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AAPL Member Wins Guttmacher Award

Donald Black, MD (left), Nathan Kolla, MD, PhD (right).
With them is Richard Martinez, MD, who presented the award.

Donald Black, MD, and Nathan Kolla, MD, PhD, are the winners of APA's 2023 Manfred S. Guttmacher Award for their book, *Textbook of Antisocial Personality Disorder*.

The award, established in 1975, recognizes an outstanding contribution to the literature of forensic psychiatry in the form of a book, monograph, paper, or other work. It is a joint award of the APA Foundation and the American Academy of Psychiatry and the Law.

Black is a professor emeritus of psychiatry at the University of Iowa, chief of mental health at the Iowa City VA Medical Center, and president of the American Academy of Clinical Psychiatrists. Kolla is a senior scientist and forensic psychiatrist at the Centre for Addiction and Mental Health Brain Health Imaging Centre in Toronto, Canada, and the Waypoint/University of Toronto Research Chair in Forensic Mental Health Science at Waypoint Centre for Mental Health Care.

In a session on antisocial personality disorder at the 2023 APA Annual Meeting, Dr. Kolla described the work that has been done to assess the neurochemistry of individuals with antisocial personality disorder using positron emission tomography (PET). He and his colleagues investigated MAO-A, an enzyme that regulates neurotransmitters, in the brains of people with antisocial personality disorder. Lower MOA-A levels have been shown to be associated with greater impulsivity or aggression. As they hypothesized, Kolla and his colleagues found lower levels of MOA-A in some regions of the brains of those with antisocial personality disorder. Their findings were published in 2015 in Neuropsychopharmacology.

The researchers conducted the same study in individuals with borderline personality disorder. In contrast to those with antisocial personality disorder, those with borderline personality disorder had elevated levels of MOA-A, which were associated with multiple indicators of the severity of the disorder, including mood symptoms and suicidality. Their findings were published in 2016 in Biological Psychiatry.

Additionally, Kolla described the work around studying fatty acid amide hydrolase (FAAH), an enzyme of the endocannabinoid system, in the brains of individuals with antisocial personality disorder. Kolla and his colleagues found that FAAH expression was lower in certain brain regions of these individuals compared with those without antisocial personality disorder. The findings were published in 2021 in Translational Psychiatry.

"Could interventions that increase FAAH in a regionally specific manner emerge as viable treatment options for antisocial personality disorder?" Kolla asked. One potential candidate is leptin, a hormone that could be used to increase brain FAAH levels. A number of clinical studies have found lower levels of leptin in people with antisocial personality disorder. "This is one avenue for a possible therapeutic that has to be tested but could be examined in this population," he said.

Excerpted with permission from an article by Katie O'Connor, Psychiatric News (2023) 58:35.

American Academy of Psychiatry and the Law

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PRESIDENT'S COLUMN

Surveillance Technology & Forensic Psychiatry

James L. Knoll, IV, MD

No. 6:
I am not a number! I am a free man!

No. 2:
[Erupts into sinister, mocking laughter]

- *The Prisoner* (1)

Surveillance technology, in all its various forms, is now common and routine. Whatever is knowingly exposed in public is not protected by the Fourth Amendment. (2) Where surveillance monitoring does not intrude on "sacred spaces or bodily integrity, courts are apt to disregard them as viable interests at all." (3) Many years ago, the US military developed the "Gorgon Stare" to combat the deadly problem of improvised explosive devices. This continuous, wide-angle surveillance by drones can capture and record city-sized areas. (4) This technology, now more advanced, is being increasingly used by law enforcement to investigate movements and behaviors of criminal defendants. Thus, a "general tide of surveillance washes over us all," making it increasingly difficult to maintain anonymity or escape monitoring. (5)

It will be necessary for psychiatry and forensic psychiatry to begin studying and researching the effects of surveillance technology going forward. This is particularly the case because there is still "limited evidence" available "about the prevalence and effectiveness of these technologies." (6) Not only is there no consensus on the risks and benefits of surveillance, (7) but we also appear to have been complicit in normalizing "surveillance creep." (8) Through the proliferation of cameras, smartphones, drones, biometric sensors, and big data analytics, we have reshaped society's privacy standards. Over the past two decades we ignored, or perhaps even gratefully accepted, "de minimis privacy encroachments." (8) In doing so, we gave tacit permission to the law to renegotiate social thresholds of privacy. Recall that the law looks to societal norms, and a reasonable person's expectation of privacy, to set its thresholds for what constitutes a privacy violation. Hartzog et al. note that "the test of what privacy law allows is whatever people will tolerate. There is no rule to stop us from tolerating everything." (8)

"In the 21st century, rapid and unpredictable surges in technology have placed the nuanced, fluid contours of privacy at center stage."

Those who consider themselves stakeholders in the areas of forensic digital evidence and surveillance technology (I strongly believe that AAPL should be among these stakeholders) wonder where all this may be headed. What are its potential uses, ethics, strengths, and vulnerabilities? What might be the possible endgame consequences of continuing to dissolve the boundaries of privacy through surveillance technology? Study of this subject, as well as observations in my own career, suggest the potential for infringements of autonomy, dignity, and intellectual freedom. The concept of a "reasonable expectation of privacy" remained relatively stable until the 20th century. In the 21st century, rapid and unpredictable surges in

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President's Column

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technology have placed the nuanced, fluid contours of privacy at center stage. While the Fourth Amendment prohibits unreasonable searches and seizures, courts are presently struggling to define these terms in an era of diminishing expectations of privacy.

Surveillance & Psychiatry

To date, surprisingly little research has been done on video monitoring in psychiatry. (9) Its use remains controversial and there is ongoing ethical debate around the issues of patient autonomy and privacy. In a narrative review of literature on video surveillance in psychiatry, Appenzeller et al. concluded there are significant ethical issues to be considered and insufficient evidence to support its putative safety and security benefits. (9) Here is an excellent area for research by forensic psychiatrists that will shape the future of both psychiatry and the law. What little research exists on the topic is mostly pilot studies or doctoral dissertations. A pilot study employing staff body-worn cameras on an inpatient unit found a reduction in violent incidents and a decline in the use of emergency injections during restraint incidents. (10, 11) One doctoral dissertation found that 11% of patients felt that video surveillance was "degrading, inhumane and a breach of my personal rights," while 74% disagreed, and 15% expressed no opinion. (12)

Video monitoring has also served the function of analyzing behavioral precursors to violence, as well as clarifying eyewitness accounts. (13) A concern here is that increasing surveillance will capture more risk factors, leading to a vicious cycle of infinite risk assessment. Furthermore, will continuous psychiatric surveillance create psychiatric "identities," which distill patients down to mere collections of risk factors to be monitored, both in the hospital and the community? (14) Such advances may have the effect of limiting "moral autonomy," and compromising one's freedom to present one's own self-selected "moral identity." (15) Already, artificial intelligence and related technologies are being deployed which promise to capture, understand and "sense" the "characteristics" and "behaviors" of humans. (16) These new technologies will have far-reaching impact on expert evaluations in forensic psychiatry. Forensic psychiatrists now routinely receive police body camera footage and other forms of surveillance for analysis. (17) Best practices will be needed for how to objectively and ethically analyze this continually progressing technology when forming opinions for the courts.

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Medical Director Transition

Jeffrey S. Janofsky, MD

It has been a real honor for me to serve as AAPL's third Medical Director since our organization's founding in 1969. I will retire as AAPL's Medical Director after the October 2023 Annual Meeting in Chicago. Debra Pinals will then assume the role as AAPL's new Medical Director.

AAPL's greatest challenge during my ten-year tenure was dealing with the COVID-19 pandemic. We had to quickly pivot from a planned, in-person Annual Meeting in 2020 to a virtual meeting, without any infrastructure in place to do so. With the help of AAPL Executive Director Jackie Coleman, AAPL's administrative staff, AAPL officers and AAPL Education Committee Members, we were able to cancel hotel contracts without penalty and provide an enjoyable first virtual meeting. Since then, AAPL has invested in a virtual meeting platform that will provide ongoing offerings. AAPL began to provide a free monthly virtual lecture series for members that has been well received. We have created a new committee, VAAPL (Virtual AAPL), chaired by Charles Scott. With the assistance of AAPL Education Committee Chair Anne Hanson, VAAPL members have developed a process for producing new virtual CME that will be available in addition to Annual Meeting CME. As you know, we had our first post-pandemic in-person meeting in 2022 in New Orleans and will have our next meeting in Chicago. I look forward to seeing many of you then.

One of my major roles as Medical Director has been supervising AAPL Practice Resources for critical areas in our field. Since I became Medical Director, we have revised and published the Practice Resources on the Insanity Defense, Competency to Stand Trial, and Disability. We have also completed and published new Practice Resources on Forensic Assessment, Forensic Training in General Psychiatry, and Prescribing in Corrections. Resource Documents on Managing Violence in Forensic Settings, Reproductive Forensic Psychiatry and the Death Penalty are in various stages of completion.

Throughout the years, the AAPL Council has deliberately chosen not to take formal policy positions on issues relevant to forensic psychiatry. The sole exception was a 2001 call for a moratorium on the death penalty, a position that was retired this year. Instead, AAPL has chosen to attempt to influence the policy positions of the AMA and APA through our formal liaisons, and informally through the many AAPL members who are active in both of those organizations.

As Medical Director I have participated in APA's Council on Psychiatry and Law (CPL) and Committee on Judicial Action (CJA), representing AAPL's interests. CPL helps the APA Board of Trustees make important policy decisions around forensic psychiatry issues. CJA writes and helps decide which amicus briefs APA will participate in. Through CJA, AAPL has signed onto ten amicus briefs during my time as Medial Director.

AAPL has also continued to be represented in the APA Assembly. During my tenure, Stuart Anfang, Debra Pinals, Cheryl Wills, and now Danielle Kushner have represented AAPL's interests during Assembly debates over issues critical to forensic psychiatry.

After a several-year effort by Howard Zonana and Jackie Coleman, AAPL was able to join the AMA as part of the AMA Section Council on Psychiatry, which is comprised of members representing psychiatric associations recognized by the AMA House of Medicine. The AMA Section Council on Psychiatry works to lead the House of Medicine in areas relevant to behavioral health. During my time as Medical Director AAPL has been ably represented in the AMA by Howard Zonana, Jackie Coleman, Barry Wall, Linda Gruenberg, Ryan Hall, Jennifer Piel, Tobias Wasser, Sarah Baker, Patricia Westmoreland, and Katherine Skimming.

Diversity and equity in medicine has become an especially important focus during my term. AAPL has responded by adding AAPL Council positions of Women's Councilor, Underrepresented/Minority Councilor, and Early Career Councilor. In our 2020 strategic plan, AAPL modified its Mission Statement to explicitly support diversity and inclusion in forensic psychiatry. The Diversity Committee, chaired by AAPL President-Elect Charles Dike, is developing AAPL Values and Goals Statements to further support this effort.

AAPL has been my professional home since I attended my first AAPL meeting in 1985 in Albuquerque as a member of AAPL's first class of Rappeport Fellows. I not only learned a great deal, but also began to establish new friendships that have continued and expanded as I have gotten to know other AAPL members through the years. AAPL is still a small enough organization that members who come to just a few meetings begin to be recognized by other members. This recognition and collegiality accelerates once a member joins a committee or authors a presentation. As I leave my position as Medical Director, I urge you all to become more involved in AAPL by participating in AAPL's Committee structure or submitting a presentation.

Finally, I wanted to thank AAPL's

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The World Keeps Changing

Joe Simpson, MD, PhD

From the Obvious Desk: Technological change, especially in the information and computing realms, continues to impact practically every aspect of life, at an astonishing rate. This is true of healthcare and does not exclude psychiatry and forensic psychiatry. For example, just a few years ago, conducting a mental health treatment session over video was unusual. Now, things have changed to such a degree that many psychiatrists and other mental health professionals use video exclusively. These doctors and psychotherapists live where they choose to, irrespective of where they are employed or where their patients live, never leaving their home in the course of earning their pay. This is true even for many providers working in correctional settings and forensic hospitals.

Given the slow pace of change generally countenanced by lawyers and government agencies, in some sense it is quite shocking that state regulatory agencies, malpractice insurers, accrediting bodies, and other such entities have allowed telepsychiatry to expand to the degree it has. Of course, the COVID-19 pandemic played a critical role in this shift, but now it seems that there will be no going back, despite some psychiatrists still insisting that a face-to-face interview constitutes some sort of "gold standard" for a therapeutic interaction in psychiatry, and that providing treatment via real-time video and audio is somehow suboptimal care.

Most of us can come up with other examples of the rapidly changing tech world around us. The pace can be quite disorienting.

Several articles in this issue concern current or possible future impacts of technology. AAPL President Dr. Knoll, in the final Newsletter column of his presidential term, discusses some of the possible effects of advances in surveillance technology on psychiatry and forensic psychiatry. Dr. Soliman, chair of the Geriatric Forensic Psychiatry Committee, examines misinformation and disinformation, and some potential ways that elder Americans (or anyone else for that matter) can increase their "digital literacy."

In her article, Education Committee Chair Dr. Hanson advises us that AAPL, through the committee she chairs and the Virtual AAPL Committee chaired by Dr. Charles Scott, intends to establish a robust and permanent presence in the online learning space, with the aim of generating high-quality forensic psychiatry educational materials in the form of live and recorded lectures. These, in addition to providing valuable information for AAPL members, will also be made available to psychiatry residents in the many US programs which don't have a forensic fellowship, and which have few or no forensic faculty to mentor and inspire those residents.

Though large-scale change can catch us off-guard and can induce fear and anxiety, there is of course also great potential when it comes to the types of changes human innovation and ingenuity can bring to a mind-bogglingly complex system like modern healthcare. The technological road ahead may turn out to be very exciting for mental health. For example, there are now numerous smartphone apps available for mental health purposes such as monitoring of symptoms; reminders and assistance with performing cognitive behavioral therapy homework exercises; and many more. On another front, virtual reality is being employed for prolonged exposure therapy in post-traumatic stress disorder. Although it is too early to tell how much additional benefit technology-assisted therapeutic modalities will provide, an awareness of these developments is important for practicing psychiatrists. As Dr. Hanson notes, AAPL has committed to being part of the ongoing digital revolution. There's also the Technology Committee, chaired by Dr. Burrow, which provides presentations at the Annual Meeting and Newsletter articles. As an AAPL member, there are a number of resources coming which you will be able to avail yourself of as you surf on the waves of change.

Medical Director

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Executive Director Jackie Coleman and Associate Executive Director Marie Westlake. I have had the great pleasure of working with both Jackie and Marie throughout my time as Medical Director. They both represent the true administrative backbone of AAPL. Without their hard work and dedication, AAPL would not be where it is today.

SAVE THE DATE

APA ANNUAL MEETING

MAY 4-8, 2024

NEW YORK CITY

Ask the Experts

Neil S. Kaye, MD, DLFAPA
Graham Glancy, MB, ChB, FRC Psych, FRCP

Neil Kaye and Graham Glancy will answer questions from members related to practical issues in the real world of Forensic Psychiatry. Please send questions to nskaye@aol.com.

This information is advisory only, for educational purposes. The authors claim no legal expertise and should not be held responsible for any action taken in response to this educational advice. Readers should always consult their attorneys for legal advice.

Q: How do I tell a lawyer their client is wrong?

A. Kaye:

This is a frequent problem and can arise at any point in any type of case, civil, criminal, family-domestic, or regulatory. I provide all lawyers with a brief 5-10 minutes) free "curbside consult" when I am initially screening a case. Often, even just with that limited information, it is clear to me that the case is a "loser" and I always say so. That can lead to a good discussion where the lawyer says they agree, but their goal is to do "damage control" or to just mitigate a sentence. In civil cases it's common where the lawyer's client is clearly liable (e.g., rear-end MVA) but the other side is demanding excessive damages and in criminal matters where guilt is clear or may even be pleaded out, but extenuating circumstances may be relevant.

So, I take your question to mean that after you have done a review of the materials and perhaps even evaluated the person, you conclude that your opinion will not support, and in fact will likely oppose, what the lawyer or their client has as a case theory—the story they expect to tell to the trier of fact. Notice here that I draw a distinction between the lawyer's belief and that of their client. Often, I find that the lawyer may be more realistic than their client, particularly in employment law, alleged discrimination cases, and other civil matters. When this is the case, the lawyer is grateful that I "get it" and that the problem is their client, who may be an insurance adjustor with limited experience in these matters but who nonetheless holds the purse strings of settlement.

"The prosecutor would always start their cross-examination by asking me how often I had been retained by the prosecutor and how often by the defense. I would answer that this question does not tell the whole story."

As far as the mechanics of this interaction, it is best done with a scheduled phone call; it will take 15-30 minutes in most cases. I schedule the call with the lawyer and then begin with my opinion/conclusion and present the key facts that support my opinion. Often there are a few questions and perhaps even a little pushback.

Most often the lawyer asks what I can do. If my opinions allow me to help mitigate damages, I will gladly do so, and we will discuss report style, length, etc. These calls usually go well and the lawyer appreciates my honesty and candor and is content that I will do a good job while still acknowledging damages (e.g., I think this is an adjustment disorder and not PTSD, or I think the person is injured but not permanently.)

If they are unsatisfied with what I am willing to say, I close with verifying that they don't want a report and if there are funds left from the retainer, I tell them I will be issuing a refund promptly and will either return or destroy the records. Remember, it is appropriate and ethical to charge for this call.

A. Glancy:

As Dr. Kaye points out, intervening as early as possible, before the case has become too expensive, is appropriate in the circumstances. Depending on how your referral procedure is set up, it is helpful if fairly early on in the process, you speak to one of the lawyers directly. In this initial call, you may be able to discuss their theory of the case and how the psychiatric evidence may contribute. If at this stage, you realize that what they are asking is unrealistic or highly improbable, you can tell them why this is so and save everybody a lot of time and money. In this initial communication, they may be forced to consider how useful or realistic the assessment is likely to be. It may also help them define the specific area that they would like the psychiatric assessment to target. Sometimes this process alone makes a lawyer realize that things are unlikely to work out the way they planned and you can part ways amicably.

Sometimes after the initial interview, the psychiatric expert realizes they are unlikely to be helpful in this case. This is another opportunity for a phone call with the lawyer for a full

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Ask the Experts

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and frank exchange of views.

In an ideal world, before (metaphorically) putting pen to paper, it would be helpful to have a discussion with the lawyer in order to define the essential issues. It is possible that during this call you may have to tell the lawyer that your opinion is unlikely to be helpful. A good lawyer may well say at this point that they do not really need the report and the case can be closed from your point of view.

This type of situation has happened to me in a number of types of cases. In cases involving competency (fitness) to stand trial, lawyers sometimes feel that they cannot take instructions from the client, and therefore the client must be incompetent. Sometimes this matter can be resolved without going on to a full assessment. It also, not infrequently, happens in cases where the client has a serious mental illness but clearly had a rational motive for the crime. I was retained in one case, involving a 23-year-old, 6-foot-4, 300-pound kid (because that is what he was) who stood up in the middle of the interview and stripped off his shirt, to show me that he was Hercules and was about to take over the world. He was charged with setting fire to the house, which led to the death of his mother. On further inquiry, he described to me how she controlled him, belittled him, and would not allow him access to his own disability payments. This all came to a head one day and he deliberately set fire to the house in order to kill her. It appeared to have no relationship to his delusions and even though he had a psychiatric illness, my opinion was not helpful to the lawyer. I was able to call the lawyer and explained my position, before I had started to prepare a report. She thanked me and referred cases to me thereafter for some years, before she was appointed a judge.

I have found the hardest cases to deal with are when I am forced to conclude that the client is feigning or malingering. As Dr. Kaye pointed out, a phone call before actually writing the report saves a significant amount of time and money.

It could be argued, from a business point of view, that the psychiatrist should just write the report and let the lawyer deal with it. Obviously, this happens in cases where the assessment is ordered by the Court or the judge. However, in the type of setting where the forensic psychiatrist is dependent upon private referrals, it may seem harder. The ethical guidelines of both the American and Canadian Academies of Psychiatry and the Law urges us to strive for objectivity and honesty, and there are no exceptions. For a while, I appeared fairly regularly before the licensing body for doctors in Ontario. The prosecutor would always start their cross-examination by asking me how often I had been retained by the prosecutor and how often by the defense. I would answer that this question does not tell the whole story. The answer really lies in what Tom Gutheil termed, my "integrity index." According to this theory, I could say that, although in all the cases that I had appeared before the licensing body in the last few years I had been called by the defense, the licensing body was not aware of all the other board cases where I had been retained by the defense, but after reviewing the files, told them that I could not be helpful. I can say in these circumstances, I have had disappointed lawyers, upset lawyers, lawyers who have tried to subtly change my opinion, but never a lawyer who became angry at me or shouted at me.

Take Home Points:

Being honest is invaluable. Good lawyers will appreciate you for it and be repeat customers. Bad lawyers will complain, and with luck, will not try to darken your doorstep again.

AAPL members interested in joining a Special Committee should contact and communicate exclusively with the Committee Chair. Requests to join Special Committees should be made to Special Committee Chairs between October 15 and December 1. Requests for committee membership will not be considered after December 1. If members miss this deadline and are still interested in joining, they can ask the Committee Chair to put their name forward in the subsequent year's enrollment period. Special Committee Chairs forward their recommendations to the President no later than December 1.

AAPL SPECIAL COMMITTEES

- Addiction Psychiatry
- Child and Adolescent Psychiatry
- Community Forensics
- Correctional
- Criminal Behavior
- Cross-Cultural Issues in Forensic Psychiatry
- Developmentally Disabled
- Diversity
- Early Career Development
- Forensic Hospital Services
- Forensic Neuropsychiatry
- Forensic Training of Psychiatry Residents
- Gender Issues
- Geriatric Psychiatry and the Law
- Government Affairs
- Human Rights and National Security
- International Relations
- Judicial Action
- Law Enforcement Liaison
- Liaison with Forensic Sciences
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- Peer Review
- Private Practice
- Psychopharmacology
- Recovery
- Research
- Sexual Offenders
- Suicidology
- Technology
- Trauma and Stress
- Women's Committee

Gender in the Courtroom

Nina Ross, MD; Jacqueline Landess, JD, MD; Sarah Baker, MD; Cathleen Cerny-Suelzer, MD; Reagan Gill, DO; Susan Hatters Friedman, MD
Gender Issues Committee and *Women's Committee*

Gender is relevant across the spectrum of forensic psychiatry, from the gender of the evaluee to the gender of the evaluator. This article explores the role of gender in the courtroom—from potential gender biases and gendered differences in outcomes, to gender of the expert witness.

Discrepancies exist between sentencing for men and women. In some cases, women may be more leniently sentenced than men. In other cases, women may be more harshly sentenced. Although 18 percent of violent crime offenders are women, (1) around 8% of prisoners in the US are female, with men imprisoned at a rate 13 times that of women (2) and receiving longer sentences. (3)

There are numerous reasons for potential biases toward women, including that women may be perceived as more sympathetic defendants and so given fewer charges; triers of fact may be less likely to give women long sentences; and women may be more likely to accept a plea bargain. (4) Stereotypes about women may play into disparate sentencing. For example, the "chivalry theory" posits that women may be perceived as childlike beings who require protection and therefore are less culpable for their crimes. (5) The "focal concern theory" is another model that posits that triers of fact make decisions based on incomplete information and, therefore, may rely on generalizations or personal biases. These may also incorporate the stereotype that a woman is less culpable and less likely to reoffend. (5) Reduced sentencing patterns for women may also reflect concerns about the social implications of incarcerating women who may be caregivers. (6) On the other hand, sentencing that punishes women more harshly than men could stem from a bias that disproportionately punishes women for not only breaking a law but for violating traditional gender roles. (6)

Gender differences may also be present in Not Guilty by Reason of Insanity (NGRI) cases. In general, women found NGRI are older, married or previously married, with fewer substance problems and less criminal history compared to men. (4) One study also found that women found NGRI with an index offense of homicide most often had no prior criminal contact, and most often kill family members, about half the time a minor child. (7)

Yourstone and colleagues randomly assigned clinicians, judges, and students to vignettes about a hypothetical homicide where the defendant was pursuing an NGRI defense. (8) Facts were identical between cases except for gender. Respondents were asked to rate whether the defendant met NGRI criteria. More often, both clinicians and students judged the women to be experiencing more serious mental illness and qualifying for NGRI. Notably, judges appeared to find NGRI among their gender in-group: female judges were more likely to find NGRI for a woman than a man, while the opposite was true for male judges. (8)

Certain aspects of the criminal justice system are gendered in nature, such as Battered Woman Syndrome and infanticide laws. Battered Woman Syndrome is a defense that refers to a cluster of psychological symptoms someone may exhibit after victimization in a violent relationship. It has traditionally been used in cases where a woman has killed her male partner without a clear-cut self-defense justification. However, it is problematic for several reasons, including lack of support in clinical research, not qualifying as a DSM diagnosis, and failure to reflect the heterogeneous nature of intimate partner violence and responses to it. (9) In addition, it stigmatizes both men and women by its portrayal as men only as aggressors and women only as victims. People are expected to behave according to stereotype. (9)

Infanticide laws are problematic as well. In two dozen countries infanticide laws reduce sentences for women. (10) However, these laws do not reflect the heterogeneous nature of infanticide motives which may deserve differential sentencing: motivations may range from killing an unwanted child to killing because of altruism or acute psychosis. (10) Moreover, such laws do not consider that men may kill infants for similar motives. (11)

Certain other criminal charges result in more frequent and more severe penalties against women, including prostitution, abortion, and Failure to Protect laws. Because it is estimated that women make up 80% of global sex workers, charges against sex workers are most frequently filed against women, disproportionately affecting them. (12) Following the US Supreme Court's overruling of *Roe v. Wade*, several states implemented legislation that criminalizes abortion. These new laws selectively affect women and can result in multi-year imprisonment for offenses including a miscarriage that results in fetal demise. (13)

Failure to Protect laws also incarcerate women more frequently than men. (14) These laws present civil or criminal penalties for parents or caretakers who have allegedly failed to protect their children from another's abuse, namely a spouse. (15) Technically, these laws could penalize both men and women, but in practice charges are overwhelmingly leveled against women. (15) How these laws manifest is complicated and legal outcomes are likely tinged by a variety of

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A Vaccine for Disinformation?

Sherif Soliman, MD
Geriatric Forensic Psychiatry Committee

"One thing everyone agrees on is that Stephanie didn't have to die." Thus begins NPR's reporting of an all-too-common tragedy. (1) Stephanie was a health-conscious 75-year-old woman who had faithfully received regular checkups and recommended vaccines. However, the combination of knee pain preventing her from playing tennis and a narrowed social network during the early days of the COVID-19 pandemic left her isolated. She began to embrace conspiracy theories about everything from the assassination of John F. Kennedy to COVID-19 vaccines. She believed that the vaccines contained microchips and thus refused vaccination. She died of COVID-19. Her family maintains that her belief in misinformation killed her. Once such beliefs are formed, they can be very difficult to dispel, even in the face of overwhelming evidence to the contrary. Studies have shown that older Americans are more susceptible to false stories online. Proposed reasons for this finding include a lack of "digital literacy," or the ability to use technology to search for accurate information and fact-check information that is suspect. Another reason, encapsulated by Levine's Truth-Default Theory, (2) include isolation and the bias toward regarding information as truthful.

Disinformation is false information that is deliberately and knowingly disseminated in order to manipulate the audience. Disinformation can be used in politics, advertising, or simply as part of a campaign of grift or theft. It is analogous to and often a component of undue influence. Misinformation, on the other hand, is information that is inaccurate, but may be spread by actors who believe it to be true. While disinformation has always been problematic in both medicine and politics, the combination of a global pandemic and unedited mass communication have made it both more pervasive and deadlier. A single source of vaccine disinformation may convince millions of vulnerable people to refuse life-saving interventions. Public debates about disinformation have become mired in a debate between the need to protect open discourse and the need to combat disinformation, which can be a difficult balance. What if a standard vaccination regimen included inoculation against disinformation? While data are limited, there are some encouraging signs that we can do just that.

MediaWise, which describes itself as a "nonpartisan, nonprofit initiative of the Poynter Institute" (3) offers digital literacy training, with a course specifically aimed at older adults. Last year, Moore and Hancock published a compelling study in *Nature* (4) demonstrating the efficacy of *The MediaWise for Seniors* intervention, (5) which is available free of charge. They studied 143 older adults who took the MediaWise for Seniors course along with a control group of 238 older adults who did not. Both groups took two surveys, aimed at assessing their ability to discern true from false news headlines. The MediaWise group showed significant improvement while the control group did not. Importantly, the MediaWise course also improved their ability to engage in discriminant trust, or to believe true news.

A concern had been that digital literacy interventions would broadly increase skepticism of both true and false news. In this study, this intervention did not. As the authors note, this is a preliminary study and there are limitations. A key limitation is that the intervention group self-selected to take the course. This suggests they were interested in improving their digital literacy and presumably more motivated to do so than the average person. To control for this the authors asked the control group if they would be interested in taking the course. The two groups did not differ significantly in their interest in improving digital literacy.

While the description of the MediaWise for Seniors course seemed impressive, I decided to test-drive it myself. I took the course and completed it in approximately one hour. The course was engaging and easy to follow. It consists of an overview and four modules: Introduction to Fact Checking, Types of Misinformation, Tools to Tackle Misinformation, and Put it All Together. It ends with a ten-question quiz covering the topics discussed. Each module is clearly laid out with bullet points, illustrations, and charts. It also contains video tutorials from prominent journalists and television personalities including CNN's Christiane Amanpour and former *Good Morning America* host Joan Lunden. The course does a good job of being nonpartisan, presenting examples of political disinformation favoring both the right and the left side of the political aisle. It is also engaging and entertaining. While I consider myself to be a moderately savvy consumer of digital media, I learned a couple of additional fact-checking techniques. I will recommend this course to friends, family, and patients based both on the data supporting its efficacy as well as my personal experience with it.

There are also other promising approaches on the horizon. There are other digital literacy programs, and one group developed a role-playing game in which participants pretend to be producers of false news in order to understand the characteristics of such content. Other approaches include

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RAPPEPORT FELLOWSHIP AWARDS, 2023-24

Britta K. Ostermeyer, MD, MBA, DFAPA and Renee M. Sorrentino, MD, DFAPA
Co-Chairs, Rappeport Fellowship Committee

The AAPL Rappeport Fellowship was named in honor of AAPL's founding president, Dr. Jonas Rappeport, MD. This fellowship offers the opportunity for outstanding senior residents with a dedicated career interest in forensic psychiatry to receive mentorship by senior AAPL forensic psychiatrists. Rappeport Fellows will receive a scholarship to attend the AAPL forensic psychiatry review course and the annual AAPL meeting, and a one-year mentorship by two Rappeport Fellowship Committee members. The Rappeport Fellowship Committee and AAPL are excited to announce the 2023-24 Rappeport Fellows: Dr. Kimberlyn Maravet Baig-Ward, Dr. Brianna Engelson, Dr. Gurtej Singh Gill, Dr. Chandler Hicks, Dr. Richard Seeber, and Dr. Kyle Webster. Congratulations! Here are their bios:

Kimberlyn Maravet Baig-Ward, MD, PhD

Dr. Baig-Ward is currently a fourth-year research track resident at the University of Texas Southwestern in Dallas, Texas. She received a BS in Molecular and Cell Biology and a BS in Biomedical Science from Texas A&M University, where she served on the Honor Council, was President of the Pre-Medical Society, and received multiple graduation honors including Magna Cum Laude. She received an intramural research training award for post-baccalaureate research at the NIH. She received her MD and PhD in Biochemistry from Virginia Commonwealth University School of Medicine in partnership with the NIH through an individual graduate partnership program and physician scientist training program. She was active in leadership during medical school, including community service chair of AMSA and the VCU Honor Council. During residency, Dr. Baig-Ward has held multiple leadership positions inside and outside of her program, and received the APA/APAF Leadership Fellowship, where she is on the Council for Psychiatry and the Law. She also served as a resident representative to the Texas Medical Association's Council on Legislation. She has published in multiple settings, including academic journals and media outlets such as the Washington Post. Her research focuses on the development of a screening instrument focused on reducing recidivism. Her Rappeport Fellowship mentors are Drs. Joe Penn and Britta Ostermeyer.

Brianna Engelson, MD

Dr. Engelson is a fourth-year resident at the University of Minnesota Psychiatry Residency Program, currently serving as Chief Resident. She received her MD from the University of Minnesota Medical School. While there, she served as a project lead for the Hands On Advocacy Program through the Minnesota Medical Association to address disparities in mental health across the state. She also wrote several editorials on medical trainee and physician mental health, and worked with organized medicine groups to petition for changes in disclosure questions on physician licensing applications in Minnesota. As a resident, Dr. Engelson has co-authored two legal briefs for the Legal Digest section of the Journal of the American Academy of Psychiatry and the Law. She earned the Eric Brown Residents Caucus Scholarship and the Emerging Leaders in Psychiatry Scholarship through the Minnesota Psychiatric Society. She also received the 2022 Margolis Scholarship Award and the 2023 Resnick Scholar Award through the Midwest Chapter of the American Academy of Psychiatry and the Law. Additionally, she has been named as a 2023 American Psychiatric Association Foundation Public Psychiatry Fellow. She plans to attend forensic psychiatry fellowship after graduation. Her Rappeport Fellowship mentors are Drs. Ariana Nesbit and Sara West.

Gurtej Singh Gill, MD

Dr. Gill is a fourth-year and chief resident at BronxCare Health System, an affiliate of Icahn School of Medicine, Mount Sinai, NY. Dr. Gill was born and raised in the Punjab region of India. There he worked as a medical officer in rural areas, helping the underserved. That passion carried over when he came to the US to continue his work in psychiatry. He served as a Resident Faculty member during his intern year, is a wellness and curriculum committee member, and is currently a co-chair of the BronxCare Research Lab. Residency introduced Dr. Gill to the underserved patient population with ongoing legal problems in the South Bronx, one of the most underserved populations in the US. Working intimately with these patients has inspired Dr. Gill to pursue a forensic psychiatry fellowship to learn more about the psychiatry and law intersection, severe psychopathology, and ways to help incarcerated mental health patients, whether to help dispel stigma or aid in their psychiatric care or legal issues. His Rappeport Fellowship mentors are Drs. Nathan Kolla and Vivek Datta.

RAPPEPORT FELLOWSHIP AWARDS, 2023-24

Chandler Hicks, MD

Dr. Hicks is currently a fourth-year child and adolescent psychiatry fellow at University Hospitals/Case Western Reserve University in Cleveland, Ohio, where he also completed his adult residency. He was the Chief of Education during residency and is the current child and adolescent Chief Fellow. Prior to residency, Dr. Hicks attended medical school at Oklahoma State University. In 2019, Dr. Hicks received the psychiatry departmental award for the top student at Oklahoma State University. A year later he received the Midwest AAPL Margolis Award. Over the course of residency and fellowship, Dr. Hicks has published over ten journal articles and presented three talks at APA annual conferences, notably achieving a featured article in the Psychiatric Times and APA course of the month on the medicolegal implications of medical marijuana. He is currently a member of the AAPL Committees on criminal behavior and sexual offenders. His research interests include studies on philosophy in psychiatry, psychiatric media portrayals, and selective reporting bias in guideline development. His Rappeport Fellowship mentors are Drs. Alan Newman and Renee Sorrentino.

Lee Hiromoto, MD, JD

Dr. Hiromoto is a fourth-year psychiatry resident at Oregon Health & Science University (OHSU). He grew up in the town of Wahiawa, Hawaii on the island of Oahu. After receiving a B.A. in Portuguese from Yale University, he spent four years living and working in Israel. He then attended Harvard Law School (from which he received a J.D.), was admitted to the State Bar of California, and served as an attorney in the U.S. Navy in San Diego, California. Following honorable discharge from active duty, Dr. Hiromoto attended the University of Vermont Larner College of Medicine, where his interest in mental health and the law developed. He graduated from medical school with an M.D. and has been in the psychiatry residency at OHSU in Portland, Oregon. During residency, Dr. Hiromoto has benefitted from research mentorship and collaboration in exploring the relationship between psychiatry and the law, including publishing in the Journal of the American Academy of Psychiatry and the Law. Areas of interest include the intersections of psychiatry with trauma, criminal law, and civil legal systems.

Richard Seeber, MD

Dr. Seeber is a fourth-year psychiatry resident at the Massachusetts General Hospital and McLean Hospital, Harvard Medical School, where he is Administrative Chief Resident. He earned his BA and BS degrees in German and biology with highest honors from the University of Alabama, where he was named the valedictorian of Phi Beta Kappa and of the biology department. He went on to complete his MD with honors from the University of Alabama School of Medicine at Birmingham, earning election to the Alpha Omega Alpha Honor Medical Society. During medical school, he became interested in forensic medicine and studied pediatric firearm fatalities with the Jefferson County Office of the Coroner-Medical Examiner. In residency, Dr. Seeber has published several book chapters on topics of forensic interest, including paraphilic disorders, behavioral addictions, and psychotic disorders. He is a member of AAPL's Gender Issues Committee and has authored an AAPL Newsletter article on transgender inmates' right to gender-affirming treatment. Additionally, he has co-authored AAPL Newsletter articles on clinical, forensic, and medicolegal ramifications of pregnancy termination post-Dobbs v. Jackson Women's Health Organization. After his final year of residency, during which he plans to develop further expertise in perinatal psychiatry, Dr. Seeber plans to complete child and adolescent and forensic psychiatry fellowships. His Rappeport Fellowship mentors are Drs. Susan Hatters Friedman and Ryan Wagoner.

Kyle Webster, DO, PhD

Dr. Webster is currently a fourth year resident at Indiana University (IU) in Indianapolis. He earned his Bachelor of Arts in Biochemistry and Japanese from Albion College. Following graduation, he attended Loyola University Chicago where he earned his PhD in Biochemistry. After graduate school, Dr. Webster attended Michigan State College of Osteopathic Medicine where he conducted research on psychosocial adjustment in Ugandans living with HIV. Upon matriculation to IU, Dr. Webster started research assessing criminal involvement and incarceration in adults with early phase psychosis. He presented this at the annual meeting of the American Academy of Psychiatry and the Law in 2022 and later that academic year was the recipient of the Douglas Mossman Research Award. His work also won the Nurnberger Resident Research Award through IU in 2023, and he will be presenting this work at the Indiana Psychiatric Society Annual Meeting this upcoming fall. During his third year of residency Dr. Webster served as Chief Resident for IU psychiatry and was the Chair of the IU Psychiatry Didactics Committee, where he established a forensic psychiatry lecture series. Since his second year of residency, Dr. Webster has spent his weekends working at a local jail for a national pilot program treating individuals with opioid use disorder. His Rappeport Fellowship mentors are Drs. Ryan Hall and Jackie Landess.

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Dinardo v. Kohler: "No Felony Conviction Recovery" May Provide No Protection From Liability

Piyush P. Nayyar, MD and Michael R. MacIntyre, MD
Judicial Action Committee

The scope of a psychiatrist's liability related to crimes committed by an active patient currently hangs in the balance at the Supreme Court of Pennsylvania in *Dinardo v. Kohler et al*. (1) The case seeks to clarify the "no felony conviction recovery" rule that prevents an award for civil damages linked to a crime. The Court will address whether monetary damages are still barred if a patient seeks compensation for medical malpractice associated with the crime without "profiting" from criminal acts.

The lawsuit traces back to 2017, with a series of unfortunate events involving marijuana sales, guns, cold-blooded murders, and the desecration of human corpses. At the center is twenty-year-old Cosmo DiNardo, born into an affluent family in Solebury Township, Pennsylvania. DiNardo developed psychological issues after high school and subsequently dropped out of college. DiNardo's mother later involuntarily committed him to the hospital. In November 2016, Dr. Christian Kohler, a psychiatrist at the University of Pennsylvania, began treating DiNardo, who is reportedly diagnosed with schizoaffective disorder, bipolar disorder, and schizophrenia.

In July 2017, DiNardo commenced a week-long murder spree. With the assistance of his cousin, DiNardo murdered four young men with a gun, doused the corpses in gasoline before setting them on fire, and buried the bodies in a 12-foot grave. Amid this rampage, he went to an appointment with Dr. Kohler. Allegedly, DiNardo researched how to decompose bodies on his iPad while in the waiting room of Dr. Kohler's office. Dr. Kohler documented that DiNardo's bipolar disorder was in remission and was tapering his medication.

DiNardo pled guilty to four counts of first-degree murder, confessing in graphic detail how he lured the four young men to his family's farm and murdered them. DiNardo's victims' families sued DiNardo's parents for failing to secure the handgun owned by his mother Sandra, which was used in two of the murders.

Sandra DiNardo then filed a lawsuit in 2019 against Dr. Kohler and his employers. She alleged negligent psychiatric treatment in the months prior to the murders based on DiNardo's homicidal thoughts and paranoia. Sandra DiNardo sought monetary recovery for Cosmo DiNardo's emotional distress, arguing he would live with the knowledge of murdering four individuals while in an otherwise treatable psychopathologic state. She sued for additional compensation for his family's business, which suffered harm due to litigation fees, as well as a request for indemnity from victims (meaning Sandra DiNardo would not be responsible for the lawsuits brought by the victims). The Superior Court of Pennsylvania held that the "no felony conviction recovery rule" precluded all her demands for monetary recovery. Sandra DiNardo appealed.

While the court has yet to release a ruling, existing *Tarasoff* duties (2) provide broad insight into how courts typically view special relationships and liability. In *DiNardo*, the family seeks compensation based on a duty to adequately treat, whereas in *Tarasoff,* the duty was to protect a third party. *Tarasoff* is foundational as it contradicted all other areas of tort law and established a special relationship between mental health professionals and a third party, i.e., the potential victim(s) of a patient. In *Tarasoff*, the California Supreme Court found a special relationship existed between a psychiatrist and the third party once a credible threat to Ms. Tarasoff was made. This resulted in a duty to warn, later codified by statute as a duty to protect. Almost every state, including Pennsylvania, has enacted a version of *Tarasoff* via case law or statute.

While psychiatrists (or anyone) struggle to predict future acts of violence accurately, *Tarasoff* duties often provide objective criteria for immunity. In California, the statute protects the psychiatrist or psychotherapist from liability if they report a credible threat directly from a patient to the intended victim and the police. Expanding the physician's liability to preclude medical malpractice from the "no felony conviction recovery" rule could have significant consequences for the profession. If the family of a convicted criminal can seek damages from the psychiatrist, there could be a large impact on medical care. Physicians will be hesitant to take on patients with a history of violence, especially if a physician believes there is a high risk of legal consequences. And while murder might be rare, psychiatrists may be concerned about liability for a patient's assault charge or any crime with a victim. Universities may put fewer resources into free clinics, impacting underserved communities. This could result in less treatment available for those society has the greatest public safety interest in obtaining high-quality mental health care.

The mandatory duty to report conflicts with the fundamental building block of trust between a psychiatrist and a patient – confidentiality. The perceived erosion of trust minimizes a patient's willingness to share infor-

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Education Committee Update

Annette Hanson, MD
Chair, Education Committee

This article was not written by ChatGPT.

The idea that I would even need to write such a disclaimer highlights our rapidly changing educational environment. Some educators have opted to use new technology tools to detect written homework plagiarized using artificial intelligence (AI). Meanwhile, students comment that AI tools such as ChatGPT can summarize and explain complicated topics better than human instructors. This could be written off as a fad, but I see it as a humbling challenge to revitalize our forensic teaching skills.

All of this makes me feel rather old. Given the changing demographics of the medical profession, and the number of early career forensic psychiatrists in our organization, it is incumbent upon the Education Committee to keep up with the demands and expectations of our membership. This includes changes in curriculum, teaching methods, teaching environment, and the use of educational technology.

Now here's the good news:

We're doing it. Thanks to the dedication of the Education Committee, and the support of AAPL administration and staff, we are rolling out the first on-demand conference content using the new virtual AAPL platform, BlueSky. This has not been an easy task administratively or technically. Much of our organizational technology is an organically-developed meshwork of corporate resources. Any change must be tested, reviewed, and corrected where necessary. I think we have it (mostly) right, but this is a long-term project that must be accomplished in phases.

Phase 1: Upload content. Our first recorded conference session is one of the highest rated of the dozen that were recorded in 2022, on the topic of LGBTQIA Issues in the Criminal Justice and Corrections System. The remaining presentations will be added on a rolling basis and will initially be available only to members. While the general public eventually will have access as well, this is not currently possible. On behalf of the Education Committee and the virtual AAPL (VAAPL) task force, I would like to thank all presenters for their willingness to be a part of this new project.

"...students comment that AI tools such as ChatGPT can summarize and explain complicated topics better than human instructors."

I am aware that every year our Program Committee receives submissions of very high quality, and that it is not possible to include all of them in our in-person conference. Some of those submissions will be recommended for inclusion in our on-demand content. Virtual AAPL will also consider submissions for live-streamed, four-hour courses and two-hour panels, all of which will be recorded for later on-demand viewing. Fees for this content will be reduced commensurate with membership and training status.

Phase 2: Promotion and inclusion. The fact remains that the majority of US psychiatry residencies do not have a forensic psychiatry fellowship or ready access to forensic training experiences. Even for programs that do have forensic fellowships, local experts may not be readily available for certain topic areas such as immigration law. As leaders in forensic education, we bear the burden to create a solution. Our general adult residents are now comfortable with remote evaluations and didactics thanks to the COVID pandemic, and I would call upon all forensic training directors to consider widening these opportunities across geographic boundaries. I am personally grateful to my professional colleagues for providing select topic discussions through Zoom to my own fellows and residents.

I realize that technology can never replace the unquantifiable but real human connection between student and teacher, or those small but significant moments that can shape a career. My hope is that extending the reach of those connections will benefit our students and those we care for.

Gender

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biases and misconceptions, including women being held to a higher caregiving standard and unfair expectations of a person's response to an abusive partner. (15)

Further complicating the role of gender in the courtroom is the gender of triers of fact and expert witnesses themselves. Women who are not perceived to be likeable or knowledgeable are more negatively impacted than men perceived in the same way. (16) In a survey of board-certified AAPL and American Board of Forensic Psychology (ABFP) members, just under a third of women believed that gender played a moderate role in the selection process. Only 5% of men responded the same way. (17) Over half of men surveyed perceived that their testimony had a large impact on the case, in contrast with

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Bruce C. Gage, MD: The Face of Forensic and Correctional Psychiatry for Washington State in the Early 21st Century

Gregory B. Leong, MD

I first met Bruce Carlson Gage, MD virtually when I received my copy of James C. Beck, MD, Ph.D.'s 1990 "Confidentiality Versus the Duty to Protect: Foreseeable Harm in the Practice of Psychiatry," for which Dr. Beck subsequently received the Manfred Guttmacher Award. Opening the book to the list of contributors found Dr. Gage listed as a fellow Assistant Professor at UCLA also working for the Department of Veterans Affairs at the Sepulveda campus, about 20 miles north of me at the Brentwood VA campus (1). However, by the time the book had been distributed, Dr. Gage had already departed UCLA and the Sepulveda VA Medical Center.

I did not meet Dr. Gage in person until the 1997 AAPL meeting in Denver after recognizing his name on his AAPL badge and mentioning our connection with Beck's book. During our extended conversation, Dr. Gage spoke about his vision for a forensic psychiatry fellowship at the University of Washington (UW)/Western State Hospital (WSH) and invited me to visit. Inspired by Dr. Gage's optimism, I took a trip to Washington on my own dime in the middle of winter.

Fast forward to May 1, 1998 where I was a staff psychiatrist at WSH in Tacoma. Dr. Gage was the Program Director for the Legal Offenders Unit (LOU) which housed forensically committed competency restoration and insanity acquittee patients across eight separate wards. The LOU was one of three programs at WSH, the other two being an adult general psychiatric program which treated the civilly committed, and a geriatric psychiatric program for older adults.

Dr. Gage began his journey to the LOU Program Director as a Seattle native in 1957 who travelled east to the Massachusetts Institute of Technology in Cambridge, MA for college. After earning his bachelor's degree as a chemistry major in 1979, he returned to Seattle to matriculate at the UW School of Medicine. Dr. Gage's medical school thesis studied the impact of alexithymia on hypertension, which ultimately led to a 1984 publication (2). After receiving his MD in 1983, he delayed internship and remained at UW to study cardiovascular physiology as a postdoctoral fellow for a year (3). Dr. Gage then returned to Cambridge to pursue postgraduate medical training at Cambridge Hospital, as an internal medicine intern and then a psychiatry resident. During his final year of residency, he served as Chief Resident. Dr. Gage began his study of forensic psychiatry with rotations at the Cambridge Court Clinic and the Metropolitan State Hospital in Waltham, MA. After residency, he accepted a staff psychiatrist position at the Sepulveda Veterans Affairs Medical Center and as Assistant Professor at UCLA for two years. The pull to return to Washington proved too strong and Dr. Gage joined the Washington Institute for Mental Illness Research and Training (known locally as "The Institute"), an ambitious joint venture between UW and the Department of Social and Health Services (the parent organization of WSH) that had been established in the late 1980s and situated on the WSH campus. Dr. Gage was exposed to correctional psychiatry as a psychiatric consultant from 1993 to 2003 arising out of the Institute's contract with the Washington State Department of Corrections (DOC).

In Dr. Gage's role as the LOU program director, he oversaw the LOU's clinical operation with the LOU lead psychiatrist primarily handling non-clinical administrative functions. I had a front-row seat to his skill in managing the challenging personalities among LOU's staff psychiatrists.

As part of his work at the Institute, Dr. Gage spearheaded the development of a Forensic Psychiatry Fellowship, which included creating two WSH forensic evaluator and faculty positions for the planned Fellowship: this led directly to my arrival to WSH along with Roman Gleyzer, MD. Without Dr. Gage's vision for WSH and the fellowship, there was little motivation or vision to improve forensic psychiatry in Washington in the 1990s. But with the training sites and faculty in place, the UW Forensic Psychiatry Fellowship enrolled its inaugural Fellow (Richard Alder, MD) in 1999.

Although Dr. Gage had occasion to produce forensic psychiatric publications (1,4-6) he excelled with the spoken word. He presented on a variety of psychiatry and forensic psychiatry topics to a diverse array of audiences, including the Alaska Psychiatric Institute, National Association of State Mental Health Attorneys, and Washington Bar Association, among his approximately 70 presentations.

On February 28, 2001, the Nisqually Earthquake registered 6.8 on the Richter scale and rendered the LOU unusable. The seismic fragility of the LOU building had been known and plans to replace the LOU were already ongoing, but the earthquake accelerated the process. Temporary inpatient bed space was carved out of the adult and geriatric units, which had not been structurally compromised. With the Institute under

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The Storm of Xylazine

Sean Yumul, MD expected 2024, and Ryan Hall, MD

In this edition of In the Media, we are going to look at a veterinary drug for large animals, xylazine, which is one of the main ingredients in the street drug "Tranq" (AKA tranq dope, sleep-cut, Philly dope, zombie drug, anesthesia de caballo). (1,2) Tranq is generally considered to be xylazine mixed with an opioid such as fentanyl or heroin. (1,2) Xylazine is generating headlines such as the one from the *Financial Times* article titled, "People rot from the inside out: lethal xylazine deepens the US drug crisis." (3) The rapidly increasing use of xylazine either as a sole agent or as an adulterant with other street drugs caused the DEA to issue a "Public safety alert" in March 2023. (4) The DEA reported that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized contained xylazine, with this combination being found in 48 states. (4) Tranq can be consumed orally, by inhalation, snorting, or by intramuscular, intravenous or subcutaneous injection. (1) Due to how widespread Tranq has become, several governmental agencies and state legislators are looking at changing how xylazine is regulated. (1, 5, 6)

Xylazine received FDA approval as a veterinary tranquilizer in 1972 but has never been approved for human use. (1, 2, 7) Therefore, it does not have a traditional FDA schedule classification. (1) As a potent α2-agonist (similar to drugs such as clonidine, tizanidine, lofexidine, and dexmedetomidine), it has powerful suppressive effects on the sympathetic nervous system and inhibits the release of norepinephrine, dopamine, and epinephrine. (1, 2) CNS effects include sedation, analgesia, and euphoria. (1, 2) Side effects include decreased heart rate and blood pressure and respiratory depression. (1, 2, 8, 9) Although xylazine is a non-opioid, it has synergistic toxic effects with opioids in humans. Because it is not an opioid its effects cannot be reversed with naloxone, which in part is what makes tranq overdoses so lethal. (2, 9) Xylazine also is not detected by routine toxicology screens. (2, 7, 9)

In veterinary usage, xylazine is sold in vials or preloaded syringes. (8, 9) Illicit xylazine powder is often sold for $6-$20 dollars per kilogram, usually coming directly or indirectly from Chinese suppliers. (6, 9) Due to its low cost and noncontrolled status, illicit drug traffickers commonly use it as an adulterant to increase profit without risking harsh legal ramifications. (6, 9) When combined with fentanyl or heroin, xylazine has been shown to have longer-lasting effects which potentially attracts more customers at a lower cost. (3) Some users intentionally seek out this mixture, while many are completely unaware of its inclusion.

Prolonged use of xylazine can lead to impaired wound healing, leading to increased infection susceptibility and necrotic skin ulcerations. (2, 10) This has earned it the moniker of "zombie drug" due to the limb necrosis that can result, especially with intravenous use.

Xylazine users may experience withdrawal symptoms including irritability/agitation, anxiety, and dysphoria. (1, 2) Though no guidelines are in place to deal with withdrawal, some institutions are using dexmedetomidine, clonidine, or lofexidine in inpatient units, with some success in reducing the symptoms. (11) There are no reversal agents for xylazine approved for use in humans, although there are some approved for veterinary use (e.g., yohimbine, tolazoline). (1, 7) This poses difficulties for first responders, since xylazine overdose looks similar to opioid overdose. (2) New drug test strips to detect xylazine are available for $3 apiece, roughly three time as much as rapid fentanyl test strips.[12]

The first recorded illicit use of xylazine in humans was reported in Puerto Rico in 2001. (13) Xylazine was intermittently identified in drug samples in the continental United States between 2006 and 2018 with Philadelphia, Maryland, and Connecticut emerging as the epicenters. (11) Between 2020 and 2021, the DEA reported increased laboratory identifications of xylazine in all four US census regions. (9) Xylazine-positive overdose death increased by 1,127% in the South, 750% in the West, over 500% in the Midwest, and more than 100% in the Northeast. (9) The drug is mostly found in polysubstance formulations, with one 2020 study conducted identifying illicit fentanyl in over 98% of xylazine-present overdose deaths. (14) Xylazine can also be mixed with other drugs resulting in overdose (e.g., cocaine, amphetamines, benzodiazepines, and alcohol). (1, 14) The DEA speculates that the current expansion path of xylazine forbodes a similar pattern as was seen in Puerto Rico where the drug emerged as a solo agent of abuse. (9)

When the DEA issued its public safety alert in March 2023, DEA administrator Anne Milgram said, "Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier." (4) Given such strong language, it is no surprise that there have been bipartisan attempts to address the crisis. (6) HR 1839, the Combating Illicit Xylazine Act, was introduced in Congress on March 28th, 2023. (5) The bill would subject the manufacture, distribution, and possession of illicit xylazine to Schedule III criminal penalties. Furthermore, manufacturers and distributors of veterinary xylazine would be required to report to the DEA for tracking as a way to identify

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American Medical Association 2023 Annual Meeting Highlights

Jennifer Piel, MD, JD, Delegate; Patricia Westmoreland, MD, Alternate Delegate; Sarah Baker, MD, Young Physician Delegate; and Kathryn Skimming, MD, Young Physician Delegate

The American Medical Association's (AMA) 2023 Annual Meeting was held in June in Chicago. Delegates, alternatives delegates, and guests from around the world gathered to discuss topics important to physicians and their patients. Topics ranged from insurance payers' use of artificial intelligence in prior authorization to training doctors on the use of extreme risk protection orders, also known as "red flag laws." Summarized here are three resolutions adopted by the House of Delegates.

The use of Body-Mass Index (BMI) alone as an imperfect clinical measure: BMI, a measure of body fat based on height and weight, has long been used to delineate risks to a person's health both from obesity and being underweight. The NIH describes BMI as "a good gauge of your risk for diseases that can occur with more body fat," noting that the higher a person's BMI, the higher the risk for heart disease, hypertension, diabetes, gallstones, breathing problems, and certain cancers. (1) However, there are significant limitations associated with the use of BMI in clinical settings. BMI does not take into account muscle mass, and loses predictability when applied across race and ethnic groups, genders and the age-span. It has been used by the insurance industry to deny coverage for eating disorder treatment.

The House of Delegates adopted a new policy recognizing the issues with using BMI as a measurement, recommending that its use be in conjunction with other valid measures of risk such as body composition, visceral fat, body adiposity index and waist circumference. Physicians from the Psychiatry Caucus testified that BMI should not be used as a sole criterion to deny appropriate insurance reimbursement for individuals with anorexia nervosa, as BMI is frequently incorrectly applied to individuals with anorexia nervosa, especially male patients, transgender patients, and patients with a high percentage of muscle mass due to frequent exercise.

Putting naloxone in schools and destigmatizing substance use disorders: The Psychiatry Section Counsel, which includes AAPL as a member organization, put forth a resolution to facilitate naloxone availability in schools. According to AMA data, drug overdose deaths in the United States among people aged 10-19 years old jumped almost 110% between 2019 and 2021. (2) The AMA has supported widespread access to opioid overdose-reversal drugs. This support was extended further by adopting policies to encourage states, communities and education settings to allow opioid reversal medications to be readily accessible to students and staff. Proponents of this policy argued that it is not unusual for students and staff at schools to carry other lifesaving medications such as prescription Epi-pens. Proponents also spoke of the need to destigmatize substance use disorders and improve access to naloxone for underserved populations. In particular, the House of Delegates modified the policy on substance use disorders during pregnancy to oppose the supposition that substance use during pregnancy automatically represents child abuse, and advocated that state and federal child protection laws be amended to focus on a treatment rather than a punitive approach.

Protecting privacy and limiting stigma regarding physician mental health history: State Medical Boards have often included questions on physician licensure application forms asking physicians about their mental health history. Such questions may be intrusive and irrelevant when the physician's prior or current mental health conditions do not present a current threat to patient safety. Such questions are stigmatizing and frequently prevent physicians from seeking appropriate mental health treatment that would improve their wellbeing. The AMA noted that it is particularly concerning that physicians forgo necessary treatment at a time when physician burnout, as well as physician mental health concerns, are at epic proportions. Data presented by the Illinois delegation noted that there is no evidence that physicians who are treated for mental health concerns are more likely to harm a patient than physicians who have not sought such treatment. (3) To protect physicians' confidentiality in the credentialing process and reduce discrimination, delegates amended existing AMA policy to encourage state licensing boards, specialty boards, hospitals and other organizations involved in credentialing to limit disclosure of physical or mental conditions to only those situations where the condition currently impairs a physician's judgement or that would otherwise adversely affect their ability to practice medicine in a competent, ethical and professional manner. Licensing and credentialing boards would also be asked to exclude information referring to any psychotherapy required as part of medical training.

In addition to adopting new House policy, the meeting offered some educational sessions. The AMA Litigation Center reviewed its involvement in defending Dr. Caitlin Bernard. Last year's U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health*

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Report of APA Assembly

Danielle B. Kushner, MD

The last APA Assembly meeting took place on May 19-21, 2023 during the APA Annual Meeting in San Francisco. The theme of the meeting was "Innovate, Collaborate, Motivate: Charting the Future of Mental Health." Highlights included new session tracks focusing on clinical updates, humanities, and technology themes. The APA meeting additionally had a live virtual meeting platform for selected sessions. This annual meeting marked the end of the presidential term of Rebecca Brendel, MD, JD and the beginning for Petros Levounis, MD, MA. Dr. Levounis' theme for his presidential year is addiction psychiatry with a focus on four highly prevalent addictions- vaping tobacco, opioids, alcohol, and technology. He additionally wants to devote the upcoming year to energize the general public about the importance of psychiatric treatment and the role of non-professional community members in promoting mental health.

Reports were presented by APA and Assembly officers along with updates from the new Assembly workgroups: Social Determinants of Mental Health; Survey; Communications; and Restructuring. Outgoing APA President Dr. Brendel reviewed the events of the past APA year. She discussed the rollout of public programs such as the 988 Suicide and Crisis Lifeline; return-to-work campaigns; and professional and organizational projects such as the Minority and Underrepresented (MUR) Workgroup and Roadmap for the Future Workgroup; as well as the ongoing accountability to the Structural Racism Taskforce initiatives. She highlighted APA advocacy successes this year securing funding for mental health treatment and delivery provisions. Of note, the passage of a federal omnibus bill in December 2022 funded multiple APA legislative priorities including implementation and expansion of the Collaborative Care Model, extension of telehealth flexibilities, reauthorization of funding to the SAMHSA Minority Fellowship Program, and approval of 100 new residency positions for psychiatry and psychiatry subspecialities.

In the Report of the CEO, Saul Levin, MD, MPA, highlighted the recent work of the APA Diversity division, including Diversity, Equity, Inclusivity, Belonging, and Acceptability (DEIBA) virtual webinars, a new podcast for APA members about mental health and diverse communities, and consulting groups facilitating DEIBA professional development for the administration staff and Assembly. Dr. Levin also reviewed recent legislative updates including APA's new model legislation for prior authorization reform and the recent state defeats of psychology prescribing in eight states along with passage of strict physician involvement in Colorado's psychology prescribing bill. Lastly, Dr. Levin introduced the APA Foundation's new national mental health awareness campaign, "Mental Health Care Works," which is focused on encouraging those with mental health concerns to take the first step to treatment.

Jeffrey Lyoness, MD, the new President and CEO of the American Board of Psychiatry and Neurology (ABPN) as of January 2023, informed the Assembly about the structure of ABPN, high priority projects, and the ongoing collaboration with the APA in educational offerings, the PsychPRO patient registry, and CME grants, and others. The new alternative board certification organization, National Board of Physicians and Surgeons (NBPAS), was not discussed. This is controversial, due to ongoing questions about the relationship between the APA and ABPN ,and previous requests that the APA consider NBPAS an equivalent pathway for Maintenance of Certification (MOC).

New Position Statements approved by the Assembly included Studying the Decriminalization of Illicit Substance Possession and Use and Addressing Discriminatory Policies That Prevent Access to Housing and Employment. Several Position Statements by the Council of Psychiatry and Law were approved following regularly scheduled review: Capital Punishment; Restrictive Housing of Incarcerated Adults with Mental Illness; Lengthy Sentences without Parole in Juveniles; and Assessing the Risk of Violence.

Fourteen Action Papers were presented to the Assembly. Items of forensic interest that passed the Assembly included: Exemption to the Crack House Statute for Overdose Prevention Centers, Incorporation of Medications for the Treatment for Opioid Use Disorder by Opioid Treatment Programs into Controlled Substance Databases, Dismantling Racist Policies in Black Mental Health: APA to Repudiate the Moynihan Report. A held Action Paper entitled Addressing Structural Racism in the APA: Replacing Minority and Underrepresented (MUR) Terminology was also approved following updates from the MUR workgroup. A new recommended title for the MUR group has not been finalized.

The Assembly meeting concluded with a survey by the Assembly Restructuring Committee to help direct future change and initiatives. The next APA Assembly Meeting will take place virtually November 3rd-5th, 2023. The 2023 Mental Health Services Conference will be held in-person in Washington, DC October 12th-14th, and the 2024 Annual Meeting will be May 4th-8th in New York City. The theme of the 2024 meeting is "Confronting Addiction: From Prevention to Treatment."

2023 Judge Stephen S. Goss Memorial Award Psychiatrist Winner: Dr. Megan Testa, MD

Britta K. Ostermeyer, MD, MBA, DFAPA

The Judges & Psychiatrist Leadership Initiative (JPLI) is situated within the Council of State Governments Justice Center, a national, nonprofit, nonpartisan organization representing state officials in all three government branches, with policy and research expertise to develop strategies that increase public safety and strengthen communities. Founded 20 years ago, JPLI is a collaboration of judges and psychiatrists working together to decriminalize mental illness. JPLI is a partnership between the Council of State Governments Justice Center and the American Psychiatric Association Foundation, with the goal of improving judicial responses to those with mental health needs who have unfortunately become involved in the criminal justice system. Presently, around 4,000 judges participate in JPLI, which is governed by four co-chairs: The Honorable Judge Steve Leifman, Miami, Florida; the Honorable Justice Kathryn Zenoff, Springfield, Illinois; Michael Champion, MD, Honolulu, Hawaii; and Sarah Vinson, MD, Atlanta, Georgia.

JPLI established the Judge Stephen S. Goss Memorial Award in honor of the judge who served on the Superior Court of the Dougherty Judicial Circuit in Georgia for 19 years and founded the Dougherty Superior Court Mental Health/Substance Abuse Treatment Program. With 70% of incarcerated people in our country suffering mental illness or substance use disorder, or both, Judge Goss knew that a more therapeutic jurisprudence system was needed, and worked tirelessly, traveling across the country to train other judges on mental health issues. Each year, JPLI awards one judge and one psychiatrist who personify Judge Goss's extraordinary leadership, commitment, dedication, and collaborative approach to improving the lives of those underserved populations with behavioral health needs who are caught up in the criminal justice system.

JPLI hosted its 3rd annual summit on May 18th, 2023 in San Francisco, and presented the Psychiatrist Award to AAPL member Dr. Megan Testa for her outstanding work and leadership in her founding role as the Director of Psychiatry Services at the Cuyahoga County Diversion Center in Cleveland, Ohio. The Diversion Center opened in May 2021 as the first facility of its type in Ohio, and one of only a handful of diversion centers across the country with a mission to keep nonviolent, low-level offenders out of jail. The Diversion Center performs psychiatric evaluation and treatment as well as managing substance withdrawal. It is entirely voluntary, with no seclusion, restraints, or involuntary medications of any sort. In the two years of its existence, Cuyahoga County Diversion Center has admitted, treated, stabilized, put back on medications, and referred out for continuing care more than 400 people — people who would have otherwise been incarcerated.

Dr. Testa is highly committed to the patient community the Diversion Center serves. She has developed the clinical treatment protocols, trained clinicians and resident psychiatrists, and leads a team of Certified Nurse Practitioners who care for these patients. In order to increase understanding and utilization of the Diversion Center, Dr. Testa also meets on a regular basis with law enforcement, county jail officials, and probate courts. Through her work with numerous community social service agencies, courts, and other medical providers, she has undoubtably improved the lives of many patients.

Dr. Testa has come to realize that this population has endured severe trauma "created by the mental health system itself," and although initially the patients may not trust her or the staff and may walk out, many come back later because they truly do want help. She explained, "the most important thing we do is treat each person with kindness, and with all my background and training, the best thing I can do for someone is just treat them like a human being no matter what."

The Honorable Judge Goss was known for treating people in his courtroom with kindness and human decency. Many of his program participants have commented that it was the first time anyone in the criminal justice system really saw them and treated them like a human being. It is obvious that Dr. Testa truly embodies Judge Goss's philosophy and is so well-deserving of this high honor. Please join me in congratulating our AAPL member Dr. Megan Testa, MD for her 2023 Judge Stephen S. Goss Memorial Award!

Celebrating 40 Years of Midwest AAPL

Abhishek Jain, MD (MWAAPL President 2022-23)
Christopher Marett, MD, MPH
(MWAAPL Program Committee Chair 2023 and Councilor)

On March 24th and 25th, 2023, in Cincinnati, Ohio, the Midwest Chapter of AAPL (or "MWAAPL") celebrated 40 years. Co-founded by Phillip Resnick, MD and Emanuel Tanay, MD in 1983, MWAAPL shares AAPL's mission to promote scientific and educational activities in forensic psychiatry.

In MWAAPL's tradition of excellent meetings, this year's program featured 11 outstanding presentations. Topics included forensic research, pregnancy, romantic dynamics, community criminal justice partnerships, and private practice. Resnick Scholar (Brianna Engelson, MD; Marianela Rosales Gerpe, MD), Margolis Travel Award (Jonas Attilus, MD, MPH; Chase Hiller, MD; William Nolan, MD), and Mossman Research Award (Kyle Webster, DO, PhD) winners were presented.

A highlight was the moving tribute for Douglas Mossman, MD, who served as MWAAPL President 2003-04 and was a Professor and Forensic Psychiatry Fellowship Program Director at the University of Cincinnati until his death in 2018. Philip Candilis, MD performed Chopin's "Raindrop" prelude in memoriam. Loretta Sonnier, MD, Douglas Lehrer, MD, and Scott Bresler, PhD presented "Songs in the Key of Doug," examining his remarkable professional contributions. A special honor was having Dr. Mossman's wife, Kathleen J. Hart, PhD, in-person to share the experience.

The Presidential Address included reflections from Past Presidents about MWAAPL's four-decade history: "accessibility… has stood the test of time… tradition of like-minded leadership… cohesion of the group… critical mass of expertise…incubator for forensic talent…smallness is its secret sauce." The organization's updated website (midwestaapl.org) was also unveiled.

MWAAPL welcomes all AAPL members to its Annual Meetings. The next meeting will be in Milwaukee, Wisconsin, March 22nd-23rd, 2024.

Gender

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about three-quarters of women, who believed their testimony had only a moderate impact. (17) When it comes to forensic psychiatry experts, women may be less likely to do criminal work, involuntary treatment evaluations, and testamentary capacity evaluations, although this may change as more women enter the field. (18)

The role of gender in the courtroom is complex, multifaceted, and affected by numerous factors, complicating understanding of the topic. Further research is needed to complement mindfulness of the potential biases of forensic evaluators.

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Disinformation?

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promoting community resilience to false news through active local journalism.

I have previously written about the importance of preventing undue influence (a persuasive or coercive force that overcomes the free will of another person) and the financial exploitation of older adults. (6) Though I am unaware of formal studies addressing the parallel, victims of disinformation and undue influence appear similar in many ways. Both are often isolated and vulnerable for physical and psychological reasons. Campaigns of disinformation and undue influence both rely on isolation, indoctrination, disparaging independent thought, emphasizing vulnerability, creating a siege mentality, and fostering dependence. In fact, much disinformation is produced in service of financial grift. It is my hope that improving resilience to disinformation in older adults will also increase resilience to undue influence and financial exploitation.

To this end, I advocate for utilizing evidence-based digital literacy interventions as primary prevention against disinformation. In the current age of vast medical misinformation, it may just be a lifesaving intervention.

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AMA

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Organization (4) allowed state legislatures wide latitude to restrict access to abortion services, overruling its 1973 decision in *Roe v. Wade*. (5) In a case that received nationwide attention, Dr. Caitlin Bernard, an Indianapolis-based obstetrician-gynecologist provided abortion care to a 10-year-old Ohio girl whose pregnancy was the result of rape. At the time, an Ohio law banning abortion was in effect, which resulted in the girl's referral to Dr. Bernard in Indiana. The Indiana Attorney General alleged that Dr. Bernard had divulged confidential patient information and violated state reporting laws and filed a complaint against Dr. Bernard with the Indiana Medical Licensing Board.

At a state licensing board hearing, AMA Council on Ethical and Judicial Affairs Chair Dr. Peter Schwartz testified on Dr. Bernard's behalf, stating that Dr. Bernard did not share any unique identifiers or protected health information about her patient and said that she met all of her ethical obligations "extremely well." (6) The state licensing board found that Dr. Bernard complied with all reporting requirements, but ruled that she violated patient privacy laws by divulging the age of the girl. Dr. Bernard received an award from the AMA, and a standing ovation at the Legislative forum. She is pictured with Patricia Westmoreland (at right).

The AAPL delegation was active at the annual meeting. Jennifer Piel served on the Psychiatry Section Council's candidate selection committee and reference committee, and led the resolution review for the Committee on Constitution and Bylaws. Dr. Piel testified to a resolution sponsored by the Psychiatry Section Council on studying privacy protections and potential for data breaches of health records as large retail corporations enter healthcare. Dr. Westmoreland testified on the BMI resolution. You can find more information on the actions of the AMA House of Delegates at the 2023 Annual Meeting at https://www.ama-assn.org/about/house-delegates-hod.

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Dinardo v. Kohler

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mation, thereby limiting a psychiatrist's ability to treat, especially after an admission of homicidal ideation. Expanding a physician's legal duty to report may lead to issues of a patient's danger to the public if patients are discouraged from seeking treatment for thoughts of physical violence by reducing the willingness to discuss the issue of harm to others.

Psychiatrists should follow the standard of care by completing risk assessments, asking patients about violence history, and discussing whether they own or have access to firearms. Nevertheless, horrific events like this involve complex variables. Psychiatrists cannot predict or control all future behavior of patients. The "no felony conviction rule" recognizes this by currently prohibiting recovery from a treating psychiatrist for the crimes of a patient. But psychiatrists could soon have a new liability concern in Pennsylvania.

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In Memoriam

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financial pressure and the LOU lead psychiatrist retiring, Dr. Gage became a WSH employee and assumed the lead psychiatrist position of the forensic unit in 2003. The LOU was subsequently reborn with a new building and name, the "Center for Forensic Services."

Dr. Gage remained with WSH five more years before deciding on a change of venue as the Chief of Psychiatry for the Washington DOC. Dr. Gage saw his role as improving the psychiatric and mental health services provided to the DOC's population. He appeared rejuvenated and flourished in his DOC role. His growing reputation as a correctional psychiatrist led to being asked to be a psychiatric consultant outside Washington, most notably for the federal government at the Los Angeles County Jail system in California. His consultative work was a focal point in addressing admission delays for defendants adjudicated not competent in California (7).

Dr. Gage's career trajectory had been on a steady rise and was at its apex in 2020 when he received a cancer diagnosis. Dr. Gage's struggle with cancer ended a year later on April 22, 2021 at age 64. Before his passing, the Center for Mental Health, Policy, and the Law (CMHPL) in the Department of Psychiatry and Behavioral Sciences at UW established the Bruce Gage Annual Lecture in Forensic Mental Health, with its inaugural lecture given on November 20, 2020 (8). The CMHPL website about this Lecture summarizes Dr. Gage's professional career:

"Bruce Gage, MD has been described as a tremendous clinician, educator, and mentor. He demonstrated compassion and advocacy for vulnerable members of our society, most notably persons getting psychiatric care within correctional facilities. CMHPL founded the Bruce Gage Annual Lecture in Forensic Mental Health to honor Dr. Gage and to carry on his work. CMHPL endeavors to carry forward Dr. Gage's pursuit of improving psychiatric care, education and training in our state."

In addition to the CMHPL recognition, Dr. Gage received three additional accolades: (1) in 2020 the State of Washington renamed the Center for Forensic Services at WSH the "Bruce Gage Center of Clinical Excellence"; (2) in 2021, he received the National Alliance for the Mentally Ill (NAMI) Exemplary Psychiatrist Award; and (3) in 2022, the Washington DOC established and presented the first "Annual Bruce C. Gage Distinguished Service Award for Exceptional Work in the Field of Forensic Psychiatry and Mental Health."

In his professional life, Bruce has been one of few who have achieved recognition for their achievements as both a forensic and a correctional psychiatrist. Dr. Gage's passing not only left a huge void in forensic and correctional psychiatry in Washington, but also for his two adult children and his spouse, Indra Finch, PhD, with whom he shared a close and loving relationship. Another great AAPL member has left us too soon.

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(N.B., AAPL members Jennifer Piel, MD, JD; Phillip Resnick, MD; and Cheryl Wills, MD presented the 2020, 2021, and 2022 lectures, respectively, which can be accessed at this website).

Xylazine

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diversion. On April 12th, 2023, the White House Office of National Drug Control Policy announced a first-of-its-kind declaration of the emerging threat status for xylazine-adulterated fentanyl. (1) An emerging threat response plan is scheduled to be released in the near future (not available at the time of writing). On May 15th, 2023, the FDA issued an import alert allowing for the detainment of bulk shipments of xylazine. (7) On May 18th, 2023, the National Association of Attorneys General released a letter signed by 43 state Attorneys General calling on Congress to pass the Combating Illicit Xylazine Act. (6) Multiple states including Pennsylvania, Delaware, Florida and Ohio have already issued emergency classifications of xylazine as a controlled substance. (6)

Due to the rapid increase in xylazine use and proposed legislation, forensic psychiatrists will surely begin encountering cases involving xylazine in the criminal justice and treatment systems.

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Rappeport Fellowship

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We wish to thank the AAPL Executive Leadership and the Rappeport Fellowship Committee members for their ongoing support of this superb training opportunity. At the Annual Meeting in October, these seven newly selected fellows will wear ribbons on their nametags identifying them as our 2023-24 Rappeport Fellows. Please kindly walk up to them and extend a warm AAPL welcome to them!

AAPL Newsletter
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