort Worth, TX
Bethany L. Hughes, MD, Fort Worth, TX

EDUCATIONAL OBJECTIVE

Factitious disorder imposed on another is characterized by the intentional falsification of physical and/or mental signs and symptoms in another individual for no apparent external gain or reward. Recognition of this condition can be highly challenging. The involvement of an ethics committee and subsequent enactment of emergency guardianship can lead to significant clinical improvements in a victim of this disorder.

SUMMARY

A 20-year-old female who lived with her mother presented to the hospital with generalized chronic pain, hypotension, and extensive epidermal wounds. The patient was a poor historian and gave concrete answers to physicians. She had been to multiple hospitals over the last few years with similar presentations. The daughter's chronic steroid administration led to extensive epidermal wounds, cellulitis, sepsis, and adrenal crisis. The patient refused medical workups and treatments, stating she didn't feel anything could help her. Mom also refused the majority of the patient's medical care for several months. Ethics was consulted, which resulted in the mom losing the ability to be the patient's medical surrogate. A state guardian was appointed who approved emergent medical treatment. Emergent treatment included administration of intravenous steroids to avoid adrenal crisis, replenishing electrolyte abnormalities, regular vital sign checks, bloodwork, and changing urine and feces-soaked bedsheets. The patient showed significant improvement in epidermal wound healing, hemodynamic stability, and overall affect. This case illustrates the importance of emergency guardianship in a matter of factitious disorder imposed on another when the patient is refusing life-saving medical treatment. Recognition of this disorder is critical for taking the proper steps necessary to save an individual's life.

REFERENCES

Alexander R., Ayoub C, Bursch B., et al. Munchausen by proxy: Clinical and case management guidance. APSAC Advisor. 2018 March; 30(1):8-31

Abdurrachid N, Marques JG. Munchausen syndrome by proxy (MSBP): a review regarding perpetrators of factitious disorder imposed on another (FDIA). CNS Spectrums. 2022 February; 27(1):16-26.

QUESTIONS AND ANSWERS

1. According to DSM 5, which of the following is not a diagnostic feature of Factitious Disorder Imposed on Another?
- A. Falsification of physical or psychological signs or symptoms, or induction of injury of disease, in another, associated with identified deception.
 - B. Factitious disorder emphasizes the objective identification of falsification of signs and symptoms of illness as well as the inference about the intent of possible underlying motivation.
 - C. The individual presents another individual (victim) to others as ill, impaired, or injured.
 - D. The deceptive behavior is evident even in the absence of obvious external rewards.
 - E. The illness falsification in Factitious Disorder Imposed on Another can take many forms including exaggeration, fabrication, simulation, or induction.

ANSWER: B

2. According To DSM 5, it is estimated that what percentage of patients present to a hospital with a presentation that meets the criteria for factitious disorder?

- A. 7%
- B. 10%
- C. 1%
- D. 3%
- E. 5%

ANSWER: C

F7 NEUROIMAGING FOR THE INSANITY DEFENSE: SYSTEMIC REVIEW 2012-2022

Amareen Dhaliwal, MD (I), Boca Raton, FL
Anthony Sanchez, MD (I), Delray Beach, FL
Kristian Hogue, MD, Delray Beach, FL
Gavin Rose, MD, Ft. Lauderdale, FL

EDUCATIONAL OBJECTIVE

Review current evidence for the use of neuroimaging in the insanity defense under the 4 themes of admissibility, bias, causal responsibility, and usage guidelines.

SUMMARY

Increased utilization of neuroscientific evidence has created questions regarding its influence on judges and jurors, most of whom have limited understanding of neuroscience. The aim of this systematic literature review was to assess available literature on implementation of neuroimaging in the insanity defense.

A systematic literature search was done on PubMed, Cochrane, ScienceDirect and ResearchGate. More studies were obtained by searching similar studies to those obtained from the search above and searching the reference lists of included studies. A reciprocal translation approach was taken for synthesis on the qualitative studies to provide an additive summary to the concepts of each article.

The initial search resulted in 104 studies, and the application of exclusion criteria and removal of similar studies resulted in the inclusion of 19 studies.

Neuroimaging is shown to be objective, but unless the questions of admissibility and its utility are addressed, it will remain unimplemented. Neuroimaging could play an increasingly important role in diagnosing neurobiological conditions associated with the criminal behavior of individuals. Still, it would not replace behavior as the standard for assessing control and responsibility in criminal law.

REFERENCES

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Aono, D., Yaffe, G., & Kober, H. (2019). Neuroscientific evidence in the courtroom: a review. *Cognitive Research: Principles and Implications*, 4(1). <https://doi.org/10.1186/s41235-019-0179-y>.

QUESTIONS AND ANSWERS

1. What biases exist when using neuroimaging?

- A. Interpretation of imaging
- B. Jury bias towards scientific evidence
- C. Overall cost barriers to access
- D. All of the above

ANSWER: D

2. How can neuroimaging be used in trials?

- A. To replace psychiatric evaluation
- B. To determine criminal responsibility
- C. To support biopsychosocial assessment
- D. To determine state of mind during the crime

ANSWER: C

F8 A SYSTEMIC REVIEW ON GENDER DIFFERENCES IN FORENSIC PSYCHIATRIC UNITS

Amareen Dhaliwal, MD (I), Boca Raton, FL
Anthony Sanchez, MD (I), Boca Raton, FL

EDUCATIONAL OBJECTIVE

Understand epidemiological differences of the female forensic psychiatric patient based on current evidence.
Examine gender-related differences in forensic psychiatric inpatients.

SUMMARY

The gender differences established in this review were criminal history, diagnoses of mental conditions, assessment and declaration of criminal insanity, and behavior of patients during rehabilitation. A search for articles published from 2000 to February 2022 was done yielding 598 articles of which 11 met eligibility criteria. Most forensic inpatient men had a higher number of criminal charges and convictions prior to the index offense than women. Women were more likely to be declared mentally insane as compared to men. Women were admitted more due to homicide and arson. When a diagnosis is made on mentally ill offenders, women are more likely to be diagnosed with borderline personality disorder (BPD), depression, and post-traumatic disorder (PTSD). When men's and women's behavior is compared in terms of aggression, there is no significant difference. The differences arise in that women are more prone to depression and self-injury (internalizing) as compared to men. Among debate is differences in inpatient violence though literature supports a lack of major differences given behavior variances. Of note, females with schizophrenia were more likely be found responsible for their offenses and to receive longer punishments thus calling for further research in this subpopulation.

REFERENCES

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Archer, M., Lau, Y., & Sethi, F. (2016). Women in acute psychiatric units, their characteristics and needs: a review. *BJPsych Bulletin*, 40(5), 266-272. <https://doi.org/10.1192/pb.bp.115.051573>.

QUESTIONS AND ANSWERS

1. Female forensic psychiatric ward patients usually

- A. Have more prior convictions than men
- B. Commit more sexual offenses than men
- C. Have higher rates of case dismissal due to mental illness
- D. Exhibit more antisocial personality disorder traits than men

ANSWER: C

2. Women who suffer from schizophrenia are

- A. Less likely to commit homicide than men
- B. More likely to be found responsible for offenses
- C. More likely to be declared mentally insane than men
- D. More likely to get a shorter sentence than men

ANSWER: B

F9 KLINEFELTER SYNDROME AND FIRE SETTING BEHAVIOR: A LITERATURE REVIEW.

Ambra D'Imperio, MD (I), Geneva Switzerland
Neva Eloisa Suardi, MD (I), Geneva, Switzerland
Gerard Niveau, MD (I), Geneva, Switzerland

EDUCATIONAL OBJECTIVE

To provide a literature review of Klinefelter syndrome in the field of Forensics, with a focus on fire setting behavior, arsons and pyromania.

SUMMARY

With prevalence in more than 1 in 1000 newborns, Klinefelter Syndrome (KS) is the most common sexual aneuploidy, especially when presenting with a XXY genotype. Males affected by KS suffer from wide range of symptoms, such as reduced sexual development and fertility, cryptorchidism, gynecomastia and osteoporosis. Moreover, a heterogeneous pattern of neuropsychiatric issues can be detected, especially in school aged children. Our paper aims to investigate the correlation of a specific behavior alteration commonly found in people suffering with KS, notably the fire setting. Around the age of 12, hormone substitution of testosterone is prescribed. However, fire setting behaviors seems to be found even after the therapy has begun. Case reports and a cohort study analyzing the concomitant presentation of both KS and fire setting behavior have been published. To our knowledge, our literary review is the first ever issued. Given further research advancements both in the field of psychiatry and in forensics, our interest is to better understand whether a hormonal dysregulation is a plausible trigger for specific antisocial traits, for committing arsons or even to develop a proper psychiatric issue, such as pyromania. We speculate that a preliminary psychopathological predisposition may be found in males suffering with KS.

REFERENCES

Stochholm K., Bojesen A, Jensen AS, Juul S., Gravholt CH. Criminality in men with Klinefelter's syndrome and XYY syndrome: a cohort study. *BMJ Open*. 2012 Feb 22;2(1):e000650.

Burton PR, McNeil DE, Binder RL. Firesetting, arson, pyromania, and the forensic mental health expert. *J Am Acad Psychiatry Law*. 2012;40(3):355-65.

QUESTIONS AND ANSWERS

1. Forensic assessment of patients with Klinefelter Syndrome should examine the following neuropsychiatric symptoms:

- A.** Dyslexia and dysgraphia in school aged children
- B.** Attention-deficit/ hyperactivity disorder
- C.** Mental retardation
- D.** Autism spectrum disorder
- E.** All of the above

ANSWER: E

2. Generally, which of the following factors is not associated with an increased risk for developing pyromania?

- A.** Troubled childhood: violence, neglect, abuse.
- B.** Family history of mental illness
- C.** Female gender
- D.** Substance abuse
- E.** Low socioeconomic status

ANSWER: C

F10 RACIAL INEQUITY IN CST AND CRIMINAL RESPONSIBILITY EVALUATIONS

Anchana Dominic, MD, Columbia, MO

EDUCATIONAL OBJECTIVE

Demonstrate racial inequity within forensic systems, specifically in regard to Competency to Stand Trial and criminal responsibility evaluations. Examine clinician bias when conducting forensic evaluations for the criminal justice system.

SUMMARY

Systemic racism is known to be deeply embedded in criminal justice and healthcare systems. Black Americans are incarcerated in state prisons at nearly 5 times the rate of white Americans. Within mental health systems, African-Americans are disproportionately diagnosed with stigmatized psychotic spectrum disorders, often have longer involuntary commitments, and are not often given the opportunity to be rehabilitated in a manner which would be suitable to their treatment and encourage eventual return to society. Within forensic psychiatry, Black defendants are more frequently judged as incompetent to stand trial and more frequently placed in

maximum security settings. Furthermore, White defendants are more likely to be found not guilty by reason of insanity. Although there has been some progress towards deconstructing these systems, historical depictions and harmful stereotypes of Black men continue to propagate further unconscious bias within these systems. Unconscious clinician bias affects the proportion of minority groups in legal settings. This poster will discuss the issue of racial inequity in forensic systems, specifically relating to competency to stand trial and criminal responsibility, and the role of the forensic examiner in deconstructing these biases to ensure due process.

REFERENCES

Debra A. Pinals, Ira K. Packer, William Fisher, and Kristen Roy-Bujnowski. Relationship Between Race and Ethnicity and Forensic Clinical Triage Dispositions. *Psychiatric Services* 2004 55:8, 873- 878

QUESTIONS AND ANSWERS

1. The lifetime chance of going to prison is highest for which ethnic group?

- A. Hispanic
- B. Non-Hispanic White
- C. African-American
- D. Asian American

ANSWER: C

2. Which of the following ethnic groups statistically are more likely to be found not guilty by reason of insanity (NGRI)?

- A. African-American
- B. White
- C. Hispanic
- D. Asian American

ANSWER: B

FRIDAY

F11 EDUCATING TRAINEES ON REDUCING INPATIENT MILIEU VIOLENCE RISK

Nur-ul-Ein, MD (I), Brooklyn, NY
Mahmoud Dweik, MD (I), Brooklyn, NY

EDUCATIONAL OBJECTIVE

Enhance knowledge among psychiatry residents of best practices available regarding prevention and management of aggression among female adolescent patients on inpatient child and adolescent units especially when conduct and oppositional traits are compounding the issue.

SUMMARY

An interesting sociological phenomenon developed in the child and adolescent inpatient unit in which 3 female adolescent peers established a pack which would then target individuals on the unit and culminated into a youth being admitted to the ICU after being subjected to a brutal beating by this pack. By using this case, we hope to enhance the knowledge of psychiatric trainees regarding best practices available for prevention and management of aggression among this population. A literature review, using various search terms revealed, the delay in developing psychosocial maturity and pre-admission bullying behavior to be predictive of aggression risk. Based on the work done in forensic adolescent units, this poster will discuss behavior modification, positive reinforcement for pro-social behavior and collaborative proactive solutions as techniques to be utilized with young female adolescent patients.

REFERENCES

Steinberg, Laurence & Cauffman, Elizabeth & Woolard, Jennifer & Graham, Sandra & Banich, Marie. (2009). Are Adolescents Less Mature Than Adults? Minors' Access to Abortion, the Juvenile Death Penalty, and the Alleged APA 'Flip-Flop'. *The American psychologist*. 64. 583-94. 10.1037/a0014763.

Oulasmaa, Riipinen, P. K., Hakko, H. H., & Riala, K. R. (2020). Role of involvement in bullying as predictor for hospital-treated assault exposures among former adolescent psychiatric inpatients. *The International Journal of Psychiatry in Medicine*, 56(3), 189-204. <https://doi.org/10.1177/009121742>.

QUESTIONS AND ANSWERS

1. Based on the results of the McArthur Juvenile Capacity study, the presence of what correlated most highly with presence of criminal behavior in an adolescent?
- A. History of childhood trauma
 - B. Presence of antisocial peers in the adolescent's social network
 - C. Family history of criminality
 - D. Presence of substance use in the adolescent

ANSWER: B

2. Which factor correlates more strongly with antisocial traits in female adolescents vs male adolescents?
- A. Having parents with antisocial traits
 - B. Delay in meeting developmental milestones
 - C. Being homeschooled
 - D. Substance use
 - E. Bullying perpetuating behavior in early childhood

ANSWER: E

F12 COGNITIVE REMEDIATION IN A JAIL BASED COMPETENCY RESTORATION PROGRAM

Laura Ellison, PsyD (I), Kennesaw, GA
Ayanna Payne, MD (I), Atlanta, GA
Tomina Schwenke, PhD (I), Atlanta, GA
Glenn Egan, PhD (I), Atlanta, GA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

The purpose of the current study is to examine the implementation and impact of an individualized cognitive restoration program in a jail-based competency restoration program. The study will discuss the role of remediating cognitive deficits in improving functional abilities necessary for competency to stand trial.

SUMMARY

Traditional forms of competency restoration rely directly on a defendant's intact cognitive functioning to process information without consideration of potential cognitive deficits. Impairments in attention, memory, processing speed, and inhibitory control can significantly impact an individual's competency to stand trial. A growing body of evidence suggests that cognitive remediation (CR) techniques, used in conjunction with the traditional interventions, can help to restore cognitively impaired defendants to competency. These behavior-based activities, such as those found in the web-based application, Brain HQ, target various cognitive domains needed for competency and have been used in hospital settings with patients with psychotic disorders to improve their functioning. Implementation of CR within a jail-based competency restoration setting would likely add to the benefits of such programs, such as increased availability of treatment at a reduced cost; however, this setting poses particular challenges regarding available resources, safety concerns, and practical feasibility. This project aims to explore the introduction of individualized CR activities with defendants admitted to the Fulton County Jail Competency Restoration Program. Individual case studies will be presented discussing the benefits and challenges of CR implementation.

REFERENCES

- Ahmed, A. O., Hunter, K. M., Goodrum, N. M., Batten, N. J., Birgenheir, D., Hardison, E., Dixon, T., & Buckley, P. F. (2015). A randomized study of cognitive remediation for forensic and mental health patients with schizophrenia. *Journal of Psychiatric Research*, 68, 8-18.
- Ash, P., Roberts, V. C., Egan, G. J., Coffman, K. L., Schwenke, T. J., & Bailey, K. (2020). A jail-based competency restoration unit as a component of a continuum of restoration services. *The Journal of the American Academy of Psychiatry and the Law*, 48, 43-51.

QUESTIONS AND ANSWERS

1. In their 2015 article assessing cognitive remediation for patients with schizophrenia, Ahmed et al. found that individuals assigned to cognitive remediation activities experienced greater reductions in all of the following except:

- A. Negative symptoms
- B. Agitation/excitement
- C. Auditory hallucinations
- D. Verbal and physical aggression

ANSWER: C

2. Impairments in working memory and verbal learning are more profound among which group:

- A. Criminal offenders with schizophrenia
- B. Criminal offenders without a severe mental illness
- C. Non-offenders with schizophrenia
- D. Non-offenders without a severe mental illness

ANSWER: A

F13 DOES THE FEDERAL CSA PREEMPT WORKER'S COMPENSATION LAWS?

Brianna J. Engelson, MD, St. Paul, MN
Chinmoy Gulrajani, MD, Minneapolis, MN

EDUCATIONAL OBJECTIVE

To demonstrate an understanding of the conflict between the federal Controlled Substances Act and state's worker's compensation laws in states where employees may be eligible for reimbursement for treatment with medical cannabis.

SUMMARY

In this poster, we present a recent opinion from the Minnesota Supreme Court and discuss its implications on clinical forensic psychiatry. After sustaining a work-related injury, employee Susan Musta sought reimbursement for the cost of treatment with medical cannabis from her employer Mendota Heights Dental Center (Mendota Heights). Mendota Heights refused to compensate Musta out of concern that doing so would violate the federal Controlled Substances Act. The central question presented is: Does the federal Controlled Substances Act, which makes the possession of cannabis a federal crime, preempt the Minnesota law for an employer to reimburse an injured employee for the cost of medical cannabis? As more and more states increasingly legalize treatment with medical cannabis, this conflict, between state and federal law, is bound to arise repeatedly. In this poster we examine how the Minnesota Supreme Court treated this conflict as compared to other states (e.g. Maine, Massachusetts, New Hampshire, New Jersey) where this issue has already arisen. We discuss relevance to the practice of forensic psychiatrists who perform evaluations under states' worker's compensation laws.

REFERENCES

Musta v. Mendota Heights 965 N.W.2d 312 (Minn. 2021).

Bourgoin v. Twin Rivers Paper Co., LLC 187 A.3d 10 (Me. 2018).

QUESTIONS AND ANSWERS

1. Cannabis is classified into which of the following categories?

- A. Schedule I
- B. Schedule II
- C. Schedule III
- D. Schedule IV
- E. Schedule V

ANSWER: A

2. The use of medical cannabis has been legalized in how many U.S. states?

- A. 17
- B. 22
- C. 36
- D. 44

ANSWER: C

F14 IS COMPETENCY RESTORATION FOR FEMALES THE SAME AS FOR MALES?

Katherine A Fox, PhD (I), Atlanta, GA
Mary Maddox, PsyD (I), Atlanta, GA
Victoria Roberts, MD (I), Atlanta, GA
Tomina Schwenke, PhD (I), Atlanta, GA
Peter Ash, MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

The purpose of this project is to characterize the systemic factors which impact the implementation of jail-based competency restoration services for female defendants. This will be accomplished by describing and synthesizing a body of research regarding female defendants' experience throughout the criminal justice process and reflecting on current and prior efforts to address the needs of incompetent female defendants.

SUMMARY

Despite comprising approximately 15% of the nationwide jail population, the criminal justice system remains ill-equipped to address the needs of female defendants. Like their male counterparts, female defendants experience high rates of serious mental illness, and for many, their illness renders them incompetent to stand trial (IST). While research is mixed on the rates of IST findings between males and females, in Fulton County, Georgia, approximately 60% of females referred for a competency evaluation are subsequently opined as IST and referred for restoration. Male IST defendants are afforded a continuum of forensic treatment services including outpatient, jail-based, and inpatient restoration, but the only option for females is one which involves lengthy delays – admission to a state forensic hospital. The Emory Psychiatry and Law Service has strived to address the restoration needs of IST females through various pilot initiatives. Using this knowledge-base and extant literature, this project characterizes the systemic factors which impact the referral, evaluation, treatment, and ultimate disposition of IST females at each point in the criminal justice process.

REFERENCES

Ash, P., Roberts VC, Egan GJ, Coffman KL, Schwenke TJ, Bailey K. A Jail-Based Competency Restoration Unit as a Component of a Continuum of Restoration Services. *J Am Acad Psychiatry Law*. 2019 November: 48(1). DOI:10.29158/JAAPL.003893-20.

Coffman KL, Shivale, S., Egan G., Roberts V., Ash P. WISE program analysis: Evaluating the first 15 months of progress in a novel treatment diversion program for women. *Beha Sci Law*. 2017 August; 35:540-549.

QUESTIONS AND ANSWERS

1. Approximately what percentage of the jail population is female?

- A. 50%
- B. 5%
- C. 15%
- D. 75%

ANSWER: C

2. Traditionally, which is the only formal option of competency restoration for female defendants?

- A. Jail-Based Restoration
- B. Inpatient forensic hospitalization
- C. Outpatient restoration
- D. Inpatient civil commitment

ANSWER: B

F15 CATATONIA AND COMPETENCY TO PROCEED: A CASE REPORT

Gurtej Gill, MD, Bronx, NY
Paulina Riess, MD, Bronx, NY
McMahon Zachary, MD (I), Bronx, NY

EDUCATIONAL OBJECTIVE

The educational objective of this poster is to discuss the symptoms, pathophysiology, and available treatment options for catatonic patients within a legal framework.

SUMMARY

Catatonia is one of the most dramatic psychomotor syndromes known to medicine. It occurs in more than 10% of patients with an acute mental illness. Catatonia has been differentiated from schizophrenia-related disorders in the DSM-5. A catatonic presentation can range from agitated ritualized behaviors to a potentially fatal vegetative state. Patients with catatonia can be difficult to treat due to extreme social withdrawal and an unstable mental state. When the question of competence to proceed comes into play in such patients, the cases often become more difficult to navigate. Severely catatonic patients are in no position to actively participate in their own defense as these individuals are often completely unaware of basic courtroom procedures. The importance of physician beneficence is therefore drastically highlighted when working with such patients. In this poster, we present a patient in his early 20s with catatonic features characterized by prominent social withdrawal, admitted to a forensic hospital after having been charged with robbery and burglary. The patient improved after treatment with benzodiazepines, antipsychotics, and ECT. The Bush Francis Catatonia Scale reflected his clinical improvement. In this poster, we will discuss the symptoms, pathophysiology, and available treatment options for catatonic patients within a legal framework.

REFERENCES

Callahan, L., & Pinals, D. A. (2020). Challenges to reforming the competence to stand trial and competence restoration system. *Psychiatric Services*, 71(7), 691-697.
Walther, S., & Strik, W. (2016). Catatonia. *CNS spectrums*, 21(4), 341-348.

QUESTIONS AND ANSWERS

1. In Catatonia cerebral blood flow occurs in which area of brain?

- A. Frontal and Parietal hypoperfusion
- B. Occipital hypoperfusion
- C. Temporal hypoperfusion

ANSWER: A

2. Which Scale is used to diagnose and monitor the severity of Catatonia?

- A. Bush Francis Catatonia Scale
- B. Brief Psychotic rating Scale (BPRS)
- C. HCR 20

ANSWER: A

F16 LGBTQIA ISSUES IN THE CRIMINAL JUSTICE & CORRECTIONS SYSTEMS

Elie G. Aoun, MD, New York, NY
Barry Wall, MD, Providence, RI
Ren Belcher, MD, Boston, MA
Bethany L. Hughes, MD, Wichita Falls, TX
Charles Dike, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

To review common issues that LGBTQIA persons face within the criminal justice system, including LGBTQIA-identified forensic experts themselves; to identify barriers LGBTQIA individuals face in accessing high quality mental health treatment in correctional and forensic settings; and to discuss suicide risk of transgender persons in the correctional setting

SUMMARY

Not unlike cisgender heterosexual persons, LGBTQIA individuals interact with every level of the justice system. For LGBTQIA individuals however, their sexual or gender minority status is commonly directly related to their justice involvement, regardless of whether they are the victims or perpetrators of the alleged crime. A few examples of such situations include a transgender female getting assaulted in a hate crime, a lesbian woman subjected to sexual harassment in the workplace, a bisexual man murdering his parents after they forced him to undergo conversion therapy, or a gay man raping another in what started as a voluntary BDSM sexual encounter. Forensic psychiatric experts are often called upon to weigh in on various aspects of such legal cases. The decision to retain an expert who identifies as LGBTQ or not is complex, and is one focus of this panel presentation. Other LGBTQIA topics will include a review of the so-called “gay panic” criminal defense, the mitigation of suicide risk within the transgender population, and common barriers LGBTQIA persons face in criminal adjudication as well as in accessing mental health treatment within jails, prisons and forensic settings.

REFERENCES

Baker P., Ratnam S., Wooster L. (2020) Assessment and Management of Specific Populations. In: Igoumenou A. (eds) Ethical Issues in Clinical Forensic Psychiatry. Springer, Cham. https://doi.org/10.1007/978-3-030-37301-6_8.

QUESTIONS AND ANSWERS

1. Which of the following measures has been demonstrated to reduce the risk of suicide in transgender persons?

- A.** Puberty Blockade Medications
- B.** Ability To Change Sex On Legal Identification
- C.** Reduced Transphobic Violence
- D.** Increased Social Support
- E.** All Of The Above

ANSWER: E

2. LGBTQ people have higher rates of all of the following except:

- A.** Incarceration
- B.** Mental illness
- C.** Unreported domestic violence
- D.** Access to mental health treatment
- E.** Suicide

ANSWER: D

F17 FOREIGN LEADERS ANALYSIS, AN EDGE IN STRATEGIC THINKING

Danielle B. Kushner, MD, Brooklyn, NY
Kenneth B. Dekleva, MD (I), Dallas, TX
James L. Knoll, MD, Washington, DC
Rexon Ryu, MD (I), Washington, DC
Enrico Suardi, MD, Washington, DC

EDUCATIONAL OBJECTIVE

Review the background of leadership analysis and the ethical framework for psychiatrists in this field;

Present profiles of foreign leaders, focusing on President Xi Jinping; and

Discuss the uses of leadership analysis in government and private sector strategic thinking.

SUMMARY

International politics at the highest levels is to an extent personal. The assessment of foreign leaders has been part of the mission of the U.S. Intelligence Community since teams led by William Langer and Henry Murray were tasked with profiling Adolph Hitler. With his intellectually influential work in government and academia, Jerrold Post later developed the multidisciplinary psycho-biographical method. Current approaches include psycho-biographies as well as computer-based systems built on empirical research, the studies of Alexander George on operational codes, and Margaret Hermann's Leader Trait assessment content-analytic technique.

This panel will start with a historical overview of leadership literature and review how the U.S. Intelligence Community has assessed foreign leaders since WWII. We will set the ethical framework for psychiatrists in this area. A review of the profile of foreign leaders will be presented, focusing on President Xi Jinping. A discussion will follow about the strengths, weaknesses, and influence of leadership analysis in U.S. foreign policy and national security policy making as well as corporate strategic thinking. The panel will highlight common threads between leadership analysis and forensic psychiatry expertise.

REFERENCES

DeKleva K.B. Leadership Analysis and Political Psychology in the 21st Century. The Journal of the American Academy of Psychiatry and the Law. Vol. 46, Issue 3, Sept 2018.

Preston T. Leadership and Foreign Policy Analysis. International Studies, Dec 2017.

QUESTIONS AND ANSWERS

1. With regard to the state of the art of leadership analysis, the following statements can be considered true

- A. Attention to potential biases requires the same caution as exercised in the disciplines of forensic psychiatry and intelligence analysis
- B. Predictions of long-term health prognoses for leaders remain fraught with difficulty
- C. Estimation of leaders' intellectual abilities and emotional intelligence are potentially useful but can have methodological pitfalls
- D. Novel quantitative and AI methodologies are expected to shape the field in the future
- E. All of the above

ANSWER: E

2. In a 2017 clarification of the Goldwater Rule, the APA Ethics Committee

- A. Defined professional opinion as follows "when a psychiatrist renders an opinion about the affect, behavior, speech, or other presentation of an individual that draws on the skills, training, expertise, and/or knowledge inherent in the practice of psychiatry, the opinion is a professional one"
- B. Asserted that the Goldwater Rule does not apply to foreign leaders analysis
- C. Implied that exceptions to the Goldwater Rule may be granted for well-funded opposition research in U.S. political elections
- D. Suggested that psychiatrists may circumvent the Goldwater Rule by posting content on the most up-to-date social media platforms

ANSWER: A

F18 TO SEE OR NOT TO SEE? DANGER VS. DUTY WHEN VIEWING EVIDENCE

Ren Belcher, MD, Boston, MA

Renée M. Sorrentino, MD, Weymouth, MA

Joel Watts, MD, Ottawa, ON, Canada

Susan Hatters Friedman, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Review benefits and hazards of examining graphic media, including real-time recordings of crimes, as part of the forensic psychiatric evaluation. Become familiar with the literature on vicarious trauma in mental health care workers. Consider when/if certain types of graphic evidence should not be reviewed.

SUMMARY

Electronic evidence, including real-time recordings of crimes by police cameras and smart phones, is becoming increasingly relevant to the practice of forensic psychiatry. In this panel discussion, practicing forensic psychiatrists and a current forensic fellow will discuss the examination of violent media as both an obligation and an occupational hazard for forensic psychiatrists. Dr. Watts will introduce the concept of vicarious trauma and review contemporary literature on how and whether viewing graphic media in the line of duty can be related to clinically significant mental disorders including PTSD. Dr. Sorrentino will discuss whether viewing recorded accounts of violent crimes should be considered the standard of care in a forensic psychiatry evaluation. She will comment on whether, when, and how a forensic psychiatrist should decline to review potentially traumatizing evidence. Dr. Belcher, a fellow in a forensic training program, will speak to his experience viewing traumatic materials while in fellowship and present an overview of current educational practices regarding trainee exposure to distressing audiovisual material. Dr. Hatters Friedman will discuss how future scholarship may improve understanding of trauma syndromes related to graphic media exposure and inform strategies to prevent them.

REFERENCES

Belcher R., Sorrentino R., Watts J., Hatters Friedman S. "Occupational hazards vs. professional duty in reviewing potentially traumatizing forensic evidence." Accepted ahead of print, *Journal of the American Academy of Psychiatry and the Law*, April 2021.

Bradford JMW, de Amorim Levin GV. Vicarious Trauma and PTSD in Forensic Mental Health Professionals. *Journal of the American Academy of Psychiatry and the Law*. 2020;48(3):315-318.

QUESTIONS AND ANSWERS

1. Which of the following exposures would qualify as a criterion A trauma in the DSM-5 diagnostic criteria for PTSD?
 - A. Exposure to violent media in a personal/leisure setting
 - B. Exposure to repeated invalidation or interpersonal conflict
 - C. Exposure to violent media in the line of professional duty
 - D. None of the above

ANSWER: C

2. Which of the following may be a reasonable mitigation technique for reducing the development of traumatic disorders in forensic psychiatrists?
 - A. Faculty support and reflection in fellowship training programs
 - B. Viewing the materials in a dedicated workspace rather than in a home office
 - C. Muting audio when appropriate
 - D. All of the above

ANSWER: D

F19 TRAUMA AND THE AUTISM SPECTRUM: CHALLENGES IN FORENSIC ASSESSMENT

Andrew P. Levin, MD, Dobbs Ferry, NY
Alexandra Junewicz, MD, New York, NY
Kathleen Kruse, MD, Cleveland, OH
Trent C. Holmberg, MD, Draper, UT
Kenneth J. Weiss, MD, Bala Cynwyd, PA

EDUCATIONAL OBJECTIVE

Participants will become familiar with the range of posttraumatic symptom presentations in individuals with Autism Spectrum Disorders (ASD), the challenges in distinguishing trauma from ASD symptoms, and the implementation and reliability of assessment strategies for this group in the forensic setting.

SUMMARY

Individuals with Autism Spectrum Disorder (ASD) are more likely to experience trauma owing to deficits in communication skills, interpersonal awareness, intellectual function, and/or physical capabilities. Forensic assessment of the impact trauma in this group is complicated by the same disabilities. In a joint presentation by the Trauma and Stress and Developmental Disability Committees, we will explore the range of posttraumatic symptom presentations in individuals with ASD as related to age, developmental level, and type of trauma. Challenges include distinguishing trauma from ASD symptoms and evaluating traumatized and behaviorally disordered ASD youth in emergency settings. The panel will then review assessment methodologies with attention to implementation and reliability in forensic applications. This will be followed by presentation of a civil case of an individual with severe ASD and intellectual disability who suffered a motor vehicle accident. Finally, the discussant will review the case and place issues of trauma and forensic assessment in context for this population.

REFERENCES

Peterson JL, Earl RK, Fox EA, et al: Trauma and autism spectrum disorder: review, proposed treatment adaptations and future directions. *J Child Adolescent Trauma* 12:529-547, 2019.

Haruvi-Lamdan N, Horesh D, Zohar S, et al: Autism spectrum disorder and post-traumatic stress disorder: an unexplored co-occurrence of conditions. *Autism* 24: 884-898, 2020.

QUESTIONS AND ANSWERS

1. Compared to the general population, the risk of maltreatment and exposure to trauma in youth with intellectual and developmental disabilities is:
 - A. Equally likely
 - B. Half as likely
 - C. Three times as likely
 - D. Five times as likely

ANSWER: C

2. In individuals with autism, which of the following are barriers to determining whether a symptom or behavior is trauma-related?
 - A. Diagnostic overshadowing
 - B. Lack of self-report measures to evaluate trauma reactions
 - C. Co-morbid conditions
 - D. All of the above
 - E. None of the above

ANSWER: D

F20 ADVOCACY TO ADVANCE JUVENILE JUSTICE

Amanie M. Salem, DO, MPH, New York, NY
 Anne McBride, MD, Sacramento, CA
 Paul A. Bryant, MD, New Haven, CT
 Jorien Campbell, MD, Berkeley, CA
 Christopher Thompson, MD, Los Angeles, CA

EDUCATIONAL OBJECTIVE

Participants will learn about advocacy efforts within child and adolescent mental health and the juvenile justice system; participants will apply knowledge about advocacy to promotion of forensic child and adolescent mental health services; participants will develop their own plans for child forensic advocacy to gain further understanding of services available and advocacy efforts in motion, as well as potential barriers and limitations to advocacy efforts in the real world.

SUMMARY

Children and adolescents who become involved with the juvenile justice system often have various mental health, social, developmental, and legal needs. Various programs including school based mental health services, integrated care models, and policies have all been shown to improve children's access and utilization of mental health care services. This workshop is oriented toward forensic providers working with juvenile-justice involved youth or those who are interested in advancing advocacy efforts. Participants will be provided with an understanding of the needs of this population, the data supporting mental health services, and the current efforts in forensic child and adolescent advocacy and partnerships. Participants will be divided into small groups facilitated by Drs. Salem, McBride, Bryant, Thompson, and Campbell. Using the knowledge acquired during the didactics portion, the small groups will create unique efforts (for example--legislative, school-based, integrated care) that advance juvenile justice advocacy. Each group will choose a speaker who will "pitch" their group's advocacy effort when participants regroup. Participants will engage in a discussion around strengths of proposed efforts and potential barriers to implementation.

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QUESTIONS AND ANSWERS

1. Historically marginalized groups face evidence of discrimination and disparity across which of the following phases of the health care system?

- A. Prehospital management
- B. Emergency Department care
- C. Diagnostic and Treatment Practices
- D. All of the above

ANSWER: D

2. All of the following are true about potential barriers to successful advocacy EXCEPT:

- A. A significant barrier in advocacy is the need to balance interests with available resources across systems.
- B. Media attention to issues at the mental health justice system interface can help to move the advocacy agenda forward.
- C. Legislative barriers are easier to change than regulatory barriers.
- D. A challenge in advocating for individuals with mental illness in the justice system is that leaders in policy development may not consider this area their top priority

ANSWER: C

F21 A KILLER BY DESIGN: THE FBI MINDHUNTERS AND PROFILING KILLERS

Ann W. Burgess, DNSc, APRN, Boston, MA

EDUCATIONAL OBJECTIVE

Describe profiling characteristics and clinical findings from interviews with sexual predators and identify the victimology and dynamics of rape and murder cases

SUMMARY

The second-wave of the women's movement focused on abuses that affected women's experiences. The 1964 rape and murder of Kitty Genovese in Queens, New York propelled the rape crisis movement into the national spotlight. The murderer, Winston Moseley, was a prototype for the serial sexual killer. The lack of bystander response was the genesis of 911.

A 1973 nursing journal article on the rape victim in the emergency room led to an invitation to the FBI Training Division in Quantico, Virginia to teach agents rape victimology. Research at the FBI Academy was approved by Director William Webster and Ressler and Douglas began their criminal personality study to focus on crime scenes as a record of what happened, how it happened and who was involved. The second part of the project was to study behavioral profiling to be addressed through cases from *A Killer By Design* by Burgess & Constantine

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Tidrick, M., Brucato, G., Petreca, V., Burgess, A. W., & Stone, M. H. (2020). The insanity defense in cases of homicide involving post-mortem dismemberment. *Forensic Science International: Mind and Law*, 1, (November 2020) DOI:10.1016/j.fsimpl.2020.100033.

QUESTIONS AND ANSWERS

1. The origin of violent fantasies in serial killers often begins in:

- A. Childhood
- B. Adolescence
- C. Young adulthood
- D. Adulthood

ANSWER: A

2. The profiling process usually begins with:

- A. The crime scene dynamics
- B. Victimology
- C. Cause of death
- D. Evidence collection

Answer: B

F22 RACIAL INEQUITIES IN THE JUSTICE SYSTEM

Camille Tastenhoye, MD, Pittsburgh, PA
Kathleen Kruse, MD, Cleveland, OH
Reema Dedania, MD, Cleveland, OH
Megan Testa, MD, Shaker Heights, OH

EDUCATIONAL OBJECTIVE

To explore and understand inequities within the criminal justice system, focusing on systemic racism and how it impacts individuals at various stages of the criminal justice continuum.

SUMMARY

It is established in the literature that Black and Latinx individuals are overrepresented in the American criminal justice system at every stage of the process, including during an arrest, conviction, and incarceration. The literature suggests that early entry into the criminal justice system leads to higher likelihood of reoffending and remaining within the system as an adult, as well as higher rates of unemployment, homelessness, and eviction. The mental and physical health impacts of criminal justice system involvement lower the life expectancy of individuals and their family members. Incarcerated persons also have higher rates of mental health diagnoses when compared to non-incarcerated populations. This panel will review the literature on racial disparities within the criminal justice system, discussing both juvenile and adult systems. We also explore the way that legally irrelevant factors such as a defendant's race and cultural background, -may impact forensic evaluations including Competency to Stand Trial (CST) and Not Guilty by Reason of Insanity (NGRI) referrals. Furthermore, our forensic psychiatric and judicial systems do not accurately reflect the diverse backgrounds of our community, nor the incarcerated population. Finally, we will discuss barriers to overcoming disparities in relation to reoffending and access to mental health services following release.

REFERENCES

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Ryan JP, Herz D, Hernandez PM, and Marshall JM. Maltreatment and delinquency: Investigating child welfare bias in juvenile justice processing. *Children and Youth Services Review*. 2007; 28:1035-1050.

QUESTIONS AND ANSWERS

1. According to some studies of juvenile justice-involved youth, Black youth are how many times more likely to be arrested compared to their white counterparts?
 - A. Equally likely
 - B. Three times more likely
 - C. Five times more likely
 - D. Ten times more likely

ANSWER: C

2. Which category of defendant is most likely to be successfully found NGRI?
 - A. Black individuals
 - B. Individuals with schizophrenia spectrum disorders
 - C. White male individuals
 - D. Women

ANSWER: B

F23 WATCH YOUR BACK: THE RISK OF HARM TO THE FORENSIC PSYCHIATRIST

Kathleen L. Kruse, MD, Cleveland, OH
Nina E. Ross, MD, Cleveland, OH
Jeffrey Guina, MD, Pontiac, MI
Philip Saragoza, MD, Ann Arbor, MI
Drew Calhoun, MD, Tacoma, WA

EDUCATIONAL OBJECTIVE

This workshop will discuss the types of harm forensic psychiatrists face, strategies to mitigate harm risk, and the impact of exposure to workplace harm.

SUMMARY

Compared to the average physician, psychiatrists are four times more likely to be a victim of a violent crime at work. In this workshop, we will discuss the dangers we face through our work as forensic psychiatrists. We will define different types of harm, including physical violence, intimidation, and stalking, and the settings in which violence can occur. We will explore variables that impact the likelihood of harm occurring, such as patient characteristics, evaluation setting, and assessment types. We will review strategies to reduce our risks of exposure to harm. Finally, we will discuss the sequela of harm should it occur, including potential career and psychological impacts. For each of these topics, we will present the relevant literature and then discuss fictional vignettes in small groups.

REFERENCES

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- Mullen PE, Mackenzie R., Ogloff JRP, et al. Assessing and managing the risks in the stalking situation. *J Am Acad Psychiatry Law*. 2006 December; 34(4):439-450.

QUESTIONS AND ANSWERS

1. Which of the following is a static risk factor for violence?
 - A. Command hallucinations
 - B. Weapons training
 - C. Future orientation
 - D. Marijuana use.
 - E. Impulsivity

ANSWER: B

2. What percentage of stalking victims are explicitly threatened?

- A. 0-10%.
- B. 10-20%
- C. 30-40%
- D. 50-60%
- E. 70-80%

ANSWER: C

F24 MUNCHAUSEN'S BY PROXY: CHILD ABUSE BY ANOTHER NAME

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Joshua B. Friedman, MD, PhD (I), Cleveland, OH
Kathleen L. Kruse, MD, Cleveland, OH
Karen B. Rosenbaum, MD, New York, NY
Renée M. Sorrentino, MD, Weymouth, MA

EDUCATIONAL OBJECTIVE

At the end of this session, the participant will be able to: describe the diagnosis of medical child abuse/ Munchausen's syndrome by proxy/ factitious disorder; discuss the research literature regarding this diagnosis; discuss challenges created by focusing on the parent perpetrator's motivations for child abuse.

SUMMARY

Munchausen's Syndrome by Proxy (MSBP) is seen in the media and in novels and series, yet forensic psychiatrists often have little experience in these cases. This panel will describe MSBP, Factitious Disorder Imposed on Another, and Medical Child Abuse (MCA). Presenters include a child abuse pediatrician, a maternal mental health / forensic psychiatrist, and a child and adolescent/ forensic psychiatrist. MSBP was first defined in the 1970s to include fabricated illness, with persistent medical presentations, often to multiple healthcare providers. Perpetrators often initially deny causing the illness, and the illness improves when the child is separated from the parent. Over 100 different symptoms have been reported in the literature. The vast majority of perpetrators are women, and often they work in healthcare. They often have unresolved trauma or loss and insecure attachments themselves. Evaluation and management of the child from a pediatric perspective as well as a psychiatric perspective will be discussed, as well as reporting. Problems caused by the focus on diagnosing the parent perpetrator in these cases, rather than the abuse of the child, will be discussed. Cases in the public domain will be explored in detail. Finally, we will review recent fictional and docudrama cases of MSBP/MCA.

REFERENCES

Stirling J, Committee on Child Abuse and Neglect. Beyond Munchausen syndrome by proxy: identification and treatment of child abuse in a medical setting. *Pediatrics*. 2007 May 1;119(5):1026-30.

Yates G., Bass C. The perpetrators of medical child abuse (Munchausen Syndrome by Proxy)-A systematic review of 796 cases. *Child abuse & neglect*. 2017 Oct 1;72:45-53.

QUESTIONS AND ANSWERS

1. Which of the following is the term that is used in pediatrics to describe the caregiver behavioral pattern resulting in intentional injury to the child, known as Munchausen's Disorder by Proxy or Factitious Disorder Imposed upon Another in the psychiatric literature?

- A. Medical child abuse
- B. Attention-seeking behavior
- C. Intentional infliction of harm
- D. Gypsy Rose Syndrome

ANSWER: A

2. Examples of potential medical child abuse behaviors include all of the following except:

- A. Repeated sexual abuse evaluations without evidence
- B. Insistence of Treatment for ADHD without evidence
- C. Over-anxious parent
- D. Workups for bleeding disorder when hits child with hammer
- E. Purposeful suffocation with evaluation for apnea

ANSWER: C

F25 FAMILY VALUES: UNDUE INFLUENCE IN COLLECTIVIST CULTURES

Sherif Soliman, MD, Matthews, NC

Ian Lamoureux, MD, Scottsdale, AZ

Timothy J. Gallagher, Esq. (I), Cleveland, OH

EDUCATIONAL OBJECTIVE

The audience will be able to discuss undue influence from a multicultural perspective. Attendees will be able to describe the process of culturally competent assessment and offer recommendations for applying these concepts to undue influence.

SUMMARY

The legal concept of undue influence has largely evolved in Western European individualist cultures. Undue influence is broadly defined as influence that subjugates the will of another. The concept is rooted in the idea that individuals make decisions in accordance with their individual values and interests. However, we are increasingly being called upon to assess potential undue influence on collectivist cultures such as Middle Eastern, Asian, and Latin American cultures. In collectivist cultures, groups such as the family unit rather than the individual are paramount. Risk factors and “red flags” for undue influence are largely based on individualist concepts. For example, an older adult living with an adult child would commonly be considered a risk factor for undue influence. However, multigenerational households are very common in collectivist cultures. Whether a will contains “unnatural” provisions should also be considered in a cultural context. This presentation will discuss some of the differences between individualist and collectivist cultures. It will offer recommendations for performing a culturally competent assessment of suspected undue influence. Attorney Timothy Gallagher will discuss the law’s approach to undue influence and the role of expert witnesses in communicating the effect of cultural differences on the risk of undue influence.

REFERENCES

Guess, C. (2004). Decision Making in Individualistic and Collectivistic Cultures. Online Readings in Psychology and Culture, 4(1). <https://doi.org/10.9707/2307-0919.1032>

Spar JE and Garb AS. Assessing competency to make a will. Am J Psychiatry 1992 149:169-174.2.

QUESTIONS AND ANSWERS

1. Collectivist cultures tend to value:

- A. Independence
- B. Interdependence
- C. Dependence
- D. Confrontation

ANSWER: B

2. In order to be considered undue influence, an influence must:

- A. Convince the person to change their mind
- B. Appeal to the person’s affections
- C. Appeal to the person’s fears
- D. Subjugate the will of the person

ANSWER: D

F26 VALIDATION OF THE LEVENSON SELF-REPORT PSYCHOPATHY SCALE IN LEBANON

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Khalil El Asmar, PhD (I), Beirut, Lebanon

EDUCATIONAL OBJECTIVE

Improving knowledge in the treatment of forensic patients

SUMMARY

Psychopathy has been described as “the first personality disorder to be recognized in psychiatry”. There is consensus that psychopathy has three core features: affective, interpersonal, and behavioral. Psychopathy has been validated in multiple socio-cultural backgrounds, despite variations in presentations and symptoms. However, to our knowledge, there is limited data studying the concept within the Arab culture. Our study’s aim is to validate the Levenson Self-Report Psychopathy (LSRP) Scale; to measure the prevalence of primary and secondary psychopathy within the Lebanese non-institutionalized population. We recruited participants through online advertising on social media platforms. We included 534 Lebanese nationals residing in Lebanon aged 18-65 years who consented to participate and completed the survey. Preliminary results showed that psychopathy was positively correlated with antisocial behaviors, impulsivity, adverse childhood experiences and substance use. Future research should focus on validating culturally-sensitive tools for psychopathy in community and forensic populations.

REFERENCES

Hare, R. D. and C. S. Neumann (2008). ‘Psychopathy as a clinical and empirical construct.’ *Annu Rev Clin Psychol* 4: 217-246.
Levenson, M. R., et al. (1995). “Assessing psychopathic attributes in a noninstitutionalized population.” *J Pers Soc Psychol* 68(1): 151-158.

QUESTIONS AND ANSWERS

1. What is the estimated prevalence of psychopathy in the non-institutionalized population?
 - A. 3%
 - B. 10%
 - C. 1%
 - D. 5%

ANSWER: C

2. What is the gold-standard assessment tool to measure psychopathy within community and forensic populations?
 - A. Levenson Self-Report Psychopathy Scale
 - B. The Psychopathy Checklist – Revised
 - C. The Psychopathic Personality Traits scale (PPTS)
 - D. Self-Report Psychopathy Scale

ANSWER: B

F27 THE ONLINE FUTURE OF AAPL LEARNING

Katherine Michaelson, MD, Seattle, WA
Tobias Wasser, MD, Cheshire, CT

EDUCATIONAL OBJECTIVE

List the steps for taking an idea from inception to product hosted by AAPL online;
Discuss potential challenges and ways to address these at each step; and
Describe the pros and cons of various outlets for publishing materials through AAPL.

SUMMARY

The pandemic has forced AAPL to adjust its web presence and offer more resources to members online through various virtual platforms. However, the process of developing, vetting, and posting online content is still relatively new and has required development of several new procedures, including a peer-review process for material posted online by AAPL. The presenters received an AIER grant to develop online learning modules for residents that will be posted on the AAPL website. They will discuss their early experiences with this process, including project conceptualization, AIER grant application, learning module development, peer review, and beyond. The discussion will include a review of challenges as well as future considerations for improvements in these processes. The presenters will also discuss mechanisms for using various AAPL outlets to present virtual materials, such as publishing on AAPL's website, AAPL virtual presentations, the AAPL newsletter, and JAAPL.

REFERENCES

Wasser T., Hu J., Danzig A, Yarnell-Mac Grory S, Rodriguez-Guzman J, Michaelson K. Teaching forensic concepts to residents using interactive online modules. *J Am Acad Psychiatry Law* 2020, 48:77-83.

Almarzooq ZI, Lopes M., Kochar A. Virtual learning during the COVID-19 pandemic: a disruptive technology in graduate medical education. *Journal of the American College of Cardiology* 2020, 75:2635-8.2.

QUESTIONS AND ANSWERS

1. AAPL members can apply for AIER grants for the following purposes:

- A. Travel for presentations, courses, and other events
- B. Educational projects that will benefit non-forensic professionals
- C. Production of materials, data analysis and collection, and salary support
- D. All of the above
- E. B and C

ANSWER: E.

2. The purpose of peer review is typically

- A. Help the editors reach a decision and provide the authors with constructive criticism for further improvement
- B. Help the editors with copy editing a poorly written piece
- C. Help the editors by demonstrating the reviewer's expertise in a particular field
- D. Help the editors reach a decision and reduce the objectivity of the publication process

ANSWER: A

F28 WORKPLACE TRAUMA IN A DIGITAL AGE: VIDEO EVIDENCE OF VIOLENT CRIME

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Kaitlyn Regehr, MD (I), Toronto, ON, Canada
Cheryl Regehr, Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

Participants will be able to articulate the intersection between clinician responses and the nature of evidence they encounter

SUMMARY

High quality recordings of violent crimes play an increasingly important role in the administration of justice. However, the effects of exposure to gruesome material presented in this form on criminal justice professionals who analyze, evaluate and use this content in the context of their work, are largely unknown. This qualitative study sought to explore experiences of exposure to video evidence of violent crime among criminal justice professionals. Sixteen individuals including police, lawyers, judges, psychiatrists, law clerks and court reporters participated in qualitative interviews addressing workplace exposures to violent videos. Themes identified address the ubiquity of video evidence of violent crime, proximity to violence through video; being blindsided through lack of preparedness for violent content; repeated exposures through multiple and protracted viewings; insufficient customary methods for self-protection; and the enduring impact of exposure to videoed violence. We determine that criminal justice professionals are increasingly and repeatedly presented with deeply disturbing imagery that was once imperceptible or unknowable and thus previously held at a greater distance. Elements of what are newly visible and audible in video evidence of violent crime create a new emotional proximity to violence that potentially increases risks of secondary trauma and underscores the need for improved safety measures.

REFERENCES

Regehr, C., Regehr, K. & Birze, A. (2022) Traumatic Residue, Mediated Remembering and Video Evidence of Sexual Violence: A Case Study. *International Journal of Law and Psychiatry*. 81 (2) <https://doi.org/10.1016/j.ijlp.2022.101778>

Horowitz, M., & Wilner, N. (1976). Stress films, emotion, and cognitive response. *Archives of General Psychiatry*, 33(11), 1339-1344.

QUESTIONS AND ANSWERS

1. Early research using the trauma film paradigm (TFP) demonstrated that film as a stimulus could replicate responses from real-life exposures to stressful events:

- A. True
- B. False

ANSWER: A

2. Which of the following characteristics of video evidence are associated with higher levels of distressing response:

- A. Repeated exposure
- B. The combination of audio and video
- C. Lack of preparedness
- D. All of the above

ANSWER: D

F29 QUINTUPLE FILICIDE: THE ROLE OF CANNABINOIDS IN A CAPITAL CASE

David Rosmarin, MD, Newton, MA
Richard Frierson, MD, Columbia, SC
Bob Wettstein, MD, Pittsburgh, PA
Scott Lukas, PhD (I), Belmont, MA

EDUCATIONAL OBJECTIVE

This review of audio-visual testimony will emphasize the essentials of effective testimony, briefly review the literature on synthetic cannabinoids and psychosis, discuss objective versus subjective moral capacity, and consider the role and potential pitfalls of a senior examiner working with trainees to reach a group opinion.

SUMMARY

In a horrific capital case involving a father who used “spice” containing a synthetic cannabinoid (AB PINACA), inadvertently killed his 6 y.o. son and then strangled his other four children (ages 8, 7, 2, and 1 y.o.).

The court-appointed expert on criminal responsibility reviewed over 300 sources of information. Initially, the CST exam did not include informed consent for using that data in the CR portion, and it is prudent to warn the defendant that statements in CST exam may be part of a CR exam in the future. Also in this case, the senior examiner utilized forensic fellows to assist as secondary examiners and involved them in group conclusions specifying ‘our opinion.’ The panel will consider the process of corporate decision-making in CR evaluations. In this case, defense counsel was present during the exam by the court-appointed experts. The role of electronic recording—especially when there are multiple note-takers with different roles—will be discussed. The case also involved questions of subjective and objective knowledge of wrongfulness. The psychotogenic role of synthetic cannabinoids versus marijuana-based cannabinoids will be discussed by an expert researcher who has given hundreds of subjects high doses of THC.

REFERENCES

Intoxication from the novel synthetic cannabinoids AB-PINACA and ADB-PINACA: A case series and review of the literature' <https://doi.org/10.1016/j.neuropharm.2017.10.017>

National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>.

QUESTIONS AND ANSWERS

1. The insanity standard in South Carolina is: "It is an affirmative defense to a prosecution for a crime that, at the time of the commission of the act constituting the offense, the defendant, as a result of mental disease or defect, lacked the capacity to distinguish moral or legal right from moral or legal wrong or to recognize the particular act charged as morally or legally wrong.' Which of the following is true regarding this standard?

- A. It is the Model Penal Code ALI standard.
- B. Case law in Texas states that knowledge of legal wrongfulness means that the defendant had knowledge of moral wrongfulness.
- C. Moral wrongfulness is usually analyzed considering both subjective and objective components

ANSWER: Both B and C are correct

2. Which of the following supports videotaping forensic examinations?

- A. Promotes transparency in the profession.
- B. Memorializes the mental state of the examinee and conduct of the examiner(s).
- C. Helps prevent cherry-picking by the examiner and provides memorialization for opposing expert to consider.
- D. It will assist the expert in preparing for testimony at trial.

ANSWER: All are correct

F30 THROUGH THE LOOKING GLASS: PERSPECTIVES ON CALIFORNIA'S METH MADNESS

Jessica Ferranti, MD, Sacramento, CA
Barbara E. McDermott, PhD, Sacramento, CA
Charles L. Scott, MD, Sacramento, CA

EDUCATIONAL OBJECTIVE

To consider the evolving impact of the methamphetamine crisis in California on violent crime and related forensic and legal processes.

SUMMARY

California has seen a dramatic increase in methamphetamine use in the past decade. While methamphetamine has always been known to precipitate psychosis in some individuals, there is growing evidence that changes in the chemical constituents of methamphetamine between 2009- 2012 resulted in a formulation that more frequently and more rapidly produces aggression and psychosis. As a result, forensic defendants charged with violent crimes entering the forensic hospital system for competency restoration and/or bringing mental health defenses related to methamphetamine have increased. This presentation will consider the evolving impact of the methamphetamine crisis in California on violent crime and the related forensic processes. Dr. Ferranti will discuss the implications of the methamphetamine issue on criminal proceedings in which mental health defenses are pursued. Dr. McDermott will discuss recent research that documents the increasing prevalence of methamphetamine use in offenders in California and the negative consequence of efforts to provide mental health treatment to these individuals without addressing their methamphetamine use. Dr. Scott will review case law on substance abuse and addicted populations, including the controversial 2018 Martin v. City of Boise decision that critics contend threatens public safety by promoting homeless encampments where an epidemic of unabated illicit drug use continues.

REFERENCES

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Quinones, S. (2021). *The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth*. New York, NY: Bloomsbury Press.

QUESTIONS AND ANSWERS

1. Which of the following are valid uses of substance abuse/dependence as a defense?

- A. Withdrawal Delirium
- B. Involuntary intoxication
- C. Lingering Psychosis
- D. Pathological intoxication
- E. All of the above

ANSWER: E

2. In which of the following areas can voluntary intoxication NOT be considered in a criminal case?

- A. Competency to confess
- B. Insanity defense
- C. Diversion
- D. Sentencing
- E. None of above

ANSWER: B

F31 TRIGGER WARNING: DISPARITIES IN FIREARM INJURY PREVENTION

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James Rachal, MD (I), Charlotte, NC
John Rozel, MD (I), Pittsburgh, PA
Christopher Barsotti, MD (I), Bennington, VT

EDUCATIONAL OBJECTIVE

To review racial and socioeconomic disparities in firearm injury/death, and to discuss strategies for mitigating those disparities.

SUMMARY

Firearm injuries and deaths disproportionately affect racial and ethnic minorities. Furthermore, evidence suggests a racial disparity in the cause/intent of gunshot wounds (GSWs). Patients of color are more likely to be victims of violence. Counseling/prevention efforts may need to be tailored to fit a given patient's specific culture/environment, while being mindful of biases. Striking this balance requires a multi-faceted approach including suicide and violence risk assessments, as well as firearm-specific counseling such as CALM (counseling on access to lethal means) and hospital-based violence interruption/prevention programs. Firearm injury prevention training for physicians leaves much to be desired. Typically, forensic psychiatry focuses on assessing future risk, based on the person's history, or trying to re-construct someone's state of mind after an act of violence or suicide occurs. Now we can work across specialties as agents of change through early intervention and educating residents about effective counseling means to mitigate risk. Our multi-specialty team includes forensic psychiatry, general psychiatry, emergency medicine, and trauma surgery. We will explore the role of trauma in repeated firearm injury, practical strategies to utilize in mental health settings, and teachable moments for survivors treated in the emergency or operating room.

REFERENCES

- Boeck, M. A., Strong, B., & Campbell, A. (2020). Disparities in firearm injury: Consequences of structural violence. *Current Trauma Reports*, 6(1), 10-22.
- Pallin, R., Teasdale, S., Agnoli, A., Spitzer, S., Asif-Sattar, R., Wintemute, G. J., & Barnhorst, A. (2022). Talking about firearm injury prevention with patients: a survey of medical residents. *BMC medical education*, 22(1), 1-7.

QUESTIONS AND ANSWERS

1. In ethnic minorities, most gunshot wounds are:

- A. Intentionally self-inflicted
- B. Accidental discharge
- C. Intentionally inflicted by others
- D. A & B equally

ANSWER: C

2. In a survey of medical residents, most indicated that they:

- A. Wanted more training on firearm injury prevention
- B. Were fairly comfortable talking about guns
- C. Had a plan for how to respond if a patient disclosed ready access to a gun
- D. Thought they weren't allowed to ask about guns

ANSWER: A

F32 EVALUATING PEERS: HELPFUL FITNESS FOR DUTY EXAMS OF OLDER PHYSICIANS

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Fatima Masumova, DO, Mullica Hill, NJ
Manish Fozdar, MD, Raleigh, NC
Bobby Singh, MD (I), San Francisco, CA
Oliver Glass, MD, Gainesville, GA

EDUCATIONAL OBJECTIVE

To improve our knowledge of the reasons for fitness-for-duty (FFD) requests, including anti-senior bias, in this special category of evaluatees, and to improve the performance of such examinations.

SUMMARY

As of 2018, the greatest percentage of physicians, 29%, in the United States were between the ages of 56-66 years old, and another 17% were 65 years and older. With increasing numbers of older physicians in practice, including psychiatrists, the issue of competency to continue practice in one's specialty has come to the fore. This panel will review the scope of the challenge, and the triggers for requests of FFD examinations. Those triggers include: physical, neuro-psychiatric, and psychological impairments, substance and alcohol misuse, and anti-aging bias. We will review the particular approach to take when evaluating other physicians. The goal is to help physicians practice as long as they are able. The issue of undue influence on older physicians will also be reviewed.

REFERENCES

- Tsugawa Y, Newhouse JP, Zasavsky AM, et al: Physician age and outcomes in elderly patients in hospital in the US: an observational study, *BMJ*; 357; j1797,2017
- Soonsawat A, Tanaka G., Lammando, MA et al: Cognitively impaired physicians: how do we detect them? how do we assist them? *Am J Geriatr Psychiatry* 26: 631-640, 2018.

QUESTIONS AND ANSWERS

1. Cognitive aging affects the following domains of cognition except:

- A. Memory
- B. Complex attention and executive functions
- C. Language
- D. Processing speed

ANSWER: C

2. In a national sample of Medicare beneficiaries admitted to hospital, which of the following characteristics were associated with higher patient mortality?

- A. Older physicians treating high volume of patients.
- B. Older physicians treating low volume of patients.
- C. Younger physicians treating high volume of patients.
- D. Younger physicians treating low volume of patients.

ANSWER: B

F33 FATALITY REVIEW TEAMS: A PUBLIC HEALTH ROLE FOR FORENSIC PSYCHIATRY

Susan Hatters Friedman, MD, Cleveland, OH
Joshua B. Friedman, MD, PhD (I), Cleveland, OH
Kathleen L. Kruse, MD, Cleveland, OH
Jason Beaman, DO, Tulsa, OK

EDUCATIONAL OBJECTIVE

At the end of this session, the participant will be able to: describe the role for forensic psychiatry in Fatality Review Teams; articulate the importance of psychiatrists being involved in discussions of suicide, homicide, and overdose deaths; and discuss potential public health recommendations.

SUMMARY

For decades, both in North America and around the world, Fatality Review Teams have operated. These multidisciplinary teams examine individual deaths in their own communities, in order to determine preventability and to make recommendations for intervention to help in future prevention. Fatality Review teams include teams that consider child fatalities, deaths from domestic violence, elder abuse, overdose, homicide, and maternal mortality. Membership may include law enforcement, forensic pathologists, and members from the justice system, health system, educational system, and social services. Various hospitals and agencies provide case-specific information to identify risk factors and opportunities for intervention. Psychiatrists are an underrepresented resource to help determine whether mental illness or addiction played a role in cases. Recommendations made by individual Fatality Review teams have led to important changes for prevention involving mental health services. Forensic psychiatrists, because of our specialized knowledge about the intersection of mental illness and violence, can make important contributions to Fatality Review Teams and fatality prevention. Presenters include a child abuse pediatrician, a maternal mental health / forensic psychiatrist, a child and adolescent/ forensic psychiatrist, and an addiction/ forensic psychiatrist and family medicine physician. The four presenters all serve as members of Fatality Review Teams.

REFERENCES

Friedman SH, Beaman JW, Friedman JB. Fatality Review and the Role of the Forensic Psychiatrist. *Journal of the American Academy of Psychiatry and the Law*. 2021; 49(3), 396-405.

Fraser J., Sidebotham P., Frederick J., et al: Learning from child death review in the USA, England, Australia, and New Zealand. *Lancet* 384:894-903, 2014.

QUESTIONS AND ANSWERS

1. Which of the following is not a type of Fatality Review Team?

- A. Child Fatality Review Teams
- B. Homicide Review Commissions
- C. Elder Abuse Fatality Review Teams
- D. Overdose Fatality Review Teams
- E. All of the above are types of Fatality Review Teams

ANSWER: E

2. Which of the following is a now nationwide example of a public health measure that was borne out of a Fatality Review Team?

- A. Safe Haven Laws
- B. Competency to Stand Trial Laws
- C. Conditional Release statutes
- D. Infanticide Acts

ANSWER: A

SATURDAY, OCTOBER 29, 2022

POSTER SESSION C

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

GRAND A/B FOYER

- S1 Multi-Systemic Therapy in Juvenile Sex Offender: A Systematic Review** (Core)
Ritvij M. Satodiya, MD (I), New York, NY
Kushal P. Shah, MD (I), Norman, OK
Donald W. Simpson, MD (I), Norman, OK
Peter Ash, MD, Atlanta, GA
- S2 Psychological Theories of Hunting and Violence Risk Considerations**
J. Alexander Scott, MD (I), Akron OH
- S3 Arson and Schizophrenia: A Case Series and Literature Review**
Gurtej Gill, MD, Bronx, NY
Yarden Segal, MD, Bronx, NY
Garima Yadav, MD (I), Bronx, NY
Paulina Riess, MD, Bronx, NY
Gurraj Singh, MD (I), Bronx, NY
- S4 “I Just Can’t Stop Myself”; Risk of Sexual Recidivism Escalation**
Yarden Segal, MD, Bronx, NY
Gurtej Gill, MD, Bronx, NY
Natasha Kasulis, MD (I), Bronx, NY
Arham Ahmad, MD (I), Bronx, NY
- S5 Correlation of Violence Risk After Major Self-Mutilation**
Yarden Segal, MD, Bronx, NY
Gurtej Gill, MD, Bronx, NY
Aos Mohhamed Ameen, MD (I), Bronx, NY
Darshika Bovanendaran, MD (I), Bronx, NY
- S6 Ethical Challenges of Managing Acute Psychosis in Pregnancy**
Yarden Segal, MD, Bronx, NY
Gurtej Gill, MD, Bronx, NY
- S7 Sedative-Hypnotic Intoxication and Criminal Responsibility**
Pooja P. Shah, MD, Philadelphia, PA
Kenneth J. Weiss, MD, Philadelphia, PA
- S8 Forensic Implications of Neurodiversity**
Pooja P. Shah, MD, Philadelphia, PA
Kenneth J. Weiss, MD, Philadelphia, PA
- S9 “Help Me, I Am Not a Pedophile”**
Pooja P. Shah, MD, Philadelphia, PA
- S10 McGirt v. Oklahoma**
Jeffrey M. Sanders, MD, Tulsa, OK
Tessa L. Manning, MD (I), Tulsa, OK
Britta K. Ostermeyer, MD, Oklahoma City, OK
- S11 Petitioning for Court-Mandated Cannabis Treatment for an Adolescent**
Kerry M. Sheahan, DO, Broad Brook, CT
- S12 Intentional Foreign Body Ingestion: A Case Report**
Omobolanle Alli-Balogun, MD (I), New York, NY
Gurraj Singh, MD (I), Allen, TX
- S13 When Does Prescribing Become Criminal?**
Isabel Stillman, MD (I), Philadelphia, PA
Meghan A. Musselman, MD, Philadelphia, PA

SATURDAY

S14 Base Rates of Suspected Malingering in a Forensic Psychiatry Practice

William W. Tindell, MD, Sacramento, CA
Timothy S. Allen, MD, Lexington, KY

S15 Jail Detainees Transferred to a NC Prison for Psychiatric Treatment

Joseph B. Williams, MD, Raleigh, NC
Theodore R. Zarzar, MD (I), Raleigh, NC

WORKSHOP

8:00 AM – 10:00 AM

GRAND C

S16 Patients in Limbo: Permanently IST and Dangerous

(Sponsored by the Forensic Hospital Services Committee)

Ariana Nesbit, MD, Sacramento, CA
Charles Dike, MD, New Haven, CT
Kayla Fisher, MD, Riverside, CA
Stephanie Lopez, MD, Portland, OR
Michael Norko, MD, Durham, CT

WORKSHOP

8:00 AM – 10:00 AM

GRAND D

S17 Distilling the Data: Four Recent Studies for Forensic Psychiatrists – (Core)

(Sponsored by the Research Committee)

Nathan J. Kolla, MD Toronto, ON, Canada
Margarita Abi Zeid Daou, MD, Worcester, MA
Elias Ghossoub, MD, Beirut, Lebanon
Beesh Jain, MD, New York, NY

WORKSHOP

8:00 AM – 10:00 AM

BAYSIDE ABC

S18 Individualized Care: Autism in Secure Treatment Settings

(Sponsored by the Developmental Disability Committee)

Paul A. Bryant, MD, New Haven, CT
Sanaz Kumar, MD, Washington, DC
Laurie Sperry, PhD, BCBA-D (I), Wheat Ridge, CO
Stephanie Yarnell-MacGrory, MD, Butner, NC
Alexander Westphal, MD, PhD, New Haven, CT

PANEL DISCUSSION

8:00 AM – 10:00 AM

GRAND E

S19 Forensic Assessment of Dissociation: From Drama to Trauma

Charles Scott, MD, Sacramento, CA
Austin Blum, MD, Chicago, IL
Hunter Neely, MD, Terrell, TX
Amanie Salem, MD, New York, NY
William Tindell, MD, Lexington, KY

RESEARCH IN PROGRESS

8:00 AM – 10:00 AM

NOTTOWAY

S20 Development of a Capacity Assessment Checklist for Teaching Trainees

Cara Angelotta, MD, Chicago, IL
David Salzman, MD (I), Chicago, IL

S21 First Episode Psychosis and Criminal Offense in US Young Adults

Kyle D. Webster, MD, Indianapolis, IN
Tracy D. Gunter, MD, Indianapolis, IN

S22 Trauma-Informed Care on a Female Forensic Inpatient Service

Juliette K. Dupre, MD, Toronto, ON, Canada
Ipsita Ray, MD (I), Toronto, ON, Canada

S23 Development of a Peer Support Group for Formerly Incarcerated Women

Lauren U. Nguyen, MD (I), New Orleans, LA
William R. Boles, MD (I), New Orleans, LA
Dolfinette Martin, MD (I), New Orleans, LA
Kenyatta Anderson, MD (I), New Orleans, LA

COFFEE BREAK	9:30 AM – 10:00 AM	GRAND A/B FOYER
PANEL DISCUSSION	10:15 AM – 12:00 PM	GRAND C
S24 Advanced Topics in Forensic Neuropsychiatry (Sponsored by the Forensic Neuropsychiatry Committee)	Jacob C. Holzer, MD, Belmont, MA Dale Panzer, MD, Paoli, PA Manish A. Fozdar, MD, Raleigh, NC Octavio Choi, MD, PhD, Stanford, CA	
S25 Withdrawn		
PANEL DISCUSSION	10:15 AM – 12:00 PM	BAYSIDE ABC
S26 Trauma in Trans and Gender Diverse Individuals (Sponsored by the Trauma and Stress Committee)	Tianyi Zhang, MD, San Francisco, CA Roger Samuel, MD, Boca Raton, FL Susan Ditter, MD, San Jose, CA Keith Caruso, MD, Brentwood, TN Mikel Matto, MD, Portland, OR	
PANEL DISCUSSION	10:15 AM – 12:00 PM	GRAND E
S27 The Recovery Challenge: Identity, Culture and the Life Worth Living (Sponsored by the Recovery Committee)	Alexander I. F. Simpson, MBChB, Toronto, ON, Canada John W. Thompson, Jr., MD (I), New Orleans, LA Darren L. Lish, MD, Evergreen, CO	
SCIENTIFIC PAPERS	10:15 AM – 12:00 PM	NOTTOWAY
S28 Female Sex Offenders: Insights from the Missouri Registry	Elias Ghossoub, MD, Beirut, Lebanon Nadia El Harake, MD (I), Beirut, Lebanon	
S29 Automatism, Alcoholic Blackouts, and Reactive Hypoglycemia	Shayna J. Popkin, MD, Silver Spring, MD James Merikangas, MD, Bethesda, MD	
S30 Is it Time for Further Expansion of Slayer Laws?	Jennifer Piel, MD, Seattle, WA	
LUNCH (TICKET REQUIRED)	12:00 PM – 2:00 PM	GRAND AB
S31 Advancing and Protecting the Health and Wellbeing of Astronauts	Gary E. Beven, MD (I), Houston, TX	
WORKSHOP	2:15 PM – 4:00 PM	GRAND C
S32 ECT, TMS and Ketamine in Corrections: Limitations and Advocacy	Dileep Sreedharan, DO (I), Walla Walla, WA Bhinna P. Park, MD, Federal Way, WA Lisa Harding, MD, Bethany, CT Michael Peroski, DO (I), Dubuque, IA Michael Champion, MD, Honolulu, HI	

SATURDAY

PANEL DISCUSSION	2:15 PM – 4:00 PM	GRAND D
S33 Evolving Forensic Practice Challenges Meet Novel Tech Solutions		
<i>(Sponsored by the Technology Committee)</i>		
A. Natasha Cervantes, MD, East Amherst, NY Andrew Nanton, MD, Tualatin, OR Alan Newman, MD, Mill Valley, CA Leena Rajagopal, MD, Edgewater, NJ		
PANEL DISCUSSION	2:15 PM – 4:00 PM	BAYSIDE ABC
S34 The Aristocrats of Crime		
Lynn Maskel, MD, Madison, WI Kevin Moore, MD, Stafford, VT Rosa Negron-Munoz, MD, Lakeland, FL Jonathan Warshawsky, PhD (I), Markanda, IL		
WORKSHOP	2:15 PM – 4:00 PM	GRAND E
S35 Improving the Forensic Interview		
Nina E. Ross, MD, Cleveland, OH Karen B. Rosenbaum, MD, New York, NY Charles L. Scott, MD, Sacramento, CA Jeffrey P. Guinea, MD, Pontiac, MI Kendall Genre, MD (I), New Orleans, LA Gayden Day (I), Dallas, TX		
RESEARCH-IN-PROGRESS	2:15 PM – 4:00 PM	NOTTOWAY
S36 Commenting on the Process: A Challenge in Courtroom Testimony		
Thomas G. Gutheil, MD, Brookline, MA Juan LaLave, PhD (I), Brookline, MA		
S37 Justifying Coercion in Psychiatric Care		
James Knowles, JD, MD, Durham, NC Daniel D. Moseley, PhD (I), Chapel Hill, NC		
S38 Incarceration: An Unrecognized Public Health Crisis		
Robert M. DuWors, PhD (I), Cotuit, MA Peter Lang, MD (I), Cotuit, MA		
COFFEE BREAK	4:00 PM – 4:15 PM	GRAND A/B FOYER
PANEL DISCUSSION	4:15 PM – 6:15 PM	GRAND C
S39 Monitoring on Conditional Release: What is the Right Way?		
<i>(Sponsored by the Forensic Hospital Services Committee)</i>		
Soniya Hirachan, MD (I), St. Peter, MN Selena Magalotti, MD (I), Northfield, OH James B. Reynolds, MD, St. Joseph, MO		
PANEL DISCUSSION	4:15 PM – 6:15 PM	GRAND D
S40 What Forensic Psychiatrists Ought to Know about Changing Abortion Law		
<i>(Sponsored by the Gender Issues Committee)</i>		
Cara Angelotta, MD, Chicago, IL Aimee Kaempf, MD, Tucson, AZ Ariana Nesbit, MD, Durham, NC Nina Ross, MD, Cleveland, OH		

WORKSHOP

4:15 PM – 6:15 PM

BAYSIDE ABC

S41 Ethics in Forensic Psychiatry: Learning from Landmark Cases

Patricia R. Recupero, JD, MD, Providence, RI
Sanya Virani, MD, Brooklyn, NY
Elissa P. Benedek, MD, Ann Arbor, MI
Charles Dike, MD, New Haven, CT

WORKSHOP

4:15 PM – 6:15 PM

GRAND E

S42 Creative Writing for Forensic Psychiatrists

Jacob M. Appel, MD, New York, NY

RESEARCH IN PROGRESS

4:15 PM – 6:15 PM

NOTTOWAY

S43 Evaluating the Mental Health Needs of Arraigned Individuals in NYC

Ryan S. Kaufman, MD (I), Morganton, NC
Merrill R. Rotter, MD, White Plains, NY

S44 Firearm Access by Individuals with Mental Illness During a Homicide

Gina Capalbo, DO, Ann Arbor, MI
Debra A. Pinals, MD, Ann Arbor, MI

S45 Do Psychiatric Diagnoses Affect Prison Sentence Length?

Reena Kapoor, MD, Branford, CT
Viviana Alvarez-Toro, MD, Washington, DC
Marta Herger, MD (I), Norwalk, CT
Darmant Bhullar, MD (I), New Haven, CT

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

SATURDAY

S1 MULTI-SYSTEMIC THERAPY IN JUVENILE SEX OFFENDER: A SYSTEMATIC REVIEW

Ritvij M. Satodiya, MD (I), New York, NY
Kushal P. Shah, MD (I), Norman, OK
Donald W. Simpson, MD (I), Norman, OK
Peter Ash MD, Atlanta, GA

EDUCATIONAL OBJECTIVE

To conduct a systematic review of published studies assessing effectiveness of multisystemic therapy in comparison to other treatments

SUMMARY

Multisystemic therapy (MST) is a family-focused and community-based treatment designed to help youth with serious criminal behaviors. The model of addressing social systems surrounding youth with individualized treatment makes it unique and effective for sexual offense treatment. Our study will inform research, policy, and practice related to this evidence-based intervention. A comprehensive search of published studies on 'Multisystemic therapy' OR 'Multisystemic family therapy' was conducted on PubMed, CINAHL Complete, APA PsychInfo, Cochrane Library, and Embase databases till 03/03/2022. We filtered for clinical trials (all study designs) in the English language. A total of 542 articles were collected by independent reviewers according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Primary search generated 297 articles for screening, excluding 245 duplicates. Independent screening of title and abstract of 297 articles by each reviewer revealed 48 articles for full-text analysis per inclusion criteria. Excluded studies were manually screened for relevant citations. We concluded six randomized controlled trials of MST yielding 231 youth with sex offense. MST showed superior efficacy with sexual offense rates and related arrests than alternate therapies.

REFERENCES

Letourneau EJ, Henggeler SW, Borduin CM, Schewe PA, McCart MR, Chapman JE, et al. Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *J Fam Psychol.* 2009;23(1):89-102.

Borduin CM, Schaeffer CM, Heiblum N. A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: effects on youth social ecology and criminal activity. *J Consult Clin Psychol.* 2009;77(1):26-37.

QUESTIONS AND ANSWERS

1. Which of the following is not a core concept of Multisystemic Therapy?

- A. Present-focused, action oriented and well-defined
- B. Finding the fit
- C. Increasing responsibility
- D. Intermittent effort
- E. Generalization

ANSWER: D

2. How does Multisystemic Therapy differ from Functional Family Therapy?

- A. Focus on underage individuals
- B. Incorporates families in treatment
- C. Focus on youth with serious criminal behaviors (incarceration, violent offenders)
- D. Less contact time between therapists and families
- E. Address substance use in youth

ANSWER: C

S2 PSYCHOLOGICAL THEORIES OF HUNTING & VIOLENCE RISK CONSIDERATIONS

J. Alexander Scott, MD (I), Akron OH

EDUCATIONAL OBJECTIVE

Participants will learn the regional prevalences and regulations of hunting in the United States, consider how various theories of aggression and psychopathology have been considered as drivers for hunting behavior, and better understand the activity in the context of firearm ownership and violence risk assessment.

SUMMARY

Subsistence hunting was a way of life for human cultures across the globe prior to the widespread adoption of livestock cultivation. Although participation has declined over the past century, Americans continue to hunt recreationally and many states constitutionally recognize a right to hunting itself or as a condition of property ownership. The enjoyment of animal products, conservation of wildlife habitat and population, and development of safe firearm practices have all been cited as benefits of hunting. Others have suggested hunting is associated with escalation from “legal” to illegal violence, appetitive (in contrast to reactive) aggression, and animal cruelty. There is a lack of published research on these hypothesized considerations. The forensic psychiatrist may be asked to interpret hunting activity and should be aware of regional prevalences, local legal regulations regarding hunting, and the activity’s close association with weapon ownership. They should especially consider its significance in conducting violence and suicide risk assessments.

REFERENCES

Nestadt PS, MacKrell K., McCourt AD, Fowler D, Crifasi CK. Prevalence of long gun use in Maryland firearm suicides. *Inj. Epidemiol.* 2020; 7(4).

Flynn C. Hunting and illegal violence against humans and other animals: Exploring the relationship. *Soc. Amin.* 2002; 10:137-154.

QUESTIONS AND ANSWERS

1. When asked open-endedly about why they have guns, what percentage of American firearm owners cite hunting as a primary reason for ownership?
 - A. 10%
 - B. 20%
 - C. 40%
 - D. 60%

ANSWER: C

2. Which of the following psychological constructs has not been academically suggested as motivating hunting behavior?
 - A. Sadism
 - B. Cost-signaling
 - C. Instrumental aggression
 - D. Sexual inadequacy
 - E. Task mastery

ANSWER: E

S3 ARSON AND SCHIZOPHRENIA: A CASE SERIES AND LITERATURE REVIEW

Gurtej Gill, MD, Bronx, NY
Yarden Segal, MD, Bronx, NY
Garima Yadav, MD (I), Bronx, NY
Paulina Riess, MD, Bronx, NY
Gurraj Singh, MD (I), Bronx, NY

EDUCATIONAL OBJECTIVE

The objective of this poster is to discuss the classification, pathophysiology, and possible treatment options available for arson.

SUMMARY

Arson is a criminal act in which a person or group of persons volitionally set fire fully or aid in fire-setting to cause harm to property, people, and infrastructure. A single fire can cause extensive physical, social, and economic damage to the victim. Literature shows that arson and fire-setting behaviors are quite commonly seen in patients with psychiatric disorders. The likelihood of an arsonist having schizophrenia is 20 times greater than that of the general population. Literature also points to a strong association between lifetime substance use and personality disorders in such patients. Recent reports show that arson cases have continued to rise by 2.3% between 2015-2016. In 2007 the number of US cases was 64,000, corresponding to 25

offenses per 100,000 individuals. In the United Kingdom, crimes of arson cost 2.8 billion pounds annually. The literature points to metabolic or neurotransmitter abnormalities as the underlying cause of re-setting behavior. However, only a few such studies have been performed on small sample sizes. In this poster, we will present five patients, all of whom suffered from a psychotic disorder and engaged in arson. We will also discuss the classification and possible treatment interventions as related to firesetting behavior.

REFERENCES

Ritchie EC, Huff TG: Psychiatric aspects of arsonists. *J Forensic Sci* 44:733- 40, 1999

Anwar S, Långström N, Grann M., Fazel S. Is arson the crime most strongly associated with psychosis?-A national case-control study of arson risk in schizophrenia and other psychoses. *Schizophr Bull.* 2011 May;37(3):580-6. doi: 10.1093/schbul/sbp098. Epub 2009 Oct 22. PMID: 19850668; PMCID: PMC3080690.

QUESTIONS AND ANSWERS

1. Repeated deliberate, purposeful firesetting associated with tension or affective arousal before the act, followed by intense pleasure or relief when setting the fire or witnessing in its aftermath is a definition of?

- A. Arson
- B. Pyromania
- C. Fire Setting

ANSWER: A

2. Which Mental Illness is most frequently associated with Pyromania?

- A. Schizophrenia
- B. Personality Disorder
- C. Mood Disorder
- D. Substance use Disorder

ANSWER: A

S4 "I JUST CANT STOP MYSELF"; RISK OF SEXUAL RECIDIVISM ESCALATION

Yarden Segal, MD, Bronx, NY
Gurtej Gill, MD, Bronx, NY
Natasha Kasulis, MD (I), Bronx, NY
Arham Ahmad, MD (I), Bronx, NY

EDUCATIONAL OBJECTIVE

To assess risk of sexual behavior escalation in previous sexual offender

SUMMARY

Sexual offense is a grave international dilemma that is associated with devastating consequences to those affected. Sexual recidivism is the tendency of those who have already committed a sexual offense to reoffend. We present a male in his mid-30s with a past psychiatric history of schizoaffective disorder. He has a legal history of 5 sexual offenses with 2 convictions and prison sentences. He presented to our service with suicidal ideation due to intrusive and recurrent thoughts of committing sexual assault. Furthermore, the patient has been repeatedly going to a public location where he would choose a woman at random and follow her with the intention of committing a sexual offense. He also admits to excessively watching pornography. The only deterrent to acting on these thoughts is the possibility of re-incarceration. The patient believed it would be "safer" for him to be in a long term psychiatric facility. Sexual offense can be divided into two types, contact, and non-contact. Here, we assess this patient's risk for escalation of his sexual behavior using the SVR-20 scale.

REFERENCES

Macpherson, Gary JD. "Predicting Escalation in Sexually Violent Recidivism: Use of the SVR-20 and PCL: SV to Predict Outcome with Non-Contact Recidivists and Contact Recidivists." *Journal of Forensic Psychiatry & Psychology*, vol. 14, no. 3, 2003, pp. 615-627., <https://doi.org/10.1080/14789940310001615470>.

Rettenberger, Martin, et al. "The Predictive Accuracy of Risk Factors in the Sexual Violence Risk-20 (SVR-20)." *Criminal Justice and Behavior*, vol. 38, no. 10, 2011, pp. 1009-1027., <https://doi.org/10.1177/0093854811416908>.

QUESTIONS AND ANSWERS

1. Which scale is the best predictor of sexual violence risk?

- A. HCR-20
- B. SVR-20
- C. BPRS

ANSWER: B

2. The most common type of sexual offense is contact sexual offense.

- A. True
- B. False

ANSWER: B

S5 CORRELATION OF VIOLENCE RISK AFTER MAJOR SELF-MUTILATION

Yarden Segal, MD, Bronx, NY

Gurtej Gill, MD, Bronx, NY

Aos Mohhamed Ameen, MD (I), Bronx, NY

Darshika Bovanendaran, MD (I), Bronx, NY

EDUCATIONAL OBJECTIVE

Correlation of risk of violence towards self and other others after major self mutilation

SUMMARY

Major self-mutilation (MSM) is a rare and tragic complication of severe mental illness. There are 3 main forms of MSM; Ocular, genital, and limb mutilation. During acute episodes of psychosis, some report command auditory hallucinations, the typical response however, is non-compliance. Here we present a male in his late 60's with a past psychiatric history of schizophrenia who presented to the emergency department after his son activated EMS due to suicidal ideation. He has been maintained on 5 milligrams haloperidol daily since 1992. He recently stopped taking his medication after experiencing tremors. In 1992, the patient reported hearing the voice of God which commanded him to give his right arm to him. During that time, he self-amputated his arm multiple times by placing it on the railroad track where he "sacrificed it to God." It has been established by the literature that serious mental illness as well as the presence of suicidal ideation increases one's risk for violence. However, there is little literature on the correlation of MSM and the risk of violence to others.

REFERENCES

Bucci, Sandra, et al. "Predicting Compliance with Command Hallucinations: Anger, Impulsivity and Appraisals of Voices' Power and Intent." *Schizophrenia Research*, vol. 147, no. 1, 2013, pp. 163-168., <https://doi.org/10.1016/j.schres.2013.02.037>.

Large, M., et al. "Major Self-Mutilation in the First Episode of Psychosis." *Schizophrenia Bulletin*, vol. 35, no. 5, 2008, pp. 1012-1021., <https://doi.org/10.1093/schbul/sbn040>.

QUESTIONS AND ANSWERS

1. Which combination if the most common type of self mutilation during acute psychosis?

- A. Ocular and genital
- B. Genital and limb
- C. Ocular and limb

ANSWER: C

2. Which scale is the best predictor of violence risk?

- D. HCR-20
- A. SVR-20
- B. BPRS

ANSWER: A

S6 ETHICAL CHALLENGES OF MANAGING ACUTE PSYCHOSIS IN PREGNANCY

Yarden Segal, MD, Bronx, NY
Gurtej Gill, MD, Bronx, NY

EDUCATIONAL OBJECTIVE

Ethical dilemma of treating psychosis during pregnancy

SUMMARY

For most, pregnancy is a time of well-being and happiness, but for some, a time of increased vulnerability for psychiatric illness. Women with psychiatric history are more vulnerable to mood symptoms and psychosis during the peri- and post-partum period. These have detrimental effects both for mother and offspring. Maternal suicide risk, self-harming behaviors, and psychosis is increased compared to general population. This presents both a psychiatric and obstetric emergency, with implicit clinical and ethical challenges. We present a female, 35 weeks pregnant with past psychiatric history of bipolar I disorder that was brought in by police after assaulting bystanders on the street. She gave a false name and over had 19 hospitalizations in the past year. She initially presented with catatonia, later observed to be aggressive and disorganized. She attempted to self-abort by hitting herself, throwing herself on the floor, and putting lotion in her vagina to help the baby “slide out.” The patient was treated with haloperidol and Fluoxetine. This case presents the ethical implications of treating pregnant women with acute psychosis and the balance between beneficence, nonmaleficence, autonomy, and justice in an inpatient setting. Ethical dilemmas arise when the physician obligations to the mother and the fetus diverge.

REFERENCES

Karakasi, Maria-Valeria, et al. “Prepartum Psychosis and Neonaticide: Rare Case Study and Forensic-Psychiatric Synthesis of Literature.” *Journal of Forensic Sciences*, vol. 62, no. 4, 2017, pp. 1097-1106

Croicu, C., Piel, J., & Murray, S. B. (2017). Clinical and Ethical Challenges: Managing Acute Psychosis in Pregnancy. *Psychosomatics*, 58(3), 317-321.

QUESTIONS AND ANSWERS

1. Which one is not one of the 4 pillars of medical ethics?

- A. Autonomy
- B. Virtue
- C. Beneficence
- D. Justice
- E. Non-Maleficence

ANSWER: B

2. Which antipsychotic has the most experience during pregnancy?

- A. Haloperidol
- B. Olanzapine
- C. Clozapine
- D. Chlorpromazine
- E. Fluphenazine

ANSWER: D

S7 SEDATIVE-HYPNOTIC INTOXICATION AND CRIMINAL RESPONSIBILITY

Pooja P. Shah, MD, Philadelphia, PA
Kenneth J. Weiss, MD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

To identify case law, literature about legal defenses and pitfalls associated with sedative-hypnotic intoxication, including the defense of involuntary intoxication, assessing state of mind, medication misuse, and concomitant use of medication with alcohol or illicit drugs.

SUMMARY

Sedative-hypnotics are one of the most prescribed classes of psychotropic agents, particularly the benzodiazepines. While they are primarily used as sedatives, anxiolytics, anticonvulsants, and muscle relaxants, they are utilized across multiple medical specialties. There has been a well-established relationship between the use of disinhibiting psychotropic substances and illegal activities. Courts presume that anyone who consumes alcohol or drugs (both legal and illegal) is aware of the potential to induce a state of intoxication. The defense of involuntary intoxication is based on the premise that someone who ingests an intoxicant unknowingly or involuntarily, by accident or inadvertence, or because of a physiological or psychological condition beyond the individual's control. As forensic psychiatrists, we have expertise in psychotropic medications and their anticipated effects and assess mental state at the time of the offense. This presentation includes case law, literature about legal defenses and pitfalls associated with sedative-hypnotic intoxication, including the defense of involuntary intoxication, assessing state of mind, medication misuse, and concomitant use of medication with alcohol or illicit drugs.

REFERENCES

Liebrezn M.: High-Dose Benzodiazepine Users' Perceptions and Experiences of Anterograde Amnesia. *J Am Acad Psychiatry Law*. Sep;44(3):328-37, 2016.

Piel J: The Defense of Involuntary Intoxication by Prescribed Medications: An Appellate Case Review. *J Am Acad Psychiatry Law*. Sep;43(3):321-8, 2015.

QUESTIONS AND ANSWERS

1. Which of the following defenses qualify for involuntary intoxication?

- A. Insanity
- B. GBMI
- C. Duress
- D. Proof includes unknowing intoxication with resulting insanity

ANSWER: D

2. What is the default presumption of courts pertaining to an individual's state of intoxication?

- A. Persons who dose themselves retain responsibility of their actions.
- B. Defendant's accomplice is responsible for state of intoxication in most cases.
- C. The state of intoxication needs to be proven by circumstantial and video evidence
- D. The person who dispenses the intoxicating substance is responsible for the state of intoxication.

ANSWER: A

S8 FORENSIC IMPLICATIONS OF NEURODIVERSITY

Pooja P. Shah, MD, Philadelphia, PA
Kenneth J. Weiss, MD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

To understand the neurodevelopmental basis to assess potential psychiatric-legal matters such as the capacity for empathy and remorse, risk factors for psychopathy, impulsivity, and intentionality relevant to issues related to the degree of culpability.

SUMMARY

Autism spectrum disorder (ASD) is a neurodevelopmental disorder associated with deficits in social cognition, social-emotional reciprocity, inability to read social cues, and behaviors that may appear irrational and impulsive. Affected persons exhibit restricted and repetitive patterns of behaviors manifested by the rigid thought process, stereotyped motor behaviors, and sensory sensitivities. ASD, as the name suggests comprises a spectrum of behaviors that range from different severities. The concept of "neurodiversity" deemphasizes the binary judgment of normal-abnormal and shifts the focus on an analysis of the functional interaction between human traits and social environments. This presentation includes several cases and relevant forensic literature about criminal culpability in the context of ASD. The topics include criminal responsibility, competency to stand trial, competency to waive Miranda rights, repetitive sexual behaviors, stalking, arson, and remorse; and civil matters of workplace conduct and impulse control, special education, guardianship, and gaps in social services. Psychiatric testimony can include a neurodevelopmental basis to assess potential psychiatric-legal matters such as the capacity for empathy and remorse, risk factors for psychopathy, impulsivity, and intentionality relevant to issues related to the degree of culpability.

REFERENCES

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QUESTIONS AND ANSWERS

1. Which of the following interventions have the best outcomes in management of ASD?

- A. Medications
- B. Psychotherapy
- C. Applied Behavioral Analysis
- D. Social skills support group

ANSWER: C

2. What is "neurodiversity" ?

- A. A concept that people experience and interact with the world around them in different ways
- B. A concept that qualifies a person for disability
- C. A concept used to pathologize individuals with neurodevelopmental disorders
- D. It is an anatomical difference found in persons with autism spectrum disorder

ANSWER: A

S9 "HELP ME, I AM NOT A PEDOPHILE"

Pooja P. Shah, MD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

To highlight the DSM-5 diagnostic criteria to differentiate pediatric OCD and pedophilia;

To identify ethical and legal dilemmas including mandatory reporting, duty to protect, and confidentiality;

To learn methods to conduct a thorough risk assessment in different treatment settings in this case;

To understand the impact of social determinants of health in this case and developmental trajectory; and

To review evidence-based literature for treatment.

SUMMARY

A 16-year-old eastern European male was evaluated in the emergency room for intrusive thoughts and compulsive behaviors. The intrusive thoughts revolved around a theme of sexual identity and gender identity issues and eventually progressed to thoughts of causing physical harm to family members and being sexually attracted to minors. They seemed illogical and involuntary, which were sudden in onset and lasted for a few hours during which he experienced a heightened awareness of surroundings and poor concentration. Alleviating factors consisted of futile attempts to distract himself, which significantly affected his quality of living and caused significant distress. Compulsions consisted of a need to perform repetitive activities like flushing the toilet and drinking large quantities of water to alleviate intrusive thoughts. The patient exhibited variability in appetite and sleep patterns and low self-esteem. The patient's repeated failed attempts to rationalize the intrusive thoughts led him to have suicidal thoughts with a plan to hang himself with a belt and engage in non-suicidal self-injurious behavior in the form of cutting himself. We discuss the ethical, legal, diagnostic dilemmas, risk assessment, and treatment in pediatric intrusive sexual thoughts while maintaining a fine balance of patient confidentiality and public safety and protection of minors.

REFERENCES

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QUESTIONS AND ANSWERS

1. Intrusive sexual thoughts about children

- A. Are always a sign of pedophilia
- B. Occur in the normal population
- C. Requires immediate reporting to social services
- D. Can be suppressed if the person tries hard enough.
- E. Are a sign that they have a family history of pedophilia

ANSWER: B

2. Individuals with OCD

- A. Are never violent or aggressive
- B. May have intrusive violent thoughts that are ego-dystonic and repugnant
- C. Never act on urges of self-harm
- D. Have a higher risk of acting on their intrusive violent thoughts
- E. Are at a lower risk of taking their own life.

ANSWER: B

S10 McGIRT V. OKLAHOMA

Jeffrey M. Sanders, MD, Tulsa OK
Tessa L. Manning, MD (I), Tulsa, OK
Britta K. Ostermeyer, MD, Oklahoma City, OK

EDUCATIONAL OBJECTIVE

The objective for this poster is to explain *McGirt v. Oklahoma*, its implications for criminal law in Oklahoma, how this relates to mental health legal processes in Oklahoma, and possible routes to resolution of various issues flowing from the ruling.

SUMMARY

McGirt v. Oklahoma was a criminal appeal case heard by the United States Supreme Court in 2020 to determine whether the area in which Jimcy McGirt had committed crimes was located in “Indian country,” a form for federal reservation. The court ruled in the affirmative, resulting in a plethora of downstream effects on the logistics of Oklahoma criminal justice secondary to the newly recognized jurisdictional splitting. These effects are being felt in many areas of criminal law, including cases involving offenders suffering from mental illness. Paths to resolution in some of the complications introduced by *McGirt* are at present cloudy. In this poster, authors name a number of hypothetical paths, discuss some deeper *McGirt* implications, and shed light on challenges the state has historically faced in its delivery of forensic psychiatric services.

REFERENCES

McGirt v. State, 140 S. Ct. 2452 (2020)

Parish v. State, OK CR 21 (Okla. Crim. App. 2021)

QUESTIONS AND ANSWERS

1. What type of case is, so far, affected by *McGirt v. Oklahoma*?

- A. Criminal
- B. Child custody
- C. Religious
- D. Divorce
- E. Contract disputes

ANSWER: A

2. If a crime of high seriousness is committed on native land, under whose jurisdiction does it fall?

- A. Native tribe
- B. Federal government
- C. State government
- D. County government
- E. Securities and Exchange Commission

ANSWER: B

S11 PETITIONING FOR COURT-MANDATED CANNABIS TREATMENT FOR AN ADOLESCENT

Kerry M. Sheahan DO, Broad Brook, CT

EDUCATIONAL OBJECTIVE

To highlight the extension of court-mandated treatment for dangerous excessive cannabis use to be applicable for adolescents as well

SUMMARY

Court-mandated involuntary treatment for substance abuse is an option in 36 states across the United States. In some states, only physicians may petition for such treatment; others allow concerned family members to petition. It is rare for adolescents to need this level of intervention. Many states exclude cannabis use as a basis for treatment, and it is exceedingly rare to petition for court-mandated cannabis treatment for an adolescent. However, extreme presentations and refractory conditions may warrant pursuing more extreme interventions. TL is an adolescent who suffered from cannabinoid hyperemesis resulting in monthly hospital and PICU admissions, weight loss >10 kg, systolic hypertension >180, high anion gap metabolic acidosis, electrolyte imbalances, and QTc prolongation >600. Due to TL's lack of insight leading to increasingly complex medical care despite numerous unsuccessful interventions, we did petition for court-mandated substance use treatment due to the severity of the case. Although the petition was not successful as the patient was medically cleared prior to the court hearing, the youth's participation in the legal process was associated with an acceptance of a referral to intensive outpatient counseling and a reduced number of recurrent emergency presentations to the hospital following the intervention.

REFERENCES

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Johnston, Lloyd, et al. "Monitoring the Future National Survey Results on Drug Use, 1975-2019: OVERVIEW, Key Findings on Adolescent Drug Use." 2020, <https://doi.org/10.3998/2027.42/162579>.

QUESTIONS AND ANSWERS

1. What requirements are standard across most states that utilize court mandated substance use treatment?

- A. Must have bloodwork/urine drug screens confirming use
- B. Must have pending related charges (possession of substances, public intoxication, et cetera)
- C. Must show that the defendant is at risk of harm to themselves and/or others
- D. Must have documentation from a physician and a relative prior to submission of petition

ANSWER: C

2. What warranted searching for legal assistance through mandated treatment in this case?

- A. He was truant/concerns for educational neglect secondary to multiple hospitalizations
- B. Cannabis use resulted in dangerous medical complications, continued on numerous occasions, with complete lack of insight towards the contribution of cannabis
- C. He had additional charges for driving under the influence
- D. Family endorsed concerns and petitioned on their own

ANSWER: B

S12 INTENTIONAL FOREIGN BODY INGESTION: A CASE REPORT

Omobolanle Alli-Balogun, MD (I), New York, NY
Gurraj Singh, MD (I), Allen, TX,

EDUCATIONAL OBJECTIVE

To highlight the complexities in managing patients that exhibit self-harming parasuicidal behavior in the form of intentional ingestion of foreign objects

SUMMARY

Intentional foreign body ingestion (IFBI) is the intentional swallowing of non-nutritive objects for the intent of self-harm and is commonly associated with borderline personality disorder (BPD) and other comorbidities. Some report a form of relief after the act of ingestion which is similar to that reported in patients who self-harm by cutting themselves. Objects most commonly ingested include, but not limited to: pens, nuts and screws, toothbrushes, eating utensils, razor blades and various other metal objects. It is typically discussed from a medical standpoint, however there is inadequate literature available analyzing IFBI from a multidimensional psychiatric perspective. IFBI can be challenging to manage in terms of understanding the most effective protocol and pharmacological intervention that should be initiated.

We present a case of IFBI in an adult diagnosed with borderline personality disorder and post-traumatic stress disorder (PTSD), discussing possible triggers of IFBI in relation to other psychiatric disorders, and proposal of management of patient's admitted onto the psychiatric unit.

REFERENCES

Yang, Z. M., & Postma, G. N. (2022). Unlocking Dysphagia: Intentional Ingestion of Foreign Bodies. *Ear, nose, & throat journal*, 101(1), 36-37. <https://doi.org/10.1177/0145561320937829>

Palta, R., Sahota, A., Bemarki, A., Salama, P., Simpson, N., & Laine, L. (2009). Foreign-body ingestion: characteristics and outcomes in a lower socioeconomic population with predominantly intentional ingestion. *Gastrointestinal endoscopy*, 69(3 Pt 1), 426-433. <https://doi.org/10.1016/j.gie.2008.05.072>.

QUESTIONS AND ANSWERS

1. What are some immediate precautions that should be taken when a patient with known IFBI is admitted to the hospital unit?
 - A. Place the patient in solitary confinement right away upon reaching the floor
 - B. All objects that could be a potential for swallowing should be removed with routine reminder to staff
 - C. Patient should be considered for dialectical behavior therapy and encouraged for routine group therapy sessions
 - D. No precautions are needed

ANSWER: B

2. What would be classified as intentional foreign body ingestion?
 - A. A form of malingering
 - B. Consuming non-nutritional objects due to anemia present in patient
 - C. Swallowing non-nutritional objects as a form of self-destructive behavior
 - D. When the patient is hungry and hasn't consumed food all day

ANSWER: C

S13 WHEN DOES PRESCRIBING BECOME CRIMINAL?

Isabel Stillman, MD (I), Philadelphia, PA
Meghan A. Musselman, MD, Philadelphia, PA

EDUCATIONAL OBJECTIVE

Participants will have a better understanding of what renders prescribing controlled substances criminal, how this is prosecuted, the effects this may have on future medical practice, and what role forensic psychiatrists might have in such cases.

SUMMARY

The opioid epidemic continues to expand in both lives lost and societal costs. False marketing, reduced regulatory enforcement, limited pharmaceutical research, misrepresentation of safety data and the incautious embrace of pain treatment by key health care organizations have all contributed to the epidemic's growth. But physicians' overprescribing has been central - ranging from prescribing that is just poorly informed to cynical, financially driven "pill mills." State medical board sanctions, civil litigation and criminal prosecution seek to penalize the inappropriate prescribing of controlled substances. While prosecutions of physicians for overprescribing are still only in the hundreds they have been rising. Between 1995 and 2019 US media reported on 372 physicians involved in opioid-related criminal cases, 86.3% of these were after 2010 and none between 1995 and 1998. This March the US Supreme court is set to hear two such cases. Central issues are the threshold which renders prescribing controlled substances criminal and if intent is relevant. We will examine what determines whether prescribing controlled substances is criminal, how it is prosecuted, the impact of prosecutions on future medical practice, and what role forensic psychiatrists might have in such cases.

REFERENCES

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Berman, J. B., & Li, G. (2020). Characteristics of criminal cases against physicians charged with opioid-related offenses reported in the US news media, 1995-2019. *Injury epidemiology*, 7(1), 1-5.

QUESTIONS AND ANSWERS

1. Under what main law may physicians be prosecuted criminally for their prescribing of controlled substances?

- A.** The Controlled Substances Act
- B.** The Opium Exclusion Act
- C.** Harrison Narcotics Tax Act
- D.** Model Guidelines for the Use of Controlled Substances for the Treatment of Pain

ANSWER: A

2. What case marked the first time a physician in America was held criminally liable for the implied malice murder of a patient using recklessness in opioid prescribing?

- A.** Burrage v. United States
- B.** Ruan v. United States
- C.** Kahn v. United States
- D.** People v. Tseng

ANSWER: D

S14 BASE RATES OF SUSPECTED MALINGERING IN A FORENSIC PSYCHIATRY PRACTICE

William W. Tindell, MD, Lexington, KY

Timothy S. Allen, MD, Lexington, KY

EDUCATIONAL OBJECTIVE

Improve knowledge in the area of malingering assessment by providing access to new data assessing characteristics associated with increased rates of malingering.

SUMMARY

Published base rates and prevalence estimates of suspected malingering and symptom exaggeration vary significantly. The aim of this study was to measure the prevalence of suspected malingering in a forensic psychiatry practice and assess for characteristics correlating with increased rates of malingering. Our study examined data from 1,300 forensic evaluations performed in Kentucky between 2014 and 2021. Demographic and clinical characteristics were extracted from the reports. Suspected malingering was defined as scoring above the manual-defined cutoff on at least three validity scales. Of the 1,300

individuals in the study, 317 were included in the suspected malingering group. Suspected malingering was seen in 26.6% of males compared to 20.6% of females ($p=0.014$), 27.2% of those with 12 years of education compared to 13% of those with at least 16 years of education ($p=0.0004$), 26.9% of evaluatees referred by defendants compared to 15.6% of those referred by plaintiffs ($p=0.0001$), 27.5% of head injury cases compared to 13.5% of personal injury with psychological damage cases ($p=0.0025$), and there was a positive association between the number of psychiatric diagnoses and rate of malingering ($p=0.009$). These data support ongoing study of factors associated with the rates of suspected malingering in efforts to improve diagnostic accuracy.

REFERENCES

Sherman EMS, Slick DJ, Iverson GL. Multidimensional Malingering Criteria for Neuropsychological Assessment: A 20-Year Update of Malingered Neuropsychological Dysfunction Criteria. *Arch Clin Neuropsychol*. 2020; 35:735-764

Mittenburg W., Patton C, Canyock EM, Condit DC. Base Rates of Malingering and Symptom Exaggeration. *J Clin Exp Neuropsychol*. 2002 Dec; 24(8):1094-1102.

QUESTIONS AND ANSWERS

1. Per the Multidimensional Malingering Criteria for Neuropsychological Assessment, which of the following meets criteria for an invalid neurocognitive presentation?

- A. Psychometric evidence of exaggerated somatic symptoms on symptom validity tests (SVTs)
- B. Psychometric evidence of exaggerated psychiatric symptoms on symptom validity tests (SVTs)
- C. Invalid scores on performance validity tests (PVTs)
- D. One or more compelling inconsistencies pertaining to psychiatric symptoms are observed or documented during the evaluation

ANSWER: C

2. What is one of the most common characteristics of symptoms exaggeration?

- A. Inconsistency between observed and expected severity of cognitive impairment
- B. Inconsistency between observed and expected severity of somatic symptoms
- C. Presence of an external incentive
- D. Invalid scores on performance validity tests (PVTs)

ANSWER: A

S15 JAIL DETAINEES TRANSFERRED TO A NC PRISON FOR PSYCHIATRIC TREATMENT

Joseph B. Williams, MD, Raleigh, NC
Theodore R. Zarzar, MD (I), Raleigh, NC

EDUCATIONAL OBJECTIVE

To provide information about male incarcerated individuals transferred from NC county jails to the state prison system on safekeeping orders for inpatient psychiatric treatment, based upon a retrospective chart review.

SUMMARY

North Carolina state law allows for individuals incarcerated in county jails (who are either pre-trial detainees or sentenced misdemeanants) to be transferred to a NC state prison facility on safekeeping orders, if it is felt that the jail cannot adequately attend to their needs. One reason why a jail detainee would be transferred to a NC state prison on a safekeeping order is for inpatient psychiatric treatment, and if the individual is a male he is transferred to the inpatient psychiatric hospital located at Central Prison in Raleigh. Jail detainees transferred to Central Prison for inpatient psychiatric treatment utilize resources (staff and bed space) that would otherwise be devoted to providing psychiatric services to prisoners who have been sentenced to serve their term of incarceration in the NC state prison system. This study, a retrospective chart review of all male jail detainees who were transferred to Central Prison for inpatient psychiatric treatment during a 6-month period of time, provides information on the number of such transfers as well as characteristics of this population of incarcerated individuals (ie, from which jail they were transferred, their reason for inpatient psychiatric admission, their psychiatric diagnosis, and their inpatient length of stay).

REFERENCES

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Trestman RL, Appelbaum KL, Metzner JL, editors. *Oxford Textbook of Correctional Psychiatry.* New York, NY: Oxford University Press; 2015.

QUESTIONS AND ANSWERS

1. Jail detainees who are transferred to the NC state prison system on safekeeping orders:

- A. All lack competence to stand trial
- B. Are allowed to determine the prison facility to which they will be transferred
- C. Can be transferred in order to receive inpatient psychiatric treatment
- D. Can contest their transfer in state district court.

ANSWER: C.

2. In North Carolina, who is authorized to issue a safekeeping order?

- A. Jail psychiatrist
- B. North Carolina judge
- C. Jail detainee
- D. Sheriff.

ANSWER: B.

S16 PATIENTS IN LIMBO: PERMANENTLY IST AND DANGEROUS

Ariana Nesbit, MD, Sacramento, CA

Charles Dike, MD, New Haven, CT

Kayla Fisher, MD, Riverside, CA

Stephanie Lopez, MD, Portland, OR

Michael Norko, MD, Durham, CT

EDUCATIONAL OBJECTIVE

Understand the competing concerns that states must consider when determining how to manage permanently incompetent and dangerous patients; Explore the gender and cultural factors associated with this dilemma; and, Consider creative solutions to the conundrum.

SUMMARY

In *Jackson v. Indiana* (1972), the United States Supreme Court limited the amount of time that a defendant could be committed to a hospital solely on account of incompetence to stand trial. Since this ruling, states have had to determine what to do with permanently incompetent and dangerous defendants. In this workshop, Dr. Dike will discuss the competing legal and ethical concerns. Dr. Fisher will explore the gender and cultural issues that may affect competency restoration and case disposition. Dr. Lopez will present Oregon's model and how it fits within the legal landscape. Dr. Nesbit will describe California's civil commitment statute that allows for commitment of dangerous, permanently incompetent defendants and its consequences for stakeholders. Dr. Norko will discuss the 1986 American Bar Association Mental Health Standards recommendation as to how to manage the permanently incompetent population, the states that have tried to implement these recommendations, and the obstacles they faced. Attendees will then be broken up into smaller "legislative proposal planning" groups and be asked to come up with a proposal for a legislative approach to the dilemma. The small groups will then share their recommendations and rationale and the argument they would make in advancing the legislative proposal.

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Bloom JD, Kirkorsky SE. Incompetent to stand trial, not restorable, and dangerous. *J Am Acad Psychiatry Law.* 2020 February; 48(2):237-243.

Simpson JR. When restoration fails: one state's answer to the dilemma of permanent incompetence. *J Am Acad Psychiatry Law.* 2016 June; 44(2):171-179.

QUESTIONS AND ANSWERS

1. Which of the following statements about the 1986 American Bar Association Mental Health Standards recommendations regarding the management of permanently incompetent to stand trial defendants who have been charged with felonies causing or seriously threatening bodily harm is true?
 - A. Indefinite commitment for public safety is warranted.
 - B. Commitment should only occur under existing civil commitment statutes based on grave disability.
 - C. The individual can be committed for up to 10 years.
 - D. A hearing on factual guilt should be held. If guilt is proved, this will be followed by a special commitment proceeding similar to that for an individual found not guilty by reason of insanity.

ANSWER: D

2. In Jackson v. Indiana, the United States Supreme Court case referenced which case that addressed the question of psychiatric hospitalization of mentally ill prisoners at the end of their prison sentence?
 - A. Baxstrom v. Herold
 - B. Estelle v. Smith
 - C. Washington v. Harper
 - D. Wilson v. United States

ANSWER: A

S17 DISTILLING THE DATA: FOUR RECENT STUDIES FOR FORENSIC PSYCHIATRISTS

Nathan J. Kolla, MD, Toronto, ON, Canada
Margarita Abi Zeid Daou, MD, Worcester, MA
Elias Ghossoub, MD, Beirut, Lebanon
Beesh Jain, MD, New York, NY

EDUCATIONAL OBJECTIVE

To gain an appreciation of recent research findings, along with their strengths and weaknesses, that are meant to assist the forensic psychiatrist in their practice

SUMMARY

Forensic psychiatrists are busy individuals with many competing demands on their time, yet research in the field of forensic psychiatry does not remain stagnant. This workshop is designed to educate the practicing forensic psychiatrist on recent research findings that have direct relevance to their practice. The goals of the workshop are two-fold: 1) to educate forensic psychiatrists on very recent peer-reviewed publications relevant to the field of forensic psychiatry, highlighting their strengths, weaknesses, and limitations; and 2) to allow time for the audience to raise questions for discussion about their own research. Specifically, participants will have the opportunity to gain feedback from members of the Research Committee on formulating research questions, interacting with IRBs, developing a research plan, and planning for knowledge translation activities. Aligning with the general theme of the Annual Meeting, two of the articles presented will examine the impact of culture and gender on risk assessment tools commonly used by forensic psychiatrists. Another paper will discuss results from a recent randomized controlled trial of antipsychotic treatment for aggression in schizophrenia. Finally, we will also present a paper discussing the neuropsychiatric sequelae of COVID-19. These papers will provide learners with new knowledge to enhance their practices.

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- Venner S, Sivasubramaniam D, Luebbers S & Shepherd SM. Cross-cultural reliability and rater bias in forensic risk assessment: a review of the literature. *Psychol Crime Law*. 2021; 27(2):105-121, DOI: 10.1080/1068316X.2020.1775829.

QUESTIONS AND ANSWERS

1. Latest research has shown that the Static-99R:

- A. Does not predict sexual recidivism among female sex offenders.
- B. Can reliably and accurately stratify female sex offenders by risk of reoffending.
- C. Performs better than the SVR-20 in predicting sexual recidivism among female sex offenders.
- D. Is significantly correlated with PCL-R scores among female sex offenders.

ANSWER: A

2. Comparing Actuarial Risk Assessment Instruments (ARAIs) and Structured Professional Judgement Instruments (SPJIs) in cross-cultural risk assessments, which of the following is true about risk of bias?

- A. ARAIs are always more valid than SPJIs because they are not affected by rater bias.
- B. Adjustable ARAIs (those allowing for rater override) and SPJIs are vulnerable to rater bias and incorrect risk classifications.
- C. Non-white offenders are typically over-classified in SPJIs and accurately classified in ARAIs.
- D. Strong interrater reliability is a good indicator that an instrument will have strong predictive validity.

ANSWER: B

S18 INDIVIDUALIZED CARE: AUTISM IN SECURE TREATMENT SETTINGS

Paul A. Bryant, MD, New Haven, CT
Sanaz Kumar, MD, Washington, DC
Laurie Sperry, PhD, BCBA-D (I), Wheat Ridge, CO
Stephanie Yarnell-Mac Grory, MD, Butner, NC
Alexander Westphal, MD, PhD, New Haven, CT

EDUCATIONAL OBJECTIVE

This workshop will examine the challenges involved in treating individuals with Autism Spectrum Disorder (ASD) in forensic treatment settings. Attendees will develop skills around identification of symptoms and associated behaviors in a forensic setting, methods of accommodating these core features, individualization of care, and when to consider alternate treatment settings.

SUMMARY

Autism Spectrum Disorder (ASD) presents a significant public health and ethical dilemma with multiple studies showing that ASD is overrepresented in secure psychiatric treatment settings. While forensic psychiatrists have increasingly explored the ways in which core features of ASD impact an individual's understanding of their behavior, far less attention has been devoted to describing the specialized care individuals may require in forensic treatment settings. This workshop will utilize longitudinal case examples to highlight multiple challenge areas involved with treating ASD individuals in forensic settings. While some theoretical background will be discussed to help attendees fully appreciate the challenges which ASD patients can experience and pose in particular settings, the majority of the workshop is intended to provide attendees with practical skills that can be utilized to help address specific needs of this population.

The workshop will use small breakout groups and the audience response system to allow attendees to work through both real-life and hypothetical case examples. Through role-play exercises in which attendees will assume the roles of both treater and consultant, they will gain hands-on practice in both identifying likely problem areas for individuals with autism, as well as gain skills around developing strategies to optimize care delivery.

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QUESTIONS AND ANSWERS

1. Which of the following statements about Autism Spectrum Disorder (ASD) in secure psychiatric treatment settings is true?
 - A. Individuals with ASD are underrepresented in secure treatment settings when compared to the prevalence of ASD in the general population
 - B. Individuals with ASD are overrepresented in secure treatment settings
 - C. Individuals with ASD are not found in forensic treatment settings because ASD does not usually qualify for an NGRI defense
 - D. ASD should not be a major consideration as treatment should be primarily focused on an individual's psychotic or personality pathology

ANSWER: B

2. Which of the following is commonly found in individuals with Autism Spectrum Disorder (ASD)?
 - A. Difficulty with typical 'back and forth' social interactions
 - B. An intense interest in a particular area or topic
 - C. Strict adherence to routines and difficulty when these are changed without warning
 - D. All of the above

ANSWER: D

S19 FORENSIC ASSESSMENT OF DISSOCIATION: FROM DRAMA TO TRAUMA

Charles Scott, MD, Sacramento, CA
Austin Blum, MD, Chicago, IL
Hunter Neely, MD, Terrell, TX
Amanie Salem, MD, New York, NY
William Tindell, MD, Lexington, KY

EDUCATIONAL OBJECTIVE

To provide an evidence-based assessment of dissociation claims in civil and criminal litigation.

SUMMARY

Dissociation is a symptom included in many DSM diagnoses and often serves as the basis of mental disorder claims in both civil and criminal litigation. Despite frequent claims of dissociation, evidence-based evaluations of this self-reported symptom are rarely utilized. This panel provides a practical guideline for the objective assessment of dissociation. Dr. Austin Blum will review the historical evaluation of "dissociation" as a psychiatric symptom, highlight current definitions of dissociation, and summarize the range of DSM-5 disorders that include dissociation as a diagnostic symptom. Dr. Hunter Neely will discuss the evolution, origins, and current diagnostic criteria of dissociative identity disorder (DID) with an update on current DID research. Dr. William Tindell will present important factors important to distinguish between genuine, feigned, and false memories relevant to recovered/dissociated memories. The influence of third party suggestibility, hypnosis, and EMDR in creating false memories will be discussed. Dr. Amanie Salem will summarize approaches to the forensic assessment of claimed dissociation, including the use of structured forensic interviews, psychological testing to evaluate malingered dissociation, and the emerging use of neurobiomarkers. Dr. Charles Scott will summarize dissociation presentations in litigation including trial competency, criminal responsibility, death penalty mitigation, and civil claims involving psychic harm.

REFERENCES

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QUESTIONS AND ANSWERS

1. Which of the following tests are useful in demonstrating feigned dissociation in Dissociative Identity Disorder claims?
- A. Beck Depression Inventory (BDI)
 - B. Test of Memory Malingering (TOMM)
 - C. Clinically administered PTSD scale (CAPS)
 - D. Assessment of Malingered Dissociation (AMD)

ANSWER: B

2. Which of the following statements best explains the relationship of peritraumatic dissociation to future risk of developing PTSD?
- A. Peritraumatic dissociation lessens the risk of developing PTSD due to the protection dissociation affords to the experiencing of trauma.
 - B. Peritraumatic dissociation at the time of trauma represents a significant risk factor for the development of subsequent PTSD.
 - C. Peritraumatic dissociation is defined as a complete loss of memory for a traumatic event.
 - D. There is no clear relationship of peritraumatic dissociation to the future development of PTSD.

ANSWER: D

S20 DEVELOPMENT OF A CAPACITY ASSESSMENT CHECKLIST FOR TEACHING TRAINEES

Cara Angelotta, MD, Chicago IL
David Salzman, MD (I), Chicago, IL

EDUCATIONAL OBJECTIVE

The objective is to create and share an evaluative tool for teaching and assessing medical trainees on assessment of capacity to make medical decisions that can serve as the foundation for the development of a capacity assessment curriculum.

SUMMARY

Assessment of capacity to make medical decisions is a routine part of medical practice, but medical students receive minimal formal training and assessment in this essential skill. Ensuring students can perform this task is important and checklist-based assessments are a cornerstone of competency-based medical education. Currently, no published checklists exist for evaluating medical student performance in performing a capacity assessment. The objective was to create an evaluative tool for capacity assessment using best practice checklist development and expert consensus. An initial capacity assessment checklist was created based on literature review. Subsequently, a multidisciplinary panel of 17 experts reviewed the initial checklist using a modified Delphi approach. The experts practice in academic and community settings across the United States and are from fields including forensic and consultation-liaison psychiatry, psychology, emergency medicine, internal medicine, obstetrics-gynecology, mental health law, and medical education. Feedback was reviewed by the two lead authors and the same expert panel reviewed subsequent iterations of the checklist. After two rounds of revisions, consensus was reached for the final checklist which contained 23 item dichotomous checklist for capacity assessment. This checklist can serve as a foundation for the development of a capacity assessment curriculum.

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- Appelbaum PS, Grisso T. Assessing patients' capacities to consent to treatment. *N Engl J Med.* 1988 Dec 22;319(25):1635-8.

QUESTIONS AND ANSWERS

1. In this educational process, a minimum passing standard is established by expert consensus, target skills are tested at baseline, and trainees engage in deliberate practice of target skills until the minimum passing standard is achieved.

- A. Mastery learning
- B. Practice as usual
- C. Standardized examinations
- D. Multimodal learning
- E. None of the above.

ANSWER: A.

2. Capacity to make treatment decisions involves assessment of the following:

- A. Communicate a clear choice
- B. Understand the situation.
- C. Reason logically.
- D. Appreciate consequences
- E. All of the above

ANSWER: E

S21 FIRST EPISODE PSYCHOSIS AND CRIMINAL OFFENSE IN US YOUNG ADULTS

Kyle D. Webster, MD, Indianapolis, IN
Tracy D. Gunter, MD, Indianapolis, IN

EDUCATIONAL OBJECTIVE

To characterize and describe what individuals experiencing first episode psychosis face in regard to the criminal justice system and risk factors affecting legal involvement.

SUMMARY

Individuals experiencing a first episode of psychosis (FEP) are at increased risk for criminal justice system involvement. One study found 29% of FEP individuals had a criminal offense prior to engagement in treatment (Diaz et al). A midwestern mental health program in Indiana provides coordinated specialty care (CSC) to people experiencing FEP. CSC is tailored to each individual and employs many approaches to manage psychotic disorders. Patients entering treatment are given a comprehensive self-assessment, including whether they have been arrested, incarcerated, or sentenced on a criminal offense within six months prior to seeking services. We expand on this by cross-referencing the data provided with data available from the Indiana Mycase website (a public database of all court proceedings in Indiana). 96 people out of 309 participants (31% of adults entering care between 2009-2021) had state misdemeanor/felony convictions. These subjects served a total of 198 jail/prison sentences between 2004-2021. This confirms prior studies demonstrating the vulnerability of FEP individuals. It also highlights the need for bridging between criminal justice system and community mental health services. Future directions include analysis of potential risk factors, such as race, as preliminary data suggests that identifying as African American is a risk factor for legal involvement.

REFERENCES

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- Diaz I, Pelayo-Teran JM, Perez-Iglesias R., Mata I, Tabares-Seisdedos R., Suarez-Pinilla P., Vazquez-Barquero JL, Crespo-Facorro B. Predictors of clinical remission following a first episode of non-affective psychosis: Sociodemographic, premorbid and clinical variables. *Psychiatry Research*. 2012 October; (206) 181-187.

QUESTIONS AND ANSWERS

1. Risk factor(s) for poorer outcomes in individuals with First Episode Psychosis (FEP) historically have been found to be:
- A. African American race
 - B. Higher severity of negative symptoms
 - C. Substance use
 - D. Duration of untreated psychosis
 - E. All of the above

ANSWER: E

2. In the current study, individuals experiencing FEP who were convicted of a misdemeanor and/or felony served on average how many number(s) of jail/prison sentences?
- A. 4
 - B. 3
 - C. 2
 - D. 1

ANSWER: C

S22 TRAUMA INFORMED CARE ON A FEMALE FORENSIC INPATIENT SERVICE

Juliette K. Kupre, MD, Toronto, ON, Canada
Ipsita Ray, MD (I), Toronto, ON, Canada

EDUCATIONAL OBJECTIVE

Participants will be familiar with the paradigm of trauma-informed care as outlined in the literature and appreciate the challenges and opportunities of implementing trauma-informed care in the forensic mental health system.

SUMMARY

Forensic patients have a high rate of exposure to traumatic experiences in childhood, adulthood, and as a result of their index offenses (Maguire & Taylor, 2019). Such exposures are a risk factor for the development of mood, psychotic, and personality disorders (Battle et al., 2004). Trauma-informed care (TIC) is an emerging paradigm in psychiatry that attempts to understand the impact of trauma, integrate this understanding into policies and practices, and avoid re-traumatizing patients receiving care (Muskett, 2014). This presentation will review the available literature on TIC in psychiatry, and draw attention to the lack of research in adapting the model to forensic psychiatry (Papanastassiou et al., 2004). While TIC emphasizes maximizing patient autonomy and forming trusting relationships with care providers, many aspects of the inpatient forensic environment, such as involuntary treatment and confinement and a consideration of public safety, problematize the import of trauma-informed care into forensic settings. A quality improvement project measuring the impact of TIC training on provider attitude and knowledge in an all-female low security forensic unit in Toronto, Canada is described. Finally, insights into the unique challenges and opportunities of translating this paradigm into the forensic setting and priorities for future research are outlined.

REFERENCES

- Battle CL, Shea CL, Shea MT, et al. Childhood Maltreatment Associated With Adult Personality Disorders: Findings From the Collaborative Longitudinal Personality Disorders Study. *J of Personality Disorders*. 2004. 18(2), 193-211. Maguire D, Taylor J. A Systematic Review on Implementing Education and Training on Trauma-Informed Care to Nurses in Forensic Mental Health Settings. *J of Forensic Nursing*. 2019. 15(4), 242-249.
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QUESTIONS AND ANSWERS

1. Which of the following is not a core principle of trauma-informed care?

- A. Safety
- B. Cultural and historical
- C. Psychotherapy
- D. Empowerment, voice and choice

ANSWER: C

2. What is the greatest challenge to implementing trauma-informed care in forensic psychiatry?

- A. Staff training
- B. Confinement of patients
- C. Mixed gender environments
- D. Not enough research has been done to answer this question

ANSWER: D

S23 DEVELOPMENT OF A PEER SUPPORT GROUP FOR FORMERLY INCARCERATED WOMEN

Lauren U. Nguyen, MD (I), New Orleans, LA
William R. Boles, MD (I), New Orleans, LA
Dolfinette Martin, MD (I), New Orleans, LA
Kenyatta Anderson, MD (I), New Orleans, LA

EDUCATIONAL OBJECTIVE

To understand the need, challenges and opportunities of peer support services for justice-involved women

SUMMARY

Compared to men, women are more likely to enter prison with severe mental health issues and to be survivors of trauma and sexual violence. During incarceration, women are also more likely to face sexual violence and abuse, disproportionately harsh discipline, and unmet healthcare needs. Formerly incarcerated women often experience further strain due to unique stressors related to family reunification, conflict with other caregivers, child protection agencies, or family court judges. Despite the high prevalence of mental health stressors before, during, and after incarceration for women, and the recognized need for trauma-informed care and mental health counseling in the re-entry period, few entities provide such resources in New Orleans, and none are designed for formerly incarcerated women specifically.

To fill this gap, Southern Women with Amazing Purpose, with support from Tulane University, has begun the development of a trauma-informed peer support curriculum for formerly incarcerated women. This intervention leverages womens' shared experience of incarceration and reentry to foster mutual trust needed for vulnerable and reflective discussion. This presentation will discuss the development process and formative evaluation of this group, including methodology for recruitment, hosting focus groups, curriculum development, implementation, revision, and community-based participatory action research approach to mixed-method evaluation.

REFERENCES

- Resnik, J., Harrington, A., & Petchenik, M. (2019). Statement and Recommendations to the United States Commission on Civil Rights-Women in Prison: Seeking Justice Behind Bars. Available at SSRN 3393003.
- Swavola, E., Riley, K., & Subramanian, R. (2016). Overlooked: Women and jails in an era of reform (pp. 1-48). New York: Vera Institute of Justice.

QUESTIONS AND ANSWERS

1. Which of the following statements about gender disparities in the carceral system is FALSE?
- A. Women who enter prison are more likely than men who enter prison to lose custody and parental rights after incarceration.
 - B. Incarcerated women are given disproportionately harsh punishments for minor offenses while incarcerated compared to incarcerated men.
 - C. Women have less access to rehabilitative programs in prison that would teach them new skills to prepare for successful reentry after incarceration.
 - D. At least 30% of women entering prison report experiencing physical and/or sexual abuse prior to incarceration.

ANSWER: D

2. Which of the following is NOT an element of a community-based participatory action research approach to developing mental health interventions in forensic populations?
- A. Co-development of the intended intervention with the community at every step
 - B. Recursive exploration of the identities and roles of each member of the team
 - C. Disseminating knowledge gained from the project to and by all involved partners
 - D. Empowering the community to define the nature of the problem to be addressed or investigated
 - E. All of the above

ANSWER: E

S24 ADVANCED TOPICS IN FORENSIC NEUROPSYCHIATRY

Jacob C. Holzer, MD, Belmont, MA
Dale Panzer, MD, Paoli, PA
Manish A. Fozdar, MD, Raleigh, NC
Octavio Choi, MD, PhD, Stanford, CA

EDUCATIONAL OBJECTIVE

To teach/update the audience on important contemporary research topics in forensic neuropsychiatry.

SUMMARY

This panel will discuss forensic neuropsychiatry research topics of current importance: A) neuropsychiatric aspects of radicalization and extremism, B) forensic aspects of the SARS-CoV-2 pandemic, C) report and testimony assessment of neuro-specialists consulting in traumatic brain injury (TBI), D) criminal and civil implications in the emerging technology of wearable devices (Fitbit, Apple watch).

REFERENCES

Hauser C. Police use Fitbit data to charge 90-year-old man in stepdaughter's killing. The New York Times, 10/3/18.
Shafi N. The Neuroscience of Terrorism: A Neuroscientific Approach to Understanding Cognitive-Behavioral Traits of Violent Extremists, The New School Psychology Bulletin, Vol 18 No 1, 2021.

QUESTIONS AND ANSWERS

1. Which of the following are true of neuropsychiatric symptoms of COVID-19?
- A. They include cognitive, emotional, and behavioral symptoms
 - B. The literature is primarily anecdotal at this time
 - C. There is no one specific mechanism to explain these symptoms
 - D. The forensic evaluator should follow emerging literature on forensic applications
 - E. All of the above

ANSWER: E

2. Peripheral health monitoring devices, such as apple watches and fitbits, track the user's sleep using the following kinds of information:

- A. Heart rate
- B. Motion detection
- C. Direct EEG recordings
- D. A and B
- E. All of the above

ANSWER: D

S25 WITHDRAWN

S26 TRAUMA IN TRANS AND GENDER DIVERSE INDIVIDUALS

Tianyi Zhang, MD, San Francisco, CA
Roger Samuel, MD, Boca Raton, FL
Susan Ditter, MD, San Jose, CA
Keith Caruso, MD, Brentwood, TN
Mikel Matto, MD, Portland, OR

EDUCATIONAL OBJECTIVE

Participants will learn how trauma is experienced by transgender and gender diverse persons throughout their lifespan and how to utilize techniques to improve forensic accuracy in evaluations and encourage healing and growth in treatment.

SUMMARY

This panel will detail the various types of experienced trauma and their effects on transgender and gender diverse (TGD) youth and adults who are traditionally understudied, underserved, and overexposed to violence. This panel will explore this population through the developmental lifecycle. Dr. Samuel will discuss exposures to traumatic events and posttraumatic stress disorder in TGD youth during childhood and adolescence and the associated consequences in educational settings and the juvenile justice system. Dr. Ditter will explain intimate partner violence experienced by TGD individuals and the barriers to care and change. Dr. Caruso will describe a trauma-shaped criminal case and the complicating factors of gender identity in the state of Tennessee. Dr. Zhang will discuss the medical trauma experienced by our TGD patients and how we can avoid re-traumatization in the care that we provide.

REFERENCES

Johns MM, Lowry R., Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students - 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep.* 2009 Jan; 68(3):67-71.

Langenderfer-Magruder L., Whitfield DL, Walls NE, et al. Experiences of Intimate Partner Violence and Subsequent Police Reporting Among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization. *J Interpers Violence.* 2016 Mar; 31(5):855-871.

QUESTIONS AND ANSWERS

1. Issues in correctional confinement for transgender individuals include:

- A. Formulary availability of hormonal medications
- B. Gender housing assignment according to assigned sex at birth rather than gender identity
- C. Attitudes of correctional personnel toward transgender individuals
- D. Attitudes of other inmates toward transgender individuals
- E. All of the above

ANSWER: E.

2. Which of these statements is true?

- A. The lifetime prevalence of Intimate Partner Violence (IPV) for transgender individuals is similar or less than that of cisgender individuals
- B. The types of IPV reported by transgender individuals differs from that reported by cisgender individuals
- C. Transgender individuals manifest different mental health sequelae of IPV than cisgender individuals
- D. Transgender individuals have unique vulnerabilities that place them at increased risk for IPV

ANSWER: D.

S27 THE RECOVERY CHALLENGE: IDENTITY, CULTURE AND THE LIFE WORTH LIVING

Alexander I. F. Simpson, MBChB, Toronto, ON, Canada
John W. Thompson, Jr. MD (I), New Orleans, LA
Darren L. Lish, MD, Evergreen, CO

EDUCATIONAL OBJECTIVE

By the end of this presentation, the participant will be able to:

Outline what we know about making a life worth living from a provider/scientific perspective;

Describe how we help people in that process, including the impact of culture and identity on that process; and

Be informed by the perspectives of how patients have negotiated these issues.

SUMMARY

At the core of the recovery philosophy is the concept of a person developing a “life worth living”, a personal expression of values and identity in the face of the effects of illness and, in a forensic context, of offending. This panel will explore these themes from multiple perspectives. First, Dr. Simpson will summarize the core concepts of recovery and what we know of the experience of forensic patients and the challenges for forensic staff in enhancing recovery. This presentation will include reference to the work that has been done on culture and identity as a component of recovery. Second, will be a conversation between Dr. Thompson and two people who are in recovery in forensic services in Louisiana, focused on patient perspectives on recovery, identity and developing a “life worth living”. They will reflect on what helps, and what frustrates that process for them. Third, Dr. Lish will comment on his experience with the development of recovery-based services in Colorado, on both the opportunities of this work and the structural and legal barriers that are present. Some of these barriers are factors stemming from clinical practice; others are legal requiring system-level advocacy.

REFERENCES

Livingston, James D. ‘What does success look like in the forensic mental health system? Perspectives of service users and service providers.’ *International Journal of Offender Therapy and Comparative Criminology* 62, no. 1 (2018): 208-228.

Simpson, Alexander I F, and Stephanie R. Penney. ‘Recovery and forensic care: Recent advances and future directions.’ *Criminal Behaviour and Mental Health* 28, no. 5 (2018): 383-389.

QUESTIONS AND ANSWERS

1. Within the field of criminology and forensic mental health systems, “success” is often defined primarily on the basis of whether or not an individual stays away from repeat criminal offending for a specified duration. The subfield of positive criminology now calls for greater recognition of which of the following variables when explaining changes in criminal behavior?

- A. Positive experiences
- B. Protective factors
- C. Human agency
- D. Prosocial behavior
- E. All of the above

ANSWER: E

2. The definition of “success” within a forensic mental health system is evolving beyond the longstanding focus upon recidivism and crime control. The concept of success might be conceptualized across multiple domains, including having: (a) a normal life, (b) an independent life, (c) a compliant life, (d) a healthy life, (e) a meaningful life, and (f) a progressing life. Which of the following represents the best description of a progressing life?

- A. Achieves and maintains a healthy state, including mental well-being, physical health, and connectedness with others.
- B. Abides by rules and expectations that are imposed by authorities.
- C. Works toward realizing positive change in their lives and improving their life circumstances.
- D. Achieves and maintains an autonomous and self-determining life.
- E. Satisfies the normative expectations and rules created and imposed by society.

ANSWER: C

S28 FEMALE SEX OFFENDERS: INSIGHTS FROM THE MISSOURI REGISTRY

Elias Ghossoub, MD, Beirut, Lebanon

Nadia El Harake, MD (I), Beirut, Lebanon

EDUCATIONAL OBJECTIVE

To identify criminological characteristics of female registered sex offenders and highlight differences between pornography and non-pornography offenders

SUMMARY

There is limited research on female sex offenders and their offending characteristics. Women’s sociocultural description as being nurturing, nonaggressive, and more significantly non-sexual has diverted the attention from female sexual offending. Although reports have shown that female sexual offenders make up 1% of the whole sex offender population, the true rate is remarkably higher since the caretaking behavior of females masks their sexual offenses. The purpose of our study is to explore the characteristics of female sex offenders. Most literature stems from studies having a small sample size, rendering the assessment and treatment of female child offenders inadequate. We analyzed the publicly available Missouri sex offender registry database and selected all female sex offenders (N=532) of any age who committed their crimes in Missouri and were convicted in Missouri. We found that the 532 female offenders had a mean age of 29.8 years at the time of their first offense and were convicted for a total of 992 offenses. The calculated recidivism rate was close to 0.6%. Moreover, 89.5% of offenders had strictly contact offenses while 5% had strictly pornography offenses. Implications on risk assessment will be discussed.

REFERENCES

Cortoni F, Babchishin KM, Rat C. The proportion of sexual offenders who are female is higher than thought: a meta-analysis. *Crim Justice Behav.* 2017 February; 44(2):145-162.

Tsopelas C, Spyridoula T, Athanasios D. Review on female sexual offenders: findings about profile and personality. *Int J Law Psychiatry.* 2011 March-April; 34(2):122-126.

QUESTIONS AND ANSWERS

1. What is the average age of female sex offenders?

- A. 16-26
- B. 26-36
- C. 36-46
- D. 46-56

ANSWER: B

2. Is there a difference in female sex offender percentages when comparing official records with victimization surveys?
- A. No, both show that female sex offenders make up 2% of offenders
 - B. No, both show that female sex offenders make up 12% of offenders
 - C. Yes, female sex offenders make up 12% of offenders per official records and 2% of offenders per victimization surveys
 - D. Yes, female sex offenders make up 2% of offenders per official records and 12% of offenders per victimization surveys

ANSWER: D

S29 AUTOMATISMS, ALCOHOLIC BLACKOUTS, AND REACTIVE HYPOGLYCEMIA

Shayna J. Popkin, MD, Silver Springs, MD
James Merikangas, MD, Bethesda, MD

EDUCATIONAL OBJECTIVE

Bring awareness of the complexities of automatisms and the law, especially related to crimes committed during alcohol induced reactive hypoglycemic blackouts.

SUMMARY

Can one be held liable for actions that lead to crimes if they are not consciously aware they are committing them? Are crimes committed by the subconscious, i.e. while sleep walking, delirious, or due to a traumatic brain injury, considered voluntary? What about crimes committed during a medical emergency such as a seizure or a reactive hypoglycemic black out? What if alcohol or illicit substances are involved along with the medical emergency? In these complex multifactorial legal cases, the law has not caught up with medical science. This paper will discuss these issues in the context of a recent medico-legal case.

REFERENCES

Fenwick P. Automatism, medicine and the law. *Psychol Med Monogr Suppl.* 1990;17:1-27.

Yeo S. Clarifying automatism. *International Journal of Law and Psychiatry* 2002; 23: 445-458.

QUESTIONS AND ANSWERS

1. Which of the following diseases has been shown to cause automatisms?

- A. Generalized Anxiety Disorder
- B. Fibromyalgia
- C. Somnambulism
- D. Myasthenia Gravis

ANSWER: C

2. Which of the following is the term for “intention of knowledge of wrong doing that constitutes part of a crime?”

- A. Actus Reus
- B. Voluntariness
- C. Automatism
- D. Mens Reus

ANSWER: D

S30 IS IT TIME FOR FURTHER EXPANSION OF SLAYER LAWS?

Jennifer Piel, MD, Seattle, WA

EDUCATIONAL OBJECTIVE

Participants will learn about slayer laws in which persons are disinherited due to bad behavior; recent expansion of these laws; how expanded slayer laws may be used to deter forms of abuse, like elder abuse and intimate partner violence; and how forensic psychiatrists may be involved in cases asserting violations of slayer laws.

SUMMARY

Slayer laws preclude inheritance for persons who kill the decedent. Florida is the most recent state to expand its slayer laws to preclude inheritance by persons who engage in forms of abuse or exploitation against specified vulnerable persons before their death. Although a handful of states have expanded their slayer laws, most states have been slow to do so. In discussing Florida's expanded law and the impetus for enacting similar expanded slayer laws, this paper presentation will discuss the role for continued expansion of slayer laws - to other states and to other potential victims at risk for abuse or exploitation that are not covered by any current slayer law. These include protection for persons who have faced domestic abuse or intimate partner violence. Expansion of slayer laws has the potential to deter abuse by supplementing the current legal means available to address persons who abuse or exploit another. This paper presentation will also discuss ways in which forensic psychiatrists may be involved with slayer laws - through expert witness work in estate challenges involving slayer rules, clinical roles in working with persons who may be vulnerable to abuse or exploitation, or through advocacy to state legislatures.

REFERENCES

Piel J. Expanding slayer statute to elder abuse. *J Am. Acad. Psychiatry Law*, 43: 369-76 (2015).

Piel J, Leong G. The slayer statute and insanity, *J. Am. Acad. Psychiatry Law*, 38:258-62 (2010).

QUESTIONS AND ANSWERS

1. How many states have expanded their slayer disinheritance laws to include forms of abuse toward elders or other vulnerable adults?

- A. Seven
- B. Eight
- C. Nine
- D. Ten

ANSWER: C

2. States have expanded slayer laws to deter what types of bad behavior:

- A. Physical abuse
- B. Financial exploitation
- C. Neglect
- D. All of the above

ANSWER: D

S31 ADVANCING AND PROTECTING THE HEALTH AND WELLBEING OF ASTRONAUTS

Gary E. Beven, MD, Houston, TX

EDUCATIONAL OBJECTIVE

Attendees will be afforded instruction regarding the unique field of aerospace psychiatry and its application to NASA's human spaceflight program. Elements will include astronaut selection, spaceflight training and preparation, in-flight behavioral health support, post mission evaluation, and other relevant aspects of human spaceflight history dating to its onset in 1961.

SUMMARY

The history of human spaceflight dates to the Soviet Union's Vostok-1 mission, flown by cosmonaut Yuri Gagarin on April 12, 1961, triggering the Space Race. This presentation will depict relevant elements of human spaceflight dating to its beginnings, with a focus on the history of long-duration spaceflight missions onboard space stations dating to the tragic Salyut-1 mission in 1971 as well as the behavioral and psychological consequences of such missions. Other areas of presentation will include NASA astronaut selection, behavioral evaluation of astronauts assigned to spaceflight missions onboard the International Space Station, in-flight behavioral health and performance countermeasures to enhance performance during long duration missions, and postflight mission assessment of astronauts. In development and planned spaceflight programs, including NASA's Artemis Program and commercial space station development will also be briefly discussed.

REFERENCES

Sipes W., Flynn F., Beven, G.: Behavioral health and performance support, in Principles of Clinical Medicine for Spaceflight. Edited by Barratt M., Baker, E, and Pool, L. NY, Springer, 2019, pp 761-792

Sipes W., Holland A, Beven, G.: Managing behavioral health in space, in Encyclopedia of Bioastronautics. Edited by Young L.R. and Young J.P. Zurich, Springer International, 2017, pp 1-9

QUESTIONS AND ANSWERS

1. NASA's first dedicated behavioral health and performance group for human spaceflight missions began operations during which program?
 - A. Apollo
 - B. International Space Station
 - C. Skylab
 - D. Shuttle-Mir
 - E. Project Mercury

ANSWER: D

2. The first space station in history in which significant behavioral health decrement of crewmembers was first noted was:
 - A. International Space Station
 - B. Salyut-6
 - C. Mir
 - D. Tiangon-2
 - E. Skylab

ANSWER: B

S32 ECT, TMS AND KETAMINE IN CORRECTIONS: LIMITATIONS AND ADVOCACY

Bhinna P. Park, MD, Federal Way, WA
Michael Champion, MD, Honolulu, HI
Dileep Sreedharan, DO (I), Walla Walla, WA
Lisa Harding, MD, Bethany, CT
Michael Peroski, DO (I), Dubuque, IA

EDUCATIONAL OBJECTIVE

Have an awareness of the magnitude of the number of severely mentally ill inmates incarcerated across the country;

Discuss negative perceptions of ECT, TMS and ketamine and understand why this has become so deeply-ingrained within the public imagination;

Discuss a basic overview of each procedure;

Identify two limitations to providing these treatments for incarcerated individuals; and

Understand that barriers to psychiatric treatment for inmates is a global issue.

SUMMARY

Often referred to as “the new asylums,” the correctional system is now the largest psychiatric provider in the United States. If treated inadequately, consequences for these patients are devastating, including increased incarceration times, recidivism and risks of suicide. Psychiatric treatment in these settings is limited compared to the community, including access to Electroconvulsive Therapy (ECT), as well as Transmagnetic Stimulation (TMS) and ketamine. Despite its portrayal in the media, ECT remains one of the gold-standard treatments for severe depression and catatonia. It is used widely in cases where medication may be contraindicated or ineffective. It is foreseeable that newer treatments like TMS and ketamine will face similar challenges. We will address the logistics, safety and efficacy of ECT, TMS and ketamine, as well as the barriers present in offering these treatments to this population. Such barriers include capacity to consent, patients with medical comorbidities and public misperceptions of these treatments, including those of community providers toward the treatment of incarcerated patients. We also discuss how certain states are taking measures to provide these treatments to severely mentally ill inmates. Lastly, we will discuss how psychiatrists and other physicians can advocate for safe, effective psychiatric treatment for severely mentally ill inmates.

REFERENCES

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Best SRD, Pavel DG, Hastrup N. Combination therapy with transcranial magnetic stimulation and ketamine for treatment-resistant depression: A long-term retrospective review of clinical use. *Heliyon*. 2019 Aug 9;5(8):e02187. doi: 10.1016/j.heliyon.2019.e02187. PMID: 31440588; PMCID: PMC6700321.

QUESTIONS AND ANSWERS

1. What are some of the barriers to providing ECT, TMS and ketamine treatment to incarcerated individuals?

- A. Budgetary concerns
- B. Safety issues
- C. Capacity to consent
- D. Medical comorbidities
- E. All of the above

ANSWER: E

2. What is a risk of providing inadequate treatment to incarcerated individuals?

- A. Not meeting community treatment standards
- B. Worsening symptoms of mental illness
- C. Increased risk of suicide
- D. All of the above
- E. None of the above

ANSWER: D

S33 EVOLVING FORENSIC PRACTICE CHALLENGES MEET NOVEL TECH SOLUTIONS

A. Natasha Cervantes, MD, East Amherst, NY
Andrew Nanton, MD, Tualatin OR
Alan Newman, MD, D, Mill Valley, CA
Leena Rajagopal, MD, Edgewater, NJ

EDUCATIONAL OBJECTIVE

The Private Practice and Technology Committees will present an update on the use of new technology and software tools that will help forensic psychiatrists more efficiently manage their time on record review, report preparation, administrative tasks, creating a better work product, and improve their practice and workflow.

SUMMARY

The last two years in particular have led to the need to deliver forensic consultation services through novel, often remote means which are likely to remain viable or preferred options for the future. At the same time, electronic records have become more voluminous and complex, leading to more time-consuming record review and report preparation. Members of the Private Practice Committee will discuss commonly encountered challenges, provide demonstrations for products, and make suggestions that improve efficiency, productivity, report quality and billing. We will discuss: equipment set-up (hardware and devices), recording/preserving evaluations (as well as how to preserve and polish up the record), record review of (sometimes voluminous) digital records and creating professional work templates, products and invoices

The audience will become familiar with tools for: reviewing Digital Records (including Liquid Text, OCR technology), the basics of setting up microphone/camera/computer/lighting, and Stream Decks; Dictation/transcription (human vs. A.I. like Otter or Dragon) and their relative advantages and disadvantages; Tools for notetaking (recording pens, Livescribe, Remarkable tablet, Text Expander) including best applications and limitations; Audio Cleanup software, creating templates for reports/professional appearance, merging document sections into reports, hidden Word features, time tracking, invoicing and billing.

REFERENCES

Keith Ferrazzi. Competing in the New World of Work: How Radical Adaptability Separates the Best from the Rest. February 15, 2022

Rempel, DM., Keir, PJ, Bach JM Effect of wrist posture on carpal tunnel pressure while typing. Journal of Orthopaedic Research 2008 Sept 26(9) 1269-1273.

QUESTIONS AND ANSWERS

1. All of the following are true about incorporating new technology or software to an existing practice EXCEPT:

- A. Used appropriately, help decrease the time spent on editing and preparation
- B. Do not require significant time to learn and optimize performance
- C. Can qualify as tax-deductible business expenses
- D. May not be allowed in certain forensic settings

ANSWER: B

2. Which of the following is correct about available editing software?

- A. All software products include secure storage of data
- B. Text from PDF files cannot be converted to editable text, such as in Microsoft Word
- C. Paragraphs from scanned documents can be cut and inserted into report templates
- D. All of the above are correct

ANSWER: C

S34 THE ARISTOCRATS OF CRIME

Lynn Maskel, MD, Madison, WI
Kevin Moore, MD, Stafford, VA
Rosa Negron-Munoz, MD, Lakeland, FL
Jonathan Warshawsky, PhD (I), Markanda, IL

EDUCATIONAL OBJECTIVE

To demonstrate an understanding of how the three key psychological components of con artists then couples with opportunity to result in criminal activity.

SUMMARY

Ultimately, anyone can be conned (and most likely has been). There is a long history of known con artists, predominantly male, but as of late women have come to the forefront (via intense media attention). On the West Coast, Elizabeth Holmes (biotech entrepreneur) was criminally convicted of scamming that a drop of blood could provide multiple pieces of critical health data. On the East Coast, falsely claimed heiress Anna Delvey (aka Sorokin) lived high in New York socialite society while attempting to bilk thousands of dollars from banks to fund her exclusive "art foundation". Subsequently convicted, imprisoned and finally deported, she continues to bask in attention and fame via the nine episode series "Inventing Anna". Highlighted will be an exploration of the triad which underlies the psychology of the "shark" and why we, as the "mark", are vulnerable to them. This dark triad consists of Psychopathy, Narcissism and Machiavellianism. And how they are targeting our evolutionary need to trust. Additional examples of recent female "cons" (inclusive of other diverse cultures) will be explored as well. Film references and clips will attest to the fictional interest in the female con artist. Take a look at House of Games by David Mamet.

REFERENCES

Konnikova, Maria. The Confidence Game: The Psychology of the Con and Why We Fall for It Every Time. New York: Penguin Books, 2016

Paulhus, D. L., and Williams, K. M. (2002). The Dark Triad of personality: narcissism, Machiavellianism, and psychopathy. J. Res. Pers. 36, 556-563. doi: 10.1016/s0092-6566(02)00505-6.

QUESTIONS AND ANSWERS

1. Which of the statement/s about “sharks and their marks” are true (select all that apply):

- A. Con artists are more likely than not to face charges and come to trial
- B. Amongst physicians, psychiatrists score highest on Machiavellian (“Mach”) scales.
- C. Con artists themselves often are the best marks because they think of themselves as immune
- D. Victim profiles show “marks” are frequently less educated, less intelligent, and less knowledgeable with a lack of logical thinking

ANSWER: A, B and C

2. Machiavellians differ from Narcissists in the following ways (select all that apply):

- A. Are more strategic in long-term planning in order to meet own self-serving goals.
- B. Typically avoid actual criminal behavior in order to preserve a sense of superiority
- C. Are less emotional and exhibit good impulse control
- D. Like to be center of attention even if it involves getting caught in a lie
- E. Are more likely to break laws as believing “everyone does it” or “the ends justify the means”
- F. Like to feel empowered by the ability to deceive

ANSWER: A, C and E

S35 IMPROVING THE FORENSIC INTERVIEW

Nina E. Ross, MD, Cleveland, OH
Karen B. Rosenbaum, MD, New York, NY
Charles L. Scott, MD, Sacramento, CA
Jeffrey P. Guinea, MD, Pontiac, MI
Kendall Genre, MD (I), New Orleans, LA
Gayden Day (I), Dallas, TX

EDUCATIONAL OBJECTIVE

To illustrate and apply the role of improvisation exercises in developing forensic interviewing skills.

SUMMARY

Unlike much of the rote knowledge taught in medical training, mastery of forensic interview skills requires practice-based learning. A successful forensic interview involves many skills, including active listening and the ability to build upon words and upspoken cues in order to answer the question at hand. Comedic improvisation relies on a similar skillset, including communication skills, mental flexibility, and the ability to actively listen. For these reasons, there is increasing interest in the incorporation of improvisation exercises in medical education and training. This interactive workshop will demonstrate how to use improvisational exercises to enhance forensic psychiatric interviewing and listening skills. Participation will be via small and large group improvisation activities, led by forensic psychiatrists as well as Gayden Day, professional improvisation comedian who has worked with Improv Troupes in Dallas and has 35 years of experience in storytelling. These activities can be used to improve one’s own forensic interviewing skills as well as provide trainees additional tools to help master the art of the forensic psychiatry interview.

REFERENCES

- Gao L., Peranson J, Nyhof-Young J, Kapoor E, J. Rezmovitz J: The role of “improv” in health professional learning: A scoping review. *Medical Teacher* 41(5), 561-568, 2019.
- Watson K.: Perspective: Serious Play: Teaching Medical Skills With Improvisational Theater Techniques. *Academic Medicine* 86(10):1260-1265, 2011.

QUESTIONS AND ANSWERS

1. Which of these phrases is a core rule of improvisation?

- A. "What did you do tonight?"
- B. "No but"
- C. "Yes and"
- D. "I hear you"
- E. "Why do you say that?"

ANSWER: C

2. What are skills that improvisation can improve for a trainee?

- A. Emotional awareness
- B. Confidence
- C. Getting the big picture
- D. Collaboration
- E. All of the above

ANSWER: E

S36 COMMENTING ON THE PROCESS: A CHALLENGE IN COURTROOM TESTIMONY

Thomas G. Gutheil, MD, Brookline, MA
Juan LaLave, PhD (I), Brookline, MA

EDUCATIONAL OBJECTIVE

Attendees will learn about problems arising from testimony that veers from the legitimate sharing of forensic opinion into commenting on the behavior, goals or inferred mental processes of courtroom personnel, especially the cross examining attorney.

SUMMARY

This pilot study explored forensic practitioners' ability to identify "commenting on the process" during courtroom testimony. Expert testimony involves offering opinions in accordance with courtroom rules, particularly considering issues of relevance to a forensic question being addressed. Experts might comment gratuitously on their views of courtroom events, hidden intents, or mental attitudes of courtroom participants, attorneys and judges. This deviation has been termed "commenting on the process" ("C.O.P."). Study results indicate that respondents could distinguish among highly likely "C.O.P", absence of "C.O.P" and a gray zone between them. However, forensic practitioners have neither a clear idea nor a consensus as to whether "commenting on the process" poses a problem in courtroom testimony. Our results may give guidance to experts in recognizing their tendency to comment on the process.

REFERENCES

Gutheil, T.G.: The Psychiatrist as Expert Witness. 2d ed., Washington, DC, American Psychiatric Press, 2009
Gutheil TG, Dattilio FM: Practical Approaches to Mental Health Testimony. Philadelphia, PA: Wolters Kluwer, 2008.

QUESTIONS AND ANSWERS

1. Which of these comments is TRUE? The study demonstrates that:

- A. C.O.P is a deviation from relevance to a forensic question.
- B. C.O.P is serves to calm expert witness' anxiety
- C. Most forensic practitioners agree that C.O.P poses no problem in courtroom testimony.
- D. C.O.P content is either present or absent and easily distinguishable.

ANSWER: A

2. Which of these comments are TRUE? The study demonstrates that:

- A. C.O.P is a deviation from relevance to a forensic question.
- B. C.O.P is serves to calm expert witness' anxiety
- C. Most forensic practitioners agree that C.O.P poses no problem in courtroom testimony.
- D. C.O.P content is either present or absent and easily distinguishable.

ANSWERS: B and D

S37 JUSTIFYING COERCION IN PSYCHIATRIC CARE

James Knowles, JD, MD, Durham, NC
Daniel D. Moseley, PhD (I), Chapel Hill, NC

EDUCATIONAL OBJECTIVE

providing clarification of a core concept in psychiatry and examining the practical and professional implications of this clarification.

SUMMARY

Patients' right to refuse mental health treatment is often overridden in the inpatient psychiatric setting. Although coercive care can help to achieve clinical ends, it comes at a cost. The experience of coercion impacts patients in myriad ways: undermining the autonomy of the patient, reducing patient trust in their psychiatric providers, and increased rates of suicides after hospital discharge. Coercive care can be viewed on a spectrum, described by Szmukler and Appelbaum, which spans across the dimensions of persuasion, interpersonal leverage, inducement, threat and compulsion. Szmukler convincingly argues that involuntary hospitalization and treatment are justified when the patient lacks decision making capacity and the intervention is in the best interest of the patient. This approach is a useful framework for balancing the principles of respecting patient autonomy and beneficence. We discuss how the rapid expansion of telehealth has expanded the clinic into the community, and how the justification of coercion in the setting of telehealth is the same as the justification for it in the inpatient setting. However, the exercise of legal compulsion in the community raises problems of implementation (e.g., conducting the decision-making capacity evaluation, and the involvement of police) that may not arise in the inpatient setting.

REFERENCES

Szmukler G. Coercion in Psychiatric Treatment and Its Justification. In *Philosophy and Psychiatry: Problems, Intersections and New Perspectives*. New York: Routledge, 2016.

Szmukler G, Appelbaum PS. Treatment pressures, leverage, coercion, and compulsion in mental health care. *J of Mental Health*. 2008. 17(3): 233-244.

QUESTIONS AND ANSWERS

1. According to the dimensions of coercion discussed in the paper, which of the following is the least coercive?

- A. Threats
- B. Inducements
- C. Persuasion
- D. Interpersonal leverage

ANSWER: C

2. What are the necessary conditions for justified coercion, according to Szmukler's model?

- A. Autonomy
- B. Beneficence
- C. Lack of decision making capacity
- D. Lack of decision making capacity and the intervention is in the best interest of the patient

ANSWER: D

EDUCATIONAL OBJECTIVE

Delineating the contribution of early developmental experience on the later acquisition of PTSD and subthreshold PTSD as caused by the prison experience.

SUMMARY

The current Research in Process data differentiate between sequelae of the US Correctional Justice system as causative of PTSD and subthreshold PTSD generally between populations: experiencing early developmental abuse/ trauma and neglect (as discussed in ICD 11) as a more robust predictor of post incarceration PTSD and subthreshold PTSD from US incarceration theories and practices than for those from non detrimental early developmental backgrounds. But the US philosophy in both categories of individuals is a public health issue and causative of PTSD/subthreshold PTSD. Individuals released from prisons in this debilitated condition are at significant risk of acting out in a multitude of antisocial/impulsive ways. This public health crisis paradoxically creates an ex prisoner population more likely to recidivate and adversely impact society directly as a consequence of the prison experience. This research will demonstrate the role of early developmental influences in the early developmental stage including absence of adult figures as traumatic (as discussed in ICD 11) and will help elucidate other risk factors of other sequelae fostering the acquisition in some populations/ socio economic strata of PTSD and subthreshold PTSD.

REFERENCES

Karatzias, I., Shevlin, M., Fyvie, C., Hyland, P., Efthymiadou, E., Wilson, D., Roberts, N., Bisson, J. I., Brewin, C. R., & Cloitre, M. (2017). Evidence of distinct profiles of Posttraumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the new ICD-11 Trauma Questionnaire (ICD-TQ). *Journal of affective disorders*, 207, 181-187. <https://doi.org/10.1016/j.jad.2016.09.032>.

Herzog, J. I., Niedtfeld, I., Rausch, S., Thome, J., Mueller-Engelmann, M., Steil, R., Priebe, K., Bohus, M., & Schmahl, C. (2019). Increased recruitment of cognitive control in the presence of traumatic stimuli in complex PTSD. *European archives of psychiatry and clinical neuroscience*, 269(2), 147-159. <https://doi.org/10.1007/s00406-017-0822-x>.

QUESTIONS AND ANSWERS

1. Early developmental trauma puts formerly incarcerated individuals more at risk of trauma because:

- A.** They are more angry; they don't like following rules
- B.** They have less psychological resilience than those from more psychologically nurturing environments
- C.** The criminal justice system in the US places an emphasis on treating inmates so as to enhance their executive functioning so as to help facilitate their successful post incarceration transition back to society
- D.** The notion of multi generational trauma is a myth, particularly through an ICD 11 perspective

ANSWER: B

2. Variables which can contribute to multigenerational trauma can include:

- A.** Absence of a parental figure for extended periods of time
- B.** Lower SES and various types of deprivation
- C.** Lack of access to social safety net services such as medical, mental health and educational.
- D.** All of the above

ANSWER: D

S39 MONITORING ON CONDITIONAL RELEASE: WHAT IS THE RIGHT WAY?

Soniya Hirachan, MD (I), St. Peter, MN
Selena Magalotti, MD (I), Northfield, OH
James B. Reynolds, MD, St. Joseph, MO

EDUCATIONAL OBJECTIVE

Improve understanding of the considerations and challenges involved in a patient's discharge and monitoring on Conditional Release.

SUMMARY

The majority of patients under criminal court commitment to state psychiatric facilities, whether due to NGRI or Incompetent to Stand Trial adjudication, are eventually discharged into the community on Conditional Release. The progression and length of treatment, eligibility and burden of proof for release, and monitoring protocols on eventual reintegration into the community are vastly different between state psychiatric facilities. In this presentation, speakers will discuss and compare systems for progressing patients toward hospital discharge on Conditional Release and community monitoring. The speakers will discuss the challenges of forging a pathway which has not been heavily researched and can vary greatly, even within the same state. We will address the balance between patient autonomy and conditions designed to further the state's goal of ensuring safety. Speakers will discuss considerations in transgender patients, racial or cultural minorities, and patients with dual diagnosis. We will also discuss challenges related to sex offenders, repeat offenders, and patients who committed notorious crimes. Ample time for discussion and questions will provide the audience the opportunity to compare or contrast their own experience, and gain knowledge with which to help mold their own processes and local monitoring system.

REFERENCES

Reynolds, JB. A Description of the Forensic Monitoring System of the Missouri Department of Mental Health. Behavioral Sciences and the Law. 2016; 34: 378-395.

McDermott BE, Scott CL, Busse D, et al. The Conditional Release of Insanity Acquittees: Three Decades of Decision-Making. J Am Acad Psychiatry Law. 2008 September; 36(3):329-336.

QUESTIONS AND ANSWERS

1. Which of the following is true about Conditional Release of NGRI patients?

- A. Release of NGRI patients "with Conditions" is the national "model."
- B. Length of time spent inpatient is only weakly correlated with success on release.
- C. Risk for substance use relapse is a major factor in predicting success on release.
- D. A conservative release system for NGRI patients means fewer "state" psychiatric beds to treat non-forensic patients.
- E. All of the above are true.

ANSWER: E

2. Conditional Release of defendants adjudicated NGRI or Incompetent to Stand Trial requires balancing of which of the following sets of principles?

- A. Societal liberties versus the protection of an individual
- B. Individual liberties versus the protection of society
- C. Beneficence versus non-maleficence
- D. Beneficence versus justice

ANSWER: B

Cara Angelotta, MD, Chicago, IL
Aimee Kaempf, MD, Tucson, AZ
Ariana Nesbit, MD, San Diego, CA
Nina Ross, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Participants will be familiar with the potential impact of changing abortion law on pregnant women with mental illness and substance use disorders.

SUMMARY

Pregnancy criminalization is the process of punishing women for actions interpreted as harmful to their pregnancies. Pregnancy criminalization includes laws that punish actions during pregnancy that otherwise would not be criminal and laws that are applied disproportionately to pregnant women. Restrictive abortion policies and pregnancy criminalization laws are both based on efforts to treat fetuses as legally separate persons from pregnant women. Some states permit criminal child abuse and related charges for pregnant women who use substances, which state appellate courts have upheld in jurisdictions where fetuses are considered ‘unborn children.’ With increasingly restrictive abortion laws in the United States, there may be increasing criminalization of substance use and mental illness during pregnancy. The panelists will present an overview of the evolving abortion law landscape. Using the lens of forensic psychiatry, we will review US case law related to criminalization of substance use and mental illness during pregnancy; civil commitment during pregnancy and how this may expand in states where fetuses are designated unborn children; and variable rules regarding informed consent for abortion and capacity of minors to consent to abortion. Panelists will explore gender bias and ethical considerations relevant to the intersection of abortion law and forensic psychiatric practice.

REFERENCES

Angelotta C, Appelbaum PS. Criminal charges for child harm from substance use in pregnancy. *Journal of the American Academy of Psychiatry and the Law*. 2017; 45(2):193-203.
Watson K. Abortion as a moral good. *Lancet*. 2019;393(10177):1196-1197.

QUESTIONS AND ANSWERS

1. The term for the process of punishing women for actions interpreted as harmful to their pregnancies, which includes laws that punish actions during pregnancy that otherwise would not be criminal and laws that are applied disproportionately to pregnant women.
A. Pregnancy regulation
B. Pregnancy criminalization
C. Pregnancy oversight
D. None of the above

ANSWER: B

2. This 1970 US Supreme Court Decision overturned a Texas law that made it a felony to abort a fetus unless “on medical advice for the purpose of saving the life of the mother.”
A. *Roe v. Wade*
B. *Planned Parenthood v. Casey*
C. *Gonzales v. Carhart*
D. *Whole Woman’s Health v. Hellerstedt*

ANSWER: A.

S41 ETHICS IN FORENSIC PSYCHIATRY: LEARNING FROM LANDMARK CASES

Patricia R. Recupero, JD, MD, Providence, RI
Sanya Virani, MD, Brooklyn, NY
Elissa P. Benedek, MD, Ann Arbor, MI
Charles Dike, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

At the conclusion of this workshop, participants will be able to describe pertinent ethical principles as applied several landmark cases in forensic psychiatry. Presenters will discuss ethical issues from the perspective of a forensic psychiatrist retained by one or both of the parties in cases selected for their relevance to specific ethical principles described in the AAPL Ethics Guidelines.

SUMMARY

Forensic psychiatrists are expected to exercise the highest ethics in performing assessments and giving testimony. However, many forensic psychiatry training programs do not allot sufficient time for seminars devoted to ethics, and there is rarely enough time to adequately explore pertinent ethical issues in a limited number of sessions. We propose to use the landmark cases identified by AAPL as a source for ethical analysis and learning. Presenters will analyze cases and provide examples of how ethics can be drawn into the analysis of each major subject area identified by AAPL, including the Physician-Patient Relationship; Criminal Process; Emotional Harm/Disability/Workplace; and Cases Involving Children. Discussants will demonstrate how landmark cases can illustrate principles from the APA's Principles of Medical Ethics and AAPL's Ethics Guidelines. Teaching materials will be drawn from multiple sources, including actual ethics advisory opinions, case law, films, novels, and other non-traditional sources, illustrating didactic techniques for diverse training and education settings to improve training in ethics for forensic psychiatrists. Participants will be asked to identify ethical issues in highlighted landmark cases and to develop active learning exercises for use in teaching ethics to fellows, such as role playing and film discussion.

REFERENCES

American Academy of Psychiatry and the Law. Ethics guidelines for the practice of forensic psychiatry [Internet]; 2005. Available from: <https://www.aapl.org/ethics-guidelines>. Accessed Jan 27, 2022.

Jaffee v. Redmond, 518 U.S. 1 (1996).

QUESTIONS AND ANSWERS

1. Which of the following landmark cases illustrates ethical principles relating to the individual's right of privacy and the maintenance of confidentiality?
 - A. Indiana v. Edwards
 - B. Jaffee v. Redmond
 - C. Daubert v. Merrell Dow Pharmaceuticals
 - D. Washington v. Harper

ANSWER: B

2. Which of the following cases set the precedent for recognizing a hostile work environment as a form of actionable sexual harassment and sex discrimination?
 - A. Meritor Savings Bank v. Vinson
 - B. Harris v. Forklift Systems
 - C. Price Waterhouse v. Hopkins
 - D. Oncale v. Sundowner Offshore Services
 - E. Holman v. Indiana

ANSWER: B

S42 CREATIVE WRITING FOR FORENSIC PSYCHIATRISTS

Jacob M. Appel, MD, New York, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this workshop, audience members will: acquire skills to engage in writing exercises that use the power of creative storytelling to process emotion and trauma from forensic practice and consider the ethical and practical ramifications of publishing creative writing for forensic psychiatrists.

SUMMARY

Despite the surge of interest in narrative medicine over the past few decades, forensic psychiatrists have remained reticent to use creative writing as a tool for transforming clinical challenges into artistic expression. In this workshop, Dr. Jacob Appel (a psychiatrist-author) will lead audience members in writing exercises that are designed to explore the inner emotional worlds of forensic psychiatrists, both in healing and evaluative roles. Appel will present a series of writing prompts, inviting participants to write their own fragments of health narratives, drawing upon some of the more evocative moments in their own clinical experiences. After the writing exercises, the presenter will lead participants in a discussion of the process involved in creating health narratives and explore the content that has emerged therein. Finally, the presenter and participants will share some of the challenges of publishing creative writing while working as a forensic expert, such as facing questions about one's writing during testimony. The workshop is intended for any forensic practitioner who has considered or attempted turning experience into narrative.

REFERENCES

Adshead, GMJ. Commentary: Stories and Histories in Forensic Psychiatry. *J Am Acad Psychiatry Law* 42: 437-42, 2014.

Montross C. *Falling into the fire: A psychiatrist's encounters with the mind in crisis*. New York, NY: Penguin; 2013.

QUESTIONS AND ANSWERS

1. Which of the following factors must a psychiatrist-author consider when writing creative nonfiction about clinical experiences?
 - A. The emotional impact on the involved patient(s)
 - B. Confidentiality and informed consent from the involved patient(s)
 - C. The effect of personal disclosures on the author's reputation
 - D. All of the above

ANSWER: D

2. Which statement most accurately describes the role of fiction in forensic practice?
 - A. Fiction is the lie that tells the truth truer.
 - B. Stories have little to do with the medical/legal world.
 - C. It is dangerous to write fiction and be an expert examiner.
 - D. Attorneys prefer expert witnesses who write fiction.

ANSWER: A

S43 EVALUATING THE MENTAL HEALTH NEEDS OF ARRAIGNED INDIVIDUALS IN NYC

Ryan S. Kaufman, MD (I), Great Neck, NY
Merrill R. Rotter, MD, White Plains, NY

EDUCATIONAL OBJECTIVE

This presentation will give an overview of the arraignment process in New York City. It will also review the mental health needs of arraigned individuals.

SUMMARY

Trends in decarceration in New York State, including the passing of bail reform legislation in 2019, have led to fewer individuals being detained after arraignment. Some of these individuals have mental health disorders which may or may not have contributed to the incident that brought them into contact with law enforcement. In the past, clinical follow-up would have been managed by jail-based services, whereas now many of these released individuals may need clinical care in the community. New York City's Enhanced Pre-Arrestment Screening Units (EPASU), operating since 2015, provides medical and mental health screening to individuals awaiting arraignment. As such, EPASU screenings provide a window into the mental health needs of individuals at arraignment who are both detained and released, as well as an opportunity to see the changes in both of those groups as alternative to detention opportunities have increased. In this study, we will use archival data to identify the mental health needs of individuals who screen positive for mental health concerns by EPASUs, with a particular focus on those who were released into the community, those who might have qualified for release under bail reform, and the changes, if any, since the implementation of bail reform.

REFERENCES

Gray, SM, Racine, CW, Smith, CW, & Ford, EB. Jail Hospitalization of Prearrestment Patient Arrestees with Mental Illness. *JAAPL*. 42:75-80, 2014.

Behavioral Health Diversion Interventions: Moving From Individual Programs to a Systems-Wide Strategy. Justice Center: The Council of State Governments. October, 2019.

QUESTIONS AND ANSWERS

1. In New York, the number of incarcerated individuals has recently _____, while the proportion of those incarcerated with serious mental illness has recently _____

- A. Decreased, Decreased
- B. Decreased, Increased
- C. Increased, Increased
- D. Increased, Decreased

ANSWER: B

2. New York City's Enhanced Pre-Arrestment Screening Units provide what type of services to individuals at arraignment?

- A. Medical Screening
- B. Mental Health Screening
- C. Disability Screening
- D. Both A & B
- E. All of the above

ANSWER: D

544 FIREARM ACCESS BY INDIVIDUALS WITH MENTAL ILLNESS DURING A HOMICIDE

Gina Capalbo, DO, Ann Arbor, MI
Debra A. Pinals, MD, Ann Arbor, MI

EDUCATIONAL OBJECTIVE

Describe current legislation in the United States pertaining to firearms regulation; Discuss the downstream effects of firearm regulation on individuals with mental illness; Describe how patients adjudicated Not Guilty by Reason of Insanity (NGRI) accessed the firearms used to commit homicide in Michigan; Discuss the impact of firearm regulation on preventing individuals with mental illness from committing homicide with a firearm in Michigan.

SUMMARY

Firearm violence is a public health crisis in the United States with current solutions misguided by popular media that promotes the common message that mental illness drives violence in national tragedies. Information portrayed in the media often leads policy makers to place more restrictions on the mental health population as a sole method to reduce firearm violence. Current legislation requires a five-day waiting period along with a background check screening and restricts from purchasing firearms individuals who have been adjudicated as “mentally defective” or committed to any mental institution. These laws have limited impact due to their narrow bandwidth and do not address other ways firearm violence could be lessened. There is limited research into how post-adjudicated Not Guilty by Reason of Insanity individuals who used firearms during their offense accessed them. The aim of this study is to provide more data about the impact of firearm laws on preventing individuals with mental illness from committing homicide by firearms. This investigator hypothesizes that an insignificant portion of firearm homicides in Michigan committed by people with mental illness would have been prevented with current firearm control laws, highlighting the importance of other interventions and careful risk assessment.

REFERENCES

McGinty, EE, Webster, DW, Jarlenski, M., Barry, CL. (2014). News media framing of serious mental illness and gun violence in the United States, 1997-2012. *American Journal of Public Health* 104(3): 406-13.

Pinals, DA, Appelbaum, PS, Bonnie, RJ, et al. 2015. Resource document on access to firearms by people with mental disorders. *Behavioral Sciences and the Law* 33: 186-94.

QUESTIONS AND ANSWERS

1. What was the first legislation in the United States that put limitations on who should be prohibited from purchasing a firearm in 1968?

- A. The Federal Gun Control Act
- B. The Brady Handgun Violence Prevention Act/Brady Act
- C. Extreme Risk Protection Orders (ERPOs)
- D. The Tarasoff rule

ANSWER: A

2. What are risk factors for individuals with mental illness for committing violence offenses, like homicide, with a firearm?

- A. First psychotic break
- B. Good relationships with a mental health provider
- C. History of criminogenic factors (unstable familial and peer relationships, substance abuse, criminal orientation or thinking, community and/or neighborhood instability)
- D. A & C

ANSWER: D

S45 DO PSYCHIATRIC DIAGNOSES AFFECT PRISON SENTENCE LENGTH?

Reena Kapoor, MD, Branford, CT
Viviana Álvarez-Toro, MD, Washington, DC
Marta Herger, MD (I), Norwalk, CT
Darmant Bhullar, MD (I), New Haven, CT

EDUCATIONAL OBJECTIVE

To find any correlations between psychiatric diagnoses and sentence length in the incarcerated population in Connecticut.

SUMMARY

In 2019, a Connecticut state legislator asked an important question: Do individuals with mental illness stay longer in prison than those without mental illness? This question launched an inquiry by the Connecticut Sentencing Commission, an independent state agency, into several aspects of mental illness in the CT Department of Correction (DOC). The inquiry involved multiple stakeholders, as well as academic partners (including the authors). In 2021, the Commission published a preliminary report about the relationship between inmates' mental health classification scores and their race, gender, and age. However, the legislator's main question remained unanswered at that time due to data unavailability. The current study is a follow-up project utilizing new data from DOC about inmates' diagnoses, controlling criminal offense, and sentence length. These new data allow the investigators to examine the relationship between psychiatric diagnosis, type and seriousness of criminal offense, and sentence length in Connecticut. Particular emphasis is placed on the intersectional impact of gender, race, and mental illness on sentence length. The results of this ongoing investigation will be shared in the Research in Progress presentation.

REFERENCES

Mental Illness and Sentencing Length in Supervised Release Revocation. Thomas E. Fluent, Melvin Guyer. *Journal of the American Academy of Psychiatry and the Law Online* Mar 2007, 35 (1) 122-124. <http://jaapl.org/content/35/1/122>.

Incarceration Nation. Lorna Collier. *American Psychological Association Monitor on Psychology*. Oct 2014, 45 (9) 56. <https://www.apa.org/monitor/2014/10/incarceration>.

QUESTIONS AND ANSWERS

1. In what case did a judge justify an upward departure in sentencing due to the defendant's mental illness?

- A.** U.S. v. Johnson
- B.** U.S. v. Mackie
- C.** U.S. v. Comstock
- D.** U.S. v. Georgia

ANSWER: B

2. Approximately what percentage of inmates are diagnosed with serious mental illness?

- A.** 0%-10%
- B.** 10%-25%
- C.** 25%-35%
- D.** 35%-55%

ANSWER: B

SUNDAY, OCTOBER 30, 2022

WORKSHOP	8:00 AM – 10:00 AM	BAYSIDE A
Z1 Not Guilty by Reason of Werewolf: Lycanthropy and Forensic Psychiatry (Sponsored by the Criminal Behavior Committee)		
	Adrienne Saxton, MD, Charlotte, NC Maria Lapchenko, MD (I), Bala Cynwyd, PA Sara West, MD, Broadview Heights, OH Phillip Resnick, MD, Cleveland, OH	
WORKSHOP	8:00 AM – 10:00 AM	BAYSIDE B
Z2 Assaults on an Inpatient Unit: When is it a Crime?		
	Jessica Chaffkin, MD (I), Providence, RI Tobias Wasser, MD, Cheshire, CT Todd Barnes, MD (I), New Orleans, LA	
PANEL DISCUSSION	8:00 AM – 10:00 AM	BAYSIDE C
Z3 Lessons Learned: Forensic Facilities in the Pandemic Era (Co-Sponsored by the Correctional Forensic Psychiatry and Forensic Hospital Services Committees)		
	Anthony Tamburello, MD, Piscataway, NJ Kayla Fisher, MD, JD, Riverside, CA Michael Champion, MD, Honolulu, HI Joseph Penn, MD, Conroe, TX	
PANEL DISCUSSION	8:00 AM – 10:00 AM	NOTTOWAY
Z4 Remembering Dr. Alan Stone and his Impact on Forensic Psychiatry (Sponsored by the Ethics Committee)		
	Ariana Nesbit, MD, Sacramento, CA Rebecca Brendel, MD, Boston, MA Richard Martinez, MD, Denver, CO Paul Appelbaum, MD, New York, NY Michael Norko, MD, Durham, CT	
PANEL DISCUSSION	8:00 AM – 10:00 AM	OAK ALLEY
Z5 Native American Rights and Supreme Court Fights: <i>McGirt v. Oklahoma</i> (Advanced)		
	Reagan C. Gill, DO, Tulsa, OK Jason W. Beaman, DO, Tulsa, OK Samuel House, MD, North Little Rock, AR	
COFFEE BREAK	9:30 AM – 10:00 AM	GRAND A/B FOYER
WORKSHOP	10:15 AM – 12:15 PM	BAYSIDE A
Z6 Psychosis or Hate? Evaluating Incels and Other Extremists		
	Daniel Manfra, MD, East Greenwich, RI Patricia R. Recupero, JD, MD, Providence, RI Barry W. Wall, MD, Providence, RI Efraim J. Keisari, MD, Plainview, NY	
WORKSHOP	10:15 AM – 12:15 PM	BAYSIDE B
Z7 Incarceration and Trauma: A Challenge for Correctional Psychiatry		
	Corey M. Leidenfrost, PhD (I), Buffalo, NY Rebecca Hicks, MD, Buffalo, NY Peter Martin, MD, Buffalo, NY Daniel Antonius, PhD (I), Buffalo, NY	

SUNDAY

PANEL DISCUSSION 10:15 AM – 12:15 PM **BAYSIDE C**

Z8 Addressing EDI in Forensic Curricula

*(Sponsored by the Forensic Training of
Psychiatric Residents Committee)*

Katherine Michaelson, MD, Westport, CT
Tobias Wasser, MD, Cheshire, CT
Reena Kapoor, MD, Branford, CT
Maya Prabhu, MD, New Haven, CT

WORKSHOP 10:15 AM – 12:15 PM **NOTTOWAY**

Z9 Overprotected?: The Forensic Psychiatrist's Role in Guardianship

Meghan Musselman, MD, Philadelphia, PA
Selena Magalotti, MD, Euclid, OH
Tetyana Bodnar, MD, Broadview Heights, OH
Rajesh R. Tampi, MD (I), Akron, OH
Sherif Soliman, MD, Matthews, NC

PANEL DISCUSSION 10:15 AM – 12:15 PM **OAK ALLEY**

Z10 Identifying the Antisocial Female

Lindsey A. Wilbanks, MD, Little Rock, AK
John M. Casey, MD, Everett, WA
Caiti N. Maskrey, DO, Little Rock, AR

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Z1 NOT GUILTY BY REASON OF WEREWOLF: LYCANTHROPY & FORENSIC PSYCHIATRY

Adrienne Saxton, MD, Charlotte, NC
Maria Lapchenko, MD (I), Bala Cynwyd, PA
Sara West, MD, Broadview Heights, OH
Phillip Resnick, MD, Cleveland, OH

EDUCATIONAL OBJECTIVE

Understand the history and clinical manifestations of lycanthropy and zoanthropy, including the influence of culture on these delusional syndromes;

Gain knowledge regarding the potential link between alleged criminal behavior and zoanthropy; and

Analyze forensic implications of zoanthropy, including criminal responsibility, using a high-profile case as an example.

SUMMARY

A shocking double murder made national headlines in 2016 after the suspect allegedly chewed on the face of his victim. News reports later revealed that the accused believed he was half-dog and half-man and had referred to himself as a centaur in notes he made shortly before the attack.

Zoanthropy refers to the delusional belief in transformation from human to animal. Lycanthropy, from the Greek *lykos*, 'wolf,' and *anthropos*, 'human being,' is the belief that one has turned into a wolf. Though full moon physical transformations into bloodthirsty beasts are not a reality-based phenomena, the sensational nature of such claims tends to draw wide media attention when made in the context of rationalizing criminal behavior.

During this panel discussion, presenters will review this intriguing intersection of mythology, culture, psychiatry, and the law. We will discuss the history of lycanthropy and zoanthropy, cultural factors implicated in these delusional syndromes, clinical manifestations, and cases in which zoanthropy was presented as an element of the defense. Dr. Phillip Resnick, one of the defense experts in this high-profile case, will discuss the role of zoanthropy in the analysis of criminal responsibility (using public domain information). Audience members will write a one paragraph insanity opinion.

REFERENCES

Guessoum SB, Benoit L, Minassian S, Mallet J, Moro MR. Clinical Lycanthropy, Neurobiology, Culture: A Systematic Review. *Front Psychiatry*. 2021 Oct 11;12:718101. doi: 10.3389/fpsy.2021.718101. PMID: 34707519; PMCID: PMC8542696.

Blom JD. When doctors cry wolf: a systematic review of the literature on clinical lycanthropy. *History of Psychiatry*. 2014;25(1):87-102. doi:10.1177/0957154X13512192.

QUESTIONS AND ANSWERS

1. Clinical lycanthropy is a delusional misidentification syndrome, characterized by patients misidentifying a person, place, or object. Which of the following is another delusional misidentification syndrome?

- A. Capgras
- B. Fregoli
- C. Reduplicative paramnesia
- D. Intermetamorphosis
- E. All of the above

ANSWER: E

2. According to a systematic review of clinical lycanthropy and kyanthropy (delusion of dog transformation) case reports, the two most commonly associated psychiatric diagnoses were:

- A. OCD and bipolar disorder
- B. Dementia and alcohol intoxication
- C. Psychotic depression and schizophrenia
- D. PTSD and major depressive disorder
- E. GAD and schizoaffective disorder

ANSWER: C

Z2 ASSAULTS ON AN INPATIENT UNIT: WHEN IS IT A CRIME?

Jessica Chaffkin, MD (I), North Providence, RI
Tobias Wasser, MD, Cheshire, CT
Todd Barnes, MD (I), New Orleans, LA

EDUCATIONAL OBJECTIVE

Identify the ethical principles underlying decisions to file charges against psychiatric inpatients for assault;
Identify the demographic and clinical variables that influence the likelihood of a patient receiving criminal charges following assaultive behavior; and
Review how awareness of these variables may inform institutional policies.

SUMMARY

Psychiatric hospitals often provide care for people who are imminently at risk of harming others. Despite being designed to care for these patients, nearly 20% of patients have been shown to commit an act of violence while admitted to a psychiatric hospital. Given the frequency of this violence and the potential harm that can come to patients and staff, there is a need to find effective ways of managing these behaviors. One possible response, is to file criminal charges for assault.

Several publications have suggested guidelines for how to determine when it is appropriate to file legal charges on an inpatient unit. However, little attention has been given to examining the characteristics of patients who are impacted by these guidelines. The presenters completed a study that describes the demographic and clinical characteristics that were predictive of which patients received legal consequences for assaultive actions in one psychiatric hospital. In this workshop, we discuss the implications of this data in developing updated guidelines for when and how to pursue criminal charges in the management of assaultive behavior on inpatient psychiatric units.

REFERENCES

Lozzino L., Ferrari C, Large M., Nielssen O., de Girolamo G. Prevalence and risk factors of violence by psychiatric acute inpatients: A systematic review and meta-analysis. PLoS ONE.2015; 10: 6.

Van Leeuwen ME, Harte JM. Violence against care workers in psychiatry: Is prosecution justified? International Journal of Law and Psychiatry. 2011; 34: 317-323.

QUESTIONS AND ANSWERS

1. Which of the following are ethical dilemma(s) a clinical team faces in filing criminal charges against an assaultive patient?
 - A. The dual role of the treating team in the case of prosecution and conflict over the physician's duty to act in the best interests of the patient.
 - B. By pressing charges the clinical team states that the patient had capacity at the time of the assault.
 - C. Possibility that the clinical team's motivation includes retribution.
 - D. Both A and C.
2. Which of the following are NOT recommended when considering prosecuting a psychiatric patient for assault?
 - A. Utilizing prosecution as a first-line response to all violence.
 - B. Involving a neutral, third party clinician in the decision-making process.
 - C. Considering the safety of staff and other patients.
 - D. Considering the relationship between aggressive behavior and psychiatric illness.

ANSWER: A

Z3 LESSONS LEARNED: FORENSIC FACILITIES IN THE PANDEMIC ERA

Anthony Tamburello, MD, Piscataway, NJ
Kayla Fisher, MD, JD, Riverside, CA
Michael Champion, MD, Honolulu, HI
Joseph Penn, MD, Conroe, TX

EDUCATIONAL OBJECTIVE

Identify the factors specific to forensic psychiatric hospitals and correctional facilities that complicate continuity of care during a public health crisis.

List the strategies that effectively balance infectious disease control and psychiatric care for seriously mentally ill persons in forensic institutions and correctional facilities.

SUMMARY

Institutions are disproportionately affected by infectious diseases due to their inherent enclosure and congregation of people. Forensic psychiatric hospitals and correctional facilities are particularly challenged during the COVID-19 pandemic. Transfers between jails, prisons, and hospitals are often required because of a legal mandate or clinical need. The effective management of serious mental illness, aggression, and violence is compromised by, if not incompatible with social distancing. Justice-involved persons with mental illness may be unwilling or unable to comply with recommendations to mitigate infectious disease transmission. Legislative changes and other factors have promoted earlier release that requires agile discharge planning. We will discuss policies and practices that more effectively balance infectious disease control and psychiatric care for seriously mentally ill persons in forensic institutions, including coordination of care between these facilities, the courts, and outside mental health professionals.

REFERENCES

Tamburello, A., Penn, J., Ford, E., et al. (2022). AAPL Practice Resource for Prescribing in Corrections. *Journal of the American Academy of Psychiatry and the Law*, in press.

Wasser, T., Hauser, L., & Kapoor, R. (2020). The Management of COVID-19 in Forensic Psychiatric Institutions. *Psychiatric services*, 71(10), 1088-1090.

QUESTIONS AND ANSWERS

1. Which of the following was a common strategy used by correctional facilities to reduce exposure to COVID-19?
- A. Increase in the availability of “keep on person” medications
 - B. Increase in mental health services
 - C. Increase in transit and wait times at pill call
 - D. Increase in the use of restraint and seclusion

ANSWER: A

2. Which of the following complicated access to forensic psychiatric hospitals in 2020?
- A. Easy access to COVID-19 testing
 - B. Consistent timing of receipt of COVID-19 test results
 - C. Refusal of COVID-19 testing before court ordered evaluations
 - D. Widespread permanent closure of forensic psychiatric hospitals

ANSWER: C

Z4 REMEMBERING DR. ALAN STONE AND HIS IMPACT ON FORENSIC PSYCHIATRY

Ariana Nesbit, MD, Sacramento, CA
Rebecca Brendel, MD, Boston, MA
Richard Martinez, MD, Denver, CO
Paul Appelbaum, MD, New York, NY
Michael Norko, MD, Durham, CT

EDUCATIONAL OBJECTIVE

Describe Dr. Stone’s contributions to and criticism of the field of forensic psychiatry; explore the developments in the ethical framework of forensic psychiatry over the past 40 years; and, consider current dilemmas in forensic psychiatric ethics.

SUMMARY

At AAPL's 1982 annual meeting, Dr. Stone gave his presidential keynote entitled, "The Ethics of Forensic Psychiatry: A View from the Ivory Tower." This speech criticized forensic psychiatry's ethical standards, and argued that psychiatrists did not have a place in court. Dr. Stone's early skepticism caused many to react and provide legitimacy to forensic practice. This panel will honor Dr. Stone's memory and contributions to psychiatry beginning with Dr. Brendel's recounting of her collaborations with Dr. Stone since her time as a law student. Panelists will focus on how his provocative work in the 1980s shaped developments in the ethical framework for forensic psychiatry, beginning with Dr. Appelbaum's 1997 theory of ethics, followed by Dr. Griffith's cultural formulation, then more recent explorations of compassion and spirituality by Dr. Norko. The panel will recognize Dr. Stone's incremental shift in response to Candilis and Martinez's views on professionalism, and build in substantial time for audience participation and commentary. The audience and panelists will work together not only to acknowledge Dr. Stone's contributions and his place in the history of psychiatry at large, but also consider whether forensic psychiatry has taken further strides in addressing racial and social influences on forensic practice.

REFERENCES

1. Stone AA, MacCourt DC. Ethics in forensic psychiatry: re-imagining the wasteland after 25 years. The Journal of Psychiatry and Law. 2008; 36(4): 617-643.
2. Candilis P., Martinez R. The evolution of forensic psychiatry ethics. Psychiat Clin N Am. 2021; 44: 571-578.

QUESTIONS AND ANSWERS

1. Which of the following was one of Dr. Stone's concerns about the ethical boundaries of forensic psychiatry?
 - A. Psychiatrists do not have true answers to the legal and moral questions posed by the law.
 - B. Psychiatrists should be more willing to sacrifice professional truth in order to seek justice for nondominant groups in a biased legal system.
 - C. Psychiatrists too often disagree with each other about a patient's diagnosis for this to be presented in court as evidence.
 - D. Psychiatrists fail to recognize their own narratives that they bring to their work.

ANSWER: A

2. Which of the following was Dr. Stone attempting to demonstrate in his Parable of the Black Sergeant?
 - A. The ethics of forensic psychiatrists should not be based on the ethical principles of the medical profession.
 - B. His testimony was ineffective in convincing the court that the defendant had kleptomania, even though it was clear that he met criteria for this disorder.
 - C. Because psychiatrists are physicians with a duty to their patients, psychiatrists should only testify when they know that they are going to be able to help the defendant.
 - D. Psychiatrists should avoid the courtroom because they have little to offer a flawed and racist system.

ANSWER: D

Z5 NATIVE AMERICAN RIGHTS AND SUPREME COURT FIGHTS: **McGIRT V. OKLAHOMA**

Reagan C. Gill, DO, Tulsa, OK
Jason W. Beaman, DO, Tulsa, OK
Samuel House, MD, Little Rock, AR

EDUCATIONAL OBJECTIVE

This panel will educate attendees about the landmark ruling in McGirt v. Oklahoma as well as its legal implications.

SUMMARY

In 2020 the United States Supreme Court ruled in McGirt v. Oklahoma that a large portion of eastern Oklahoma be recognized as Native American land. Therefore, prosecution of crimes by Native Americans on this land falls under the jurisdiction of the tribal courts and federal judiciary and not under Oklahoma state courts. Past cases were reviewed, vacated, and transferred to federal courts leading to thousands of defendants becoming eligible for this review. Additionally, subsequent cases continue to be heard further delineating this landmark ruling's impact. In this panel presentation, Jason Beaman, DO will discuss tribal history focusing on the Five Civilized Tribes and their affiliated lands. Then Reagan Gill, DO will review the McGirt case, decision, and immediate aftermath. Finally, Samuel House, MD will conclude by explaining the aftermath of this landmark ruling including subsequent cases and their impact.

REFERENCES

McGirt v. Oklahoma, 140 S. Ct. 2452, 2459 (2020)

Healy, Jack; Liptak, Adam (July 9, 2020). 'Landmark Supreme Court Ruling Affirms Native American Rights in Oklahoma'. The New York Times.

QUESTIONS AND ANSWERS

1. The McGirt v. Oklahoma ruling was interpreted to include not only crimes committed by Native Americans but also crimes committed by non-Native Americans against Native Americans.

A. True

B. False

ANSWER: A

2. Due to McGirt v. Oklahoma, the FBI's jurisdiction expanded in Oklahoma by what percentage of the state's land?

A. 10%

B. 20%

C. 35%

D. 45%

ANSWER: D

Z6 PSYCHOSIS OR HATE? EVALUATING INCELS AND OTHER EXTREMISTS

Daniel Manfra, MD, East Greenwich, RI

Patricia R. Recupero, JD, MD, Providence, RI

Barry W. Wall, MD, Providence, RI

Efraim J. Keisari, MD, Plainview, NY

EDUCATIONAL OBJECTIVE

At the conclusion of this workshop, participants will be able to define extreme overvalued beliefs (EOBs) and identify different groups associated with EOBs – in particular, incels, Sovereign citizens and religious terrorists. Participants will be exposed to several standardized screening assessment tools used to examine beliefs, and recommendations will be discussed regarding evaluation tips and specific language to utilize in report writing. Participants will broaden their conceptualization of cultural formulation to include internet-based subcultures.

SUMMARY

This workshop will discuss three cases: a self-described "incel" (involuntary celibate) whose attorney is weighing the advisability of an NGRI defense to murder and related criminal charges; a competency to stand trial evaluation of a Sovereign citizen diagnosed with a psychotic disorder in a jail setting; an 18-year-old male with a self-proclaimed ISIS affiliation charged with first-degree murder and two counts of attempted murder. Presenters will discuss several different standardized screening and actuarial assessment tools available to assist in such evaluations, including the Brown Assessment of Beliefs Scale, the TRAP-18, and others. Considerations of questions to ask and language to incorporate when writing opinions will be discussed. The workshop will draw upon relevant cases in which gender and sexuality-related extreme beliefs played a role in the commission of an offense, such as misogyny-driven targeted attacks, anti-LGBTQ hate crimes, and lone-actor terrorism. Presenters will discuss the relevance of internet- and social media-linked subcultures to cultural aspects of case formulation as outlined in the DSM-5. Audience will be asked to discuss their own history of successes and pitfalls in performing forensic evaluations of persons with unusual or extreme beliefs connected to fringe communities on the internet and social media.

REFERENCES

Collins CJ, Clark JJ. Using the TRAP-18 to identify an Incel lone-actor terrorist. Journal of Threat Assessment and Management 2021; ePub online ahead of print, 13 Sep 2021 (15 pgs); doi: 10.1037/tam0000167.

Rahman T., Hartz SM, Xiong W., Meloy JR, Janofsky J., Harry B., Resnick PJ. Extreme overvalued beliefs. J Am Acad Psychiatry Law 2020; 48(3): 319-326; doi: 10.29158/JAAPL.200001-20.

QUESTIONS AND ANSWERS

1. Regarding incel terminology, what is the Blackpill?

- A. Believing in the dominant societal view of the dating scene
- B. A philosophy of rejection of women's sexual emancipation and belief that the incel will permanently lack romantic success
- C. Perspective that feminism has provided women too much power, but men are able to improve their dating situations by fighting back against the system
- D. A neutral perspective about gender relations and the dating scene.

ANSWER: B

2. How does an overvalued idea differ from an obsession?

- A. It can be shared among different groups of people
- B. A person can devote hours of each day toward it
- C. It is not shared among different groups of people
- D. The subject relishes, amplifies and defends it

ANSWER: D

Z7 INCARCERATION AND TRAUMA: A CHALLENGE FOR CORRECTIONAL PSYCHIATRY

Corey M. Leidenfrost, PhD (I), Buffalo, NY
Rebecca Hicks, MD, Buffalo, NY
Peter Martin, MD, Buffalo, NY
Daniel Antonius, PhD (I), Buffalo, NY

EDUCATIONAL OBJECTIVE

Attendees will learn about the prevalence of trauma exposure and trauma-related symptoms, including PTSD and types of trauma exposure amongst different groups of incarcerated individuals. Attendees will learn about the impact of trauma during incarceration.

SUMMARY

Research consistently finds high rates of trauma and trauma-related problems amongst incarcerated people. Exposure to traumatic events may occur before and during incarceration and may lead to a myriad of negative outcomes, including disciplinary problems while incarcerated, violence, exacerbation of mental illness symptoms, completed suicide, and criminal recidivism. Presence of trauma-related symptoms may complicate attempts to treat substance use disorders and other mental health issues. Screening for and addressing trauma and its related sequela is often a significant challenge for correctional staff, with the failure to do so potentially leading to significant consequences. This workshop will explore the literature regarding trauma and incarceration, focusing on how it impacts different populations, including gender differences. Attendees will learn about how different groups may have varied trauma exposure histories and how it may affect their behavior, risk for lethality, mental health, and risks for recidivism. Specific focus will be given on adults and youth. Attendees will brainstorm means to identify trauma amongst incarcerated individuals and how to design interventions that take trauma histories into account. The workshop will close with a discussion of identified screening procedures, treatment models, and interventions for treating trauma in correctional settings.

REFERENCES

Leidenfrost, CM, Antonius, D. Incarceration and trauma: The challenge for the mental health care delivery system. In Javier, R., Owen, EA, Maddux, JA, editors. Trauma in Forensic Contexts. Springer Publishing. 2020. p. 85-110.

Crisanti, AS, Frueh, BC. Risk of trauma exposure among persons with mental illness in jails and prisons: what do we really know? Current Opinion in Psychiatry. 2011; 24: 431-435.

QUESTIONS AND ANSWERS

1. Which of the following statements is true regarding trauma exposure amongst incarcerated populations?
- A. Research suggests that trauma exposure is almost a ubiquitous experience amongst incarcerated individuals.
 - B. Rates of trauma exposure among men and women are similar.
 - C. Rates of PTSD amongst incarcerated individuals are higher than the general population.
 - D. All of the above

ANSWER: D

2. Research suggests which of the following is more likely to occur amongst incarcerated individuals who have trauma exposure histories?
- A. Decreased risk for disciplinary issues while incarcerated.
 - B. Increased risk to die by suicide while incarcerated.
 - C. Increased chances of remaining resilient to the stressors inherent in incarceration.
 - D. Decreased criminal recidivism risk.

ANSWER: B

Z8 ADDRESSING EDI IN FORENSIC CURRICULA

Katherine Michaelsen, MD, Westport, CT
Tobias Wasser, MD, Cheshire, CT
Reena Kapoor, MD, Branford, CT
Maya Prabhu, MD, New Haven, CT

EDUCATIONAL OBJECTIVE

Recognize the importance of EDI in forensic education;

Identify ways to introduce forensically relevant EDI education into general psychiatry and forensic training programs; and

Discuss potential challenges and creative solutions to incorporating EDI topics in forensic training for residents and fellows.

SUMMARY

In the wake of our country's long overdue national awakening, medical organizations, including the American Psychiatric Association, have voiced their opposition to structural racism and other forms of prejudice, while also grappling with their own histories of racist, sexist, and prejudicial policies and practices. Educational leaders and trainees have identified that equity, diversity, and inclusion (EDI) are an integral part of medical education. EDI is particularly relevant in forensic education, given the disproportionate impact of the criminal justice system on minoritized populations and the potential for implicit biases to impact forensic evaluations and legal processes. Incorporating EDI educational content into existing curriculum, though extremely important, can be challenged by several potential barriers, including lack of faculty expertise, discomfort discussing these topics, and overly crowded existing curricula. In this panel, Drs. Michaelsen and Wasser will review ways to incorporate EDI curriculum into forensic training for general psychiatry residents, with emphasis on the training topics recommended by the recent resident training resource document. Drs. Kapoor and Prabhu will discuss an EDI curriculum for fellowship training, as well as early experiences with the new curriculum. The session will encourage active audience discussion of some of the challenges (and successes) in their training programs.

REFERENCES

Castillo EG, Isom J, DeBonis KL, Jordan A, Braslow JT, Rohrbaugh R. Reconsidering Systems-Based Practice: Advancing Structural Competency, Health Equity, and Social Responsibility in Graduate Medical Education. *Acad Med.* 2020 Dec;95(12):1817-1822.

Isom J, Jordan A, Goodsmith N, Medlock MM, DeSouza F, Shadravan SM, Halbert E, Hairston D, Castillo E, Rohrbaugh R. Equity in Progress: Development of Health Equity Curricula in Three Psychiatry Residency Programs. *Acad Psychiatry.* 2021 Feb;45(1):54-60.

QUESTIONS AND ANSWERS

1. Inequities and disparities in care are addressed primarily in which of the ACGME core competency areas?

- A. Medical Knowledge
- B. Professionalism
- C. Systems-Based Practice
- D. Practice-Based Learning and Improvement

ANSWER: C

2. Which of the following is an example of a known race-based disparity in mental health care?

- A. Limited coverage
- B. Geographic barriers
- C. Lengthy wait times
- D. A culturally uninformed and unresponsive workforce
- E. All of the above

ANSWER: E

Z9 OVERPROTECTED?: THE FORENSIC PSYCHIATRIST'S ROLE IN GUARDIANSHIP

Meghan Musselman, MD, Philadelphia, PA
Selena Magalotti, MD, South Euclid, OH
Tetyana Bodnar, MD, Broadview Heights, OH
Rajesh R. Tampi, MD (I), Akron, OH
Sherif Soliman, MD, Matthews, NC

EDUCATIONAL OBJECTIVE

Define the legal implications of guardianship and what less-restrictive alternatives are available;

Know which psychiatric disorders are most commonly implicated in loss of general capacity;

List the steps that should be taken in order to conduct a guardianship evaluation; and

Understand ways in which states differ regarding guardianship laws.

SUMMARY

Recent media interest of conservatorships and guardianships, as well as the possible long-term implications of such evaluations, may impact psychiatrists' comfort with guardianship assessments. Negative depictions by the media and in fictional movies bring criticism to both the legal and psychiatric processes involved in guardianship and conservatorship cases. While this cultural backdrop may cause psychiatrists to be hesitant to conduct guardianship evaluations, a carefully conducted assessment is of great value. Failure to recognize incompetence can render an individual vulnerable to deterioration and exploitation. During this presentation, we will discuss the recent media representation of guardianships and provide an overview of the legal and psychiatric aspects of guardianship cases, including:

A review of the legal concepts of guardianship and conservatorship, as well as less-restrictive alternatives;

An overview of how guardianship is pursued, maintained and terminated;

A discussion of the psychiatric disorders most often implicated in loss of general capacity;

A discussion of racial disparities in the use of guardianship;

The role of the treating and/or forensic psychiatrist in the guardianship process;

A step-by-step overview of how to conduct a guardianship evaluation; and

A review of how states differ in laws regarding guardianship.

REFERENCES

Tampi RR, Young J, Balachandran S, Dasarathy D, Tampi D. Ethical, Legal and Forensic Issues in Geriatric Psychiatry. *Curr Psychiatry Rep.* 2018 Jan 25;20(1):1.

Jeste DV, Eglit GML, Palmer BW, Martinis JG, Blanck P, Saks ER. Supported Decision Making in Serious Mental Illness. *Psychiatry.* 2018 Spring;81(1):28-40.

QUESTIONS AND ANSWERS

1. Which of the following is true of guardianships?

- A. Guardianship and Power of Attorney are interchangeable terms.
- B. A physician can appoint a guardian.
- C. Most state laws require that guardians employ a best-interest standard.
- D. Plenary guardianship occurs when an individual lacks capacity to make decisions in only specific areas of life.
- E. The guardianship process can be initiated by an individual's friends, family, healthcare providers, an attorney or a government agency.

ANSWER: E

2. What is the greatest contributor to lack of decision making difficulties in individuals with serious mental illness (SMI)?

- A. Cognitive impairment
- B. Lack of insight
- C. Auditory hallucinations
- D. Depression
- E. Delusional thinking

ANSWER: A

Z10 IDENTIFYING THE ANTISOCIAL FEMALE

Lindsey A. Wilbanks, MD, Little Rock, AR
John M. Casey, MD, Everett, WA
Caiti N. Maskrey, DO, Little Rock, AR

EDUCATIONAL OBJECTIVE

To learn the presentation of antisocial personality disorder in females and compare and contrast this to males in order to become an astute diagnostician

SUMMARY

While five of the ten personality disorders are listed in the DSM-5 to be more common in men (schizoid, schizotypal, antisocial, narcissistic, and obsessive-compulsive), only one (antisocial) is reported with seeming enthusiasm to be "much more common in males than in females." If antisocial personality disorder (ASPD) is a male-dominated diagnosis, borderline personality disorder acts as the female counterpart. Regarding ASPD, some studies suggest a male to female ratio of 3:1. When diagnoses are this gender specific, the potential to underdiagnose this disorder in the opposite gender exists. Some scholars argue that the underdiagnosis of females with ASPD is a product of gender bias, which may exist within assessment instruments, the diagnostic criteria, or how we as clinicians apply the diagnostic criteria. This panel aims to discuss the presentation of ASPD in females, using historical representations of women in crime: Jane Toppan (considered by some to be America's first female serial killer), Clara Phillips (subject of season four of the popular podcast *Tenfold More Wicked*), and Aileen Wuornos (one of the more well-known female serial killers). This group will further aim to impress upon the audience the importance of identifying antisocial personality in women, particularly during forensic evaluations.

REFERENCES

Widiger TA. Invited essay: sex biases in the diagnosis of personality disorders. *J Pers Disord.* 1998; 12(2):95-118.
Compton WM, Conway KP, Stinson FS, et al. Prevalence, correlates, and comorbidity of DSM-IV antisocial personality syndromes and alcohol and specific drug use disorders in the United States: results from the national epidemiologic survey on alcohol and related conditions. *J Clin Psychiatry.* 2005 June; 66(6):677-685.

QUESTIONS AND ANSWERS

1. According to the results from the National Comorbidity Survey, the lifetime prevalence of antisocial personality disorder in women is:

- A.** 0.4%
- B.** 0.8%
- C.** 1.2%
- D.** 1.5%

ANSWER: C

2. Compared to male psychopaths, female psychopaths are more likely to exhibit the following, EXCEPT:

- A.** Violent offenses
- B.** Relational aggression
- C.** Anxiety
- D.** Emotional lability

ANSWER: A

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