



2024 PROGRAM



AMERICAN  
ACADEMY OF  
PSYCHIATRY  
AND THE LAW

# 55<sup>th</sup> Annual Meeting

October 24-27, 2024  
Sheraton Vancouver Wall Centre  
Vancouver, BC, Canada

AMERICAN ACADEMY  
OF  
PSYCHIATRY AND THE LAW

# 55th Annual Meeting

October 24-27, 2024  
Vancouver, BC, Canada



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

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

**55th Annual Meeting  
American Academy of Psychiatry and the Law  
October 24-27, 2024  
Vancouver, BC, Canada**

## Executive Council

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*Councilor*

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*Councilor*

## Past Presidents

James L. Knoll IV, MD	2022-23	Robert I. Simon, MD	2005-06	Joseph D. Bloom, MD	1989-90
Susan Hatters-Friedman, MD	2021-22	Robert T.M. Phillips, MD, PhD	2004-05	William H. Reid, MD, MPH	1988-89
Lisa Gold, MD	2020-21	Robert Wettstein, MD	2003-04	Richard Rosner, MD	1987-88
William Newman, MD	2019-20	Roy J. O'Shaughnessy, MD	2002-03	J. Richard Ciccone, MD	1986-87
Richard Frierson, MD	2018-19	Larry H. Strasburger, MD	2001-02	Selwyn M. Smith, MD	1985-86
Christopher R. Thompson, MD	2017-18	Jefrey L. Metzner, MD	2000-01	Phillip J. Resnick, MD	1984-85
Emily A. Keram, MD	2015-16	Thomas G. Gutheil, MD	1999-00	Loren H. Roth, MD	1983-84
Graham Glancy, MB	2014-15	Larry R. Faulkner, M.D	1998-99	Abraham L. Halpern, MD	1982-83
Robert Weinstock, MD	2013-14	Renée L. Binder, MD	1997-98	Stanley L. Portnow, MD	1981-82
Debra Pinals, MD	2012-13	Ezra E. H. Griffith, MD	1996-97	Herbert E. Thomas, MD	1980-81
Charles Scott, MD	2011-12	Paul S. Appelbaum, MD	1995-96	Nathan T. Sidley, MD	1979-80
Peter Ash, MD	2010-11	Park E. Dietz, MD, PhD, MPH	1994-95	Irwin N. Perr, MD	1977-79
Stephen B. Billick, MD	2009-10	John M. Bradford, MB	1993-94	G. Sarwer-Foner, MD	1975-77
Patricia R. Recupero, MD, JD	2008-09	Howard V. Zonana, MD	1992-93	Seymour Pollack, MD	1973-75
Jeffrey S. Janofsky, MD	2007-08	Kathleen M. Quinn, MD	1991-92	Robert L. Sadoff, MD	1971-73
Alan R. Felthous, MD	2006-07	Richard T. Rada, MD	1990-91	Jonas R. Rappeport, MD	1969-71

## 2024 Annual Meeting Chair

Cheryl D. Wills, MD

## EXECUTIVE OFFICES OF THE ACADEMY

**One Regency Drive | PO Box 30 | Bloomfield, CT 06002-0030**  
**Office: 860-242-5450 | Toll Free: 800-331-1389 | Fax: 860-286-0787**  
**E-mail: [Office@AAPL.org](mailto:Office@AAPL.org) | Website: [www.AAPL.org](http://www.AAPL.org)**

Debra A. Pinals, MD  
*Medical Director*

Dana Cooper, MBA, CAE  
*Executive Director*



## IMPORTANT INFORMATION AND NEW FEATURES

- There will be no Final Program distributed at the meeting site. If you want a hard copy of this program, you must print it yourself and bring it with you to the meeting.
- AAPL's mobile app is very important – be sure to download it for the most up-to-date information. Here is a link to download the mobile app: <https://pheedloop.com/AAPL2024/>
- In order to obtain CME credit you must check-in to each session you attend, using the mobile app. If you don't check-in, you will not receive CME credit for that session.
- Your CME certificate, noting total credits earned, can be downloaded from the mobile app or emailed to you.
- Distinguished Speaker presentations are open to all registrants at no additional charge. There are no lunch tickets to purchase. That means that you are on your own for lunch each day. A curated list of nearby restaurants for lunch and dinner is available in the Venue Maps area of the mobile app. Please return by 1 PM for the Distinguished Speaker sessions.
- There are Networking Luncheon Events taking place from 12 – 12:45 PM on Thursday and Saturday. Pre-Registration is required to attend these. Look in the announcements area of the app for more details.
- The AAPL Annual Business Meeting will occur on Friday from 12 – 1 PM. Pre-registration for that event is required. Box lunches will be provided to those that pre-register to attend the Annual Business Meeting. This is an AAPL member-only event.

## AAPL CODE OF CONDUCT AT EVENTS

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

## CELL PHONES

Please be courteous to your fellow attendees. Turn cell phones off or set them to vibrate. Hold your phone conversations outside the meeting room.

## SESSION MODERATORS HAVE BEEN ASKED TO ENFORCE THESE POLICIES

# CME CREDITS

CMEs are automated at the 2024 Annual meeting. The mobile app will be necessary to claim CME credits. At each session you attend you must check-in using the app. This check-in process will apply the appropriate amount of CMC credits to your record. At the completion of the Annual Meeting, you can download the certificate that will outline the session you attended and the total of CME credits earned.

Checking in to each session you attend easy. Simply find the session sign outside or inside the session room and follow the following steps.

## How To Check-In To Sessions

- Open up the Mobile App
- Go to Schedule
- Find the session you are attending
- Tap on the session to open it
- Near the top of the detailed information for the session, will be a blue box called “Check-In”
- Tap the blue box
- You can either type in the text code for that session or scan the QR code for that session (both are found on the Session Sign)
- Your credits have been applied to your account.
- **DO NOT TAP CHECK-OUT** of the Session, or you will lose your CME credits for that session.

## CME Certificates

On the mobile app navigation menu, at the bottom is an item called Certificates. If you click that item, you will be able to download your CME certificates. AAPL will also email everyone their CME certificates after the meeting to the email address that is registered in the Annual Meeting registration system.

# GAMIFICATION

Gamification is new to the AAPL Annual Meeting and provides a fun element. You can earn points by participating in numerous events. The top 10 point earners at 12 PM on Saturday will win prizes.

Start collecting points the minute you arrive at the Annual Meeting. Below is a list of activities you can participate in to earn points:

Activities	Points
Ask Questions in Session Q&A	100
Attend WAAPL/DEI Reception	150
Event Feed Posts on Mobile App	150
Attend an AAPL Committee Meeting	150
Attend ECP-Fellows Breakfast	150
Complete Session Evaluations in Mobile App	150
Attend Networking Luncheon - Thursday	200
Attend Networking Luncheon - Saturday	200
Attend Opening Ceremony	250
Attend the Debate Session	250
View Poster Session A - Thursday	300
View Poster Session B - Friday	300
View Poster Session C - Saturday	300
Check-in and Print Badge at Meeting	300
LinkedIn Post w/ #AAPL	300
Visit AIER Table	300
Visit PRMS Exhibit	350
Visit ABPN Exhibit	350
Visit Oregon Exhibit	350
Visit Washington, DC Exhibit	350
Attend Annual Business Meeting	400
Attend Friday Reception	400
Attend Distinguished Speaker Session - Gwen Adshead	450
Attend Distinguished Speaker Session - LaDoris Cordell	450
Attend Distinguished Speaker Session - Kim Pate	450
AIER Donation	500
AIER Silent Auction Bid Winner	500
Vote in Session Polls	50

You can also earn points in the **Photo Scavenger Hunt**. Details can be found in the mobile app under Gamification, including the prizes up for grabs.

Watch for special signs “**Gamification Code**” signs that have codes to input to earn points.

## To Claim Points

When you see a sign or are presented with a code by an exhibitor, go to the Gamification area in the mobile app. Click the QR code icon at the bottom of the screen and either type in the text code or scan the QR code on the sign. Most activities can only be earned once, but keep playing to earn points.

# CALL FOR PAPERS 2025

The 56th Annual Meeting of the  
American Academy of Psychiatry and the Law will be held at the  
**Boston Copley Marriott in Boston, Massachusetts**  
**October 30 – November 2, 2025.**

**Theme of the meeting is**

## **TRANSPARENCY: EMBRACING WHAT WE KNOW AND DON'T KNOW**

Inquiries may be directed to Program Co-Chairs  
Ariana Nesbit Huselid, MD, and Abhishek Jain, MD

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

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

*The deadline for abstract submission is March 1, 2025*



## **FUTURE ANNUAL MEETING DATES and LOCATIONS**

### *57th Annual Meeting*

**October 26 – November 1, 2026**  
**Tampa, Florida**

### *59th Annual Meeting*

**October 26 – October 29, 2028**  
**Salt Lake City, Utah**

### *58th Annual Meeting*

**October 28 – October 31, 2027**  
**San Antonio, Texas**

### *60th Annual Meeting*

**October 25 – October 28, 2029**  
**Baltimore, Maryland**

## GENERAL INFORMATION

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## REGISTRATION

### Junior Ballroom/Pavilion Ballroom Foyer 3rd Floor

#### *Hours of Operation*

Wednesday . . . . .	12:00 PM – 6:00 PM
Thursday . . . . .	7:00 AM – 6:30 PM
Friday . . . . .	7:00 AM – 6:30 PM
Saturday . . . . .	7:00 AM – 6:30 PM
Sunday . . . . .	7:00 AM – 12:30 PM

## ALL STAR MEDIA

### Junior Ballroom/Pavilion Ballroom Foyer/North Tower 3rd Floor



# SUPPORT THE AIER!

## American Academy of Psychiatry and the Law Institute for Education and Research (AIER)

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

### MERCHANDISE FOR SALE

#### PRICE

AAPL Logo Hat	\$25.00
AAPL Logo Tie	\$40.00
AAPL Logo Scarf	\$40.00
AAPL Logo Pet Bandana	\$10.00

Merchandise purchases or additional contributions can be by cash, check, VISA or MasterCard. Purchases and contributions can be made at the AAPL registration desk.

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

Contributions can be also be made online at **[www.aapl.org](http://www.aapl.org)**.

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

The Institute is supported by donations from individuals and institutions, including its parent organization, the American Academy of Psychiatry and The Law.

Grant submissions are accepted throughout the year, with awardees announced by December of the same year. Grants for both research and educational initiatives are available. More information is available on AAPL's website **[www.AAPL.org](http://www.AAPL.org)**.

# A MESSAGE TO PHYSICIAN ATTENDEES

## Continuing Medical Education Changes

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

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

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

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

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

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

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

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

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

Thank you in advance.

Annette L. Hanson, MD and Kaustubh G. Joshi, MD  
Co-chairs, Education Committee

# AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

## Continuing Medical Education Mission Statement

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

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

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

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

**Types of activities:** The Academy carries out its educational mission through the Annual Meeting, the Forensic Review Course, the *Journal of the American Academy of Psychiatry and the Law*, the *AAPL Examiner*, Virtual AAPL (VAAPL) via AAPL's new Learning Management System, the website, committees and ethics and practice guidelines.

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

*Adopted: September 5, 2008*

# FINANCIAL DISCLOSURE/CONFLICT OF INTEREST

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

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

All speakers have been advised of the following:

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

**Instances of bias or failure to conform to any of the above instructions should be reported to the Education Committee by means of the online program evaluation. Please be as specific as possible in reporting. Also, please note that while discussing one's book is not a conflict of interest, presenters are discouraged from actively promoting it.**

## Speakers

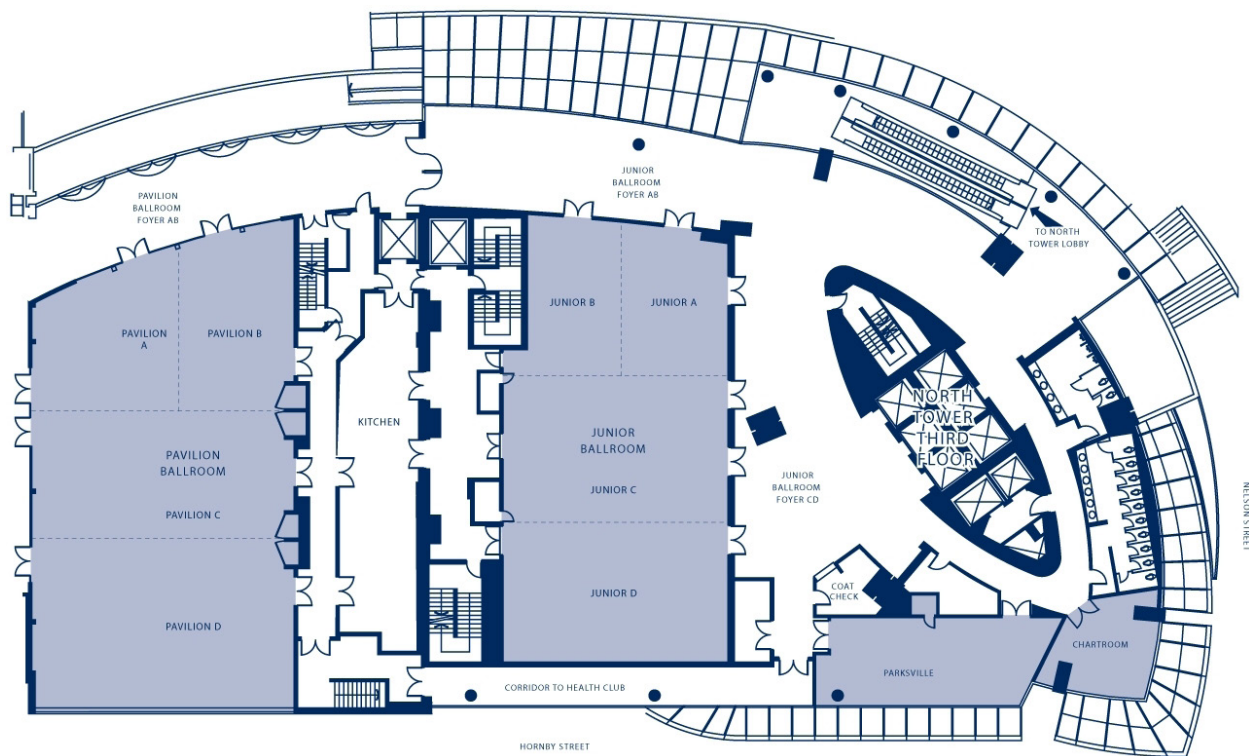
All speakers have completed the ACCME's Standards for Integrity and Independence document to disclose financial relationships that they have had in the past 24 months with ineligible companies. There were no other disclosures made.

## Program and Education Committee Members

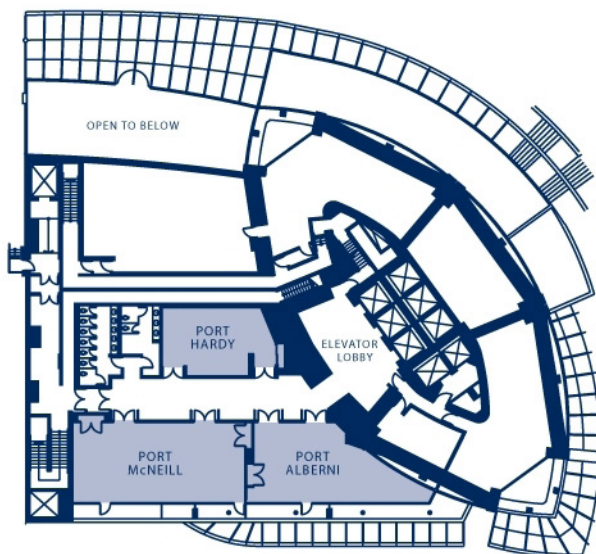
All individuals in control of the content of this meeting have completed the ACCME's Standards for Integrity and Independence document to disclose any financial relationships that they have had in the past 24 months with ineligible companies. There were no disclosures made.

# FLOOR PLANS

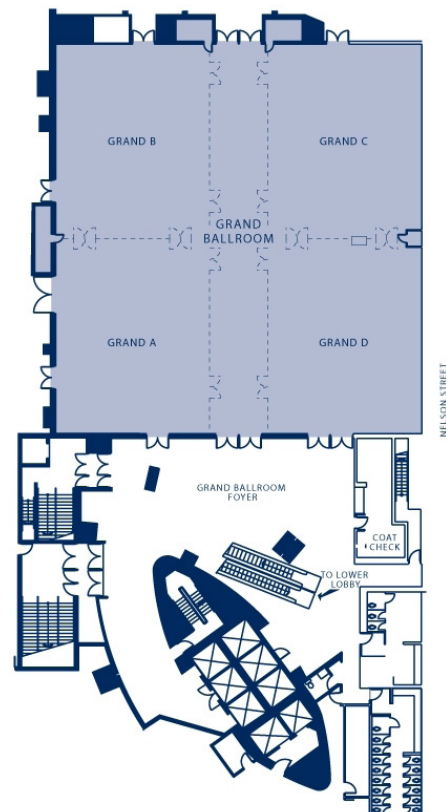
## Third Floor North Tower



## Fourth Floor North Tower



## Grand Ballroom Level





# SPECIAL EVENTS

## TUESDAY, OCTOBER 22, 2024

Self-Assessment Exam Committee Meeting

Self-Assessment Exam Dinner

### TIME

9:00 AM – 3:00 PM

6:00 PM – 9:00 PM

### LOCATION

Finback (Level III)

Blue+Black Restaurant

## WEDNESDAY, OCTOBER 23, 2024

AIER Board of Directors Meeting

AAPL Council Meeting

Council with Committee Chairs

ADFPF

7:30 AM – 8:30 AM

9:00 AM – 2:00 PM

6:00 PM – 7:30 PM

6:30 PM

Orca (Level III)

Orca (Level III)

Orca (Level III)

Sheraton – Bar One

## THURSDAY, OCTOBER 24, 2024

Past Presidents' Breakfast

Networking Luncheons (*on your own*)

Distinguished Speaker - Gwynnyth Adshead, MBBS

Debate

Diversity/Women of AAPL Reception

7:00 AM – 8:00 AM

12:00 PM – 1:00 PM

1:00 PM – 2:00 PM

7:00 PM – 9:00 PM

9:00 PM – 10:00 PM

Orca (Level III)

Various Restaurants

Grand Ballroom A-B

Grand Ballroom A-B

Grand Ballroom D

## FRIDAY, OCTOBER 25, 2024

Research Breakfast

Rappeport Fellows' Breakfast

AAPL Business Meeting

*(AAPL members only; lunch included)*

Distinguished Speaker -The Honorable LaDoris Hazzard Cordell

Attendees Reception

7:00 AM – 8:00 AM

7:00 AM – 8:00 AM

12:00 PM – 1:00 PM

1:00 PM – 2:00 PM

6:00 PM – 8:30 PM

Finback

Baluga (Level III)

Grand Ballroom C-D

Grand Ballroom A-B

Grand Ballroom C-D

## SATURDAY, OCTOBER 26, 2024

ECP and Fellows' Breakfast

*(for those in the first seven years After training and current fellows)*Networking Luncheons (*on your own*)

Distinguished Speaker - Senator Kim Pate

Midwest AAPL Chapter Meeting

7:00 AM – 8:00 AM

12:00 PM – 1:00 PM

1:00 PM – 2:00 PM

6:30 PM – 7:30 PM

Grand Ballroom D

Various Restaurants

Grand Ballroom A-B

Grand Ballroom D

### COFFEE BREAKS WILL BE HELD IN THE JUNIOR/PAVILION FOYERS/THIRD FLOOR

*For locations of other events scheduled subsequent to this printing, check the mobile app.*

# AWARDS

## American Academy of Psychiatry and the Law 55th Annual Meeting



# OPENING CEREMONY

Thursday, October 24, 2024

8:00 AM – 10:00 AM

### 8:00 WELCOME AND INTRODUCTIONS

Charles C. Dike, MD, FRCPsy  
*President*

### 8:00 PRESENTATION OF RAPPEPORT FELLOWS

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

#### Kaitlyn M. Gronauer, MD

*Prisma Health, Columbia, SC*

#### Ashley Maestas, DO

*University of Nevada, Reno, NV*

#### Micah J. Park, MD

*Children's National Hospital, Washington, DC*

#### Stephanie M. Schonholz, MD

*Icahn Mount Sinai, New York, NY*

#### Yarden Segal, MD

*BronxCare Health Systems, New York, NY*

#### Lillian Svete, MS, MD

*University of Kentucky, Lexington, KY*

### 8:05 AWARD PRESENTATIONS

Charles L. Scott, MD  
*Chair, Awards Committee*

#### Red Apple Award

Cheryl D. Wills, MD

#### Golden Apple Award

Jeffrey S. Janofsky, MD

#### Howard V. Zonana, MD

#### Best Teacher in a Fellowship Program

Kehinde A. Obikoya, MD

#### Seymour Pollack Award

Annette L. Hanson, MD

Barry W. Wall, MD

#### Young Investigator Award

Kelsey Hobart, MD

#### 2023 Poster Award

Ritvij Satodiya, MD

### 8:10 CHARLES C. DIKE DIVERSITY SCHOLARSHIP AWARDEES

Charles C. Dike, MD  
*President of AAPL*

Jason Barrett, MD

Topaz A. Sampson, MD

### 8:15 AAPL INSTITUTE FOR EDUCATION AND RESEARCH

Renée L. Binder, MD  
*President, AIER Board*

### 8:25 SILENT AUCTION ANNOUNCEMENT

Britta Ostermeyer, MD, MBA

### 8:30 OVERVIEW OF THE 2024 PROGRAM

Cheryl D. Wills, MD  
*Program Director*

### 8:40 INTRODUCTION OF THE PRESIDENT

Mrs. Ulari Dike, RN, BSN

### 9:00 PRESIDENT'S ADDRESS

Charles C. Dike, MD, FRCPsy

### 10:00 ADJOURNMENT

# RED APPLE OUTSTANDING SERVICE AWARD

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



## **CHERYL D. WILLS, MD**

Dr. Wills, Program Director for AAPL's 55th Annual Meeting, brings over 25 years' experience in medical practice, including organized medicine and advocacy. Her peers have voted her one of the best psychiatrists in the nation. Dr. Wills is a member of the American Psychiatric Association Board (APA) of Trustees and received its Special Presidential Commendation for her work as Chair of its Presidential Task Force on Structural Racism throughout Psychiatry. Dr. Wills is on the faculty of Case Western Reserve University. She is regarded as a skilled clinician, teacher, expert witness, advocate, leader and strategist.

# GOLDEN APPLE AWARD

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



## **JEFFREY S. JANOFSKY, MD**

Jeffrey Janofsky is a Clinical Professor of Psychiatry at the University of Maryland School of Medicine, and Associate Professor of Psychiatry at the Johns Hopkins University School of Medicine. He is Past President and Past Medical Director of the American Academy of Psychiatry and Law, where he was a member of the first class of Rapoport Fellows. He supervises residents and fellows at the University of Maryland Fellowship in Forensic Psychiatry.

# AWARD FOR OUTSTANDING TEACHING IN A FORENSIC FELLOWSHIP PROGRAM

*This award is selected by the AAPL Awards Committee from nominations submitted by individuals familiar with the nominee's qualities as a teacher.*



## **KEHINDE A. OBIKOYA, MD**

Dr. Kehinde Obikoya completed her medical school training at the University of Lagos and her psychiatry residency at Drexel University College of Medicine. She completed fellowship training in Psychiatry and the Law at Yale School of Medicine. Currently, Dr. Obikoya is the Medical Director of the Metrocare Services Special Needs Offender Program (SNOP), a forensic psychiatric outpatient clinic. She provides outpatient treatment to individuals involved in the criminal justice system, including jail diversion, outpatient competency restoration, and forensic assertive community treatment programs throughout Dallas County. She holds the position of Associate Professor of Psychiatry and Program Director for the Forensic Psychiatry fellowship program at the University of Texas Southwestern Medical Center. Dr. Obikoya teaches forensic psychiatry fellows and general psychiatry residents through clinical supervision at the SNOP clinic and a variety of resident didactic series. Her research focuses on competency to stand trial evaluations and jail diversion issues.

Dr. Obikoya has launched several educational initiatives that have significantly influenced forensic psychiatry teaching at her academic institution and throughout Texas. She spearheaded the overhaul of the forensic psychiatry curriculum within the general psychiatry training program at UT Southwestern Medical Center. She led the establishment of a Forensic Psychiatry fellowship program at UT Southwestern in 2017, which for seven years was the sole ACGME-accredited forensic training program in Texas. Since 2016, Dr. Obikoya has been the director of the UT Southwestern Forensic Psychiatry Seminar series. The monthly forensic psychiatry seminar she established was so successful, it served as the catalyst for the creation in 2021 of the UT Southwestern Department of Psychiatry Advances in Sub-Specialty Psychiatry CME series, which took inspiration from her seminar series.

Dr. Obikoya's work as an educational innovator has contributed to tripling the number of general psychiatry program graduates at UT Southwestern who chose to pursue Forensic Psychiatry fellowships, a testament to her impactful educational reforms. Currently, Dr. Obikoya is the principal faculty member of a taskforce dedicated to forming an educational collaborative that includes faculty from across Texas. This initiative aims to pool teaching resources to bolster forensic psychiatry teaching across the state.

# SEYMOUR POLLACK AWARDS

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



## **ANNETTE L. HANSON, MD**

Dr. Annette Hanson is the former program director for the University of Maryland forensic psychiatry fellowship. She has served on AAPL Council, and on the AAPL program, education, and correctional committees. She has been an active member of the Association of Directors of Forensic Psychiatry Fellowships (ADFPF). She has enjoyed her involvement in forensic education, particularly in the use of technology while working on AAPL's virtual learning management system.



## **BARRY W. WALL, MD**

Dr. Barry Wall is a clinical and forensic psychiatrist in Rhode Island. He completed his adult residency training at Brown University and a forensic psychiatry fellowship at the University of Massachusetts. He is Clinical Professor of Psychiatry and Forensic Psychiatry Fellowship Program Director at The Warren Alpert Medical School of Brown University. As a clinical psychiatrist, he is a psychopharmacologist and conducts psychotherapy with most of his patients. As a forensic psychiatrist, he is Director of the Forensic Division of the Rhode Island Department of Behavioral Health, Developmental Disabilities & Hospitals, helping lawyers and judges understand psychiatric issues in legal settings. He teaches medical students, psychiatry residents and fellows, and psychology masters and doctoral candidates. Dr. Wall is a Distinguished Lifetime Fellow of the American Psychiatric Association.

He is a Past President of the Rhode Island Medical Society as well as the Rhode Island Psychiatric Society. He has published articles primarily relating to competence to stand trial, Intellectual Disability Disorder, and work-related disability.



# CHARLES DIKE SCHOLARSHIP AWARDEES



## JASON BARRETT, MD

Dr. Jason Barrett is an early career psychiatrist. He is a clinical assistant professor and serves as an associate residency training program director in the department of psychiatry with Charles R. Drew University College of Medicine. He earned his Bachelor's of Science in Nursing at Marymount University and his Doctor of Medicine degree at Saint James School of Medicine. He completed his psychiatry residency at Charleston Area Medical Center at West Virginia University. He then went on to complete a fellowship in forensic psychiatry at the University of Cincinnati College of Medicine and another fellowship in addiction psychiatry at Indiana University School of Medicine. His clinical service in Los Angeles, California includes providing care to patients who are either part of an ACT team, have a co-occurring diagnosis, or are on probation. His committee participation, presentations, and professional memberships span both the local and national levels. He considers it important to regularly volunteer time to engage in community activities.



## TOPAZ A. SAMPSON, MD

Dr. Topaz Sampson-Mills is board certified in Adult and Forensic Psychiatry. Currently, she serves as a Staff Psychiatrist at The Menninger Clinic and Assistant Professor in the Menninger Department of Psychiatry at Baylor College of Medicine. After earning her Bachelor of Science from Spelman College in Atlanta, Georgia, she went on to complete psychiatry residency with The Menninger Clinic and Baylor College of Medicine. During residency she had the pleasure of serving as Chief Resident and was awarded the Eugen Kahn Excellence in psychiatry award. Dr. Sampson-Mills completed her forensic psychiatry fellowship at SUNY Upstate Medical University in Syracuse, New York where she served as an expert witness in several cases. Her career interests include medical education and community mental health. In her spare time, she enjoys traveling, connecting with friends, and spending lots of quality time with her family.

## RAPPEPORT FELLOWS



### **KAITLYN M. GRONAUER, MD**

**Prisma Health, Columbia, SC**

Dr. Gronauer is a fourth-year psychiatry resident at Prisma Health Midlands. She was born and raised in Cincinnati, Ohio. In 2012, she moved to Columbia, South Carolina to attend the University of South Carolina. She graduated Summa Cum Laude with a BS in Biological Sciences and a minor in Chemistry. While in college, Dr. Gronauer served in various leadership positions. She served as a Comptroller for the University of South Carolina's Student Government, Vice President of Finance for Phi Delta Epsilon Professional Medical Fraternity, and Vice President and Treasurer for the Carolina Service Council. After graduating, Dr. Gronauer worked in a social skills unit that serviced eight children with Autism Spectrum Disorder. In 2017, she returned to South Carolina to attend the University of South Carolina School of Medicine. While in medical school, Dr. Gronauer served as treasurer of the school's chapter of the American Medical Women's Association. As a resident, Dr. Gronauer has co-authored a legal brief for the Legal Digest section of JAAPL. In addition, she conducted her residency research project in the field of forensic psychiatry, specifically looking at reasons for re-hospitalization amongst Not Guilty by Reason of Insanity acquittees. She plans to attend forensic psychiatry fellowship after graduation from residency. Her Rappeport Fellowship mentors are Drs. Ariana Huselid and Gary Chaimowitz.



### **ASHLEY MAESTAS, DO**

**University of Nevada, Reno, NV**

Dr. Maestas is currently a fourth-year psychiatry resident at Oregon Health and Science University in Portland, where she is serving as site chief for Unity Behavioral Health, a facility that provides immediate psychiatric care and stabilization services in the Portland metro area. She attended University of Nevada Reno for her first three years of psychiatry residency, where she served as co-chief resident for the adult psychiatry program during her PGY-3 year. It was at University of Nevada Reno where her interest in psychiatry and the law flourished. Through mentorship and collaboration, Dr. Maestas' interests grew in improving systems, particularly in relation to competency crisis and restoration. This has led to multiple poster and panel presentations at various conferences, including American Academy of Psychiatry the Law as well as International Association of Forensic Mental Health Services. She is currently on the women's and ethics AAPL committees, and strives to continue immersing herself in the AAPL community through education and leadership. She plans to attend forensic psychiatry fellowship upon graduation. Her Rappeport Fellowship mentors are Dr. Renée Sorrentino and Dr. Susan Hatters Friedman.



### **MICAH J. PARK, MD**

**Children's National Hospital, Washington, DC**

Dr. Park is currently a second-year Child and Adolescent Psychiatry Fellow at Children's National Hospital in Washington, D.C. She completed her general psychiatry residency at Texas Tech University Health Sciences Center in Lubbock and attended medical school at UT Health San Antonio Long School of Medicine. During residency, she helped begin a series of inter-professional legal presentations for mental health professionals at TTUHSC with panelists that included law school professors, human rights and disability lawyers, community forensic psychiatrists, and a mental health court judge. Her forensic interests include juvenile justice, targeted violence risk assessment, and gun violence. She has presented at annual conferences of AACAP, AAPL, and NUBE on these topics and has published in Academic Psychiatry and in the AAPL Newsletter. Additionally, she was selected as a fellow for the FDA Bootcamp for the fall of 2024, during which she will learn from the experts of the U.S. Food and Drug Administration in the practice of regulatory science.

**STEPHANIE M. SCHONHOLZ, MD****Icahn Mount Sinai, New York, NY**

Dr. Schonholz is currently a fourth-year Resident at The Mount Sinai Hospital in New York City. Dr. Schonholz earned her Bachelor of Arts in Performance and Communication Arts from St. Lawrence University, where she graduated summa cum laude and Phi Beta Kappa. She later completed a post-baccalaureate premedical program at the Harvard Extension School while working as a research assistant at Dana-Farber Cancer Institute. As a medical student at the Icahn School of Medicine at Mount Sinai, she helped lead a human rights program that provides pro-bono forensic medical and psychiatric evaluations to individuals seeking asylum in the United States. As a psychiatry resident, Dr. Schonholz has explored her interest in forensic psychiatry through clinical work, educational experiences, and academic writing.

**YARDEN SEGAL, MD****BronxCare Health Systems, New York, NY**

Dr. Segal is a PGY4 Adult Psychiatry Resident and Chief Resident at BronxCare Health Systems, an affiliate of the Icahn School of Medicine at Mount Sinai. She graduated from Stony Brook University with a bachelor's in biomedical engineering and completed medical school at St. George's University of London. Following her studies, she worked in various research labs, including Zucker Hillside Hospital, where she conducted psychiatric research. Yarden has dedicated herself to scholarly work in forensic psychiatry and ethics and is actively involved in research, leading groups focused on Forensic Psychiatry and Quality Improvement. Most recently, she was awarded the Resnick Scholar award in 2024. She has published scientific papers on topics ranging from solitary confinement in prison settings, arson, frotteurism, catatonia and competency to stand trial, and risk factors for suicidality in adolescents and adults in the first episode of psychosis. She has presented several grand round presentations focusing on violence risk assessments and multidisciplinary collaboration for high-risk patients.

**LILLIAN SVETE, MS, MD****University of Kentucky, Lexington, KY**

Dr. Svete is currently a 4th year general psychiatry resident at the University of Kentucky. She grew up in South Bend, Indiana, and attended the University of Florida where she played basketball and majored in biology and psychology. After graduation, she completed a masters in developmental biology, also at the University of Florida. She went to the University of Colorado for medical school, where she discovered her interest in inpatient psychiatry and treating severe mental illness. In 2021, she couples matched at the University of Kentucky with her husband, who is a 4th year anesthesiology resident. Her interests in forensic psychiatry reside in malingering, psychological testing, and the intersection of personality disorders and psychosis. Her forensic publications include a submission to JAAPL, which evaluated clinical and demographic risk factors for malingering in a population of 1,300 patients. Under the supervision of Dr. Timothy Allen, she has completed >150 evaluations for law students applying for testing accommodations on the Uniform Bar Examination. She envisions a career that incorporates competency restoration, criminal and civil evaluations, and malingering research.

# DISTINGUISHED LECTURERS



**Thursday, October 24, 2024**

**GWYNNYTH ADSHEAD, MBBS**

***The Devil you Know: Encounters in Forensic Psychiatry and the Use of Psychotherapy with Violence Perpetrators***

Dr Gwen Adshead has worked as a forensic psychiatrist and psychotherapist in the NHS for nearly three decades. She spent most of her career as a consultant at Broadmoor Hospital, a high-security psychiatric facility in the south of England, where she treated people referred to by the media as “the violent insane,” but whom she described as “not mad or bad, but sad.”

Understanding and treating the psychological mechanisms that give rise to violence and life-threatening behavior towards others has been the focus of Gwen’s career. It is her guiding belief as a practitioner, writer and advocate that the most vilified and socially rejected members of society need and deserve psychiatric care and rehabilitation.

Since qualifying in medicine in 1983, Gwen trained in general psychiatry, then in forensic psychiatry and psychotherapy. She is a qualified member of the Institute for Group Analysis and has also gained two Masters Degrees and an honorary doctorate. She regularly gives lectures, both nationally and internationally, including recent professorships at the Yale School of Law and Psychiatry and at Gresham College. In 2013, she was honored with the President’s Medal by the Royal College of Psychiatry.

Gwen was the castaway on Desert Island Discs on 1 July 2010, and has been a guest on several other BBC Radio 4 programmes including Start the Week, In Our Time and The Life Scientific. Born in Christchurch, New Zealand, Gwen now lives near London.



**Friday, October 25, 2024**

**THE HONORABLE LADORIS HAZZARD CORDELL**

***Her Honor: My Life on the Bench ... What Works, What’s Broken, How to Change It***

In 1982, Hon. LaDoris Hazzard Cordell (retired) became the first female African American judge to be appointed in Northern California. In nearly 20 years on the bench, she presided over cases in criminal, family, probate, adoption and other courts and developed a broad understanding of how the legal system operates. She is an advocate for police reform, mental health reform in penal institutions and alternatives to incarceration.

In 2021 Judge Cordell published *Her Honor: My Life on the Bench ... What Works, What’s Broken and How to Change It*. She invites the reader to learn about legal proceedings from the judge’s perspective through case studies and commentary. Also, she describes the challenges presented by the media and public in high-profile cases. She introduces a 10-point plan for judicial reform that is designed to make the legal system more fair and just. Additionally, Judge Cordell provides legal commentary on national news outlets, including MSNBC, CNN and NPR.

**Saturday, October 26, 2024****SENATOR KIM PATE*****Reconciliation Requires us to Decolonize, Decriminalize and Decarcerate***

Kim Pate was appointed to the Senate of Canada on November 10, 2016. First and foremost, the mother of Michael and Madison, she is also a nationally renowned advocate who has spent the last 45+ years working in and around the legal and penal systems of Canada, with and on behalf of some of the most marginalized, victimized, criminalized and institutionalized — particularly imprisoned youth, men and women.

Senator Pate graduated from Dalhousie Law School in 1984 with honours in the Clinical Law Programme. She was the Executive Director of the Canadian Association of Elizabeth Fry Societies (CAEFS) from January 1992 until her appointment to the Senate in November 2016. She has developed and taught Prison Law, Human Rights and Social Justice and Defending Battered Women on Trial courses at the Faculties of Law at the University of Ottawa, Dalhousie University and the University of Saskatchewan. She also occupied the Sallows Chair in Human Rights at the University of Saskatchewan College of Law in 2014 and 2015.

Kim Pate is widely credited as the driving force behind the Inquiry into Certain Events at the Prison for Women in Kingston, headed by Justice Louise Arbour. During the Inquiry, she supported women as they waived their experiences and was a critical resource and witness in the Inquiry itself.

Senator Pate is a member of the Order of Canada, a recipient of the Governor General's Award in Commemoration of the Persons Case, the Canadian Bar Association's Bertha Wilson Touchstone Award, and six honorary doctorates (Law Society of Upper Canada, University of Ottawa, Carleton University, St. Thomas University, Wilfred Laurier University, and Nipissing University).



# THURSDAY, OCTOBER 24, 2024

## POSTER SESSION A

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

PAVILION/JUNIOR BALLROOM FOYER

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### ***Public Stigma Toward Insanity Acquittes***

Aliana Abascal, MD  
Aaron Puckett, MD  
Cheryl Hill, MD, PhD  
Colleen Lillard, PhD  
Julia Preuschn, MD  
Krista Ulisse, MD

#### **EDUCATIONAL OBJECTIVES**

Expansion of limited existing data on public perception of conditional release and recidivism risk in mentally ill offenders.

Examination of whether public stigma impacts a person's willingness to have community-based placements, such as forensic group homes, in his or her local community.

Comparison of public perception data from a nationally represented sample to known recidivism and conditional release revocation rates.

#### **SUMMARY**

While conditional release to community-based placements for forensic patients has become more accessible, there continues to be a need for further expansion. One potential limiting factor is public perception of mental illness and recidivism risk in insanity acquittes. This may lead to more conservative approaches by legislators and prevention of building new conditional release placement facilities. While there is some literature evaluating public perception of general mental illness, there is sparse literature evaluating public perception of conditional release and recidivism risk in mentally ill offenders. This study examines the ties between stigma toward people with mental illness and criminal offenses, and the impact of such stigma on a person's willingness to have community-based placements, such as forensic group homes, in his or her community. We hypothesize that public stigma toward mentally ill offenders is higher than public stigma toward offenders without mental illness. Additionally, we hypothesize that the presence of such stigma negatively impacts public perception of conditional release and recidivism risk in insanity acquittes. Data will be obtained from a nationally represented sample regarding public perception of mental illness, criminal offenders, conditional release of insanity acquittes, and perceived recidivism risk of conditionally released insanity acquittes. The primary aim of this study is to compare this data to known recidivism and conditional release revocation rates in order to improve public knowledge and support future efforts to build additional community-based placements for insanity acquittes.

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***Long COVID: A Forensic Perspective***

Piyush P. Nayyar, MD  
Amanda Maher Balduf, MD  
Kevin Kennedy, MD  
Michael MacIntyre, MD

**EDUCATIONAL OBJECTIVES**

Learn about Long COVID, including its onset and the most recent significant research, as well as its intersection between medicine and psychiatry.

Understand the Long COVID diagnostic process, the multifactorial assessment, and complications of its classification as a disability in legal situations.

Recognize the implications for forensic practice, including misdiagnosis, and the implications in establishing capacity in patients with Long COVID.

**SUMMARY**

Long COVID (also known as post-COVID condition, PCC) is a multi-systemic illness estimated to occur in 10% to 20% of people infected with SARS-CoV2. Long COVID develops after recovery from the acute infection and is characterized by a constellation of chronic symptoms, including extreme fatigue, dysautonomia, palpitations, shortness of breath, and joint pain, potentially lasting years. Long COVID is frequently associated with neuropsychiatric manifestations, such as impaired cognition, brain fog, anergia, depression, and anxiety. These manifestations are relevant in forensic examinations evaluating capacity, accommodations, and disability. This includes examining criminal capacities, fitness for duty in employment settings, and even parental custody rights. Because the persistent symptoms of long COVID are often subjective and unspecific, the medical evaluations should include a detailed description of the functional impact of these manifestations. An in-depth awareness of the ongoing research related to long COVID is crucial in analyzing its physical and medical consequences. This presentation will address the challenges and controversies related to long COVID and its implications within the field of forensics.

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***Comprehensive Review of Availability of Juvenile Insanity Defense and Acquittal Procedures in the United States***

Jessica Povlinski, MD  
Matthew Grover, MD

**EDUCATIONAL OBJECTIVES**

To provide an overview of the availability of the insanity defense in the adjudicatory phase of juvenile delinquency proceedings.

To compare the juvenile insanity defense criteria to the adult insanity defense in states that allow the defense.

To provide an overview of juvenile insanity acquittal processes in states that allow for the defense.

**SUMMARY**

Each year there are large numbers of juveniles adjudicated in the juvenile court system. In 2021, over 437,000 delinquency cases were disposed by courts within the juvenile jurisdiction. There are fundamental differences between the juvenile and adult justice systems, and one of the differences is the availability of the insanity defense in the juvenile justice system. Juveniles that are waived to adult court may have access to the insanity defense, but there are some states that have explicitly denied the right to an insanity defense in juvenile court proceedings. For instance, the Supreme Court of Virginia determined that the insanity defense is not available to juveniles at the adjudicatory phase of a juvenile delinquency proceeding. There is limited literature on the availability of the juvenile insanity defense across the United States and a comprehensive review of these processes in the United States has not been undertaken before. We surveyed forensic psychiatry leaders from

all 50 states regarding the availability of the insanity defense in juvenile court and state statutes or policies pertaining to the process. Follow up telephone interviews were completed as needed if the survey questions were not answered or answers were insufficient. This poster will document which states allow for the insanity defense in juvenile court, if the criteria for the insanity defense for juveniles differs when compared to the adult insanity defense in the state, and summarize the procedures following an insanity acquittal for a juvenile.

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### ***Permanently Incompetent, Not Invisible: Dilemmas in Management of Defendants Found Permanently Incompetent Between States***

Catherine Vogt, MD

Derek Stodolak, MD

#### **EDUCATIONAL OBJECTIVES**

To develop an understanding of the similarities and differences among state processes regarding defendants found permanently incompetent to stand trial.

To gain knowledge of the challenges related to management of defendants found permanently incompetent to stand trial.

#### **SUMMARY**

Jackson v. Indiana defined limits on confinement of incompetent defendants. However, it left the specific definitions of this confinement to the states. As previously reviewed by Parker (2012), competency restoration time limits range from under a year to no statutory limit, with significant variability from state to state. Literature on what happens to defendants found permanently incompetent to stand trial is also scarce. This topic is of increasing importance given the challenges associated with community transition for this patient population, the numbers of defendants requiring competency restoration, and the limited number of state hospital beds available to provide these services. This poster will discuss the results of a survey given to forensic psychiatry leaders across all fifty states, which asked questions regarding the procedures overseeing the hospitalization and community transition of defendants found permanently incompetent to stand trial, including the level of court oversight required and the resources available to such defendants. Follow up telephone interviews were completed as needed for further information if the survey questions were not answered or answers were insufficient. We aim to demonstrate the variability of these processes across states and establish a resource that can promote further study of outcomes in this patient population.

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### ***Novel Program for Cross-Training between Psychiatry Residents and Law Enforcement Officers***

Sungsu Lee, MD

Robert Weisman, MD

#### **EDUCATIONAL OBJECTIVES**

To share a novel programmatic experience and training for third-year psychiatry residents by direct observation of law enforcement officers as first line responders to psychiatric emergencies in an urban setting.

Identify potential benefits obtained from greater collaboration between psychiatry residents and law enforcement professionals.

Explore feasibility of incorporating this experience into general psychiatry residency training curriculum.

**SUMMARY**

Law enforcement officers are often the first responders called to respond to a psychiatric emergency. In New York City, it's estimated that about 200,000 calls to emergency services are made annually due to mental health crises, and law enforcement officers routinely transport patients to the psychiatric emergency room for further evaluation. Although there has been increasing attention paid to incorporating mental health professionals into policing, these programs often do not include a psychiatrist. This occurs despite evidence that collaboration between psychiatrist and law enforcement may improve outcomes. There is currently no published work in the literature regarding law enforcement exposure in psychiatry residency training, though this is unsurprising given that the majority of programs do not have substantial forensic psychiatry exposure. The study team collaborated with the Rochester Police Department (RPD) to establish a novel experience for PGY-3 residents via road-patrol ride alongs with a designated law enforcement officer. Six out of seven PGY-3 residents elected to participate. Preparation for this experience included an organizational meeting with RPD leadership and the Director of Forensic Psychiatry Fellowship at the University of Rochester. We believe that this program will prove to be a valuable educational experience for psychiatry residents, both to augment their crisis training, and to better appreciate the wellbeing needs for first responders, and replicable amongst psychiatry residency training programs.

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***Ethical Dilemmas Arising from the Lack of Appropriate Language Interpretation in Mental Health Courts: A Literature Review***

Frozan Walyzada, MD  
Jai Ahuja, MD  
Yarden Segal, MD

**EDUCATIONAL OBJECTIVES**

Discuss the barriers to effective language interpretation services within the context of mental health courts.

Examine ethical dilemmas related to informed consent, the right to a fair trial, confidentiality, cultural competency, and access to justice when language services are insufficient.

Discuss the resulting consequences of insufficient or limited language services in legal outcomes in mental health courts.

**SUMMARY**

In recent decades, there has been a notable rise in both the quantity and variety of individuals residing in the United States who have limited proficiency in the English language. This literature review aims to examine the ethical dilemmas that emerge when individuals with limited English proficiency (LEP) or non-English-speaking backgrounds encounter barriers to effective language interpretation services within the context of mental health courts. A literature review was conducted using three publicly available databases (Embase, American Psychological Association PsycINFO, and PubMed) using search terms such related to limited English proficiency, mental health, and access to healthcare. Some ethical dilemmas are related to informed consent, the right to a fair trial, confidentiality, cultural competency, and access to justice. Insufficient language interpretation services jeopardized the ability of individuals with limited English proficiency to understand legal proceedings, participate effectively in their defense, and express their mental health needs. The resulting consequences often included unjust outcomes and potential harm to individuals' mental health. The ethical dilemmas arising from the lack of appropriate language interpretation in mental health courts pose significant challenges to justice, fairness, and the well-being of individuals with limited English proficiency.

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***Exploring the Impact of Translators on Forensic Evaluations: A Scoping Review***

Jon-Michael Saenz, MD

**EDUCATIONAL OBJECTIVES**

What is the current state of research on foreign language interpreters?

How do interpreters affect forensic evaluations?

What does good language translation look like?

**SUMMARY**

Forensic mental health evaluations play a pivotal role in legal proceedings and in protecting a person's rights. However, the presence of translators introduces complexities that can significantly influence the dynamics and outcomes of these interviews. This scoping review aims to systematically map and synthesize existing literature on the role of translators in forensic evaluations, focusing on aspects including communication effectiveness, the effect on a clinician's opinion on competence, the variance in translator experiences, and other ethical considerations. By examining the existing literature, this review seeks to examine the ways in which foreign language interpreters shape the dynamics of forensic evaluations. This review will also identify gaps in the current literature and propose avenues for future research to ensure the integrity and reliability of forensic interviews conducted with the assistance of translators.

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***Pride to Prison Pipeline: LGBTQ+ Youth and the Juvenile Justice System***

Albulena Ajeti, MD

Courtney Kusler, MD

Simarpreet Kaur, MD

**EDUCATIONAL OBJECTIVES**

Are LGBTQ+ youth more likely to be incarcerated?

What risk factors contribute to the incarceration of the LGBTQ+ youth?

To explore the experiences of LGBTQ+ youth in the court settings, including instances of discrimination, bullying, and lack of support, and their impact on overall well-being.

**SUMMARY**

There is a disproportionality within the Juvenile Justice System, where the LGBTQ+ youth are incarcerated at double the rate when compared to the general population.<sup>1,2</sup> Most notably, non-heterosexual girls make up nearly 40% of incarcerated girls.<sup>3</sup> Despite the clear evidence of LGBTQ+ youth's overrepresentation in the juvenile justice system, the exact reasons for this remain uncertain. This research undertakes a comprehensive literature review on LGBTQ+ youth within the juvenile justice system, aiming to discover potential contributing factors for this disparity. An in-depth literature review utilizing search engines like PubMed, GoogleScholar, and Clinical Key reveal multiple possible causes for this disproportionality including unstable home life, discrimination within schools, the utilization of survival strategies, increased prevalence of mental health issues, and biases within law enforcement and the judicial system. <sup>1,2,5,8,11</sup> The cumulative effect of these factors contributes to the perceptions of LGBTQ+ youth as high-risk or disruptive by judicial officials. As a result, the LGBTQ+ youth endure harsher sentencing outcomes. Additionally, challenges persist after incarceration for the LGBTQ+ youth, as they often lack a safe discharge environment, resulting in prolonged detention periods. By understanding these risk factors and how they affect LGBTQ+ youth, mental health providers can mitigate the potential harm experienced by individuals. By providing support to the youth and facilitating collaboration amongst schools and parents, health care providers can cultivate environments which would foster acceptance, support, and nurture for rehabilitation.



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## ***The Return of the Insanity Acquittee***

Kaitlyn M. Gronauer, MD

### **EDUCATIONAL OBJECTIVES**

To identify reasons for rehospitalization among NGRI acquittees in the state of South Carolina who have been conditionally released from hospitalization.

To determine whether there is an association between the seriousness of the index crime committed and time to rehospitalization.

### **SUMMARY**

Between 2017 and 2023, approximately eleven criminal defendants were adjudicated Not Guilty by Reason of Insanity (NGRI) each year in South Carolina. More specifically, between January 1, 2017 and June 30, 2023, seventy-one criminal defendants were adjudicated NGRI in South Carolina, with an additional seven more defendants acquitted NGRI between June 2023 and December 2023. These individuals undergo mandatory hospitalization for an initial period not to exceed 120 days. After these 120 days, there is a hearing to determine whether the acquittee requires further hospitalization or can be safely released. If an acquittee is retained in the hospital, the hospital may petition the court for release when deemed clinically appropriate. For all insanity acquittees who are released from the hospital, there is a treatment plan that outlines required behaviors for the acquittee to remain in the community and the need for compliance with treatment. This treatment plan also includes criteria for readmission to the hospital including, but not limited to, reoffending, failure to comply with outpatient treatment, illicit substance use, absconding from placement, and/or failure to comply with rules of the community residential care facility (CRCF) where the acquittee is residing. While rates of rehospitalization of insanity acquittees, predictors of readmission to forensic psychiatric facilities, and NGRI recidivism has been studied, the reasons for failure of outpatient treatment and subsequent rehospitalization have not. This study examined reasons for rehospitalization among 100 NGRI acquittees in the state of South Carolina who were conditionally released and subsequently rehospitalized between January 1, 2017 and June 30, 2023. It also examined whether an association existed between the seriousness of the index crime, defined by maximum sentence for the index crime, and time to rehospitalization.

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## ***Pseudologia Fantastica: A Systematic Review of Sociodemographic Features and Psychiatric Comorbidities***

Ravleen Suri, MD  
Gurtej Gill, MD  
Sasidhar Gunturu, MD  
Tejasvi Kainth, MD  
Vasudha Sharma, MD

### **EDUCATIONAL OBJECTIVES**

Aim to discuss the demographics, psychiatric comorbidities along with substance abuse in patients with Pseudologia Fantastica.

### **SUMMARY**

Pseudologia fantastica (PF), or pathological lying, consists of fantastically fabricated lies, made by a person for no apparent reason or personal gain. PF is currently not recognized as a disorder in the DSM, due to which there are major legal implications during the assessment for competency to stand trial. We conducted a systematic search of a total of 626 articles through 3 databases- Pubmed, PsychINFO, and Scopus, using the search terms 'Pseudologia Fantastica,' 'Pseudologia Phantastica', 'Pseudologia,' and 'Mythomania' with the aim of discussing the demographics, substance use, and psychiatric comorbidities in patients with PF. After applying exclusion criteria, the title, abstract, and full-text assessment, we included 34 articles consisting

of 56 cases of PF in our final study. The most common psychiatric comorbidities associated with PF were adjustment disorder with mixed anxiety and depressed mood, major depression with psychotic features, Cluster B personality disorders, bipolar disorder, schizophrenia, PTSD, hypochondriasis, and pervasive developmental disorder. Substance abuse, including alcohol, hallucinogens, methamphetamines, cannabis, benzodiazepines, LSD, cocaine, and opioids, was also commonly observed. The data highlights the complexity of PF, and the need to identify it at an early stage and educate the legal system about the diagnosis and consequent implications of PF.

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### ***Agents of Change: A Roadmap for Empowering Psychiatry Residents to Confront Injustice in the Criminal-legal System.***

Michael Dodge, MD

#### **EDUCATIONAL OBJECTIVES**

Describe the current state of forensic training opportunities in U.S. based general psychiatry residency programs.

Identify specific principles, practices and implementation challenges for designing curriculum that emphasizes training future forensic psychiatrist to be agents of change in the criminal legal system.

#### **SUMMARY**

Currently, Los Angeles County jails house over 5,000 individuals with severe mental illness, exceeding any other mental health institution in the country. The criminalization of mental illness represents, arguably, the most pressing crisis facing our profession. The devastating nature of this crisis is exacerbated by a massive shortage of psychiatrists in criminal-legal settings. At the UCLA-Olive View Psychiatry Residency Program, we designed and piloted a year-long forensic psychiatry elective rotation and accompanying didactic series, with the goal of training senior residents to effectively navigate criminal legal settings and inspiring some to continue this work beyond residency training. Reflections from this pilot informed our motivation to develop a practical roadmap for designing and implementing curriculum that prepares trainees to become agents of change within a broken system.

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### ***Examining the Impact of COVID-19 on Fulton County Jail-Based Competency Restoration***

Brandon Sims, MD

#### **EDUCATIONAL OBJECTIVES**

To recognize adaptations made to the course of programming for the Fulton County jail-based competency restoration unit (JBCRU) during the COVID-19 pandemic.

To identify factors that may explain the differences in competency restoration rates observed in prepandemic, pandemic, and postpandemic defendants.

To appreciate strengths and limitations of the telehealth services model for jail-based competency restoration.

#### **SUMMARY**

Jail-based competency restoration units (JBCRUs) have shown to be both highly effective and cost-saving. After the onset of the COVID-19 pandemic, JBCRUs were tasked with transitioning to a telehealth format. We describe the course of programming for a JBCRU in Fulton County Georgia prior to, during, and after the COVID-19 pandemic. A matched comparison of pre-pandemic, pandemic, and post-pandemic defendants was used to compare in-person versus telehealth services. We found that the restoration rate for telehealth increased during the pandemic but that time to restoration also increased compared to in-person services. Such findings suggest that telehealth services are an effective mode of delivery for competency restoration.

## OPENING CEREMONY AND PRESIDENTIAL ADDRESS

8:00 AM – 10:00 AM

GRAND BALLROOM A-B

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### ***Forensic Treatment, Ethics and Administration***

Charles C. Dike, MD, FRCPSy

#### **EDUCATIONAL OBJECTIVES**

Participants will understand how application of AAPL ethics and values in forensic treatment settings will improve patient outcomes and decrease the potential for patient abuse in psychiatric institutions.

#### **SUMMARY**

The increased visibility of the patients' rights movement in medicine in recent years has left the erroneous impression that patients and their physicians are on equal footing in the physician-patient relationship. This cannot be farthest from the truth. The vulnerability of patients in this relationship leaves them at the mercy of healthcare professionals. This is most acute in psychiatry where patients reveal aspects of their inner being to their psychiatrist, including strange beliefs they would never disclose to their closest friends and family members, while psychiatrists, in contrast, reveals close to nothing of themselves to patients. Additionally, distortions of reality could strip patients of social mores and basic humanity, and sometimes, cause them to commit crimes. AAPL scholars have espoused the values of treating patients and evaluatees professionally and with compassion and respect while upholding their dignity and humanity. Although forensic psychiatric writings are replete with these worthy values and goals, they have unfortunately not always translated into treatment of patients. Reports of patient abuse by staff in psychiatric hospitals remain rampant. Using real life examples, I will offer suggestions of practices and policies that would enhance treatment of patients and decrease the potential for patient abuse in psychiatric hospitals.

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## PANEL DISCUSSION

10:15 AM – 12:00 PM

PAVILION BALLROOM A-B

### ***Climate Change and its Implications in Forensic Psychiatry***

*Sponsored by the Human Rights and National Security Committee and Trauma and Stress Committee*

Hira Hanif, MD  
Jennifer Darnell, DO  
Lise Van Susteren, MD  
Mikel Matto, MD

#### **EDUCATIONAL OBJECTIVES**

Recognize the mental health effects of extreme heat in correctional settings and its legal implications.

Describe the mental health impact of climate change and its role in involuntary migration.

Identify current environmental mental health cases and the potential role for forensic psychiatrists climate change lawsuits.

**SUMMARY**

Climate change is already having acute and chronic environmental impact in the form of increasing frequency and worsening severity of natural disasters, drought, and extreme heat. The direct and indirect impact of this global phenomenon is seen in mental health in such areas as suicide, violence, PTSD, and exacerbations of mood and primary thought disorders. The burden of climate change disproportionately affects already disadvantaged and vulnerable communities and the controversy over steps to mitigate its effects is currently being contested in the courts. This panel co-sponsored by the Human Rights and National Security and Trauma and Stress Committees will address the broad impacts of climate change in the field of forensic psychiatry. Dr. Mikel Matto will review the role of climate change in involuntary migration and the international rights of refugees displaced by their changing environments. Dr. Jen Darnell will explore extreme heat in correctional settings and its impact on the incarcerated. Dr. Hira Hanif will discuss the effect of climate change on criminality and specifically the human trafficking industry. Dr. Lise Van Susteren will provide insights from her experience as an forensic expert in *Youth v. Montana* as well as other environmental cases currently in the courts.

**RESEARCH-IN-PROGRESS**

10:15 AM – 12:00 PM

JUNIOR BALLROOM A-B

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***Reports of Child Sexual Abuse Perpetrated by Women in a Sample of Men Accused of Sexual Offending***

John Bradford, MBChB  
Heather Moulden, MBChB  
Julia Fraser, MBChB

**EDUCATIONAL OBJECTIVES**

Recognition of the sexual abuse of boys and adolescence by women.

To review the differences in the sexual abuse of boys and adolescence by a woman in contrast to types of sexual abuse of children.

To examine the possible implications of sexual abuse of women on men who commit sexual offences as adults.

**SUMMARY**

Sexual abuse that is perpetrated against men and boys has historically been overlooked and understudied. This is especially true when a woman perpetrates the sexual abuse. In a retrospective survey of 1154 men accused of sexual offences assessed at a specialized clinic in a large Canadian city, 5% reported having been sexually abused by at least one woman and 13% by at least one man during their childhood. Respondents described being “willing participants” in the abuse perpetrated by women, who were most often acquaintances. Men who women sexually abused as children reported high levels of intrusiveness (i.e., use of any penetration) but low levels of coercion (i.e., use of bribery, threats, or physical force). These findings outline the distinct experiences of men who women sexually abused as children who subsequently sexually offended themselves in adulthood. This study highlights the distinct need for the recognition of childhood sexual abuse perpetrated by women, especially against boys, society’s perception of victimization, and implications for subsequent sexual offending behaviour.

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***Psychopathy Among Us: Research Updates Comparing Psychopathy in Community and Forensic Samples***

Viviana Alvarez Toro, MD  
Abigail Marsh, MD  
Marla Dressel, MD  
Naomi Nero, PhD

**EDUCATIONAL OBJECTIVES**

Understand the concept of “Psychopathy” through review of current literature.

Become familiarized with current research collaboration between SEH and Georgetown University on psychopathy.

Apply knowledge of psychopathy risk and protective factors to clinical practice.

**SUMMARY**

There has been extensive research on psychopathic traits in incarcerated individuals, however, there is a noticeable gap in comparing high-psychopathy individuals in forensic institutions with ones in the community. This ongoing research aims to better understand factors that contribute to negative outcomes in clinical populations and identify protective factors in a community sample that facilitate successful functioning despite high psychopathy scores. Through our access to a diverse pool of high psychopathy individuals via a 501(c)3 nonprofit, we’ve amassed data on 700 high psychopathy and control participants thus far, comprising the largest, most varied community sample to date. An additional collaboration with a forensic psychiatric institution will further enhance our understanding of factors reducing criminal behavior and enhancing well-being in forensic populations. The present study contains a wide range of data, including past criminal behavior, psychiatric institution involvement, and early life experiences, alongside personality characteristics, behavioral traits, and DSM symptom measurements. These will allow us to disentangle the factors that differentiate highly psychopathic individuals in the community from those in a forensic institution on a variety of outcomes. Ultimately, this research informs current understanding of how to conduct research in forensic psychiatry settings and highlights protective factors that might inform treatment for individuals with high psychopathic traits in both community and forensic/clinical settings. The results of this ongoing research will be shared in the Research in Progress presentation.

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***Criminal Offending and Incarceration in Adults with Early Phase Psychosis and Substance Use Disorder***

Kyle Webster

**EDUCATIONAL OBJECTIVES**

To better understand rates of incarceration for individuals experiencing early phase psychosis.

Risks for incarceration for people experiencing early phase psychosis.

To better understand the negative physical and mental health outcomes from incarceration.

**SUMMARY**

Studies have shown that people experiencing early phase psychosis (EPP) are at increased risk for criminal conviction and incarceration. However, there is limited data looking at overall legal burden. To address these gaps in the literature, the goal of this study was to categorize criminal charges and convictions using the United States Federal Bureau of Investigation (FBI) uniform crime reporting (UCR) program, assess frequency of incarcerations, and describe the frequency of substance use disorder (SUD) diagnoses and its relationship to criminal offending and incarceration in a well categorized EPP population. Almost 50% (n=155) of subjects had a history of a criminal charge, 34% (n=104) of subjects had a history of criminal conviction, and 40% (n=123) of subjects had at least one incarceration event. The most common typology of criminal offense were crimes against society. Lastly, a dual diagnosis was statistically associated with incarcerations ( $\chi^2=10.152$ ,

$p < 0.0011$ ), crimes against society ( $\chi^2 = 13.172$ ,  $p < 0.0002$ ), and crimes against persons ( $\chi^2 = 9.136$ ,  $p < 0.0023$ ). These data highlight the high legal burden people experiencing EPP face and the need for future work to examine the risks incarceration places on this population.

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### ***Association of Involuntary Psychiatric Examination with Probability of Arrest and Recidivism Among Youth.***

Bimazubute Baruani, MD  
Gregory Iannuzzi, MD

#### **EDUCATIONAL OBJECTIVES**

Understanding the ethics of involuntary examination and its use in criminal rehabilitation.

Develop understanding between the interplay of Mental Illness and Recidivism among youth.

Understanding the role of Correctional psychiatry in improving the age-crime curve.

#### **SUMMARY**

Recidivism in violent crime has a strong positive association with the age of onset of criminal activity. Within the state of Florida, there are a number of initiatives aimed at reducing recidivism among the youth, but identifying youths who are more likely to recidivate remains a challenge. The Florida Department of Juvenile Justice (FDJJ) system is one of the largest in the United States and functions as a centralized correctional institution for the state and has a robust database on Florida Youth. The Baker Act, a law in Florida that allows for emergency mental health services to be rendered to those who are incapable of caring for themselves, similarly provides a database for investigators. This proposed retrospective cohort study seeks to determine if there is a link between involuntary hospitalizations and the risk of recidivism later in life using the combined data from the FDJJ and the Baker Act reporting center. This study will select 125 cases within the FDJJ who have been involuntarily examined under the Baker act and 125 controls within the FDJJ without involuntary hospitalization or examination and determine the relative risk of repeating offenses among the two groups of youths. The aim of this study is to identify involuntary hospitalization as a risk factor for chronic criminal activity. Such a link has been shown in the adult population in Florida, and identifying this link among the youth would help to target the use of social services to intervene among this at-risk population and reduce recidivism at the level of the state. In addition, given the size of the state of Florida and its diverse population, this insight could be generalizable to youths nationally.

### **WORKSHOP**

10:15 AM – 12:00 PM

JUNIOR BALLROOM C

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### ***Failed Serious Suicide Attempts: Ethical Considerations of Treatment Over Objection, Withdrawing Care, and Capacitated Desires to Die***

Evan Vitiello, MD  
Daniel Moseley, MD  
Sally Johnson, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will be able to apply an ethical framework to analyze requests for withdrawing care after serious suicide attempts.

Participants will consider the role of capacity assessments for refusals of care after recent suicide attempts.

Participants will appreciate the role that consulting psychiatrists, including forensic psychiatrists, have in cases involving psychiatric questions from ethics committees and medical/surgical teams.



**SUMMARY**

A growing number of states have passed acts related to medical aid in dying, though medical assistance in dying for mental health disorders (MAiD-MD) is presently limited to nations outside of the United States. Many fear this will evolve into physician-assisted suicide, which the American Medical Association (AMA) Code of Medical Ethics deems incompatible with the physician role as healer. In this workshop, we will discuss cases in which individuals presented to the hospital for medical care after failed serious suicide attempts. We consider the roles of Hospital Ethics Committees in advising clinicians on ethical treatment, as well as psychiatric consultants in helping primary medical/surgical teams assess a patient's capacity for treatment refusals. After an introduction to key issues related to withdrawing life-sustaining treatment after failed serious suicide attempts, we will facilitate a workshop through small group discussions of hypothetical cases all involving patients or guardians who refused indicated medical/surgical interventions after stabilization from a serious suicide attempt, such as gunshot wounds to vital organs or self-immolation. Participants should be better able to weigh ethical considerations in treatment decisions including treating patients over their objection or withdrawing care, as well as assessing capacity for treatment decisions in recently suicidal patients.

**PANEL DISCUSSION**

10:15 AM – 12:00 PM

PAVILION BALLROOM D

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***High Quality Research for Forensic Psychiatry****Sponsored by the Research Committee*

George Parker, MD  
Elias Ghossoub, MD  
Jennifer Piel, MD  
Kyle Webster, MD

**EDUCATIONAL OBJECTIVES**

To identify the three major challenges in conducting forensic research (access, control, ethics).

To describe the techniques most likely to generate high quality empirical studies.

To recognize resources available for the conduct of Daubert-qualified research.

**SUMMARY**

The conduct and quality of empirical research in forensic psychiatry is affected by specific ethics and administrative constraints. The randomized controlled trial favored by clinical medicine is unavailable for many of the interventions sought by defendants and courts, from diversion, dismissal, or probation, to incarceration, competence assessment, or restoration. Outcomes are determined by specific factfinders, and by the legal strategies chosen by defendants in specific circumstances. Research protections may also limit exploration of specific interventions among detained groups. It is a significant challenge for forensic mental health to identify and control target samples, interventions, and settings. This panel by experienced and developing forensic researchers of the AAPL Research Committee presents strategies for overcoming the limitations on research opportunities, depth, and reach. From a formal systematic review of competence restoration research presented by George Parker, and a legal review of deliberate indifference cases from Jennifer Piel, panelists will underscore techniques for creating robust research across the forensic spectrum. Elias Ghossoub's work with judges and attorneys in Lebanon underscores the opportunities and standards of international research, while Kyle Webster's use of publicly accessible databases offers opportunities to explore the relationship between diagnosis and criminal conviction.

**PANEL DISCUSSION**

10:15 AM – 12:00 PM

JUNIOR BALLROOM C-D

***Advanced Report Writing and Trial Testimony in Will Contests****Sponsored by the Forensic Neuropsychiatry Committee and Geriatric Psychiatry and the Law Committees*

Dale Panzer MD  
 Sherif Soliman, MD  
 Timothy Allen MD  
 Trent Holmberg, MD

**EDUCATIONAL OBJECTIVES**

To promote in depth understanding of retrospective capacity assessment.

To further understanding of how to organize a report.

To discuss ways to effectively present trial testimony and avoid pitfalls.

**SUMMARY**

While it is common for forensic psychiatrists to offer retrospective opinions about testamentary capacity and issues related to undue influence, there is significant variation in approach. Important ethical issues arise and will be addressed throughout the Panel. Each Panelist will draw on their case experience in this interesting area of forensic work. Key areas addressed are: (1) Capacity: Utilizing the medical record and imaging studies for retrospective assessment. Addressing the absence of neuropsychological or mental status testing; (2) Report Writing: Ways to organize a report? Should we comment on psychiatric markers for undue influence or interview interested parties? Helping the Court understand psychiatric factors pertinent to Undue Influence?; (3) Trial testimony: Do states show significant variation in law, and how might this impact testimony? Working with retaining counsel to present direct testimony effectively? Common cross-examination questions? Are psychological factors pertinent to explaining a loss of free will? (4) Pitfalls: What is an appropriate scope of opinion? Knowing the difference between speculation and evidence-based opinions? When might we Infringe on the Court's prerogative to assess the credibility of witnesses and (5) Consensus: Lastly, the Panel will address developing a consensus view on controversial topics.

**DISTINGUISHED SPEAKER**

1:00 PM – 2:00 PM

GRAND BALLROOM A-B

***The Devil You Know: Psychotherapy with Violence Perpetrators***

Gwen Adshead

**EDUCATIONAL OBJECTIVES**

To learn about the impact of past and current efforts to reform law, policy and practice.

**SUMMARY**

In this talk, I discuss my work as a forensic psychiatrist and psychotherapist working with violence perpetrators. I have been working as a therapist in prisons and high secure psychiatric facilities in England for nearly 40 years; so during that time I have met and talked with many men and women who have killed people (sometimes repeatedly); stalked and harassed people; and abused and killed children. I have learned a great deal about violence and trauma from listening to perpetrators, and I wanted to share what I have learned with others. Together with my friend Eileen Horne, I wrote a book called 'The Devil You Know' which invites the general reader into the world of the violence perpetrator, and the therapeutic work that can be done to help people change their minds for the better.

## PANEL DISCUSSION

2:15 PM – 4:00 PM

PAVILION BALLROOM A-B

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### ***Killers of the Flower Moon: Victimizing a Vulnerable Population***

Nikki Igo, MD  
Reagan Gill, MD

#### **EDUCATIONAL OBJECTIVES**

Review history of Osage Murders, including immediate and remote response to injustice.

Identify implications of population oppression on mental and physical health of both direct victims and their descendants.

Examine manifestations of generational trauma in societal trends such as occupation, education and incarceration.

#### **SUMMARY**

As this abstract is written, it is uncertain if its subject matter will be able to be taught in the classrooms occupying the modern landscape of the territory in which its content originated. Oklahoma House Bill 1775, referred to by some as a ban of critical race theory, was passed in 2021 shortly followed by a plea from the Osage Nation for its repeal on the grounds that this legislation would prevent the history of the Osage Murders from being taught in Oklahoma classrooms. The lack of action which has been the non-response to this and multiple other efforts at revision and repeal of this legislation speaks to the ongoing oppression of indigenous populations and denial of the victimization addressed in this proposal. Dr. Nikki Igo will provide the facts of the Osage Murders. Dr. Jason Beaman will present data on the implications of adverse experiences, both directly and indirectly in consideration of generational trauma. Dr. Reagan Gill will discuss guardianship law and adoption law in Native American history. Dr. Evan Mashigian will discuss the current climate following the release of the Killers of the Flower Moon cinematic adaptation. It is the goal of this discussion to review important history and shed light on the continuing injustice and the impact of both on the Osage people and other vulnerable populations, much like the Flower Moon sheds light upon the blooms that appear in its phase.

## WORKSHOP

2:15 PM – 4:00 PM

JUNIOR BALLROOM A-B

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### ***Prevention in Forensic Psychiatry; Any role for Forensic Psychiatrists?***

Sergio Santana Mendez, MD  
Oluyemisi Ajeh, MD  
Priya Khalsa, MD

#### **EDUCATIONAL OBJECTIVES**

Discuss the Concept of Prevention and the role of Forensic psychiatry.

Understand the impact of serious acts of violence, mental illness and prolonged hospitalization on families.

Understand the importance of systemic intervention in the prevention of mental health pathology.

**SUMMARY**

While the history of preventative psychiatry can be traced to the early 1900s, Primary prevention in forensic psychiatry is in its infancy. Improved understanding of the role of adversity in the development of psychopathology has significant implications for the Practice of Forensic Psychiatry. The specialty is beginning to develop beyond court-ordered assessments and tertiary prevention. This Workshop will look at the models of Prevention and how they can be incorporated into the practice of forensic psychiatry. It will consider a multifaceted approach aimed at reducing the incidence of mental illness, violent behavior, and recidivism among at-risk populations (Families of NCR-MD Populations). Forensic psychiatry is in a vantage position with regards to high-risk populations. The NCR- MD population in particular is a population with significant mental illness and violence that are exposed to high levels ACE. Children grow and develop in an environment of relationships. Safe, stable, nurturing relationships help build resilience and buffer the negative impact of adverse experiences. This workshop will discuss and illustrate preventative strategies (Primary Prevention) focused on therapeutic interventions aimed at children and families of individuals who were found Not Criminally Responsible on account of mental disorder (NCR-MD) and hospitalized in a maximum secure hospital in Canada.

**WORKSHOP**

2:15 PM – 4:00 PM

JUNIOR BALLROOM C-D

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***Criticisms of Psychiatric Testimony Yesterday and Today***

Phillip Resnick, MD

**EDUCATIONAL OBJECTIVES**

Identify the greatest public fear of psychiatric testimony.

Specify three major criticisms of psychiatric testimony and address their validity.

Identify the elements of psychiatric testimony that lead to negative perceptions.

**SUMMARY**

Dr. Resnick will present a historical overview of the perceptions of psychiatric testimony. He will then analyze four major criticisms of psychiatric testimony: 1. Psychiatrists excuse sin. 2. Psychiatrists always disagree. 3. Psychiatrists give confusing jargon ridden testimony. 4. Psychiatrists give conclusory testimony. Using sources from publicized criminal trials, such as that of President Garfield's assassin, Charles Guiteau, Dr. Weiss will demonstrate how public and journalistic vilification of a defendant can translate into antipsychiatric bias. The trend continued into the 20th century: legal scholars such as John Wigmore called for abolition of partisan experts and there was an attempt to legislate expert reports. The speakers will invite attendees to help formulate ways to reduce bias against psychiatric expert witnesses.

## PANEL DISCUSSION

2:15 PM – 4:00 PM

PAVILION BALLROOM D

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### ***Legislation Education: Ethical and Administrative Implications for Forensic Psychiatrists***

*Sponsored by the Government Affairs Committee*

Karen B Rosenbaum, MD  
Christopher Thompson, MD  
Danielle Kushner, MD  
Michael Champion, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will learn about current and proposed state and national legislation impacting the field of forensic psychiatry.

Participants will understand the importance of keeping abreast of legislation concerning the field of forensic psychiatry.

Participants will consider options for getting involved in legislation pertaining to forensic psychiatry at the local level.

#### **SUMMARY**

Legislation in mental health policies at the state level often affect the work of forensic psychiatrists. In the current political climate, it is more important than ever for forensic psychiatrists to help educate leadership and the public regarding mental health and forensic issues. The AAPL Government Affairs committee members will present updates on new or proposed state legislation relevant for forensic psychiatrists.

In Hawaii, Dr. Michael Champion is working with the Governor's office, Attorney General and stakeholders on a review of their mental health code in an effort to present recommendations that modernize their mental health code by the 2025 legislative session. In Utah, there are proposals afoot to allow psychologists to prescribe medication and to reduce wait times for civil commitment hearings. In New York, governor Kathy Hochul recently proposed a "five-point plan" to protect New Yorkers on the subways, which would include a transit ban for those who had a history of assaulting passengers on the subways which would affect many individuals who have had contact with forensic psychiatry. Similarly, Governor Newsom has introduced proposals affecting the mentally ill population in California. The panel will also discuss how participants can be more involved in making an impact on the development of forensic mental health legislation through their local APA branches.

## PANEL DISCUSSION

2:15 PM – 4:00 PM

PAVILION BALLROOM C

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### ***Conundrums in Complex Trial Competency Evaluations***

Sherif Soliman, MD  
Jenna Seward-Hatfield, MD  
Jessica Hill, MD  
Nicole Wolfe, MD  
Stephanie Cripps, MD

**EDUCATIONAL OBJECTIVES**

The audience will be able to consider common challenges that arise in performing competence to stand trial evaluations.

The audience will discuss the ethical issues presented by challenging situations including malingering, lack of cooperation, retrospective evaluations, and neurocognitive disorders.

The audience will discuss ways of effectively communicating complex opinions in reports and testimony.

**SUMMARY**

Competence to stand trial evaluations are by far the most common forensic mental health evaluations. The components of this evaluation have been described in detail and multiple instruments and check-lists have been developed to operationalize the evaluation. Nevertheless, significant challenges continue to exist and have only been compounded by the additional challenges posed by an aging population and limited resources to treat defendants found incompetent to stand trial. The panelists will discuss challenges in conducting competency evaluations and communicating opinions in a manner that is scientifically and legally sound. Case examples will be drawn from public media, recent legal decisions, and the panelists' experience. Topics will include the challenges posed by malingering cognitive symptoms, the presence of genuine neurocognitive disorders, and a court's request for a retrospective competence to stand trial opinion. Special guest presenter Dr. Jenna Seward-Hatfield, a forensic psychologist, will discuss the significance of and limits of cognitive testing. Drs. Hill and Cripps will discuss challenging cases they encountered in fellowship and early career. Drs. Wolfe and Soliman will draw from their experience as forensic psychiatric educators and offer important context and commentary. The panelists will also reflect on the ethical challenges posed by some of these cases, particularly in light of the potentially stigmatizing effect of diagnostic opinions offered by experts. The ethical discussion will include criticisms of malingering instruments offered by legal scholars. The panelists will consider the role of competency evaluations in promoting justice as well as the risk of marginalizing disadvantaged populations.

**WORKSHOP**

4:15 PM – 6:15 PM

PAVILION BALLROOM A-B

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***Risky Business: Dilemmas in the Evaluation and Treatment of High-risk Professionals***

Jeffrey Khan, MD  
Drew Calhoun, MD  
Edward Poa, MD  
Sara West, MD

**EDUCATIONAL OBJECTIVES**

Develop a process to consider and determine how to respond in uniquely challenging fitness for duty evaluations.

Recognize state specific mandated reporting requirements that may arise in fitness for duty and treatment scenarios of high-risk professionals.

Appraise the merits of potential pathways forward when tasked with responding to neglectful peers, students, and/or employees.



**SUMMARY**

A paranoid police officer? A delusional psychologist? A burnt-out hospital peer accused of patient neglect? Required to report a psychiatrist referred for treatment by their state board to prosecutors due to differing state mandated reporting requirements? Fitness for duty evaluations and treatment of those in high-risk professions can have additional considerations due to the potential risk to public safety. For instance, what if a professional is fit but unethical? Or just bad at their job? In this workshop, we aim to present specific cases that stimulate discussion on these particularly challenging forensic evaluations and treatment scenarios. We will focus on the population of professionals in high public safety risk professions such as physicians and law enforcement with challenging ethical dilemmas that have arisen. Psychiatric training often focuses on handling direct threats to specific individuals, as highlighted by the Tarasoff rulings and its state-specific mandates. However, it typically overlooks scenarios where an individual's impairment and professional role might inadvertently pose a broader threat to public safety, along with the complexities of mandated reporting in these contexts. Participants will consider case examples related to fitness to encourage consideration and debate in contested cases. Participants will also discuss hypothetical mandated reporting scenarios to further their understanding of their own local reporting requirements and differences across the border (state or country).

**PANEL DISCUSSION**

4:15 PM – 6:15 PM

PAVILION BALLROOM C

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***Department of Defense Disability Evaluation System (DES): Understanding the Process and Challenges Involved***

Graham Lambert, MD  
Konrad Surdel, MD  
Savannah Woodward, MD

**EDUCATIONAL OBJECTIVES**

Understand the disability evaluation system process, to include the evaluation, ratings assignment, and the benefits corresponding to each disability level.

Recognize the ethical challenges relating to the disability evaluation system and the strategies for mitigation.

Identify the incentives inherent in the system and common methods used to exploit them.

**SUMMARY**

The Department of Defense's Disability Evaluation System (DES) is the pathway by which a service member, who was found unfit for continued service due to a medical condition, is assessed for disability benefits. Although the disability evaluation process is intended to incorporate objectivity and balance, clinicians who empathize with their active-duty or veteran patient population may experience contextual ethical dilemmas, such as initiating the DES process for a service member who is determined to finish their military contract despite a duty-limiting condition. As such, it is imperative to understand the evaluation apparatus and be aware of the potential pitfalls. This presentation will provide an overview of the disability evaluation system, with special attention paid to understanding the disability ratings and what they mean for our patients, the adverse consequences of incentives inherent in the system and common psychiatric pathways for malingered symptoms, and the ethical challenges clinicians face in the care for this population.

## WORKSHOP

4:15 PM – 6:15 PM

PAVILION BALLROOM D

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### ***The Legal versus Moral Wrongfulness Dilemma in Criminal Responsibility Evaluations***

Ashley VanDercar, MD  
James Zinko, MD  
Monika Pietrzak, MD  
Stephen Noffsinger, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will learn the historical underpinnings of the legal and moral wrongfulness debate, and the difference between legal and moral wrongfulness for the purpose of determining sanity.

Participants will learn the difference between subjective and objective moral wrongfulness in conducting sanity evaluations, and apply this knowledge while assessing criminal responsibility.

Participants will apply their knowledge of how to address the issue of legal versus moral wrongfulness when formulating a criminal responsibility evaluation.

#### **SUMMARY**

Consideration of a defendant's understanding of wrongfulness has long been infused into legal standards for Not Guilty by Reason of Insanity. Spigurnel, in the court of King Edward I (1272-1307), first considered whether the defendant understood, in a global sense, the concept of right versus wrong in an insanity defense. The M'Naughten Standard (1843) advanced insanity standards by considering "... whether the accused at the time of the doing the act knew the difference between right and wrong...in respect to the very act with which he is charged." Yet what does "wrong" really mean? Legal wrongfulness (that a defendant was unable to understand the illegality of the offense) or moral wrongfulness (an overriding moral justification for the offense)? If "moral", is this viewed through a subjective lens, or a societal/objective one? Jurisdictions have varied on how they address the issue of wrongfulness in statutory and case law, and in jury instructions. Some jurisdictions specify that only legal wrongfulness is to be considered; some jurisdictions specify moral wrongfulness; while other jurisdictions leave it to the finder-of-fact to decide what type of wrongfulness standard to apply. And how do forensic psychiatrists handle the issue of wrongfulness? This workshop will provide detailed instruction on (1) the historical development of statutory and case law on the issue of wrongfulness in insanity standards; (2) how the forensic psychiatrist can accurately and reliably evaluate the issue of wrongfulness; and (3) how to write airtight criminal responsibility reports that will clearly express the psychiatrist's sanity opinions and withstand cross examination. The first portion of the workshop will provide instruction via lecture, PowerPoint, case vignettes, audience discussion, and a question/answer session. In the second portion of the workshop, audience members will break into small groups and formulate an opinion as to legal and moral wrongfulness in a presented insanity vignette. At the end of the workshop, the small groups will be led through a debate on whether legal versus moral wrongfulness factors in the vignette were predominant.

**SCIENTIFIC PAPERS**

4:15 PM – 6:15 PM

JUNIOR BALLROOM A-B

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***The Evolving Standard of Care Surrounding Autoimmune Neuropsychiatric Illness***

Cynthia He, MD  
Dale McNiel, MD  
Nathaniel Morris, MD  
Renée Binder, MD

**EDUCATIONAL OBJECTIVES**

Review current diagnostic criteria and diagnostic approaches for autoimmune encephalitis and autoimmune psychosis.

Review case law regarding the standard of care for psychiatric disorders caused by general medical conditions.

Explore a medicolegal perspective on the responsibilities of mental health professionals and forensic evaluators in the area of autoimmune neuropsychiatric illness.

**SUMMARY**

In recent decades, there has been increasing biomedical and public understanding of the role of autoimmunity in neuropsychiatric illness. Popular media have highlighted patients with psychiatric illness who were eventually diagnosed with autoimmune neuropsychiatric illnesses such as anti-NMDA-receptor encephalitis. Coverage of these cases has often drawn attention to the effects of misdiagnosis or delayed diagnosis of such diseases in psychiatric patients. Autoimmune encephalitis can have varied presentations and often involves evaluation and management from multiple medical specialties. As a result, there remains considerable uncertainty regarding how courts might gauge the legal standard of care with regard to psychiatric workup of new-onset psychiatric symptoms, and the degree to which autoimmune encephalitis must be considered. In this presentation, we provide a brief overview of autoimmune encephalitis and autoimmune psychosis, including current diagnostic approaches to these conditions. We review case law regarding the standard of care for psychiatric disorders caused by general medical conditions. Finally, we provide a medicolegal perspective on the responsibilities of psychiatrists and other mental health professionals in the evaluation of possible autoimmune encephalitis, and we consider potential implications for litigation and forensic evaluation in this area.

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***A Survey of Forensic Experts and Attorneys on Reviewing Graphic Images***

Raina Aggarwal, MD  
Abbas Naqvi, MD  
Kathryn Thomas, MD  
Maya Prabhu, MD  
Madelon Baranoski, PhD

**EDUCATIONAL OBJECTIVES**

Become familiar with data on forensic experts' decision-making regarding viewing graphic images and how this decision-making differs in a clinical role versus forensic role.

Understand the survey data on attorneys' decision-making regarding viewing graphic images and how attorneys would like experts they hire to proceed in terms of viewing graphic images.

Critically explore the implications of this data for forensic practice and training.

**SUMMARY**

As digital media has become more ubiquitous, forensic psychiatry cases increasingly involve graphic digital evidence with the potential to cause vicarious traumatization. To investigate this topic, we conducted a survey of over 270 members of forensic psychiatry and psychology associations. Survey respondents described their decision-making around reviewing graphic images if serving as both treating clinicians and experts for fictionalized cases. We then conducted a follow-up survey of 90 attorneys to assess their views on reviewing graphic images and how they would want forensic experts they hire to proceed in terms of reviewing images in the same fictionalized cases. In this paper, we present data from both the survey of forensic experts and the survey of attorneys. We compare how perspectives on reviewing graphic images and on vicarious traumatization differ across professions and how each profession prepares its practitioners to consider the potential for vicarious traumatization. More specifically, we use the results of our study to explore the following questions: (1) How do psychiatry experts determine when to view graphic images? How does decision-making differ when acting in a treatment versus forensic role? (2) How do attorneys determine which images to review for their cases? Do attorneys want forensic experts they hire to review graphic images? Does working as the defense attorney versus as the prosecutor on a case impact their opinions? (3) How does the potential for vicarious traumatization affect decision-making for both clinicians and attorneys, if at all? (4) How do demographic factors such as gender, age, years of practice, ethnicity, and professional training affect perspectives on viewing images and vicarious traumatization? We will then discuss the implications of the study results for standards of practice and pedagogical standards across both professions.

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***Mock Juror Ratings of Expert Witness Credibility***

Jeremy Colley, MD

**EDUCATIONAL OBJECTIVES**

1. To understand how to measure witness credibility using the Witness Credibility Scale.
2. To understand how access to the recording of an expert's forensic examination of a plaintiff affects jurors' impressions of credibility.
3. To understand how access to the written report of an expert's forensic evaluation of a plaintiff affects jurors' impressions of credibility.

**SUMMARY**

This ongoing research seeks to determine if the way in which attorneys present expert psychiatric opinions to jurors at trial affect the jurors' impressions of expert psychiatric witness credibility. Specifically, the subjects of the study – mock jurors in a fictional civil trial in which the plaintiff is suing for emotional harms – are presented evidence regarding the expert psychiatric witness' opinions via testimony at trial alone, testimony plus a written report of the expert's opinions, or testimony, report and a video recording of the psychiatrist's examination of the plaintiff. Subjects then rate their impressions of the witness' credibility using a validated scale, both overall and on specific dimensions imbedded in the full scale. The test hypothesis is that the exposure group who receives the most information – testimony, report and examination – will rate the expert as more credible compared to groups that receive less. The null hypothesis is that ratings of witness credibility will not vary among the experimental groups.

## PANEL DISCUSSION

4:15 PM – 6:15 PM

JUNIOR BALLROOM C-D

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### ***Mind the Gap: Navigating Controversies in Forensic Psychiatry Gender Issues***

*Sponsored by the Gender Issues Committee*

Nina Ross, MD  
Ariana Nesbit Huselid, MD  
Jacqueline Landess, MD  
Katie Kruse, MD

#### **EDUCATIONAL OBJECTIVES**

To review the history and current legal landscape of controversial issues in gender forensic issues including of abortion access, pregnancy criminalization, the treatment of transgender individuals, a

To explore moral and ethical considerations related to controversial topics in gender issues.

To consider how forensic psychiatrists can navigate these controversial topics in their own practice while striving for objectivity.

#### **SUMMARY**

The field of gender issues within forensic psychiatry encompasses several issues that can prompt strong emotions and even controversy. This panel In this talk, we will explore gender issues in forensic psychiatry. These issues, both historical and present, that have found themselves at times to been heavily debated, polarizing, and politicized. Specifically, this panel will review the history and current legal landscape of abortion access and its implications for forensic psychiatrists, the criminalization of pregnancy outcomes, sex offender treatment and legislation, gender care in the setting of parenting and custody disputes, and the treatment of transgender patients in forensic settings. We also will explore the ethical and moral foundations, differing values, and historical contexts that contribute to these often-divisive issues. Finally, we will explore strategies for navigating these controversial topics, while maintaining the objectivity and reliance on scientific evidence that is crucial to the field of forensic psychiatry.

## DEBATE

7:00 PM – 9:00 PM

GRAND BALLROOM A-B

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### ***Should the Forensic Psychiatry Fellowship Be Extended to Two Years?***

*Sponsored by ADFPF*

Reena Kapoor, MD  
Renée Binder, MD  
Richard Martinez, MD

#### **EDUCATIONAL OBJECTIVES**

To consider arguments for and against a proposal to change forensic psychiatry training from a one-year fellowship to a two-year program in the PGY-4 and PGY-5 years.

To understand the impact of such a change on recruitment of trainees into forensic psychiatry.

To understand the impact of such a change on general psychiatry and forensic psychiatry training programs.

**SUMMARY**

The field of forensic psychiatry has grown substantially since the American Board of Psychiatry and Neurology first recognized it as a subspecialty in 1992, but fellowship training has remained one year in duration. Forensic psychiatry's approach is similar to other subspecialties such as geriatrics, addictions, and consult-liaison psychiatry, but different from child psychiatry, which requires a two-year training program and allows "fast tracking" in the PGY-4 year. In this debate, we consider the arguments for and against forensic psychiatry moving in a training direction similar to child psychiatry, a question that has been reinvigorated by the ACGME's decision in 2023 to expand forensic fellowship programs' requirements for treatment in correctional and forensic hospital settings. We propose a model for a two-year forensic psychiatry fellowship curriculum in the PGY-4 and PGY-5 years, and then we engage in an Oxford-style debate of the idea from "pro" and "con" perspectives. Debaters, who are all fellowship directors, will touch upon the proposal's impact on forensic programs of various sizes and locations, its impact on general psychiatry residencies, and its attractiveness to potential fellows, encouraging the audience to think about forensic psychiatry training beyond established paradigms while also considering the barriers to implementing ambitious change. At the conclusion of the debate, audience feedback will determine the winner.

***Your opinion of this program, including each session, is very important. Please be sure to complete the online evaluation form. The data collected from the evaluations is essential for us to continue to offer CME credit in the future.***



# FRIDAY, OCTOBER 25, 2024

## POSTER SESSION B

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

PAVILION/JUNIOR BALLROOM FOYER

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### ***Resilience Reimagined: Promoting Resilience in Correctional Settings***

Halley Kaye-Kauderer, MD

Nina Ross, MD

Stephanie Schonholz, MD

#### **EDUCATIONAL OBJECTIVES**

To understand that resilience is a dynamic process that can change over time.

To explore existing resilience training programs across the country in different settings and populations.

To explore and propose resilience interventions that may be well-suited for correctional settings to ultimately foster positive growth and well-being among forensic populations.

#### **SUMMARY**

Resilience is broadly defined as the ability to bounce back from adversity or trauma. Once understood as primarily a fixed individual trait, research in resilience has expanded to emphasize its complex and dynamic nature that can change over time. Importantly, resilience can be learned and cultivated through deliberate practice. Exposure to adversity, both direct and indirect, has repeatedly been associated with the development of mental health consequences including depression, anxiety, and post-traumatic stress disorder. However, resilience can help to both prevent the development of severe mental illness and foster positive growth and well-being. While there is no single accepted approach to promote resilience, studies show that resilience can be boosted by efficacious evidence-based interventions. This poster will review existing research on resilience including both neurobiological and cultural factors. It will then explore existing “resiliency training programs” across several age groups and environments including current correctional settings with the hope of better understanding how to adapt existing evidence-based interventions to best suit this unique population and setting. Finally, it will imagine and recommend several resilience interventions focused on cognitive reappraisal, spirituality, social support, and positive affect to be implemented by trained individuals within these settings to ultimately promote mental health and sustainable well-being.

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### ***Older and in the System: Treatment Considerations for Geriatric Adults in State Forensic Hospitals***

Nadia Gilbo, MD

Maya Prabhu, MD

#### **EDUCATIONAL OBJECTIVES**

Understand some of the unique ways the therapeutic needs of geroforensic patients differ from those of younger individuals in the system.

Improve forensic practice by raising participants’ confidence and ability to anticipate potential obstacles in the psychiatric treatment and evaluation of geriatric patients.

Underscore the importance of geriatric training in developing the knowledge base of forensic evaluators.

**SUMMARY**

According to the U.S. Census Bureau, the nation's 65-and-older population is projected to almost double in the coming decades, from 49 million in 2016 to 95 million in 2060. Similarly, the number of older offenders is expanding within the prison population, with figures projected to rise. While the full scale of the issue is unknown, the percentage of older adults residing in forensic hospitals will likely increase, which represents a diverse set of challenges for hospital clinicians and administrators. Furthermore, there is a paucity of literature on the needs of the institutionalized older offender. In this presentation, we aim to explore some of the treatment requirements of older adults living in a forensic state hospital, ranging from familiarity with common medical and cognitive conditions to increasing forensic staff competence, such as providing training focused on behavioral interventions for cognitively impaired individuals. Finally, we consider infrastructure and policy-based interventions, such as enhancing signage and adjusting the documentation frequency to minimize caregiver burnout and promote optimal care.

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***LePage v. Center for Reproductive Medicine: Fetal Personhood and Psychiatric Practice***

Peter Teravskis, MD

**EDUCATIONAL OBJECTIVES**

Understand the core ruling of *LePage v. Center for Reproductive Medicine* and the legal reasoning supporting this decision.

Categorize proposed and enacted fetal personhood laws in the United States.

Analyze the ethical and legal implications of fetal personhood laws on the practice of psychiatry.

**SUMMARY**

In 2024, the Alabama Supreme Court provided the first signal of how the legal concept of “fetal personhood” will impact medical practice in the United States. In *LePage v. Center for Reproductive Medicine*, the Alabama Supreme Court resolved a case involving embryos created by in vitro fertilization treatments and stored in a “cryogenic nursery” controlled by a fertility clinic. In 2020, an individual entered the cryogenic nursery, picked up the embryos, and dropped them, resulting in their destruction. The plaintiffs sued the clinic under Alabama’s Wrongful Death of a Minor Act, claiming that the fertility clinic breached its duty to secure and monitor the embryos. The Court was asked to resolve the question of whether the Act applies to embryos “located outside of the uterus.” In this poster, we will present the Court’s ruling in *LePage* and the legal aftermath in Alabama. We will analyze the current state of “fetal personhood” laws in the United States as well as developments in laws surrounding the rights of and duties owed to embryos and fetuses. This poster examines the wider legal and ethical implications of fetal personhood laws and how they relate to the practice of psychiatry.

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***Not Adversarial, But Still Controversial: Problem-solving Courts and Harm Reduction***

Frank DiRenno, MD

**EDUCATIONAL OBJECTIVES**

To learn the principles of the drug court and harm reduction models.

To understand the perception of harm reduction within the New York State drug court system.

To discuss the opportunities for incorporation of harm reduction principles within the drug court system.

**SUMMARY**

The harm reduction model is now a central feature of public policy and clinical approaches to address substance use and its consequences for people with substance use challenges and for society at large. For individuals involved with the legal system, the drug and related mental health court models promote abstinence and prevention of future legal involvement through diversion into community treatment; and this should be consistent with clinical best practices. These two models share the twin goals of promoting personal recovery and public safety. In fact, court-based diversion may be seen as part of a harm reduction strategy in avoiding incarceration and addressing substance use. However, the harm reduction and problem-solving court models remain at odds in many core aspects, including but not limited to tolerance for continued substance use and individualization of criminal legal mandate. In this poster, we identify the current level of familiarity and comfort with the utilization of harm reduction principles within the New York State drug court system. We review the criminal legal challenges and discuss the creative opportunities to integrating harm reduction strategies and court-based diversion approaches.

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***Emotional Dysregulation and Aggression: Borderline Personality Disorder in Homicidal Offenders***

Nithya Tippireddy, MD

**EDUCATIONAL OBJECTIVES**

To examine the association between Borderline Personality Disorder and homicidal behavior, and the aspects of BPD that make it controversial as a mental health defense

We will also analyze the gender discrepancy in the diagnosis of BPD and its potential causes.

**SUMMARY**

In this poster we aim to explore the relationship between Borderline Personality Disorder and perpetrators of homicide. Borderline Personality Disorder has been linked to higher rates of impulsivity and aggression, which in theory predisposes individuals with BPD to acts of violence. It therefore stands to reason that perpetrators of homicide may have an increased incidence in Borderline Personality Disorder. However, because BPD is diagnosed much more in females, which constitute the minority of homicide perpetrators, literature is limited in our understanding of the incidence of BPD and homicidal behavior in general. This poster will explore the literature on BPD and homicidal behavior, and the potential aspects of BPD that seem to precipitate homicidal acts. We will also explore diagnostic discrepancies in BPD between males and females in the general population and potential societal differences and biases that may contribute to its elevated incidence in females. We also will review cases where BPD has been raised as a mental health defense in homicide cases.

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***Ethical Dilemmas and Forensic Applications of Digital Pill Trials in Developing Countries: Navigating Beneficence, Patient Autonomy, and Data Privacy***

Nishant Somvanshi, MD

Amit Jagtiani, MD

**EDUCATIONAL OBJECTIVES**

Analyze the ethical balance between beneficence and patient autonomy in the application of digital pills within forensic psychiatry.

Recognize the administrative and legal complexities introduced by digital pill technologies in jurisdictions with limited data privacy protections.

Propose strategies for the ethical integration of digital pill technology into forensic psychiatric practices, emphasizing the protection of patient rights and data privacy.

**SUMMARY**

**Introduction:** The introduction of digital pills, such as Abilify MyCite, presents a novel approach to enhancing medication adherence in forensic psychiatry, critical for the reintegration of adjudicated psychiatric patients into the community. However, the deployment of such technologies in developing countries, where the Unique Identification Authority of India's Aadhaar and data privacy laws may be in their infancy, poses significant ethical, administrative, and forensic treatment challenges. The authors investigate the ethical juxtaposition of beneficence and patient autonomy within the context of digital pill trials in a diverse international legal landscape of developing countries. **Objective:** This submission seeks to enhance understanding and competency in navigating ethical dilemmas inherent in forensic psychiatric practice. The authors aim to highlight challenges in healthcare delivery systems that respect patient autonomy while ensuring rights to privacy and treatment and shine light on potential ethical and legal dilemmas. **Methods:** A focused review of the ethical, legal, and administrative implications of digital pill technology in forensic psychiatry, underpinned by a review of the Mental Healthcare Act (2017) enacted by the Government of India's Ministry of Law and Justice, and considerations surrounding the 'Aadhaar' (Targeted Delivery of Financial and other Subsidies, benefits and services Act, 2016 system's impact on patient privacy. **Discussion Points:** 1. **Ethical Dilemmas:** The introduction of digital pills raises ethical questions, particularly in maintaining a balance between ensuring treatment adherence (beneficence) and respecting patient autonomy. Special attention is given to the potential for these technologies to exacerbate paranoia among patients. 2. **Data Privacy and Ownership Challenges:** In settings with underdeveloped data privacy laws, the use of digital pills introduces complex issues regarding data ownership, patient consent, and the safeguarding of sensitive health information. **Results:** Employing digital pills in the forensic psychiatric setting promises enhanced medication adherence and improved patient monitoring, facilitating the reintegration of adjudicated psychiatric patients. However, realizing these benefits requires navigating ethical and administrative challenges, particularly concerning data privacy and patient autonomy. **Conclusion:** The forensic application of digital pills in developing countries demands a thorough ethical, legal, and administrative evaluation. Formulating comprehensive guidelines that emphasize ethical principles and robust data protection measures is crucial for leveraging the benefits of digital pills in forensic psychiatry without compromising patient rights and dignity.

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***Beyond Bars: Ethical Dilemmas and Behavioral Health Interventions for Asylum Seekers in Detention Centers***

Henry Zhang, MD

**EDUCATIONAL OBJECTIVES**

Understand recent trends in the use of solitary confinement in various detention centers

Describe the ethical considerations and impact of using solitary confinement in US immigration detention centers for asylum seekers

Evaluate evidence-based behavioral health interventions as alternatives to solitary confinement, with a focus on promoting humane and ethical care practices.

**SUMMARY**

The treatment of asylum seekers in detention centers has emerged as a pressing concern amid the rapid increase in migrant populations and the inadequate resources available to address their behavioral health needs. Of particular concern is the rising use of solitary confinement in these settings, a practice known to exacerbate underlying trauma and psychiatric illness among asylum seekers. This poster explores the ethical challenges associated with the use of solitary confinement in detention centers for asylum seekers and provides a comprehensive literature review on behavioral health interventions within such environments.

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## ***Non-Clinical Staff as Gatekeepers: How Las Vegas Custody Throttles Involuntary Medication***

Jessica Arabski, MD  
Steven Zuchowski, MD

### **EDUCATIONAL OBJECTIVES**

Describe the significance of Washington v. Harper to correctional medicine.

Describe how a psychiatrist initiates a request for involuntary medication at Clark County Detention Center.

Describe how the CCDC process of requesting involuntary medication impacts patient care.

### **SUMMARY**

Washington v. Harper established a framework for administration of involuntary medication in prison. Interpretation of this landmark case differs among jurisdictions. Even so, one commonality is that clinical decision making generally falls to a psychiatrist as opposed to a lay person (correctional officer, attorney, etc.). At Clark County Detention (CCDC) in Las Vegas, Nevada, however, circumstances are unique. This poster will provide an overview of involuntary medication administration in incarceration settings and focus on the unusual example of CCDC, which houses the largest inpatient psychiatric population in Nevada, and relies on custody and counsel as gatekeepers when the question of medication-over-objection arises. CCDC is under the jurisdiction of the Las Vegas Metropolitan Police Department (LVMPD); mental health and medical services are provided through an external company, Wellpath. Currently, requests for involuntary medication take the following route: (1) Psychiatrist directs a request to LVMPD attorney and explains why a patient is a danger to self or others (2) Attorney reviews officer documentation (3) Attorney determines if officer documentation supports assertion that the patient is a danger to self or others (4) Captain (dis)approves (5) Psychiatrist provides a written declaration (6) Attorney presents in district court. The system distances the psychiatrist from primary clinical decision making. By relying on officer documentation and custody and attorney approval, lay people with non-clinical backgrounds become gatekeepers, raising numerous ethical questions, primarily that patients who otherwise might qualify for involuntary medication go untreated. This poster will address this issue, among others. This poster will also review a case study that highlighted systemic flaws: An instance where LVMPD and Wellpath counsel were in opposition over the validity of a court order for administration of involuntary administration to a patient with a public guardian.

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## ***PTSD Psychotherapy Treatment Guidelines for Civil Law Matters***

Priya Khalsa, MD

### **EDUCATIONAL OBJECTIVES**

At the end of this session, participants will be able to better understand the current first-line guideline recommendations for PTSD psychotherapy;

At the end of this session, participants will be able to better understand the current first-line guideline recommendations for PTSD treatment length;

At the end of this session, participants will gain awareness of new research in Prolonged Exposure therapy for PTSD treatment.

**SUMMARY**

PTSD is a critical concern in civil law cases, particularly those involving personal injury, workplace accidents, or traumatic events. Civil law cases involving PTSD often require a careful assessment of the plaintiff's psychological condition, its relationship to the alleged incident, and the resulting damages. Expert testimony is often required to demonstrate a direct link between the traumatic event and the development of PTSD, which may contribute to the essential legal finding of causality. Additionally, psychiatric expert testimony can provide valuable insights into the impact of the injury (pain and suffering) for damage assessment and specific evidence-based treatment recommendations. Unfortunately, decisions regarding treatment length are often made arbitrarily without regard to evidence-based guidelines. In sexual assault cases, psychologists have recommended 50 sessions for treatment of PTSD symptoms. This recommendation is excessive from a cost standpoint and onerous for a patient who may have to take time off work. There are numerous evidence-based guidelines to assist clinicians with making PTSD treatment decisions. This presentation provides a concise overview of the essential Canadian, US and International guidelines and considerations for addressing PTSD treatment in the context of civil law cases. This will allow for greater accuracy in expert recommendations in civil cases.

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***An Ethics Primer on Child and Adolescent Forensic Psychiatry***

Rachel Polcyn, MD

**EDUCATIONAL OBJECTIVES**

To raise awareness of the lack of ethical guidelines for child and adolescent forensic psychiatry.

To evaluate the fundamental differences between adult and juvenile forensic evaluations.

To encourage decision-makers and professional organizations to establish formal ethical guidelines for child and adolescent forensic psychiatry.

**SUMMARY**

When the American Academy of Psychiatry and the Law was founded in 1969, the organization immediately created an ethics committee. Several years later AAPL established a formalized code of ethics for the subspecialty. Since this time, ethical issues within the field have remained as dynamic as the evolving standards of the law and society, as well as knowledge within the field of psychiatry as a whole, thus warranting constant reappraisal. The initial ethical guidelines primarily focused on forensic issues pertinent to adults. However, there are apparent differences in evaluations between the age groups that continue to be validated by a growing body of empirical research. Child and adolescent forensic psychiatry evaluations often hinge on distinctions between varying stages of maturation, legal definitions of autonomy, and inclusion of a third party (e.g., parent or legal guardian). These evaluations are further complicated by age-specific factors such as the dual-role dilemma and the need to consider the rehabilitative capacity of adolescents with ongoing neurodevelopment. The American Academy of Child and Adolescent Psychiatry has developed a code of ethical principles governing psychiatric work with children, but there is currently no code of ethics for the practice of forensic psychiatry specifically in this population. This review attempts to address this gap by analyzing the current body of literature regarding ethics in child and adolescent forensic psychiatry and providing recommendations for a future approach firmly grounded in accepted ethical principles.



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***Update to the List of FAA Approved Psychotropics for Pilots with Depression***

Lee Hiromoto, MD  
Jennifer Darnell, MD  
Joseph Chien, MD  
Richard Eboka, MD

**EDUCATIONAL OBJECTIVES**

Describe the process of medical clearance for pilots taking an antidepressant.

Identify the five antidepressants approved by the FAA.

Consider the policy implications of limiting pilots' access to psychiatric medication.

**SUMMARY**

In 2024, the FAA added duloxetine, venlafaxine, and desvenlafaxine to the short list of psychotropic medications approved for pilots with depression. Previously in 2023, the FAA added bupropion extended release to the same list, which was previously limited to four SSRIs. Our poster will provide an overview of the approval process for pilots with psychiatric histories (including the need for a psychiatric evaluation) along with a list of the approved psychiatric medications for pilots. Lastly, we comment on the policy implications of restricting pilots from accessing mental health medications by highlighting a 2023 case of a pilot who attempted to turn off the engines midflight after using psychedelic mushrooms in lieu of seeking psychiatric treatment for depression.

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***A Forensic Analysis of Three NCR Cases within the Ontario Inpatient System***

Zoe Selhi, MD  
Thomas Gutheil, MD

**EDUCATIONAL OBJECTIVES**

To review the problems inherent with performing dual roles within forensic psychiatry.

To recognize various types of bias that exists within the Ontario forensic system.

To create greater awareness for the effects of bias within forensic psychiatry.

**SUMMARY**

In Ontario Canada, forensic services are often delivered within inpatient settings and under a network of dual role providers; that is, psychiatrists who provide treatment to those under assessment for criminal evaluations. Following their adjudication as either not criminally responsible (NCR) or incompetent (unfit) to stand trial (UST) in court, evaluatees come under the jurisdiction of review boards, where they may return to the same psychiatrist for treatment and opinions on violence risk. This presentation examines three such cases in a retrospective manner to show how — in order to remain viable — use of dual role psychiatrists results in, and largely encourages, boundary blurring into other domains. This includes merged clinical-forensic inpatient teams, cumulative reports to the review board, and unregulated access of provincial health records for forensic purposes. Moreover, the linkage of two different legal tests by the justice system, whereby UST or NCR individuals receive an absolute discharge if they no longer meet 'significant risk' criteria, not only equates mental illness with violence but drives a treatment or 'best-interest' approach to risk reduction. Given the lack of safeguards inherent in the Canadian forensic system, the cases show how bias and misdiagnosis affect legal decision-making. This presentation aims to generate awareness, discussion, and opportunities for change.

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## ***The Extent of Education of Psychiatric Disability Evaluations in Psychiatric Residency Training Curriculum***

Manya Saaraswat, MD  
Manasi Parrish, MD  
Manya Saaraswat, MD  
Mousa Botros, MD

### **EDUCATIONAL OBJECTIVES**

Evaluate the psychiatric residency program curriculum for psychiatric disability evaluations, social security for disability income, ADA accommodations, and psychiatric clearance requests.

Identify areas within psychiatric residency curriculum where there may be opportunities to incorporate topics related to psychiatric disability assessments.

Propose initiatives to address identified educational gaps to enhance residents' proficiency and competency.

### **SUMMARY**

As the number of disability applications related to mental health rises, it's essential to assess the educational exposure of psychiatric trainees before conducting psychiatric disability evaluations. Our research aims to evaluate the current state of the didactics related to the topic, frequency of psychiatric disability evaluation requests, burden of dual agency, and effectiveness of psychiatric residency training programs in addressing these challenges. We also examine trainees' needs to better prepare for such evaluation. We will propose interventions to enhance training. Psychiatric residents will engage in a survey assessing their educational experiences and knowledge regarding psychiatric disability laws, evaluation processes, and accommodation requests. Through this study, we seek to contribute to the advancement of psychiatric training programs and curriculums in this critical area.

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## ***Forensic Evaluation of Trauma-Related Disorders: A Psychometric Comparison of Structured and Semi-Structured Assessments***

Joshua Feriante, MD  
Tyler Morrison, MD

### **EDUCATIONAL OBJECTIVES**

Identify commonly used clinician-administered interview assessments of post-traumatic stress disorder in children and adults in the forensic setting.

Compare the psychometric properties of clinician-administered assessments.

Outline recommendations for the use of these assessments, based on purpose, age group, and language.

### **SUMMARY**

Mental health professionals often use standardized evaluation tools to assess trauma-related symptoms and disorders, such as post-traumatic stress disorder (PTSD), in both forensic and clinical settings. This poster compares the psychometric properties and utility of interview-based assessments and inventories, focusing on forensic settings. We review the literature to identify relevant evaluations. We describe and contrast key trauma assessments for adults (CAPS-5, SCID F module, PSSI-5, etc.) as well as for children (CAPS-CA-5, UCLA PTSD-RI, CPSS-5-I, etc.). We offer recommendations for use based on evaluation goals, such as assessing psychological damages and the measures' appropriate age ranges and validated languages. The measures are presented in an easily accessible format for forensic experts to refer to during evaluation, report writing, and testimony. This review of evidence-based assessments will support experts in conducting reliable and valid forensic evaluations of trauma-related symptoms and disorders across the lifespan.

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***Prenatal and Mental Health Outcomes for Incarcerated, Pregnant Individuals with Serious Mental Illness***

Nicole Baarck, MD  
Dayanna Martinez, MD  
Kevin Silverman, MD  
Rebecca Giusti, MD

**EDUCATIONAL OBJECTIVES**

To review the challenges related to delivery of prenatal care in a jail setting.

To identify disparities in the prenatal care engagement and prenatal outcomes for pregnant incarcerated individuals with serious mental illness compared to those without serious mental illness.

To better understand the medical and mental health treatment needs for pregnant individuals with serious mental illness while incarcerated.

**SUMMARY**

Providing prenatal care in jail can be challenging for many reasons, including those related to both systemic and individual risk factors. According to a 2023 meta-analysis, incarcerated pregnant individuals are 3x more likely to receive inadequate prenatal care and 1.66x more likely to have low birthweight newborns, compared to non-incarcerated pregnancies. Studies show that individuals with serious mental illness (SMI) in the community are at an increased risk of adverse prenatal and postnatal outcomes compared to non-SMI controls. Delivering prenatal care to SMI individuals in jail presents additional challenges, further increasing the risk of adverse outcomes in this vulnerable population. This presentation will discuss disparities highlighted in scientific literature that exist in the delivery of prenatal care to individuals with serious mental illness (SMI) compared with those not identified as having a serious mental illness (non-SMI). We will discuss the need for ongoing work in this area to facilitate treatment planning and care delivery for pregnant individuals with SMI during incarceration.

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

PAVILION BALLROOM A-B

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***Unveiling the Truth: Debunking Myths and Misconceptions about Medical Child Abuse – Insights from Kowalski v. Johns Hopkins All Children's Hospital***

Samuel Rosenblatt, MD  
Andrea Dunlop, MD  
James Hamilton, MD  
Maria Lapchenko, MD

**EDUCATIONAL OBJECTIVES**

Provide practical instruction about appropriate identification, documentation, and investigation of suspected medical child abuse.

Identify the ways in which common myths and misconceptions about Factitious Disorder Imposed on Another (FDIA) and Medical Child Abuse (MCA) affect the investigation and prosecution of this unique form of abuse.

Appreciate the potential implications including liability for forensic psychiatrists and mandated reporters in light of the Kowalski v. Johns Hopkins All Children's Hospital case.

**SUMMARY**

In recent years, Factitious Disorder Imposed on Another (FDIA), formerly Munchausen Syndrome by Proxy, has catapulted into the public consciousness through high-profile cases and dramatic portrayals in the media. This visibility has brought intrigue and concern, but has also fostered myths and misconceptions that hinder the proper identification, diagnosis, and management of medical child abuse (MCA). These challenges endanger child safety and erode trust in healthcare. Featuring Dr. James Hamilton, MCA expert psychologist from the American Professional Society on the Abuse of Children (APSAC) Munchausen by Proxy (MBP) committee, and Andrea Dunlop, who is an author, award-winning true-crime podcaster, and advocate for survivors of MCA, this panel aims to improve understanding and articulate the systemic medico-legal challenges in MCA/FDIA. With the recent landmark *Kowalski v. Johns Hopkins All Children's Hospital* case serving as a contextual backdrop, the discussion will encompass the critical steps in recognizing, diagnosing and documenting suspicions of MCA. The panelists will explore the multifaceted nature of MCA investigations, the shifting legal landscape affecting these cases, and the procedural journey from initial abuse suspicion to legal and protective actions, as well the potential chilling effect on mandated reporting that may result from the *Kowalski* verdict. The discussion will critically examine the diagnostic value of FDIA itself, questioning whether the diagnosis is useful, or whether it should be reconsidered or eliminated altogether. Through this dialogue, the panelists will illuminate the ethical considerations, investigative hurdles, and practical medico-legal aspects, providing valuable insights for psychiatrists to effectively navigate these complex scenarios.

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

PAVILION BALLROOM C

***At the Intersections of Murder, Moral Injury, and PTSD****Sponsored by the Trauma and Stress Committee*

Keith Caruso, MD  
Elspeth Ritchie, MD

**EDUCATIONAL OBJECTIVES**

Review the concepts of moral injury and its relationship to PTSD.

Study a case of moral injury and PTSD following a well-publicized killing.

Examine how moral injury can play a role in mass murder, both in civilians and in those who serve in the military.

**SUMMARY**

Moral injury is the harm that arises from a betrayal of one's core values, such as duty, justice, fairness, and loyalty. Such acts may involve commission, when someone does something that goes against their beliefs, and omission, when someone fails to do something in line with their beliefs. Such acts may also involve witnessing acts of betrayal by leadership or peers. Moral injury may result in psychological, behavioral, social and spiritual sequela—and can be seen in perpetrators of murder as well as those who witness this violence. Moral injury has been most extensively studied in military service members and Veterans due to the moral dilemmas so often arising in combat situations. However, it has also been noted in law enforcement officers, civilians experiencing community violence and healthcare workers. There is a great deal of overlap between moral injury and posttraumatic stress disorder, and the two frequently co-occur. We will be reviewing the similarities and differences and discussing assessment and treatment strategies. Case presentations will include a healthcare worker in a high visibility killing of an innocent civilian by police and a law enforcement officer who was drawn into a suicide-by-cop involving his motor vehicle. The role of moral injury in mass murder will be examined, along with prevention strategies.

## WORKSHOP

8:00 AM – 10:00 AM

JUNIOR BALLROOM A-B

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### ***Countertransference in the Forensic Evaluation Process: Practical and Ethical Implications***

Sally Johnson, MD  
Evan Vitiello, MD

#### **EDUCATIONAL OBJECTIVES**

Have evaluators consider possible countertransference issues for every forensic evaluation.

Increase evaluator understanding of how countertransference can impair objectivity in the evaluation process.

Recognize how countertransference can impair evaluators in their work as educators and consultants.

#### **SUMMARY**

The competent practice of forensic psychiatry requires a solid understanding of core issues in the general practice of psychiatry. One of those issues, the ability to recognize and manage transference and countertransference receives little attention in forensic training programs. Forensic psychiatrists, practicing in an advocacy-based system can subconsciously find comfort in not deeply examining themselves and their practice for the impact of countertransference on their findings and testimony. Some clinicians avoid classes of cases without exploring the roots of their selective avoidance and what it might suggest about their general approach to forensic work. This workshop will discuss countertransference in the context of forensic practice and engage the audience in considering best practices in the management of transference in three different forensic evaluation cases. Each case will be considered from the point of the attorney request for involvement, through evaluation and report writing to testimony.

## PANEL DISCUSSION

8:00 AM – 10:00 AM

PAVILION BALLROOM D

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### ***Can't Stop?... Won't Stop?... Legal and Ethical Considerations of Behavioral Addictions***

*Sponsored by the Addiction Psychiatry Committee*

Sanya Virani, MD  
Abhishek Jain, MD  
Elie Aoun, MD  
Jungjin Kim, MD

#### **EDUCATIONAL OBJECTIVES**

To review various behavioral addictions, their diagnostic and legal considerations, and explore ways in which addictive behaviors and short-term rewards engender persistent behavior despite knowledge.

To summarize cases in which behavioral addiction significantly impacted the defense and legal outcomes.

To discuss the ethical dilemmas of these ill-defined and novel diagnoses and explore challenges related to various aspects of civil and criminal law.

**SUMMARY**

Behavioral addiction is a broad diagnostic construct characterized by impaired control over a behavior. Behaviors range from DSM-recognized categories of gambling disorder to research categories such as internet gaming addiction to shopping addiction, exercise addiction, kleptomania, pyromania, and compulsive sexual behavior disorder. Behavioral addictions often lead to unlawful behaviors. For example, individuals with gambling disorder may commit forgery, fraud, or theft to fund and sustain their gambling addiction. Kleptomania involves compulsive shoplifting of items not needed for personal use and is, by definition, illegal. Such criminal behaviors pose challenging forensic questions about agency and responsibility, and thereby consequences. In this panel, we review and discuss the challenges behavioral addictions pose diagnostically and legally in the criminal justice system. We highlight salient points for forensic evaluations and expert testimony through case examples and legal precedents. In so doing, we point out how neuroscientific and empirical evidence do not neatly align with the legal system's folk psychological view (mental states that form intent causally and fundamentally explain one's behavior) of addiction. We also discuss ethical considerations of over/under-inclusivity of relatively novel diagnoses and treatment implications (e.g., effectiveness, treatment settings, equitable resource allocation).

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

JUNIOR BALLROOM C-D

***Why Othering Matters in Forensic Psychiatry Practice****Sponsored by the Cross-Cultural Committee*

Bhinna Park, MD  
Chinmoy Gulrajani, MD  
Maya Prabhu, MD

**EDUCATIONAL OBJECTIVES**

To explore the concept of Othering as distinct from Bias and Discrimination as it relates to Ethnic Minorities.

To describe how to integrate more inclusive and nuanced formulations into forensic evaluations.

To provide recommendations to help overcome the challenges of unintended behaviors and practices in forensic psychiatry and contribute to more equitable forensic systems.

**SUMMARY**

There is a large body of medical and health services research that describes how ethnic minorities continue to experience differential treatment in a variety of systems relevant to forensic psychiatry. In addition to frank discrimination, ethnic minorities experience Othering, which refer to the ways in which “outsider” groups are excluded or marginalized, often through essentialized, culturalist and racialized explanations. This panel will consider how the overgeneralization of ethnic categories plays out across forensic practice, treatment, education and research. Dr. Bhinna Park will discuss how ethnic minorities are viewed with skepticism and their accounts discredited. She will describe how refugee memories are challenged and medical concerns discounted outright in immigration interviews. Dr. Chinmoy Gulrajani will discuss the persisting inequalities in the criminal justice system for minority groups. He will discuss the need to understand an evaluatee's cultural and psychosocial make up when performing a forensic psychiatric evaluation and how such perspectives could assist the trier of facts to gain a perspective of the defendant's actions in their unique socio-cultural milieu. Dr. Prabhu will consider how some models of “cultural diversity” training in medical education can both broaden trainee perspectives and knowledge but have the unintended impact of reinforcing cultural stereotypes. Dr. Srinivasaraghavan will discuss unethical experimental involving ethnic minorities in the US discriminatory experiments in other countries. He will also discuss recent ethical guidelines for research. Dr. Sharma will consider the ethical challenges of cultural over-identification and discuss contrasting mental health care philosophies in India and America.



## PANEL DISCUSSION

10:15 AM – 12:00 PM

PAVILION BALLROOM A-B

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### ***Selling Involuntary Medication in the District of Columbia: An Overview of Historical and Current Practices to Inform Clinical Approaches and Policy***

Kathryn Baselice, MD

Jennifer Mika, MD

Shilpa Krishnan, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will gain an understanding of the legal frameworks for involuntary medication for individuals who are in competency restoration.

Participants will gain an understanding of a model for conducting Sell evaluations in a centralized forensic system, such as the District of Columbia.

Participants will learn about what has been helpful or unhelpful for judicial decision-makers in evaluating Sell criteria.

#### **SUMMARY**

In 2003, the United States Supreme Court handed down an opinion in *Sell vs. United States*, which outlined criteria a Court can use to determine whether or not to force medications over a patient's objections for the purpose of competency restoration. Over two decades later, the practice of Sell evaluations has received a relative dearth of academic exploration despite the complex nature of these evaluations. In the District of Columbia, the Department of Behavioral Health employs a dual-evaluator model, in which a psychiatrist and psychologist evaluator often conduct the Sell evaluation as a team. In this panel, we will offer varying perspectives on Sell, including from the legal, psychological, and psychiatric viewpoints. We will explore aspects of DC's statute relating to Sell and compare it to other state statutes. We will explore the unique collaborative relationship in Washington DC's Department of Behavioral Health's approach to Sell evaluations. We will present information on how these evaluations are approached as well as feedback on these opinions provided within judicial rulings in these cases. We will discuss several complex Sell evaluations that combined the expertise of both a forensic psychiatrist and psychologist to parse important clinical aspects. Panelists will conclude with recommendations for improving collaborative efforts between forensic psychiatrists and psychologists, including important considerations for when to include a forensic psychologist and how to formulate the consultation question.

## WORKSHOP

10:15 AM – 12:00 PM

PAVILION BALLROOM C

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### ***Strategic Alliances: Elevating Forensic Psychiatry Fellowships through Collaboration and Advocacy***

Jeffrey Khan, MD

Joseph Penn, MD

Kehinde Obikoya, MD

Rocksheng Zhong, MD

Sarah Baker, MD

**EDUCATIONAL OBJECTIVES**

Describe opportunities for advocacy for increased funding for forensic psychiatry training programs.

Identify ways to foster collaboration among different forensic training programs and sites, including educators located in different geographic locations.

Propose a plan for advocacy and/or educational collaboration that would improve the quality of forensic training provided in your region.

**SUMMARY**

In this workshop, we will explore how to advocate for increased forensic psychiatry funding and the creation of cross-institution educational collaboratives. In 2023, while Texas was the second most populous state in the country, it only had one forensic psychiatry fellowship training program and only graduated one fellow per year. In 2021, more than 1,800 people were waiting in jails in Texas for Competency Restoration Services and wait times for forensic admissions were an average of 323 days. With few people qualified and willing to do the evaluations, the state began to consider ways to increase the numbers of psychiatrists in Texas interested in working with forensic populations. With input from AAPL members and committees, the Forensic Committee of the Texas Society of Psychiatric Physicians (TSPP) worked with TSPP leadership to advocate for \$5 million in state budget funding for the expansion of forensic psychiatry training opportunities. This funding was allocated through the Texas Higher Education Coordinating Board, the state agency tasked with overseeing post-secondary education, and stipulated that programs should share educational resources to qualify for funding. Our workshop members have been involved in the advocacy for these funds, the expansion of the current Texas fellowship, and the hopeful development of two additional fellowship programs in the state. The three institutions have also formed a strong educational collaborative to share training and educational opportunities between institutions with plans to expand this further as additional programs join the collaborative. Presenters will discuss how this advocacy occurred, the basis of our collaborative, and the creation of additional fellowship slots. We will utilize this discussion to then break into groups to discuss relevant advocacy opportunities at local and state levels and foster further brainstorming around educational collaboration across institutions to support the development of more highly-qualified forensic psychiatrists that can meet the significant ongoing needs for mental health care across the country, particularly in forensically involved populations.

**WORKSHOP**

10:15 AM – 12:00 PM

JUNIOR BALLROOM A-B

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***Difficult Cases: Ethical & Practical Conundrums***

*Sponsored by the Private Practice Committee*

Celestine DeTrana, MD

Carl Wahlstrom, MD

Ian Lamoureux, MD

Trent Holmberg, MD

**EDUCATIONAL OBJECTIVES**

To distinguish between contracting party requests that can be reasonably accommodated vs. those that risk compromising one's work product or personal or professional ethics or standards.

To foster participants' connection with peers, by realizing the extent to which dealing with difficult cases is a shared experience – which would in turn, hopefully diminish physician burnout.

**SUMMARY**

Through a series of case vignettes, this workshop will explore & work to solve the problems that can arise when our knowledge of “best practices” collides with “real world” challenges in the practice of forensic psychiatry. By examining specific cases the audience will identify and then discuss various dilemmas that can challenge the expert’s moral compass and professional practices. Topics explored include: • Conflicts of interest – which relationships, beliefs, and experiences are relevant – and who decides this. • When ethical duty conflicts with contractual duty – choosing between risk of harm, confidentiality & breach of contract. • Scope of inquiry – where to draw the line: distinguishing practical from tactical requests (ie records-only opinions; and info requested v. info provided) • To tweak or not to tweak: requests to modify contracts.

**PANEL DISCUSSION**

10:15 AM – 12:00 PM

PAVILION BALLROOM A-B

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***Career Advancement and Forensic Practice After Fellowship***

Matthew Grover, MD  
Amina Ali, MD  
J. Alexander Scott, MD

**EDUCATIONAL OBJECTIVES**

Identify the stages of development in trainees that occur throughout the fellowship year.

Identify three common challenges associated with out of state transitions following fellowship.

**SUMMARY**

Psychiatry residents interested in pursuing fellowship training in forensic psychiatry often inquire to program directors if it is imperative to train in the state or country in which you plan to practice. Every fellowship program has a unique combination of rotations and faculty. Yet, there are developmental stages, consistent across programs, that guide fellow growth and provide the framework for successful transition post fellowship. This panel discussion, comprised of one forensic psychiatry fellow and three forensic psychiatrists currently practicing in states or countries where they did not complete fellowship training, will explore the factors that contribute to a graduate’s choice to practice in the area where they completed fellowship or move to another state or country. The panel will also explore the challenges associated with transitioning away from the state in which fellowship training was completed, including differences in state laws and local procedures, maintaining professional contacts, and building new connections. Dr. Webster will explore common elements of forensic psychiatry fellowship programs that are consistent with ACGME Program Requirements. Dr. Scott will explore the challenges associated with working in state forensic hospital settings and establishing a private forensic psychiatry practice in a new state. Dr. Ali will explore the challenges of transitioning to practicing in forensic psychiatry in another country following completion of fellowship training. Dr. Grover will explore the challenges associated with transitioning to fellowship leadership positions from one state to another.

## PANEL DISCUSSION

10:15 AM – 12:00 PM

JUNIOR BALLROOM C-D

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### ***Novel Innovations in Forensic Psychiatry Education***

*Sponsored by ADFPF*

Chinmoy Gulrajani, MD  
James L. Knoll, IV, MD  
Paul Bryant, MD  
Paul Noroian, MD  
Richard Martinez, MD  
Viviana Alvarez Toro, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will familiarize themselves with unique training experiences being offered by prominent fellowship training programs across the country

Participants will acquire the skills and knowledge on requisite resources for administering novel experiential training.

Participants will be able to identify the specific competencies gained by fellows who are trained in these novel training modules.

#### **SUMMARY**

The Accreditation Council for Graduate Medical Education (ACGME) sets and monitors the professional educational standards for all residencies and fellowships in the United States. It sets minimum program requirements that set standards with respect to program duration, eligibility, resources, faculty and training sites. For fellowship training in Forensic Psychiatry the ACGME also provides a list of topics in which trainees must gain proficiency. With regards to experiential training, the ACGME provides broad strokes guidance to programs but does not offer or mandate any specific types of training modules. However, almost all training programs in the country have incorporated innovative rotations / modules in their curricula that incorporate unique facets of training in forensic psychiatry. In this panel, program faculty from several fellowship programs across the country will present novel training modules that are unique to their programs. The discourse will cover a wide array of experiences related to child forensic psychiatry, distance learning and inter-professional education, the 'Big Board' method, disability and neuropsychological evaluation clinics and research collaborations. Presenters will discuss the goals of each training module, the competencies attained by trainees and provide guidance to other programs that wish to incorporate similar training into their curriculum.

## **ANNUAL BUSINESS MEETING (AAPL MEMBERS ONLY)**

12:00 PM – 1:00 PM

## DISTINGUISHED SPEAKER

1:00 PM – 2:00 PM

GRAND BALLROOM A-B

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### ***Her Honor: My Life on the Bench ... What Works, What's Broken, How to Change It***

Honorable LaDoris Hazzard Cordell (*retired*)

#### **EDUCATIONAL OBJECTIVES**

Attendees will learn about the legal system from a judge who presided for nearly 20 years on a trial court. They will explore the strengths and weaknesses of the legal system, including aggravating and mitigating considerations and ways to make the system more equitable for everyone.

#### **SUMMARY**

In 1982, Hon. LaDoris Hazzard Cordell (*retired*) became the first female African American judge to be appointed in Northern California. In nearly 20 years on the bench, she presided over cases in criminal, family, probate, adoption and other courts and developed a broad understanding of how the legal system operates. She is an advocate for police reform, mental health reform in penal institutions and alternatives to incarceration.

In 2021 Judge Cordell published *Her Honor: My Life on the Bench ... What Works, What's Broken and How to Change It*. She invites the reader to learn about legal proceedings from the judge's perspective through case studies and commentary. Also, she describes the challenges presented by the media and public in high-profile cases. She introduces a 10-point plan for judicial reform that is designed to make the legal system more fair and just. Additionally, Judge Cordell provides legal commentary on national news outlets, including MSNBC, CNN and NPR.

## WORKSHOP

2:15 PM – 4:00 PM

PAVILION BALLROOM D

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### ***PTSD and Forensic Testing: Finding Fear vs. Feigning***

Charles Scott, MD  
Ann-Marie Hayre, MD  
Isabel Stillman, MD  
Joshua Feriante, MD

#### **EDUCATIONAL OBJECTIVES**

The audience participant will understand limitations of commonly used self-report PTSD assessment instruments.

The audience participant will identify specific symptom validity and performance validity tests used to assess PTSD.

The audience participant will prepare declarations outlining the testing selected to evaluate PTSD and justifications for doing so.

**SUMMARY**

The prevalence of exaggerated or feigned PTSD from known group studies ranges from 29% to 51%. As a result, a valid assessment of PTSD in both civil and criminal forensic evaluations is critical. This workshop provides a current overview of the most common structured assessments to evaluate PTSD claims that are commonly used in conjunction with forensic psychiatric interviews. Audience attendees will learn the limitations of commonly used assessment tools such as the Clinician-Administered PTSD scale (CAPS-5), the UCLA PTSD Reaction Index, and the Life Events Checklist. Workshop instructors will review specific symptom and performance validity measures to objectively assess PTSD, in both children and adults. Instruments discussed will include the Trauma Symptom Inventory-2 (TSI-2), the Morel Emotional Numbing Test (MENT), Test of Memory Malingering (TOMM), b Test, Structured Inventory of Malingered Symptomatology, Miller Forensic Assessment of Symptoms Test (M-FAST), and the Trauma Symptom Checklist for Children (TSSC). Specific interactive tasks will be posed to attendees, including how to read a plaintiff's complaint or criminal records to select appropriate testing, how to draft a declaration outlining testing to be used, how to incorporate testing results into the forensic opinion, and how to address common cross-examination questions about testing utilized.

**PANEL DISCUSSION**

2:15 PM - 4:00 PM

PAVILION BALLROOM A-B

***Changes in Civil Commitment Laws: Is the Pendulum Swinging Back Too Far?****Sponsored by the Forensic Hospital Services Committee*

Ariana Nesbit Huselid, MD, MBE

Armaan Zaré, MD

Joshua Griffiths, MD

Kayla Fisher, MD, JD

**EDUCATIONAL OBJECTIVES:**

Review the history of civil commitment legislation and associated landmark cases.

Examine the relationships between civil commitment, forensic treatment, and trial competency challenges.

Analyze the changes to civil commitment laws in various states and localities across the U.S. and the impact these changes will have on forensic facilities, resources, competency restoration, and treatment.

**SUMMARY**

Over time, the pendulum has swung regarding civil commitment laws. In the U.S., laws moved toward a more well-defined standard, guided by principles of least restrictive treatment and maintaining individual autonomy. State hospital beds decreased as number of those meeting the involuntary commitment standard diminished. Subsequent analyses found that as states narrowed their criteria for involuntary commitment, there were soon increases in criminal charges, raising questions of cause and effect. As homelessness and the demand for competency to stand trial evaluations have continued to soar, some states and localities have begun to examine their civil commitment statutes and move towards a broader definition of commitment criteria. This presentation will examine these nationwide findings and trends, as well as analyze some specific state and local revisions regarding civil commitment statutes. Various state specific or local revisions will be explored, including those in California, New York City, North Carolina, and Minnesota, along with expected changes to forensic treatment and competency restoration. These specific revisions will be evaluated in light of potential ethical concerns.



**WORKSHOP**

2:15 PM – 4:00 PM

JUNIOR BALLROOM C-D

***Anti-Racism Research and Practice in Forensic Psychiatry****Sponsored by the Diversity Committee*

Philip Candilis, MD  
 Cheryl D. Wills, MD  
 Haseeb Haroon, MD  
 Sanya Virani, MD

**EDUCATIONAL OBJECTIVES**

- To identify three approaches that reduce bias in forensic evaluations.
- To describe specific training methods for addressing implicit and structural bias.
- To recognize three research methods that explicitly account for racial bias.

**SUMMARY**

Forensic psychiatry encounters common forms of cognitive and scientific bias in its assessments and research, with racial bias becoming a renewed focus of forensic scholarship. Poor access to mental health care among marginalized groups is matched by forensic research showing higher rates of forced medication, restraint or seclusion, and diagnosis of psychotic disorders. This trend is also true of the referral for evaluation and restoration of competence to stand trial and time to competence restoration, especially among persons of color. With forensic commentators calling for examination of structural effects on forensic outcomes, the influence of race on the treatment of justice-involved persons is receiving increased attention. This workshop reviews recent advances in addressing bias in evaluations, reports, and research with Cheryl Wills, MD, Chair of the APA's Presidential Task Force on Structural Racism describing approaches designed to reduce bias in evaluations. Sanya Virani, MD, an associate program director and early career psychiatrist, will offer educational methods that resonate for fellowship programs and trainees. Drs. Haseeb Haroon and Philip Candilis will describe methods from their empirical research that explicitly combat racial bias in insanity, competence restoration, and refugee populations.

**WORKSHOP**

2:15 PM – 4:00 PM

PAVILION BALLROOM C

***Developing Social Justice Curricula in Forensic Psychiatry Fellowship Programs***

Catherine Burke, MD  
 Maya Prabhu, MD  
 Susan Parke, MD

Paul Bryant, MD, Reena Kapoor, MD, Charles Dike, MD, FRCPSy

**EDUCATIONAL OBJECTIVES**

- To provide guidance about the process of developing and incorporating diversity, equity and inclusion (DEI) curriculum into forensic psychiatry training programs.
- To discuss potential challenges and creative solutions to incorporating DEI topics in forensic training for residents and fellows.
- To review pedagogical strategies to enhance learner motivation and engagement.

**SUMMARY**

Forensic psychiatry training programs are beginning to incorporate diversity, equity, and inclusion (DEI) and social justice content into their curricula. However, identifying subject matter material is only the first step in developing a social justice curriculum. The creation of discussion spaces that promote equitable teaching and learning requires the use of a variety of tools. This pedagogically focused workshop is designed for faculty who wish to include current social justice issues at the nexus of forensic psychiatry into their educational offerings. Drawing on 4 years of experience with their own social justice class for forensic fellows, Fostering Justice, workshop instructors will address the following questions through presentations, audience interaction and breakouts: • How do instructors decide between different models of social justice education for their training programs? • What practices allow instructors to engage with complex social problems while also supporting trainees' exploration of scholarship and ideas that may challenge their practices, ethics, and views? • How do we assess if we are reaching our learning goals effectively? • How do we account for bias in our selected case studies and readings? • How do we curate course material to allow trainees to identify practice dilemmas and also connect to their interests? • How we create space for our trainees' lived experiences and insights, while also fostering a culture of critical reflection? • How can instructors collaborate with trainees and use their feedback while still maintaining the core curriculum objectives? • How can social justice concerns and practices be incorporated into the remainder of the didactic coursework?

**WORKSHOP**

2:15 PM – 4:00 PM

JUNIOR BALLROOM A-B

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***Clinical Conundrums of the Forensic Hospital: A Peer Review Panel on Treatment & Management Challenges in Forensic Inpatient Settings***

Christopher Myers, MD  
Kyle Walker, MD  
Matthew Lahaie, MD  
Sumedha Purkayastha, MD

**EDUCATIONAL OBJECTIVES**

Describe two strategies for managing self-injurious behavior and externalized violence on the forensic psychiatry inpatient unit.

Critically analyze the strengths and weaknesses of discussed strategies for managing challenging clinical presentations.

**SUMMARY**

Forensic and state hospitals are challenged with assessing and addressing severe mental illness and its behavioral manifestations. Although the majority of patients achieve clinical and functional improvement with typical psychiatric interventions, refractory cases vex even the most experienced clinicians and can exact significant costs in the form of extended hospitalizations, patient and staff injury, property destruction, and more. Join colleagues from Bridgewater State Hospital as we discuss examples of our most challenging clinical conundrums and solicit panelist and audience consultation and review of management approaches. Discussed examples will touch upon multiple forms of challenge, including diagnostic dilemmas, managing contraband and diversion, addressing self-injury, and containing antisocial behaviors. This dynamic panel session will emphasize audience engagement to promote shared learning and improving participants' capacity to manage challenging clinical circumstances and navigate the limitations of interventions. This peer review session will be confidential to facilitate discussion and shared experience. Participation will be limited to members of AAPL.

## PANEL DISCUSSION

4:15 PM – 6:15 PM

PAVILION BALLROOM A-B

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### ***Parental Controls: Parental Responsibility Laws and the Forensic Psychiatrist***

Katie Kruse, MD  
Camille Tastenhoye, MD  
Jessica Soto, MD  
Rachael Griffin, MD

#### **EDUCATIONAL OBJECTIVES**

To understand the impact of parental liability laws in criminal acts performed by minors, and their relevance to forensic psychiatry.

To review recent cases of parental responsibility in juvenile actions and their impact on future practice.

#### **SUMMARY**

Parental responsibility laws are statutes in which parents may be held legally liable for the criminal actions of their minor children. These laws generally fall into two categories: civil parental responsibility and criminal parental responsibility. Civil parental responsibility laws hold parents responsible for damages resulting from the criminal action of their child. Less commonly, criminal parental responsibility laws subject parents to criminal prosecution related to their child's criminal acts. Criminal parental responsibility has become an increasing topic in news media related to school violence and school shootings. This panel will briefly review the historical and contemporary views of parental responsibility in juvenile criminal proceedings. We will provide an overview of parental responsibility laws in the United States, with pertinent examples. Panelists will review recent cases of parental liability in the United States, including the conviction on involuntary manslaughter charges of James and Jennifer Crumbley, the parents of Ethan Crumbley, the perpetrator of a Michigan school shooting in November 2021. Finally, we will discuss the precedent these convictions set and future implications to forensic practice.

## PANEL DISCUSSION

4:15 PM – 6:15 PM

JUNIOR BALLROOM C-D

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### ***Forensic Ethics, Screening and Treatment of Survivors of Human Trafficking***

*Sponsored by the Child and Adolescent Psychiatry Committee and Cross Cultural Committee*

Sanya Virani, MD  
Anne McBride, MD  
Maya Prabhu, MD  
Myrline Rose Belzince, MD  
Rachel Varadarajulu, MD

#### **EDUCATIONAL OBJECTIVES**

To familiarize audiences with various ethical challenges involved in managing cases of human trafficking.

To present scales for identification and propose trauma-informed, multidisciplinary responses for treatment.

To offer guidance and best practices for forensic psychiatrists to conduct evaluations for survivors.

**SUMMARY**

According to the Office of Juvenile Justice and Delinquency Prevention, in 2019, the female share of arrests was higher for certain offenses, including girls arrested for prostitution and commercialized vice (71%), liquor law violations (42%), larceny-theft (40%), simple assault (38%), and disorderly conduct (37%). Nearly two-thirds of female juvenile arrests in 2019 involved girls aged 15 or older. Racially minoritized girls accounted for 62% of detained girls in 2019. This panel aims to bring to the audiences the myriad of mental health and substance use issues that survivors face and present the ethical dilemmas for their providers, comprising identification/diagnostic challenges, reporting, understanding the legal problems resulting from charges and conducting evaluations. The speakers on this all-women panel hail from five different institutions and geographical regions of the US, and have worked with survivors of human trafficking, particularly girls, in clinical and forensic contexts. The panelists will provide epidemiologic data to estimate the magnitude of these problems and present cases of survivors flowing through the justice system. Identification through scales is a requisite step in providing informed and evidence-based treatments and enabling the secondary prevention of re-exploitation. Therefore, the panel will present scales, explore treatment challenges, explicate the deleterious role of implicit bias and diagnostic overshadowing in trafficked patients with co-occurring addiction and mental illness, and propose a trauma-informed, multidisciplinary response to potentially trafficked patients. Forensic psychiatrists can explain how trauma and psychopathology causes survivors to recant testimony, be reluctant to engage, or respond in other ways that weaken their perceived credibility. The panel will finally offer guidance and best practices for those forensic psychiatrists interested in conducting asylum and other types of evaluations and testifying, while also discussing the relevant international human rights legal context.

**PANEL DISCUSSION**

4:15 PM – 6:15 PM

PAVILION BALLROOM C

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***Seeking Justice for All: Community Forensic Psychiatry Innovations***

Sherif Soliman, MD  
Adrienne Saxton, MD  
Bradford Hutcheson, MD  
Megan Testa, MD  
Yolonda Tindal, MD

**EDUCATIONAL OBJECTIVES**

The audience will explore the different ways forensic psychiatric expertise can be applied to community psychiatry.

The audience will be able to discuss how principles of forensic evaluation, therapeutic risk assessment, and risk management can be used to expand access to psychiatric care for marginalized population.

The audience will discuss the ways in which these programs advance both legal and social justice.

**SUMMARY**

Forensic psychiatric services have traditionally been provided in state hospital and correctional settings. While the phenomenon of mass incarceration has been the subject of much scrutiny, the need for lengthy forensic psychiatric hospitalizations has largely gone unchallenged. Patients involved with the criminal justice system often spend months waiting in jails, with minimal or no treatment, for scarce state hospital beds after being adjudicated incompetent to stand trial. Recent years have witnessed the emergence of a variety of community-based programs designed to reduce wait time for state hospital beds, reduce incarceration time, and creatively meet the need for forensic psychiatric services in the community. These programs will be discussed in the context of promoting equity, access, and justice for the doubly marginalized population

that faces both criminal justice involvement and severe mental illness. Each of the panelists is involved in a new community forensic program. They will discuss innovative programs including a community-based competency restoration program, a forensic consultation pro-gram, a mental health diversion program, and community-based threat assessment. The panelists will explore the challenges of treating justice-involved individuals, discuss the importance of forensically informed case management services, emphasize the role of forensic psychiatric expertise in these pro-grams, and review opportunities for utilizing academic community forensic services as part of residency and fellowship training.

## WORKSHOP

4:15 PM – 6:15 PM

JUNIOR BALLROOM A-B

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### ***Ethical Dilemmas and Physician Moral Distress in Culturally Complex Situations***

*Sponsored by the Child and Adolescent Committee*

Eileen Ryan, MD  
Andrew Philip, MD  
Ashley Fernandes, MD  
Cara Texler, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will learn to utilize an effective and novel approach in teaching clinical ethics to medical trainees by active participation in a curricular module during the course of the workshop.

Participants will learn to identify relevant ethical considerations in complex cases involving mental health, abuse/neglect, immigration law, and cultural/religious diversity.

Participants will learn about and practice utilizing a unique ethical decision-making tool to address moral distress in forensic and clinical ethical dilemmas.

#### **SUMMARY**

Forensic psychiatrists often come across situations that can pose challenging ethical questions in their forensic and clinical practices. Social factors such as culture, religion, and immigration status can add further complexity. Awareness of one's ethical framework and recognition of moral distress when conducting evaluations and providing testimony is critical for the forensic psychiatrist. Applying a novel educational method developed by the presenters for the instruction of bioethics in the graduate medical education setting, this workshop will use a team-based approach for participants to learn and apply ethical decision-making principles in complex forensic and clinical scenarios involving adults, adolescents, and children. As part of the workshop, participants will also learn how to use this didactic style to provide ethics education to trainees, including forensic fellows, residents, and medical students, at their home institutions, moral wrongfulness factors in the vignette were predominant.

## WORKSHOP

4:15 PM – 6:15 PM

PAVILION BALLROOM D

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### ***The Legal Lens: Surveying Judges and Attorneys on Forensic Reports***

Byron Czerniski, MD  
Jennifer Piel, MD  
Jessica Arabski, MD  
Steven Zuchowski, MD

**EDUCATIONAL OBJECTIVES**

Understand the priorities of judges and attorneys when reading competency to stand trial reports.

Learn how to develop a more accessible and time efficient approach to writing competency evaluations.

Describe best practices leading to competency reports that respect key values of clarity, brevity, and completeness.

**SUMMARY**

Competency to stand trial evaluations are the most frequent criminal forensic reports written nationwide. Often, we submit them and then hardly give them another thought. After training, there are few opportunities for direct feedback on the effectiveness of our writing. Even jurisdictions that have quality assurance programs for forensic reports may primarily focus on identifying egregious problems. These QA programs are typically not fine-grained enough to provide more useful constructive feedback for improving our reports. Court ordered competency to stand trial reports are usually advisory opinions to judges, with defense attorneys and district attorneys as our important secondary audience. What does our audience think about our reports? What do they want that we are not fully delivering? Are we giving them too much detail in certain areas and not enough in others? Are we effectively communicating the critical aspects of the evaluation? Or are we inadvertently disrespecting the court's time by submitting reports that miss the mark in important ways? Do we ever inadvertently erode the bargaining position of our client's defense by including too much information, including subtly inculpatory client quotations? This workshop will review findings from a recent survey of judges, district attorneys, and public defenders from jurisdictions in several states on their candid opinions about the competency reports that they regularly read. Key factors are identified that will help improve the focus of our writing toward giving our audience what it wants and needs to make accurate findings. The workshop will also discuss strategies for implementing these factors and consider working toward a standardized approach among all evaluators. Breakout sessions will focus on challenging areas of report writing and provide practical, expert feedback. Best practices will be proposed that will seek to balance the clarity, brevity, and completeness of our reports.

***Your opinion of this program, including each session, is very important. Please be sure to complete the online evaluation form. The data collected from the evaluations is essential for us to continue to offer CME credit in the future.***



# SATURDAY, OCTOBER 26, 2024

## POSTER SESSION C

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

PAVILION/JUNIOR BALLROOM FOYER

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### ***Synthetic Cannabinoid Use within the Bureau Prison System***

Ashley Maestas, MD  
Elizabeth Phelan, MD  
Melissa Piasecki, MD  
Rachael Lambin, MD

#### **EDUCATIONAL OBJECTIVES**

To define the properties and impact of synthetic cannabinoids, with specific focus on Spice/K2.

Discuss the growing concern and public health issues that synthetic cannabinoids pose within bureau prison system.

To illustrate the types of challenges faced by correctional systems and correctional mental health providers.

#### **SUMMARY**

Synthetic cannabinoids are a class of laboratory-made substances that are intended to mimic chemicals found in the cannabis plant. Despite the intent to mimic chemicals found in THC, the effects produced are often different from those produced by THC. Synthetic cannabinoids are often illicitly manufactured and sold in a variety of avenues, and often go undetected in routine urine drug screens. Research has shown that the use of illicit synthetic cannabinoids has been associated with severe health complications that can even be life threatening. Despite the dangers associated with these substances, they continue to be abused for their psychoactive properties. There continues to be growing concerns surrounding the rise of synthetic cannabinoid abuse, particularly in the correctional setting, which poses a health and safety risk to the individual consuming the substances, as well as those in close proximity, as violent behavior has been shown to be a potential side effect of intoxication. This poster discusses the emergence and growing concern surrounding the rise of synthetic cannabinoids in the correctional setting, with specific focus on Spice/K2. We describe the challenges of prevention, detection in routine drug screens, the potential for mischaracterization of substance-related behavior, the forensic implications and potential approaches to mitigate the diagnostic uncertainty posed by these drugs. We also present a forensic case example to illustrate the impact of these substances. Lastly, we will discuss potential approaches to mitigate the prevalence of synthetic cannabinoid use in the prison system.

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***Overriding Prior Preferences: Treatment Over Objection When Patients Have Psychiatric Advance Directives (PADs)***

Rachel Hianik, MD  
Chandler Melton, MD  
Evan Vitiello, MD  
Julie Hwang, MD

**EDUCATIONAL OBJECTIVES**

Understand the role of psychiatric advance directives (PADs) across the United States and compare their similarities and differences between states.

Discuss the role of treating clinicians in interpreting differences in state law regarding PADs, as well as the ethical considerations involved in overriding patient's previously expressed wishes.

Discuss unique laws around specific treatments, including electroconvulsive therapy (ECT), that may be outlined in a patient's psychiatric advance directive.

**SUMMARY**

Psychiatric advance directives (PADs) have become an increasingly popular resource for patients since their formal inception with the Patient Self Determination Act of 1990. While intended to help patients voice their own preferences for mental health care should their capacity be compromised, PADs present logistical challenges for clinicians to interpret and execute. There is a gap in the literature regarding state policies for criteria needed to treat patients over their objection when a valid PAD exists. We conducted a review of state statutes to examine how jurisdictions differ in the criteria required for treating clinicians to decline to follow previously expressed wishes in PADs, especially regarding specific treatments like electroconvulsive therapy (ECT). We found that in most states, treatment over objection is an option for clinicians when doing so is in line with the standard of care, refraining from treatment would result in death, or the patient is involuntarily committed. Our goal is to create a practice guideline for clinicians to understand how to approach the legal landscape of PADs when encountered in practice and when they may be overridden.

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***Characteristics of the Forensic Population under the Ontario Review Board: Capacity, Significant Risk & Dual Roles***

Zoe Selhi, MD  
Brittany McDonnell, MD  
Steve Goldschleger, MD

**EDUCATIONAL OBJECTIVES**

Review potential conflicts of interests between treatment and evaluator roles.

Explore the inherent vulnerabilities of the Ontario forensic system that may lead to bias.

Create awareness within forensic psychiatry to encourage objectivity and promote change.

**SUMMARY**

Within Ontario Canada, forensic psychiatry is largely conducted by providers who work within dual role capacities. Inpatient forensic psychiatrists provide treatment and criminal evaluations to evaluatees during pretrial assessments, as well as following their adjudication as either Unfit to Stand Trial (UST) or Not Criminally Responsible (NCR). In this latter phase, the psychiatrist provides testimony to the Ontario Review Board (ORB) on an UST or NCR accused' risk of violence to the public while simultaneously providing treatment. While a separate tribunal, the Consent and Capacity Board (CCB), oversees issues related to treatment capacity, psychiatrists in forensic hospitals can deem these same patients as treatment incapable.

In a system where treatment plays a central role in violence risk reduction, questions related to objectivity exist when neither ORB nor CCB tribunal members conduct their own independent evaluations. This results in a system where it is possible for a one psychiatrist to first declare an evaluatee NCR, then treatment incapable, and also a significant risk to the public. A retrospective review of hospital reports to the Ontario Review Board in 2021 at one forensic hospital in Ontario will explore the above relationships, in an effort to promote awareness about the potential conflicts of interests that can arise between treater and evaluator roles within forensic psychiatry. While the findings are preliminary in nature, they provide an opportunity to further advance research in an area that has received little discussion in Canada to date.

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### ***Sleep Patterns as a Biomarker for PTSD Assessment in Legal Settings***

Linda Chou, MD  
Michael MacIntyre, MD  
Mohan Nair, MD

#### **EDUCATIONAL OBJECTIVES**

Understand how differences in sleep architecture may help distinguish genuine PTSD from malingered PTSD.

Understand how to incorporate a thorough sleep history and evaluation techniques (such as actinography and polysomnography) into psycholegal evaluations of PTSD to help increase validity of the diagnosis.

#### **SUMMARY**

Post-traumatic Stress Disorder (PTSD) is a serious public health issue and a common clinical diagnosis. Though PTSD is frequently relevant in several legal settings, there are challenges for the evaluating forensic psychiatrist, as the diagnosis relies heavily on self-reported symptoms by the evaluatee. The condition can be fabricated easily, and there are currently limited ways of ensuring a valid diagnosis. The presence of sleep disturbances is a common and core feature of PTSD that may assist the forensic psychiatrist in making an accurate diagnosis. Sleep disturbances allow for more objective data for detecting malingering. For example, it has long been shown that PTSD nightmares have a characteristic pattern that may be noted by a collateral bed partner. More recently, emerging evidence in sleep research suggests changes to non-REM and REM activity on EEG during polysomnography may help distinguish normal controls from those with PTSD. Given the current reliance on subjective complaints in the forensic examination of PTSD, this talk reviews the current sleep literature and suggests how thorough assessment of sleep disturbances, including the use of wearable devices and home polysomnography may provide additional data for the determination of genuine versus malingered PTSD.

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### ***Ethical Considerations for MDMA-assisted therapy***

Piyush P. Nayyar, MD  
Amanda Maher Balduf, MD  
Kevin Kennedy, MD

#### **EDUCATIONAL OBJECTIVES**

Identify the unique ethical and legal concerns of MDMA-assisted therapy for PTSD and how they differ from other psychedelic treatments.

Gain familiarity with recent litigation around MDMA-assisted therapy and how this may impact informed consent.

Recognize the unique role of the Multidisciplinary Association for Psychedelic Studies in shaping legal and ethical aspects of MDMA treatment.

**SUMMARY**

MDMA-assisted therapy is a novel treatment for post-traumatic stress disorder (PTSD) which may be approved by the Food and Drug Administration (FDA) as early as 2024. MDMA-assisted therapy represents a paradigm shift in the treatment of PTSD, after recent clinical trials demonstrated efficacy. However, MDMA treatment for PTSD also presents unique ethical and legal challenges, given that the treatment involves a highly prosocial psychedelic experience with two therapists, potential personality changes in the post-treatment period, and uniquely vulnerable patients due to their history of trauma. These ethical complexities are unique even compared to other psychedelic treatments, as evidenced by ongoing litigation against therapists for alleged misconduct in MDMA clinical trials. The Multidisciplinary Association for Psychedelic Studies (MAPS) is a non-profit organization leading the major clinical trials of MDMA in Canada and the United States, and will likely play an outsized role developing trainings, certifications, treatment guidelines, protocols, and risk evaluation and mitigation strategies (REMS) required by the FDA. We examine MAPS guidelines and protocols and discuss clinical scenarios to highlight the ethical and legal complexities of MDMA-assisted therapy. We discuss how mental health providers can identify the legal and ethical concerns of MDMA-assisted therapy and help mitigate these risks. We conclude by examining other major ethical and legal concerns related to MDMA-assisted therapy, specifically restricted access to treatment, treatment cost, risk of increased illicit use of MDMA by patients, the therapeutic use of MDMA by a patient in an abusive relationship, and the risk of a patient committing a crime after a recent treatment with MDMA.

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***MAID in Minnesota***

Christina Nyquist, MD

**EDUCATIONAL OBJECTIVES**

Participants will be able to identify the central issues in the ongoing debate among health care professionals on expanding and implementing MAID in the US.

Participants will be able to demonstrate familiarity with the process of implementation of MAID laws in states across the country.

Participants will be able to demonstrate familiarity with the structure of various MAID practices in states across the country.

**SUMMARY**

Medical Aid in Dying (MAID) is now practiced in D.C. and 10 US states. In 2024, the Minnesota legislature is set to vote on a proposed bill which could legalize MAID for terminal illness. This poster will cover details of the bill including eligibility criteria, safeguards concerning capacity, mental health, prescribing privilege, and compare the bill to that of other states which have legalized or decriminalized MAID. This discussion comes at a time when other states (e.g. Massachusetts) are also considering overturning long-standing prohibitions against MAID which is rekindling ethical debates amongst healthcare professionals from various disciplines including forensic psychiatry.

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***Exposure to Correctional Psychiatry: A Nationwide Survey of Undergraduate and Graduate Medical Education***

Evan Vitiello, MD  
Theodore Zarzar, MD

**EDUCATIONAL OBJECTIVES**

Gather current nationwide data on the landscape of exposure to correctional psychiatry across medical student and resident training.

Train the next generation of psychiatrists regarding correctional health.

Assess barriers to correctional health rotations.

**SUMMARY**

Correctional institutions in the United States struggle with overcrowding, inadequate resources, and a high prevalence of mental illness. Jails and prisons exemplify the racial and ethnic inequities that exist in America and along with the larger criminal legal system can reinforce or further those same disparities. As psychiatric societies and large academic medical centers have issued statements on combating racial inequities, many are calling for increased education and experience in caring for incarcerated and formerly incarcerated persons. While literature highlighting the need for enhanced trainee exposure to correctional institutions spans decades, there has been limited evaluation on educational opportunities in correctional psychiatry for both medical students and psychiatry residents. This work will reveal results of a national survey of psychiatry clerkship directors and residency program directors outlining the present landscape of didactics and clinical rotations in correctional psychiatry and will compare the experiences of students and residents. The survey (83 respondents, 17% response rate for program directors) addresses exposure to correctional institutions, didactics on carceral topics such as the mental health needs of incarcerated persons, racial biases within the criminal legal system, diversion programs, and program directors' perspectives on the importance of and concerns with correctional health rotations.

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***Eye Movement Desensitization and Reprocessing (EMDR) Therapy for Posttraumatic Stress Disorder in Forensic Settings: A Systematic Review***

Sakshi Prasad, MD  
Gurtej Gill, MD  
Sasidhar Gunturu, MD

**EDUCATIONAL OBJECTIVES**

Identify the research gaps and challenges associated with using EMDR therapy to treat PTSD in prison environments.

Understand the impact of mental health issues, racial pressures, and emotional suppression on incarcerated individuals within violent prison cultures.

Appreciate the importance of systematic reviews and evidence-based practices in evaluating the effectiveness of EMDR therapy for PTSD in forensic settings.

**SUMMARY**

**Introduction** Limited research exists on EMDR use for treating PTSD in prisons, with mixed outcomes due to challenges posed by extended incarceration. Inmates face ongoing mental health issues like depression, trauma, PTSD, and substance abuse, leading to maladaptive behaviors in a violent and mentally demanding prison culture. Racial pressures and expectations to suppress emotions create additional hurdles, impacting daily life in prison. **Methods** To address this knowledge gap, a systematic review in accordance with PRISMA guidelines was conducted to identify and evaluate the evidence supporting the use of EMDR therapy for PTSD in a forensic setting. A total of 11 studies met the inclusion criteria for the review. **Results** A total of 156 participants, all of whom were incarcerated individuals with a median age of 36.9 years, were involved in the study. In terms of past trauma experiences, men reported significantly fewer traumas compared to women. The primary assessment scales utilized in the procedures were PCL-C and CAPS scores during baseline and post-therapy evaluations. The initiation timing of the first EMDR session varied from one to several years post-incarceration. Improvement in symptoms following EMDR was noted to progress gradually over a median of six sessions, with no adverse events reported during the sessions. **Conclusion** Despite these encouraging findings, caution is necessary when interpreting the benefits of the technique due to several factors. These include the lack of standardized clinical trials, heterogeneity in reported results, and the potential for reporting bias in the studies reviewed. Acknowledging the necessity for further inquiry, there is a requirement to delve deeper into the enduring impact of EMDR therapy on recidivism rates, considering factors such as the offense type, duration of imprisonment, and recurrence frequency. **Keywords:** Eye Movement Desensitization and Reprocessing Therapy ; PTSD; EMDR; Forensic Setting.

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***Mental illness and Criminal Legal Involvement: Disproportionate Clarity/Diagnostic Ambiguity***

Merrill Rotter, MD  
Lauren Gonzales, MD  
Leah Pope, MD  
Saranyan Senthelal, MD

**EDUCATIONAL OBJECTIVES**

Participants will develop a deeper appreciation of the relationship between mental illness and criminal legal (C-L) involvement.

Participants will learn about the variety of ways in which mental illness is defined in the forensic literature.

Participants will appreciate the ways in which differing mental illness definitions has ramifications for resource allocation, clinical treatment and legal decision-making.

**SUMMARY**

Meeting the needs of individuals with mental illness and criminal-legal contact has been a focus of the public health and criminal justice systems for over 30 years in support of both personal recovery and public safety. However, although there is wide agreement that people with mental illnesses are overrepresented at all stages of criminal legal involvement, there is no consistent operational definition of mental illness used in the field. This has important implications for researchers as well as practitioners who need a reliable research base to inform their work. In this poster session, we present the findings of a comprehensive literature review and describe the heterogeneity of mental disorder definitions in relation to prevalence data in jails and prisons. From 2363 articles addressing mental illness and criminal legal contact, subject matter experts identified the 474 most cited articles and assessed for additional inclusion criteria (e.g., peer-reviewed, original research articles; published in the last 20 years; focused on adults under correctional supervision). The remaining 53 articles were then coded for forensic context (e.g., jail or prison), the mental illness term used, definition and method of defining used, and the type of prevalence data reported. Variability was found across the articles in all areas. Details of the variation in terminology, definitions, and reported prevalence of “mental illness” will be presented. Implications for court, carceral settings, and community treatment and planning, as well as further research will be discussed.

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***An Examination of the Two-Year Rehospitalization Risks of Incompetent to Stand Trial Misdemeanor Defendants after Competency Restoration and Case Resolution***

Nnenna Akaronu, MD

**EDUCATIONAL OBJECTIVES**

Understand the factors that influence the risk of rehospitalization in misdemeanor defendants whose competency to stand trial was restored.

Appreciate the disparities in mental health treatment that correlate to inadequate treatment and the risk of rehospitalization.

Understand the demographic, clinical, and legal factors that predict the likelihood of rehospitalization for incompetent to stand trial misdemeanor defendants.



**SUMMARY**

Restoration of competency to stand trial (CST) typically involves treatment of the defendant's underlying mental illness. Most defendants who are incompetent to stand trial (IST) were not getting appropriate treatment around the time of their committing a crime. Literature suggests that IST defendants are more likely to be re-arrested thus supporting the need to identify risk factors and effectively address them. In Georgia, IST misdemeanor defendants who are restored face a maximum sentence of one year, although they typically receive shorter sentences and often get credit for time served while their competency issues are being dealt with. This study examines the risk that IST misdemeanor defendants in Fulton County, GA, (N>200) will relapse and be hospitalized in a two-year period after their case is resolved. We also examine which factors predict being hospitalized. Understanding a defendant's risk of later being subsequently hospitalized is important in developing interventions to reduce later risk and successfully decrease the rates of re-hospitalization.

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***Ethical Considerations and Current Attitudes Towards Neuromodulation in Forensic Psychiatry***

Rachel Polcyn, MD

**EDUCATIONAL OBJECTIVES**

To understand the current body of research on neuromodulation in incarcerated forensic populations.

To compare the efficacy of ECT, rTMS, and ketamine in different psychiatric indications.

To discuss the legal and ethical aspects of informed consent for involuntarily confined patients.

**SUMMARY**

Despite high prevalence of severe mental illness among incarcerated individuals, neuromodulation is rarely used to treat these patients. Furthermore, there is a paucity of data regarding usage of interventional modalities such as electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), and ketamine in US correctional facilities and state hospitals. The only study to date examining ECT use in a correctional setting indicated that only 4 of 31 systems had administered ECT in the last 5 years and identified several related ethical, legal, and logistical concerns. ECT is FDA approved for catatonia or severe depression associated with MDD or bipolar disorder that is treatment-resistant or requiring a rapid response. It can have anti-suicide effects and can be used as an adjunct for treatment-resistant psychosis or mania. While ethical considerations regarding ECT use in a correctional setting have been previously addressed, the advent of newer treatment modalities, like rTMS and ketamine, warrants reconsideration of these arguments. Both modalities have improved side effect profiles compared to ECT and have demonstrated efficacy in treatment-resistant mood disorders. This narrative review attempts to critically analyze the current body of literature related to neuromodulation use in the correctional system through the ethical framework of Beauchamp and Childress.

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***From Margins to Mainstream: The Rising Phenomenon of Femcel Culture and its Intersection with Mental Health and Violence***

Yarden Segal, MD  
Jai Ahuja, MD  
Khai Tran, MD  
Sasidhar Gunturu, MD

**EDUCATIONAL OBJECTIVES**

To examine the dynamics that contribute to the emergence of the femcel identity, distinguish it from its male counterpart (incel) and explore its unique challenges and misconceptions.

Analyze potential risk factors associated with femcel behavior, focusing on propensity for violence and highlighting the importance of targeted mental health interventions.

Evaluate the role of online communities in shaping the femcel ideology and assessing their impact on femcel radicalization.

**SUMMARY**

Female involuntary celibates, also known as femcels, represent a group that has yet to be explored within academic research. Their counterpart, male involuntary celibates, or incels, have gained significant attention in literature and the media partly due to rising violent incidents. This oversight may stem from the misconception that women can easily find sexual partners, implying any lack of a partner is by choice. Lack of acknowledgement of female sexual frustration as non-existent is both short-sighted and dismissive as the number of femcel identified females is on the rise. Despite the assumption that femcels generally display less aggression than incels, certain risk factors such as disrupted primary relationships, prevailing mental illness, increased affinity for violent figures, and a fixation on past rejection that can escalate potential for violence, are common for both femcels and incels. It emphasizes the necessity for comprehensive mental health interventions tailored to the unique experiences of femcel identifying individuals, highlighting the importance of addressing these issues early to mitigate violent outcomes. Here we present a case of a young femcel analyzing her path to potential violence through the lens of biopsychosocial factors. We present a model for multidisciplinary collaboration for the management of this patient in the inpatient and outpatient setting.

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***Clinical and Demographic Factors Associated with Malingering in a Forensic Psychiatry Practice, a Second Look***

Lillian Svete, MD

**EDUCATIONAL OBJECTIVES**

To identify clinical and demographic risk factors associated with malingering.

Apply new evidence-based findings to validity testing to optimize the sensitivity and specificity of detecting malingering.

**SUMMARY**

The prevalence of malingering varies widely among different medicolegal contexts, emphasizing the need to identify additional predictive factors when considering the diagnosis. We previously measured rates of malingering based on gender, level of education, legal party, case type, and psychiatric diagnoses in a sample of 1,300 subjects from a forensic psychiatry practice located in Lexington, Kentucky. The diagnosis of malingering was assigned if subjects failed at least 3 symptom and/or performance validity scales. Results from that study showed that odds ratios for malingering were approximately twice as high in subjects with less than a college education, those referred by the defense counsel, and those meeting

criteria for a mental illness in  $\geq 3$  DSM-5 diagnostic categories. Men were found to malingering at a higher rate than women, and no significant differences were observed based on race. New data have suggested more liberal cutoffs for the Victoria Symptom Validity Test and the Trauma Symptom Inventory-2 to increase the sensitivity of malingering detection without significant effect on specificity. Our project aims to reassess the data with these cutoffs to identify additional factors that may be associated with malingering.

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### ***Assisted Outpatient Treatment Program in Miami-Dade County: Challenges and Future Directions for Research and Implementation***

Adela-Georgiana Buciuc, MD  
Edmi Yadelis Cortes Torres, MD  
Heidi Kiziah, MD

#### **EDUCATIONAL OBJECTIVES**

Objective and Target Population: AOT programs aim to address medication nonadherence and decrease psychiatric hospitalization and interactions with the criminal justice system in individuals diagnosis.

Legal Framework and Outpatient Treatment: AOT statutes provide a legal framework for court-ordered outpatient treatment, emphasizing community integration while addressing the needs of individuals

Challenges and Optimization: Implementation of AOT programs faces challenges such as resource constraints and cultural barriers.

#### **SUMMARY**

Assisted Outpatient Treatment (AOT) programs have emerged and were adopted broadly in the United States, aiming to reduce violence, rehospitalization, and recidivism in individuals with severe mental illnesses while maintaining their community integration. AOT statutes represent a court-ordered treatment in the outpatient setting and target individuals diagnosed with severe mental illness who have a longstanding history of medication nonadherence with subsequent psychiatric hospitalizations and interactions with the criminal justice system. AOT statutes are intended to provide a legal framework for compelling individuals to participate in treatment programs in outpatient settings, rather than relying solely on involuntary hospitalization. These statutes typically outline procedures for court-ordered treatment, including criteria for involuntary commitment, and mechanisms for monitoring and enforcing treatment compliance. However, the implementation of AOT programs varies widely in each jurisdiction and faces multifaceted challenges, ranging from access to services to resource constraints and cultural barriers. This paper aims to evaluate the impact of AOT programs in Miami-Dade county by analyzing data on referrals to AOT - successful program completions, recidivism rates, and rehospitalization rates. Furthermore, we explore potential avenues for optimizing AOT statutes to enhance mental health outcomes in the community.

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### ***The Regulatory Complexities of Forensic Psychiatry Across State Lines***

Jake Arbon, MD  
Harrison Schurr, MD  
Trent Holmberg, MD

#### **EDUCATIONAL OBJECTIVES**

To inform forensic psychiatrists of the complex licensure requirements for compliant and legal forensic evaluations across state lines.

To teach common rules in statute dictating forensic practice across the United States.

To raise awareness of the need of standardization and clarification of licensure requirements in the United States.

**SUMMARY**

Forensic psychiatry is an American Psychiatric Association (APA) and American Board of Psychiatry and Neurology (ABPN) recognized medical subspecialty that applies psychiatric expertise to legal issues. Unlike other psychiatric evaluations, forensic evaluations differ in that the evaluator does not act as a treating physician, and no doctor-patient relationship is established. Occasionally, forensic psychiatrists are asked to perform evaluations across state lines. This, in the context of no doctor-patient relationship, raises the question how state licensing requirements may differ in forensic contexts. To investigate, inquiries were sent to the Boards of Medicine in each state of the U.S., Guam, Puerto Rico, and the Virgin Islands asking if a one-time forensic evaluation was considered the practice of medicine and required licensure in their jurisdiction. Federation of State Medical Boards documentation was reviewed regarding expert witness qualification requirements as well as telemedicine licensing requirements published by the Center for Connected Health Policy (CCHP). Expert witness requirements results showed that 27 states require licensure (19 in any state), 22 states including Guam do not, and one state, District of Columbia, Puerto Rico, and the Virgin Islands have no statutory requirement. For consultation via telemedicine, 23 states including the District of Columbia and Puerto Rico require licensure in their state. Federal assignments, 15 states, and the Virgin Islands accept licensure from any state. Seven states have special licensure requirements, and five have no physician-specific statute listed. Medical boards' responses on whether forensic evaluation constituted medical practice varied. Of 25 that responded, 21 deemed it practicing medicine based on state definitions, three allowed licensure exemption under special circumstances, and District of Columbia did not require licensure. Attempting to create a comprehensive guide for cross-state evaluations revealed regulatory complexities, differing exemptions, and nuanced statutes. Ambiguous standards delay evaluation in underserved communities and increase risk for psychiatrists, highlighting the need for standardization. Collaboration between the American Academy of Psychiatry and the Law (AAPL), the APA, and Legislators is needed to clarify regulations and mitigate challenges for practitioners.

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***Courts as Advocates: Expanding Use of Outpatient Civil Commitment Mechanisms in Illinois***

Curtis Austin, MD

Reuben Heyman-Kantor, MD

Scott Gershan, MD

**EDUCATIONAL OBJECTIVES**

Review mental health code governing assisted outpatient treatment in Illinois, treatment options under this umbrella and procedures in executing outpatient commitment orders.

Discuss evident systemic limitations in utilization and effectiveness of current outpatient commitment orders.

Present new initiatives driven by the courts in advocacy of these medical-legal levers and education to mental health providers to enhance familiarity and utilization.

**SUMMARY**

In March of 2020, the Conference of Chief Justices and Conference of State Court Administrators, in response to the unmet mental health needs of court involved individuals, created a task force to put forth recommendations, tools, and guidance to state and local Courts that care for the severely mentally ill. A significant component of the report includes recommendations for changing laws and processes for civil commitment, citing that many of the current laws are based on “dangerousness” standards rather than delivering patient care to those not in imminent harm. In Illinois, outpatient commitment procedures are drastically under-utilized compared to inpatient-based involuntary treatment mechanisms. Two options exist for Illinois civil court orders, Involuntary Outpatient Admission and Care and Custody orders, each with advantages and disadvantages. In conjunction with the national report, Illinois courts are seeking to increase the use of outpatient commitment pathways through several means, including educational outreach to psychiatrists and other behavioral health professionals at the treatment frontlines. This represents a new wave of Court-led initiatives encouraging psychiatrists to expand access to care, embrace more options for treatment oversight and champion statutory mechanisms to meet the needs of the seriously mentally ill individuals who remain under-served in the community.

## PANEL DISCUSSION

8:00 AM – 10:00 AM

GRAND BALLROOM A-B

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### ***Watching “Bad” Women: Portrayals of Female Violence***

*Sponsored by the Gender Issues Committee and Media and Public Relations Committee*

Juliette Dupre, MD  
Cathleen Cerny-Suelzer, MD  
Katie Kruse, MD  
Susan Hatters-Friedman, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will distinguish gendered differences in portrayals of violence in the media.

Participants will formulate the relationship between gendered and racialized tropes of female innocence and virtue.

#### **SUMMARY**

From *The Dropout* to *Pretty Little Liars*, tales of women breaking gendered expectations of docility and innocence captivate the public psyche (Cerny et al., 2014). This panel begins with a historical overview of representations of violent women and the role they have played in maintaining the normative position of women as mothers – the ultimate self-sacrificing nurturers. Different types of violence are reviewed including research on the differences between understandings of male and female psychopathy, pointing to a larger role for relational violence in women. This presentation will then discuss examples of fictionalized, dramatized, and real-life representations of violent women in the media. Portrayals of women as bullies, con artists, and murderers will be drawn from genres including young adult fiction, animation, fantasy, and mystery, with a reflection on emerging representational trends in these areas. Reflecting on the above examples, the panel concludes with a discussion of how race and gender must be taken together, proposing that broadly held notions of femininity are upheld by narratives of whiteness. The violence of racialized women abuts different underlying social assumptions, reflected by its different treatment in the media.

## WORKSHOP

8:00 AM – 10:00 AM

PAVILION BALLROOM C

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### ***First, Do No Harm: Navigating Fitness for Duty Evaluations in Medical Training***

*Sponsored by the Forensic Training of Psychiatry Residents Committee*

Jeffrey Khan, MD  
Andrea Stolar, MD  
Meghan Musselman, MD  
Sarah Baker, MD

#### **EDUCATIONAL OBJECTIVES**

Examine the potential dual agency role of a physician educational leader in the context of an impaired trainee.

Explain the unique challenges of evaluating impaired trainees and learners.

Analyze the types of forensic psychiatric recommendations that may be unique to the learner population.

**SUMMARY**

In this workshop, we will provide perspectives on the unique challenges posed by struggling medical students and trainees with an emphasis on the potential implications of fitness for duty evaluations in this context. As forensic psychiatrists, we are familiar with fitness for duty evaluations, and many of us have participated in such evaluations of physicians. Central to a FFD is the concept of impairment, defined as the “inability to practice medicine with reasonable skill and safety as a result of illness or injury” by the APA Resource Document on FFD Evaluations of Physicians. Further, it is recognized that physicians may have difficulty practicing safely based on a lack of adequate knowledge, training, or skill. In comparison, medical students, residents, and other trainees may lack the knowledge, training, or skill for independent practice due to their level of training. We have all experienced the graduated levels of responsibility, knowledge, and ability that come with progressing through medical training. This progression, however, lends additional complications to the evaluation of struggling learners and trainees, either as a forensic evaluator or as a medical school or residency educational leader. An impaired learner places educational leaders in a challenging position for how best to support their struggling trainees – do they need treatment for a mental or physical condition, and/ or do they need additional training or academic support? These are critical questions that must be answered to ensure appropriate interventions for the training of our physician workforce and for patients’ safety. Our presenters include UME leadership, residency program leadership, and forensic evaluators, and each will discuss their specific roles. We will utilize small groups to discuss model frameworks for how to incorporate these additional limitations into understanding training physicians’ fitness, how UME and GME should approach medical student and resident fitness, and how as forensic psychiatrists we can best analyze fitness for duty in this context and provide useful data for the program director or dean.

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

PAVILION BALLROOM D

***Preventing Reoffending in the Forensic System: A CAMH Perspective***

Amina Ali, MD  
 Maxym Choptiany, MD  
 Sandy Simpson, MD  
 Treena Wilkie, MD

**EDUCATIONAL OBJECTIVES**

To understand preventative measures for reoffending prior to entering the forensic mental health system.  
 To understand preventative measures for reoffending while under the forensic mental health system.  
 To understand preventative measures for reoffending when transitioning from the forensic mental health system to the civil system.

**SUMMARY**

Individuals with mental illness are disproportionately overrepresented in the criminal justice system. Internationally, there have been efforts made to reduce offending and reoffending by addressing mental health needs in these populations in various ways. The Centre for Addiction and Mental Health (CAMH) is Canada’s largest mental health teaching hospital, setting standards for care, research, education and leading social change. The Forensic Psychiatry Division provides care for those with serious mental illnesses who have had contact with the law. This panel will discuss several initiatives being implemented at CAMH to prevent reoffending. Tertiary prevention aims to reduce reoffending in those who have already committed a crime. For those who have committed a crime, but are not yet under the forensic mental health system, there are several interventions that may reduce the risk of reoffending. The panel will discuss the use of the civil mental health act by way of community treatment orders, the use of mental health diversion, fitness to stand trial

and treatment orders and their roles in prevention. The panel will also discuss a unique consultation team, The Forensic Early Intervention Service and their role within the jail system and their outpatient service. Once individuals come under the jurisdiction of the forensic mental health system, in Ontario, that is the Ontario Review Board, the aim is to prevent reoffending while concurrently addressing secure recovery, rehabilitation, and safe community reintegration. From an inpatient perspective, the panel will discuss CAMH's Forensic Division's Model of Care based treatment pathways. We will discuss different levels of security, specialized units and programming, and passes and privileges, that have been implemented to prevent reoffending, as an individual transitions from a secure to a general forensic unit and reintegrates into the community. From an outpatient perspective, the panel will discuss different levels of intensity provided by various forensic outpatient services that are based on an individual's level of risk for reoffence. To conclude, the panel will discuss the transition and reintegration of forensic patients to civil teams and the importance of community treatment orders, housing agencies and high support teams.

## PANEL DISCUSSION

8:00 AM – 10:00 AM

JUNIOR BALLROOM A-B

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### ***Age Against the Machine – Addressing Age-based Biases in Forensic Evaluations***

*Sponsored by the Geriatric Psychiatry and the Law Committee*

Michael MacIntyre, MD  
Carla Rodgers, MD  
Karen Reimers, MD  
Manish Fozdar, MD  
Michael MacIntyre, MD  
Sherif Soliman, MD

### **EDUCATIONAL OBJECTIVES**

Identify and critically evaluate ageist stereotypes, particularly those in forensic psychiatry which affect assessments of capacities and other cognitive processes.

Understand the typical cognitive changes, biological changes, and neurological changes that occur in normal aging and super aging and how to distinguish between common pathological processes.

Avoid age bias in forensic assessments by ethically applying neuroscience and our understanding of normal aging to address age-related misconceptions.

### **SUMMARY**

Misconceptions and stereotypes about aging are pervasive in society affecting areas such as the workplace, the courtroom, and even the political arena. Common assumptions include cognitive impairment as the norm with aging and that advanced age implies incompetence or vulnerability. The speakers in this panel will discuss scientific data that challenge these assumptions. Speakers will discuss normal aging and the typical expectations for a person's capacities as they age. With the growing number of healthy octogenarians and nonagenarians, the concept of super aging will be discussed. Speakers will examine ageism in modern society while offering strategies to avoid biases during forensic psychiatric evaluations. The panel will also examine how ageist stereotypes have public policy implications, such as the potential requirement of blanket cognitive testing for people above a certain age in different professional contexts. Speakers will review recent neuroscientific data of aging-related neurobiological changes and the importance of appropriately correlating neurobiology and neuroimaging findings with demonstrated behavioral and cognitive changes. The panel will help the audience gain an understanding of ageism in society and forensic psychiatry by better understanding normal aging, appreciate the diversity within the aging population, and utilize this knowledge to minimize biases and ethically evaluate older persons.



## PANEL DISCUSSION

8:00 AM – 10:00 AM

PAVILION BALLROOM A-B

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### ***Extreme Makeovers: An Analysis of Informed Consent, Inmates' Rights, and Assault***

*Sponsored by the Correctional Forensic and Forensic Hospital Services Committees*

Armaan Zaré, MD  
Daniel Hackman, MD  
Joseph Penn, MD  
Kayla Fisher, MD, JD  
Sara West, MD

#### **EDUCATIONAL OBJECTIVES**

Examine the practice of extreme body modification in forensic settings.

Review ethical, cultural, and other forensic psychiatric considerations in patients with these presentations.

Analyze how courts have ruled on issues of informed consent and criminal assault in cases of extreme body modification that resulted in disfigurement and disability.

Discuss how courts have ruled on inmates' rights to extreme body modification.

#### **SUMMARY**

As body modifications have become increasingly common, with 30% of the general population having at least one tattoo and 17% having at least one non-earlobe piercing, forensic psychiatrists are now encountering patients who engage in more extreme body modifications in forensic and carceral settings. These body modifications provide critical information in forensic evaluations, particularly in the areas related to risk assessment. Extreme body modifications will be differentiated from xenomelia, a desire to amputate one or more limbs, and self-injurious behavior that arises solely from a desire to create injury, as each condition presents with separate associated psychiatric diagnoses, treatments, and risks. This presentation will review these topics, along with applicable court cases that examine extreme body modification and xenomelia. Cases that demonstrate how courts have analyzed informed consent versus assault will be discussed along with cases that reflect how courts have ruled on inmates' rights to body modification.

## RESEARCH-IN-PROGRESS

10:15 AM – 12:00 PM

JUNIOR BALLROOM A-B

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### ***Words Matter: Stigmatizing Language in State Codes***

Jennifer Piel, MD

#### **EDUCATIONAL OBJECTIVES**

Recognize forensic mental health terms commonly used in state codes.

Become familiar with the use of person-first language in law.

Understand stakeholder attitudes toward forensic terms in the state code.

**SUMMARY**

People with serious mental illness and involvement in the criminal legal system face stigma. Often contributing to this is the language used in laws that refer to people with serious mental illness or mental disabilities. There is an emerging body of literature demonstrating how words impact bias and attitudes toward people with disabilities. Words can impact a person's experience in the criminal legal system, and beyond. Although the Washington State Legislature, like many others, has taken steps to reduce stigmatizing language in its state code, it has not addressed legal terms commonly used for persons with mental illness in the legal system. This presentation will review the usage of forensic mental health terms in the Washington Code, and it will review results of a survey of stakeholders on perceptions of forensic terms in the state code, including "insanity," "incompetence," "mental disease or defect," and "sexual predator." The survey sheds light on stakeholder opinions associated with the language currently used in the state code to refer to individuals experiencing serious mental illness in the criminal legal system. Survey respondents include persons with lived experience and forensic evaluators. The results underscore the complexity of identifying and implementing alternate person-first, non-stigmatizing language.

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***Enhancing Correctional (Carceral) Psychiatry Experiences in General Psychiatry Residency Training***

Danielle Kushner, MD  
Dhruv Gupta, MD

**EDUCATIONAL OBJECTIVES**

Discuss the unique learning opportunities provided by carceral psychiatry exposure and education during residency training.

Discuss the limitations of ACGME requirements for correctional and forensic psychiatry training in general psychiatry residency training programs.

Understand the Importance of carceral psychiatry in education on social justice and mental health equity.

**SUMMARY**

Individuals with mental illness are overrepresented in jails and prisons. More than half of all individuals in correctional facilities experience a mental health issue and 70% also experience a co-occurring substance use disorder. Additionally, 6-14% of state prisoners and 15-30% of those incarcerated in county jails are estimated to have serious mental illness. Jails and prisons are experiencing a shortage of trained psychiatrists to help treat the significant number of incarcerated individuals with mental health needs. Furthermore, psychiatrists commonly encounter patients with a past incarceration history in other treatment settings. System-based practice in correctional (carceral) psychiatry requires additional skills (balancing institutional safety and patient confidentiality, limited formularies, unique diagnostic challenges, among others) that are not currently taught in residency programs. Yet, at this time, ACGME psychiatry residency program requirements do not specifically include a jail and prison experience or rotation.

Two related surveys were developed to help understand the interest of and need for correctional experiences for psychiatry resident trainees at NYC Health + Hospitals/Correctional Health Services. Pre- and post-visit surveys were developed for psychiatry trainees with exposure to the New York City jail system through site visits or clinical rotations. A separate survey was sent to United States General Psychiatry Residency Training Directors and Chief Residents to gauge their interest regarding carceral training experiences.

This presentation will share the authors' preliminary findings with a goal to help increase and shape future correctional training experiences, as well as foster interest in carceral psychiatry in general psychiatry training.

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***Development of a Recidivism Risk Instrument for Use Outside of the Justice Setting: Substance Use and Recidivism Risk- Legal (SURR-L)***

Kimberlyn Baig-Ward, MD

**EDUCATIONAL OBJECTIVES**

Recognize the use of criminogenic risk assessments within the justice system.

Identify opportunities for identifying recidivism risk in the treatment pipeline.

Determine which recidivism risk factors are most applicable to individuals with substance use disorder.

**SUMMARY**

It is well established that individuals with substance use disorders have an increased risk of justice system involvement as well as HIV infection. Over 77 million, or 1 in 3 people, in the United States, have been involved with the criminal justice system in their lifetime. In everyday practice, clinicians and researchers are likely to evaluate individuals who have had interactions, in some way, with the criminal justice system. However, unless a patient is being evaluated in a forensic setting, little information is typically gathered in clinical settings regarding a patient's criminal justice system involvement. Criminal justice system involvement, even if limited in duration, can impact an individual's mental and physical health and well-being. Individuals with HIV and women with substance use disorder are disproportionately negatively affected. Additionally, experiences while within the criminal justice system, including in community settings, can have lasting mental health consequences. While criminogenic risk assessments have been employed in various courtroom, jail-diversion, and carceral settings, more research is needed to examine the veracity of these criminogenic risk assessments, and other actuarial risk instruments, in reducing recidivism risk. For a more comprehensive assessment of the multi-factorial causes of recidivism risk, a better understanding of the evolving needs of the individual is required including when they seek medical and/or psychiatric care or other assistance in non-carceral settings, including for HIV care and follow-up. Despite the growing interest in predicting recidivism risk during adjudication or while in carceral settings, a paucity of data exists on whether similar assessments are being conducted in clinical and research settings where those with current and/or prior justice involvement are seeking medical and mental health care. Generalized criminogenic risk assessments, such as those used within the criminal justice system, are not always easily obtained, are limited in scope, and may be unavailable without subscription or specialized training requirements. There are no commonly used, readily available, validated instruments focused on individuals with substance use utilized outside of the law enforcement setting. Of those used, few incorporate more dynamic elements, including resiliency. Despite a growing interest in risk assessment, little general medical and psychiatric training is focused on how to sensitively, compassionately, and accurately assess an individual's history of justice involvement, and how their experiences before justice involvement, during justice involvement, and after justice involvement impact their mental health and overall recidivism risk. This novel screening instrument, the Substance Use and Recidivism Risk-Legal (SURR-L), will allow for these sensitive questions to be respectfully obtained and provide individuals with past or current justice system involvement an opportunity to share their experiences as we seek to understand their evolving needs better.

## WORKSHOP

10:15 AM – 12:00 PM

PAVILION BALLROOM D

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### ***Physician Accused: Ethical and Legal Conflicts while Treating Juveniles***

*Sponsored by the Child and Adolescent Psychiatry and the Law Committee*

Teresa Mayer, MD  
Kayla Fisher, MD  
Rosa Negron Munoz, MD  
William Bernet, MD

#### **EDUCATIONAL OBJECTIVES**

The audience will learn about potential areas of legal risk when treating juveniles.

The audience will determine the best legal, ethical, and clinical course of action in cases presented involving accusations of child abuse and neglect.

The audience will learn about the way in which varying ages of consent affect clinical practice.

#### **SUMMARY**

The treatment of juveniles in the legal custody of health and human services involves a unique set of legal standards that may be contrary to the ethical practice of medicine. The conflict can give rise to unexpected accusations ranging from child abuse to malpractice. This workshop will detail the personal cases of practitioners accused of child neglect, and a civil suit that reached the Supreme Court of West Virginia. We will discuss (1) Pitfalls in administrative laws that place physicians at risk, (2) Possible avenues to defeat frivolous complaints, (3) The status of the age of consent for treatment and its effect on care for at-risk youth (4) The general differences and response to lawsuits versus medical board complaints.

## PANEL DISCUSSION

10:15 AM – 12:00 PM

JUNIOR BALLROOM C-D

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### ***“Whatever You Say, Doc”: Informed Consent When Treatment is Part of the Sentencing***

Megan Stockamp, MD  
Gregory Iannuzzi, MD  
Rachael Griffin, MD

#### **EDUCATIONAL OBJECTIVES**

To discuss the limitations of voluntariness in a correctional setting.

To review elements a practitioner should consider when obtaining informed consent in a correctional setting.

#### **SUMMARY**

“Whether truly voluntary consent can be obtained in a correctional environment, given the inherently coercive nature of these settings, is controversial.” This important concept, found in the AAPL Practice Resource for Prescribing in Corrections, describes the unique nature of informed consent in jails and prisons. Voluntariness, one of three essential prongs of informed consent, cannot be assumed in a correctional setting. This panel seeks to explore the limitations of voluntariness in a correctional setting and focus in on a unique, but not uncommon, situation of treatment being part of sentencing. Dr. Griffin will discuss voluntariness,

contrast its legal versus medical application and explore limitations of voluntariness in correctional settings. Next, Dr. Friedrich will review the history of informed consent, the right to refuse, and pertinent landmark cases. Then, Dr. Stockamp will juxtapose two perspectives of whether incorporating psychiatric care into sentencing infringes on the voluntariness prong of informed consent. Finally, Dr. Iannuzzi will conclude with points a practitioner may consider when obtaining informed consent in a correctional setting and how a forensic psychiatrist can act as an advocate for inmates.

## WORKSHOP

10:15 AM – 12:00 PM

PAVILION BALLROOM A-B

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### ***Autism Spectrum Disorder, Cybercrime and the Criminal Justice System***

Mary Cohen, MD  
Elizabeth Kelley, MD  
Kenneth Weiss, MD

#### **EDUCATIONAL OBJECTIVES**

The attendee will appreciate the factors that bring those on the autism spectrum into the criminal justice system.

The attendee will recognize the characteristics of autism that create vulnerability to cybercrime offenses and victimization.

The attendee will examine how forensic evaluators can improve outcomes for autistic offenders and victims of cybercrime.

#### **SUMMARY**

Individuals with autism spectrum disorder (ASD) are increasingly interacting with the criminal justice system (CJS) as either offenders or victims. They are particularly vulnerable to committing online offenses, in many instances unwittingly, and to being victimized by online predators, financial scams, and extremist groups. The justice system often marginalizes autistic individuals who are not adequately understood, evaluated, represented or receiving appropriate supports. ASD victims of cybercrime require specialized approaches to interviewing that address their communication deficits, sensory issues, emotional dysregulation and limited understanding of social norms. Both victims and offenders may require reasonable adjustments at every stage of the CJS to provide effective participation in the process. Within criminal justice, competency and responsibility (“insanity”) assessments often work against persons with ASD. Individuals functioning high on the ASD spectrum often do not present as “incompetent.” In many cases, however, evidence of altered cognition and understanding may be used to negate or at least minimize intent of their offense. These legal issues often require forensic evaluations with an autism-informed approach. The presentation will focus on the dynamics of persons with ASD in criminal justice system and explore how forensic evaluators can assist in therapeutic outcomes for defendants with ASD and those who are victims of cybercrime.

## PANEL DISCUSSION

10:15 AM – 12:00 PM

PAVILION BALLROOM C

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### ***Forensic Psychiatry in the VA: Serving Those Who Served***

Michael MacIntyre, MD  
Emily Keram, MD  
Maria Aguilera Nunez, MD  
William Darby, MD

**EDUCATIONAL OBJECTIVES**

Understand how forensic psychiatry can be used in creative ways to improve systems issues and mental health for justice-involved Veterans.

Understand how to utilize forensic psychiatric knowledge within the VA for program development, such as improved training for police regarding their contacts with mentally ill Veterans.

Understand how residents and trainees can be integrated into VA healthcare systems for unique educational opportunities in forensic psychiatry while providing valuable services to Veterans.

**SUMMARY**

The Department of Veterans Affairs Veterans Health Administration (VHA) provides a surprising number of unique and innovative opportunities for forensic psychiatrists to further the VA's mission of caring for those who served. Panel members, who practice primarily in the VA, will discuss novel ways they deploy their forensic expertise in their work. Dr. Keram will review her experience as an investee in the VA's National Innovation Accelerator where she is developing a Veterans-informed Crisis Intervention Training for VA police. Dr. Aguilera-Nunez will discuss collaboration between clinical programs for severely mentally ill Veterans and the VA's Veterans Justice Outreach (VJO) program which has reduced jail recidivism and improved long-term legal outcomes. Dr. MacIntyre will describe the educational role of integrating of trainees (residents and fellows) into VA disability evaluations, violence risk assessments, and forensic ethics consults while providing needed services to Veterans. Based on participant questions, panel members will provide support and guidance on developing local forensic programs within the VA system at the interface of mental health and the law that address the complex needs of Veterans.

**DISTINGUISHED SPEAKER**

1:00 PM – 2:00 PM

GRAND BALLROOM A-B

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***Reconciliation Requires us to Decolonize, Decriminalize and Decarcerate***

Hon. Kim Pate, Senator  
Senate of Canada

**EDUCATIONAL OBJECTIVES**

To increase awareness of the impact of past and current efforts to reform law, policy and practice.

**SUMMARY**

Couched in the context of increasing efforts to achieve reconciliation, this presentation will focus on the journeys of 12 Indigenous women through the child welfare, education, health and criminal legal systems, as a means of elucidating possible and necessary avenues forward to enliven the possibility of different results for these and others.

## PANEL DISCUSSION

2:15 PM – 4:00 PM

PAVILION BALLROOM D

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### ***Containing Catatonia: A New Epidemic on the Bellevue Forensic Ward***

Raina Aggarwal, MD  
Catherine Mier, MD  
Gopal Vyas, MD  
Katherine Kelley, MD  
Shizhen Jia, MD

#### **EDUCATIONAL OBJECTIVES**

Diagnose catatonia and differentiate between the various types of catatonia, utilizing catatonia rating scales as appropriate.

Critically review and analyze challenging catatonia cases to improve the quality of care patients receive.

Treat patients with catatonia using an evidence-based approach.

#### **SUMMARY**

We have seen an increasing number of catatonic patients on the Bellevue Hospital forensic psychiatry units; these units are primarily comprised of patients admitted from Rikers Island. Most of these catatonic patients have also been extremely ill and have serious legal charges such as murder and attempted murder. We have seen both withdrawn and excited catatonia and will discuss the variations in presentation. We will highlight the potential difficulties with diagnosis of catatonia, especially given the lack of pathognomonic clinical signs, and discuss the use of rating scales. We will give an overview of treatment options and the potential challenges associated with treatment, especially touching on stigma against benzodiazepine use in this patient population consisting of mostly black incarcerated men. We will discuss in more depth a few of the more elucidating cases of catatonia we have seen and the specific challenges we faced with diagnosis and treatment. One major challenge we will discuss is malingering accusations interfering with diagnosis and treatment in incarcerated catatonic patients. Additionally, most of these patients have experienced significant periods of time without treatment which limits the robustness of their response to pharmacologic interventions. We will then hypothesize regarding why we have seen so much catatonia in this patient population, using the literature and the cases we presented as a basis for this exploration. Finally, we will discuss the clinical and legal implications of this phenomenon. Gopal Vyas, MD, was also an essential contributor to this project but was unable to attend the annual meeting this year.

## WORKSHOP

2:15 PM – 4:00 PM

JUNIOR BALLROOM C-D

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### ***Ethical Carceral Psychiatry: Theory and Practice***

*Sponsored by the Correctional Psychiatry Committee*

Anthony Tamburello, MD  
Graham Glancy, MB  
Jeffrey Metzner, MD  
Todd Tomita, MD



**EDUCATIONAL OBJECTIVES**

Define the concepts of medical ethics, forensic ethics, forensic empathy, detached concern, and robust professionalism.

Describe an approach to addressing ethics dilemmata in carceral settings, including recognizing when one is present, weighing competing interests, identifying conflicting obligations, and deciding wit.

**SUMMARY**

Forensic psychiatry has long recognized the need for ethics principles that protect the integrity of our work, though these differ from traditional medical ethics based on patient beneficence and non-maleficence. Carceral psychiatry, i.e. providing psychiatric care for incarcerated persons, has elements of both clinical and forensic work, and practitioners in these environments must contend not only with the needs of complicated patients, but also with pressures and influences from the justice system, correctional officers, administrators, and the culture within the facilities. The delivery of carceral mental health demands its own ethics perspective. The need to make skillful decisions in this regard arises regularly, and often in the middle of a busy workday. In this workshop, participants will learn about ethics perspectives relevant and useful to carceral psychiatry. Participants will work through examples of dilemmata such as dual agency, confidentiality, duty to warn, informed consent, decisions related to mental health watch and restricted housing, participation in disciplinary hearings, and research.

**WORKSHOP**

2:15 PM – 4:00 PM

JUNIOR BALLROOM A-B

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***Examining Landmark Cases through frameworks of Forensic Ethics***

Sanya Virani, MD  
Dhruv Gupta, MD  
Rebecca Brendel, MD  
Richard Martinez, MD

**EDUCATIONAL OBJECTIVES**

At the conclusion of this workshop, participants will be able to describe pertinent ethical principles as applied several landmark cases in forensic psychiatry.

Presenters will discuss ethical issues from the perspective of a forensic psychiatrist retained by one or both of the parties, while highlighting the duties they must balance.

The workshop will allow participants to identify specific ethical principles described by AAPL and APA pertinent to every case.

**SUMMARY**

Forensic psychiatrists are expected to exercise the highest ethics in performing assessments and giving testimonies. However, many fellowship programs do not allot sufficient time for seminars devoted to ethics, and there is only brief exploration of pertinent ethical issues. We propose to use AAPL's landmark cases as a source for ethical analysis and learning. Presenters will analyze cases and provide examples of how ethics can be drawn into analyses of each major subject area identified by AAPL, including the Right to Die; Physician-Patient Relationship; Criminal Process (with special focus on competency); Emotional Harm/Disability/Workplace; and Duty to Protect. Discussants will demonstrate how landmark cases can illustrate principles from APA's Principles of Medical Ethics and AAPL's Ethics Guidelines. Ethical dilemmas from more recent and prominent cases (from the US and other countries) will be presented as frameworks for discussion.

Teaching materials will be drawn from multiple sources, including actual ethics advisory opinions, case law, films, novels, and other non-traditional sources, illustrating didactic techniques for diverse training and education settings to improve training in ethics for forensic psychiatrists. Participants will be asked to identify ethical challenges, explore possible solutions in the highlighted landmark and other cases and develop active learning exercises to use while teaching ethics to fellows.

## PANEL DISCUSSION

2:15 PM – 4:00 PM

PAVILION BALLROOM C

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### ***Effects of Medicalization of Death Penalty on Physician Practice.***

Leon Ravin, MD  
Lorenzo Capannolo, MD

#### **EDUCATIONAL OBJECTIVES**

Examine the spectrum of medical decision-making in state-authorized executions throughout the evolution of death penalty laws in the U.S.

Recognize legal obligations of physicians to participate in state-authorized executions and protections offered to physicians who participate or refuse to participate in executions in various states.

Understand ethical and moral challenges psychiatrists face in recent death penalty litigations.

#### **SUMMARY**

In the course of medical practice, few decisions are more difficult than ones that could lead to the end of a human life. In recent decades, evolution of death penalty laws in the United States has led to the “medicalization” of death penalty. With intent to minimize the risk of suffering by the condemned, multiple jurisdictions seek physicians’ advice regarding the means of execution or ask physicians to perform actions that would directly cause the death of the condemned. The American Medical Association and the American Psychiatric Association explicitly forbid physician participation in legally authorized executions. While the medical society remains divided in its attitude towards physician participation in state authorized executions, a number of states enacted laws mandating physician participation. Additionally, some states require psychiatrists’ participation as a condition of execution of the condemned. The session will review death penalty laws from various states that explicitly address physician participation in execution with respect of what duties physicians are required to perform as part of death penalty proceedings, granting anonymity and/or license protection to physicians who participate in executions, or allowing physicians to refuse participation based on moral or ethical grounds. The session will also offer the participants a first-hand experience of physician involvement in a death penalty case. The panel discussion will allow participants to explore the legal, ethical, and moral decisions physicians must make when their involvement in legally authorized execution is sought out by the government.

## PANEL DISCUSSION

2:15 PM – 4:00 PM

PAVILION BALLROOM C

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### ***Mandating Medications for Competency Restoration: Four States, Four Solutions***

Ashley Maestas, MD  
Isaac Wentz, MD  
Karl Mobbs, MD

**EDUCATIONAL OBJECTIVES**

Discuss the application of forced medication procedures in a competency restoration setting, with review of relevant landmark cases.

Compare and contrast forced medication procedures in various restoration settings (NV vs OR vs WA vs CA).

Discuss the benefits and potential downsides of these procedures, with the goal of considering how current forensic practices can be enhanced.

**SUMMARY**

For pre-trial defendants found incompetent to stand trial (IST), court-ordered competency restoration treatment (CRT) is commonly the next step in their legal journey. For those found IST due to mental illness, especially psychotic disorders, psychotropic medications are often an essential cornerstone of their treatment, and with that, the likelihood of restorability. Meanwhile, lack of insight is common within psychiatric illnesses, and accordingly, treatment refusal is expected within a subset of this population. How do you restore the trial competency of an individual who exercises their right to refuse the very treatment expected to be necessary to achieve that goal? A framework of governing cases illuminates potential pathways forward. In *Washington v. Harper*, the U.S. Supreme Court approved a non-judicial pathway to involuntarily medicating prison inmates who are dangerous. In *Sell v. United States*, the U.S. Supreme Court authorized involuntary medication for competency restoration purposes, even for non-dangerous individuals under certain conditions. Under the umbrella of *Harper*, *Sell*, and other influential cases, states have evolved various approaches to pursuing denials of the right to refuse psychotropics. In this panel, we will compare and contrast how four U.S. states (California, Oregon, Nevada, and Washington) navigate the challenge of involuntarily medicating in restoration settings. A frank discussion of the advantages and disadvantages of each system will be presented. Finally, this panel will address recommendations for best practices that attempt to balance important and competing interests. These include patient rights, the state's interest in adjudicating defendants, and the timely and efficient treatment of restoration clients.

**PANEL DISCUSSION**

4:15 PM – 6:15 PM

PAVILION BALLROOM A-B

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***Intimate Partner Violence: Ethical and Practical Considerations in Assessment, Treatment, and Research***

Hannah Walsh, MD  
Jean Bing Simpson, MD  
Mohayed Mohayed, MD  
Rahn Bailey, MD

**EDUCATIONAL OBJECTIVES**

Identify specific risk factors related to IPV, as well as strategies for conducting evidence-based risk assessment with IPV offenders and providing consultation services to law enforcement agencies.

Discuss domains of law enforcement culture that may facilitate IPV, as well as the implications of unique risk factors for IPV within families on law enforcement officers on forensic evaluations.

Describe strategies to improve research and data collection regarding the utilization of firearms in IPV.

**SUMMARY**

Intimate partner violence (IPV) refers to behavior perpetrated by a current or former romantic partner that results in actual, attempted, or threatened physical or sexual harm, as well as nonphysical abusive harm (e.g., coercive or controlling behaviors). IPV is associated with a number of negative outcomes for victims, including those related to poor physical and mental health. Further, IPV has been shown to be the single greatest predictor of intimate partner homicide, with some studies demonstrating that IPV preceded homicide in approximately 70% of all known cases. The current workshop will examine the current state of the literature regarding IPV across several critical domains representing areas of growth in research, clinical practice, and policy. Specifically, we will provide an overview of empirical data regarding the use of firearms in IPV with a discussion of implications for future research and policy to follow. Rates of IPV perpetrated in families of law enforcement officers will additionally be discussed with a special focus on domains of law enforcement culture that facilitate IPV, as well as implications for forensic evaluations. Finally, we will provide an overview of the current state of risk and threat assessment for IPV, including a discussion of the reliability, validity, and predictive accuracy of measures designed to assess IPV recidivism, general or violent recidivism in IPV offenders, and measures utilizing victim (i.e., partner) ratings.

**PANEL DISCUSSION**

4:15 PM – 6:15 PM

PAVILION BALLROOM C

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***Collaborative Care in Forensic Psychiatry: A Proposal for the Innovative Collaboration Between Academic Psychiatry and the Local Justice System***

Patricia Ortiz, MD  
Daniela Chisolm, MD

**EDUCATIONAL OBJECTIVES**

Identify the key recommendations made the National Judicial Task Force to Examine State Courts' Response to Mental Illness in their 2022 report.

Identify benefits of involving general psychiatry residents and forensic psychiatry fellows in the judicial community as viewed by various psychiatric, legal, and community stakeholders.

Understand potential obstacles to involving psychiatric trainees in the local judicial system.

**SUMMARY**

The judicial system is the largest mental health provider in the country, with more than 70% of people in American jails and prisons meeting criteria for at least one diagnosed mental illness or substance use disorder, or both. The formation of the National Judicial Task Force to Examine State Courts' Response to Mental Illness, and the subsequent release of the 2022 Report "State Courts Leading Change", as well as the national directive for state courts to examine and reform their own therapeutic jurisprudence in several key areas (National Judicial Task Force to Examine State Courts' Response to Mental Illness, 2022) is a testament not only to the magnitude and significance of the problem, but to the motivation and determination of numerous stakeholders to find effective and efficient solutions. The Collaborative Care Model (CoCM) is an effective and efficient method of integrating behavioral health and general medical services that has been shown to improve patient outcomes, save money, and reduce stigma related to mental health. (American Psychiatric Association, 2020) IN addition, the CoCM increases access to mental health care, improves provider and patient satisfaction, and adapts to special patient populations. (Reist et al., 2022) We hypothesize that the collaborative care model could also work in forensic psychiatry- that is, by embedding forensic psychiatrists, or other forensically trained mental health professionals, in the justice system, e.g., mental health courts, diversion programs, crisis response teams, law enforcement agencies, etc.- and result in similar outcomes including improved access to mental health care, decreased incarceration rates, and better overall outcomes for justice-involved individuals with mental illness. The Texas Tech University Health Sciences Center (TTUHSC)

El Paso Department of Psychiatry and the El Paso County Attorney's Office are proposing a mutually beneficial partnership that will create expansion, sustainability, and innovation for the El Paso community. Embedding general psychiatry residents and forensic psychiatry fellows in the judiciary and legal system will increase interest among trainees in working with forensic populations after graduation and in pursuing additional fellowship training in forensic psychiatry, as well as cultivate more positive attitudes toward, and less avoidance of, forensic patients (Frierson, 2020). It would also create an innovative curriculum and diverse training experiences for forensic psychiatry fellows. On the legal side, psychiatry trainees would provide clinical expertise to both criminal and civil judges, enhancing the ability of the judicial system to better serve the individual needs of each person that encounters the legal system. Additionally, the legal requirements for criminal and civil diversion processes will be met, in turn creating expansion for mental health programs and sustainability for the overall court systems. The collaborative efforts will further the model of therapeutic jurisprudence, which facilitates the healing of an individual in the legal system, rather than continuing a punitive judicial experience. This collaboration will assist El Paso in becoming a model that can be implemented nationally. As first time AAPL presenters, we propose to present an interdisciplinary panel of psychiatric and legal stakeholders, including forensic psychiatrists, judges, attorneys, law enforcement officers, and crisis response team members to discuss their viewpoints on potential benefits and risks/obstacles of such a novel partnership in the community. We would also invite panel members and the audience to share their own experiences and ideas for how to best implement such a plan.

## FLASH TALKS

4:15 PM – 6:15 PM

JUNIOR BALLROOM A-B

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### ***Navigating the Inter-State Ambiguity of Duty to Warn: Insights from a Complex Case and Ethical Considerations***

Benjamin McMahon  
Aryan Tafreshi  
Eliza Yass  
Ramsin Yadgar

#### **EDUCATIONAL OBJECTIVES**

Disseminate knowledge about “duty to warn” laws and their applicability in various states.

#### **SUMMARY**

In the wake of the murder of Tatiana Tarasoff in 1974, the California Supreme Court established the concept of “duty to warn,” in the landmark case of *Tarasoff v. Regents of the University of California*. For the past fifty years, there have been multiple legal updates to the ruling and innumerable creative interpretations of “duty to warn” at the state and federal level. Currently, there are 30 states with mandatory duty to warn/protect laws, 16 states with permissive duty to warn/protect laws, four states with no duty to warn/protect laws, and a single state that specifies a duty to protect but not a duty to warn. In this presentation, we will discuss the reasons for such a high degree of inter-state ambiguity around the “duty to warn.” We will examine a nuanced case involving a patient with homicidal ideations who presented to a Washington, DC area hospital, but who lived in Virginia and was making threats to harm a spouse residing in Maryland. This case highlights how states’ varying policies created a forensic dilemma in the application of our duty to warn and protect the patient’s spouse. Our discussion will focus on two main ethical and legal talking questions surrounding the issue of mandatory duty to warn/protect laws. First, how does knowledge of mandatory reporting laws affect patients’ hesitancy to reveal homicidal ideations. And second, what reasons do providers cite for their reluctance to treat potentially violent patients who present with issues of “duty to warn.” By addressing these questions, this presentation spotlights the challenges inherent to evaluating patients with stated intentions of violence that can have profound implications for third parties.

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***Ethical Issues of Psilocybin as Medicine***

Stephanie Schonholz, MD  
Halley Kaye-Kauderer, MD  
Jacob Appel, MD  
Michael MacIntyre, MD

**EDUCATIONAL OBJECTIVES**

Understand ethical issues of using psilocybin as medicine.

**SUMMARY**

Preliminary research shows psilocybin to be a promising potential treatment for psychiatric illnesses. Recent U.S. legislation and policy indicate access to psilocybin, which remains illegal at the federal level despite efforts to decriminalize it at state and local levels, will be expanded to enable further research into its treatment potential. With such rapid development, ethical questions remain around how psilocybin will be sourced, developed, and administered. Ensuring equity for the indigenous communities who originally cultivated and experimented with psilocybin's use and access in research and clinical settings by patients of all socioeconomic backgrounds are areas of significant concern. Psilocybin's unique therapeutic potential in psychotherapy, including features like classical mystical and spiritual experiences and personality change induction, coupled with the vulnerability of those seeking treatment, makes ethical delivery practices especially important. Moreover, there is increased risk of provider bias with respect to psilocybin's potential effects. Finally, informed consent challenges include communicating information about potential changes patients may experience with this novel treatment and assessing patients' susceptibility to magical thinking and ability to tolerate uncertainty. In this poster, we will discuss these issues and considerations that must be addressed by psychiatry and policy makers to safely implement this promising, needed treatment.

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***Gravely Disabled, Substance Dependent, or Both? A Review of the Laws for Involuntary Psychiatric Commitment, with a Special Focus on SUD***

Nicholas White, MD

**EDUCATIONAL OBJECTIVES**

To review the commonalities and differences of criteria for involuntary psychiatric commitment across different jurisdictions.

To better understand the implications of specific inclusions and exclusions in involuntary commitment laws, focusing in particular on substance use disorders.

To appreciate the potential for disparate applications of involuntary commitment laws across different patient populations.

**SUMMARY**

In October 2023, California passed Senate Bill 43 Eggman, "expand[ing] the definition of 'gravely disabled' to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is... unable to provide for their personal safety or necessary medical care." This expansion of the definition of who may be considered gravely disabled in California carries wide-ranging implications for access to care and duties of care. What can California learn from other states that have previously included substance use disorders in their definition of grave disability? We will review the major criteria for involuntary commitment across jurisdictions, and assess the ethical and outcome implications for significant inclusions and exclusions, including considering the potential for disparate outcomes across different patient populations.

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***Exploring and Mitigating Gender, Racial, and Sexuality-Based Bias in Psychiatric Diagnosis by A.I.: a forensic investigation of uncensored LLM's***

Declan Grabb, MD

**EDUCATIONAL OBJECTIVES**

Understand the basic technical aspects of AI technology that are relevant to forensic practice.

Discuss how large language models are trained and how this contributes to bias.

Discuss mitigating strategies that users, healthcare systems, and forensic psychiatrists can utilize to address this bias.

**SUMMARY**

This project utilizes a relatively uncensored large language model (the AI technology that powers many popular chatbots) to quantify bias in psychiatric diagnosis. Most LLM's have built-in safeguards against common forms of bias, but several do not. These are typically cheaper AI models that developers increasingly utilize as the foundations for their mobile applications and tools due to their low cost. As such, these uncensored models are increasing in prevalence in healthcare and in relevance in forensic psychiatry. These models contain bias in regards to sexuality, race, and gender. What occurs when a user is misdiagnosed and sustains harm, especially if this misdiagnosis is due to the user's gender, race, or sexuality? This study aims to quantify the bias contained within a specific uncensored LLM and discuss strategies that may be employed to mitigate this bias. Different user scenarios will be tested using one specific LLM (e.g. Gemini or GPT-4 or Mistral), and each scenario will be iterated five times in order to assess the distribution of responses. For instance, to quantify racial bias in these models, an LLM will be provided with a patient case (including demographic data) and asked to quantify the likelihood this individual has schizophrenia five separate times. The distribution of responses for Scenario 1 will be recorded. Demographic factors will be altered (Scenario 2), and the model will once again be asked to quantify the likelihood this new individual has schizophrenia. Scenario 2 will be run five times, and the distribution of responses will be recorded. The results of the study will then demonstrate a distribution of model responses, highlighting biases in psychiatric diagnosis. For instance, it may be evident that these models over-diagnose schizophrenia in non-white individuals. The forensic implications of this bias will be discussed (e.g. malpractice, user harm), and mitigating strategies will be outlined. This project is supported by Stanford's "Trailblazing Trainee" Award from Stanford's Department of Psychiatry and Behavioral Sciences.

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***Cognition and the Aging Physician: Addressing Administrative and Ethical Challenges***

Kwame Nuako, MD

**EDUCATIONAL OBJECTIVES**

Overviewing the Age Discrimination in Employment Act (ADEA) and the Americans With Disabilities Act (ADA) and legal questions that arise with aged-based cognitive screening in the context of these fed.

Discussing what factors healthcare systems consider when implementing aged-based cognitive screening and exploring arguments for and against this approach.

Using a case example to explore how a healthcare system may identify, evaluate, and implement post-evaluation ramifications in an elderly physician with signs of cognitive decline.



**SUMMARY**

With AAPL having “Ethics” and “Administration” as central themes for the 2024 conference, this Flash Talk will primarily focus on the question of “How do hospital systems minimize patient harm while simultaneously ensuring a fair and accurate appraisal of a physician’s cognitive function?”

This topic will be explored by a. providing an overview of general arguments for and against aged based cognitive testing, b. providing examples of systems that have implemented aged based cognitive testing and controversy involved with these implementations, c. using a case example to illustrate how a hospital may deal with a physician with potential cognitive impairment, and d. presenting novel proposed approaches in the realm of A.I. to potentially detect declining cognition in the aging physicians.

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***A Case of Violence in Emergency Psychiatry: Examining Risk Factors and Prevention Strategies***

Anna Volkovinskaia, MD

**EDUCATIONAL OBJECTIVES**

Identify both static and dynamic risk factors for violence.

Identify potential case-specific triggers for aggression/violence based on patient history.

Identify and learn how to implement prevention strategies and prompt interventions for violent behaviour.

**SUMMARY**

Patient violence towards staff members in acute psychiatric treatment settings is an ongoing concern, often resulting in adverse repercussions for those victimized. Though several studies have identified risk factors and prevention strategies for violence on psychiatric inpatient units, there has been very limited research focusing on violence prevention in psychiatric emergency settings. In this session, we will closely examine a case of a 26-year-old male patient who violently attacked an emergency medical technician during transport from a psychiatric emergency room to an inpatient psychiatric unit. Though this attack initially seemed unprovoked, through the gathering of additional information post-event, we were able to identify the patient’s triggers for the assault. I will discuss these triggers, in addition to his numerous risk factors for violence. Furthermore, I will propose prevention strategies against, and prompt interventions for, patient violence as learned from this case and the current literature. These suggestions could be applicable to cases of a similar nature and across other acute psychiatric treatment settings such as forensic admission or pre-trial units.

**PANEL DISCUSSION**

4:15 PM – 6:00 PM

PAVILION BALLROOM D

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***“But that’s not on formulary!” Barriers and Ethical Challenges in the Treatment of Forensic Patients***

*Sponsored by the Psychopharmacology Committee*

Kathryn Baseline, MD  
 Dan Cotoman, MD  
 Gregory Iannuzzi, MD  
 Kathryn Baseline, MD  
 Megan Stockamp, MD  
 Tyler Durns, MD

**EDUCATIONAL OBJECTIVES**

Identify the unique ways ethical considerations such as beneficence, justice and nonmaleficence can manifest in forensic settings.

Evaluate the risks and benefits of providing or withholding novel treatments in various forensic settings.

Cite several institutional barriers that may arise in forensic settings when attempting to recommend or administer novel treatments.

**SUMMARY**

Forensic psychiatrists are often called upon to provide guidance and expertise when novel or underutilized pharmacological treatments are suggested in correctional or other forensic settings. These discussions often rely on a psychiatrist's careful consideration of ethical concerns as well as institutional barriers that pose additional challenges to treatment initiation. In this panel, we will discuss areas of treatment that are either novel or rarely encountered in forensic settings, commenting on issues related to both ethics and potential barriers and how the forensic psychiatrist may begin to disentangle each when introducing these treatments in these settings. Topics of focus will include novel routes of administration of antipsychotics, sexually inhibiting agents for sexual offenders, psychedelic treatments (e.g., psilocybin or MDMA), stimulants and nootropics. The panel will end with a discussion of both ethical and legal ramifications if access to treatments deemed important for treatment (e.g., violence risk reduction, competency restoration, medications to reduce suicide risk), are unavailable to prescribers in forensic settings. Forensic psychiatrists who attend this talk will leave with a better understanding of ways to navigate the discussion of novel or previously underutilized treatments in various forensic settings, with particular emphasis on navigating barriers and ethical issues that arise with these treatments.

**PANEL DISCUSSION**

4:15 PM – 6:15 PM

JUNIOR BALLROOM C-D

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***The Crumbley Chronicles: Evaluating Psychiatric Testimony in a High-Profile Miller Hearing***

*Sponsored by the Peer Review of Psychiatric Testimony Committee*

Ariana Nesbit Huselid, MD  
Lisa Anacker, MD  
Peter Ash, MD  
Charles Scott, MD

**EDUCATIONAL OBJECTIVES**

Review the components of effective expert testimony.

Understand when and whether adult psychiatrists should evaluate children and adolescents.

Consider the risks and implications of a forensic psychiatrist's report being utilized outside of its intended context.

**SUMMARY**

On November 30, 2021, 15-year-old Ethan Crumbley murdered four students and injured seven people at Oxford High School in Oxford Township, Michigan. Although his criminal responsibility was initially evaluated, he eventually withdrew his intent to file an insanity plea and instead pled guilty to 24 charges. Dr. Lisa Anacker—the psychiatrist who evaluated his criminal responsibility—was subpoenaed by the prosecutor in his Miller hearing to determine whether he would be sentenced to life without the possibility of parole. In this panel, Dr. Huselid will describe the purpose and principles of peer review and provide a summary of the case. Dr. Anacker will describe her experience as the prosecution's rebuttal witness and provide her own self-

assessment of her evaluation and testimony. Videoclips of Dr. Anacker's testimony will be shared with the audience. Drs. Scott and Ash will review Dr. Anacker's testimony and consider several questions, including supportive evidence for Dr. Anacker's opinion, when and whether adult psychiatrists should evaluate children and adolescents, when to include diagnoses not directly related to the medicolegal question at hand (e.g., antisocial personality disorder), how concerned forensic psychiatrists should be about "self-plagiarism" in forensic reports, the risks and implications of a forensic report being utilized outside of its' intended context, and Dr. Anacker's manner of communicating with the judge.

***Your opinion of this program, including each session, is very important. Please be sure to complete the online evaluation form. The data collected from the evaluations is essential for us to continue to offer CME credit in the future.***

# SUNDAY, OCTOBER 27, 2024

## WORKSHOP

8:00 AM – 10:00 AM

PAVILION BALLROOM A-B

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### ***The Death Penalty: Capital Sentencing Factors and Exemptions***

Stephen Noffsinger, MD

Alexis Glomski, MD

Gurtej Gill, MD

Tetyana Bodnar, MD

#### **EDUCATIONAL OBJECTIVES**

Learn about the history and current status of the death penalty in the United States, and understand the role of forensic psychiatrists in assessing individuals in death penalty cases.

Demonstrate how to evaluate various aggravating and mitigating factors in death penalty sentencing.

Understand the statutory and common law exemptions from capital punishment.

#### **SUMMARY**

27 American states and the federal jurisdiction currently have death penalty statutes, and either execute or can potentially execute capital defendants. More than 2300 inmates currently reside on death row in prisons across the United States, awaiting execution. Forensic psychiatrists can assist the finder-of-fact in capital cases in a variety of fashions by evaluating competence to stand trial, the insanity defense, diminished capacity, competence to waive Miranda rights, sentencing (aggravating vs. mitigating factors, future dangerousness), competence to waive appeals, and competence to be executed. More specific to capital sentencing, since the 1972 seminal case of *Furman v. Georgia*, many states have revised their capital sentencing procedures to include consideration of aggravating vs. mitigating factors. Many of the potential mitigating and aggravating factors include consideration of factors related to the defendant's mental condition – therefore, the forensic psychiatrist can be of invaluable assistance to capital sentencing juries and judges. Yet, there is a paucity of training available for forensic psychiatrists to learn an appropriate methodology to accurately and reliably evaluate capital sentencing factors. This workshop will provide detailed instruction on assessing aggravating and mitigating factors, report writing in capital cases, and capital sentencing testimony. Additionally, evaluating conditions which serve as an exemption to capital punishment (intellectual disability, incompetency, and serious mental illness) will be discussed. The first portion of the workshop will provide instruction via lecture, PowerPoint, case vignettes, audience discussion, and a question/answer session. In the second portion of the workshop, audience members will break into small groups and formulate an opinion as to aggravating and mitigating factors in a presented vignette. At the end of the workshop, the small groups will be led through a debate on whether aggravating or mitigating factors in the vignette were predominant.

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

PAVILION BALLROOM D

***Guns ‘n Roses: Intimate Partner Violence, Red Flags, and the Law***

Layla Soliman, MD  
 Abhishek Jain, MD  
 Jack Rozel, MD  
 James Rachal, MD  
 Layla Soliman, MD  
 Rodney Villanueva, MD

**EDUCATIONAL OBJECTIVES**

Discuss recent landmark cases related to firearm ownership and their impact on “red flag”/ERPO laws.

Identify risk factors related to lethality in intimate partner violence.

Identify additional barriers to safety planning that may be faced by individuals who belong to historically marginalized groups.

**SUMMARY**

Extreme risk protection orders (ERPO) or “red flag laws” exist in approximately 21 states. These laws generally allow for temporary removal of firearms when a person poses a risk to themselves or others. Intimate partner violence presents one such scenario. *United States v. Rahimi* sparked a national conversation around the intersection of Second Amendment rights and targeted violence, including intimate partner violence (IPV). Zakey Rahimi was convicted in federal court of unlawful firearm possession while subject to a protective order. Rahimi appealed, eventually reaching the 5th Circuit Court of Appeals. He was initially unsuccessful, until the Supreme Court decided *NYSRPA v. Bruen*. The Bruen decision held that laws restricting firearm ownership must be subject to strict scrutiny and have “historical analogues” to laws that existed at the time the Second Amendment was ratified. This requirement gave the 5th Circuit Court pause, and the judges withdrew their initial opinion upholding the conviction. Upon re-hearing the case, the 5th Circuit Court ruled in favor of Rahimi, barring the prohibition against firearm possession for persons subject to a protective order in their jurisdiction. The Justice Department appealed to the Supreme Court; the Court’s decision is pending. In forensic psychiatry, questions of risk assessment and mitigation abound at this intersection. This interactive panel discussion will include an overview of landmark cases related to firearm ownership and how these decisions brought us to this point. We will also focus on risk assessment and mitigation in intimate partner violence. This will include sections addressing the general population and special considerations that arise in military settings. Finally, we will discuss additional challenges related to IPV/targeted violence in same-sex relationships and other historically marginalized communities.

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

PAVILION BALLROOM C

***Hospitals in Crisis: Administrative Approaches to Navigating Competency Restoration Challenges***

*Sponsored by the Forensic Hospitals and Ethics Committees*

Joy Stankowski, MD  
 Ariana Nesbit Huselid, MD  
 Michael Norko, MD

**EDUCATIONAL OBJECTIVES**

Understand and manage conflicts of interest inherent in forensic treatment in state hospitals.

Discuss methods of weighing and addressing common ethical challenges in competency restoration processes.

Appreciate strategies for managing competing interests in forensic treatment systems.

**SUMMARY**

Over the past few decades, the forensic population at most state hospitals has increased dramatically, largely due to expanding numbers of defendants referred for competency restoration. Managing this forensic population in a hospital environment creates practical and ethical challenges for those who oversee systems and staff. This panel, which is composed of experienced forensic psychiatry administrators representing several states, will discuss these challenges from the viewpoint of clinical leadership striving to find solutions that assist both patients and courts. Through interactive discussion of complex scenarios, audience members will understand competing issues in key areas such as the interplay of the multiple components of the competency system, regulating bed access, optimizing medication therapy, managing standards for competency determination, and ensuring timely reports that reflect a careful analysis of probative versus prejudicial content. The panel will offer practical suggestions for managing conflicts of interest and invite audience members to share and discuss the conflicts they face in the competency restoration process. (Jointly sponsored by the Forensic Hospitals Committee and the Ethics Committee.)

**PANEL DISCUSSION**

8:00 AM – 10:00 AM

JUNIOR BALLROOM A-B

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***30 Year Reflection of Oklahoma City: Domestic Terrorism Then and Now***

Nikki Igo, MD

Reagan Gill, MD

**EDUCATIONAL OBJECTIVES**

Examine the threats of over-valued beliefs versus delusions both in the OKC Bombing and in the current religious and political climate.

Reflect on the causes of the OKC Bombing and identify parallels in the modern political landscape that pose similar threats.

Identify consequences of the OKC Bombing and applications for risk assessment and prevention.

**SUMMARY**

Described as the worst homegrown act of terrorism in U.S. History at the time, the bombing of the Alfred P. Murrah Federal Building in downtown Oklahoma City remains the most devastating domestic terrorism event on U.S. soil to date. This event prompted review of security measures for government agencies and applied additional pressure to efforts started with the World Trade Center bombing of 1993. However, terrorist activity, both foreign and domestic, remain an ever-present threat. The Department of Homeland Security's Executive Summary in the 2024 Homeland Threat Assessment states the following, "Domestic and foreign adversaries will likely continue to target our critical infrastructure over the next year, in part because they perceive targeting these sectors would be detrimental to US industries and the American way of life. While cyber attacks seeking to compromise networks or disrupt services for geopolitical or financial purposes continue apace, we noted an uptick over the last year of physical attacks on critical infrastructure." The Oklahoma City Bombing should continue to be a topic of review and reference in building terrorist defense, especially with the predicted impending threats of 2024. Dr. Phil Resnick and Dr. Jason Beaman will discuss the comparison of over-valued belief versus delusions in the context of domestic terrorism. Dr. Nikki Igo will provide a broad description of Oklahoma City as a target. Dr. Reagan Gill will present a detailed biography

of domestic terrorist, Timothy McVeigh. Dr. Evan Mashigian will provide the facts of the Oklahoma City Bombing as they apply to the modern threat of domestic terrorism. With this knowledge, forensic psychiatrists will be better equipped to evaluate, assess, and address the cases of domestic terrorism that are predicted to be inevitable in the United States.

## PANEL DISCUSSION

8:00 AM – 10:00 AM

PAVILION BALLROOM C-D

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### ***New Frontiers in Conspiracy Theory***

*Sponsored by the National Security and Human Rights Committee*

Philip Candilis, MD  
Joseph Pierre, MD  
Reema Dedania, MD  
Ron Schouten, MD

### **EDUCATIONAL OBJECTIVES**

To identify the distinct role of ideology in extremist violence.

To describe the specific challenges in diagnosing conspiracy as delusion, personality trait, or cognitive distortion.

To assess the debate over the role of ideology in the motivation of lone and group actor terrorists.

### **SUMMARY**

Based on their increasing relevance to world events, political movements, and a global pandemic, belief in conspiracy theories has become a topic of significant public interest as well as academic research across a variety of disciplines from psychiatry and political science to philosophy and information science. Much of this attention has focused on why people believe in conspiracy theories and, in recognition that conspiracy beliefs can be harmful, what can be done about them. For forensic and general psychiatry, in particular, questions arise from a classification and practical standpoint whether conspiracy beliefs should be considered pathological. This presentation from panelists with specific experience in extremist violence and ideology, offers an update on the state of conspiracy theories as a cognitive system, its prevalence among populations experiencing mental illness, and its contribution to lone and group actor violence. Dr. Reema Dedania will offer a review of current frameworks for understanding conspiracy thinking, from the cognitive and logical to the pathological, with Dr. Joseph Pierre presenting his current work on the role of ideology in extremist violence. Against the backdrop of the broader literature on motivation, Dr. Philip Candilis presents motivation data from his team's interviews of terror subjects in Iraq, and Dr. Ron Schouten discusses the evolving role of social media and artificial intelligence in fueling conspiracy theories.

## PANEL DISCUSSION

10:15 AM – 12:15 PM

PAVILION BALLROOM C

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### ***Forensic Consultation in Material Support for Terrorism Cases (18 USC Sec. 2339 A & B)***

*Sponsored by the Human Rights and National Security Committee*

Ron Schouten, MD  
Krista Ulisse, MD  
Philip Candilis, MD  
Stephen Xenakis, MD



**EDUCATIONAL OBJECTIVES**

Attendees will be able to describe the history and purpose of the Material Support statutes.

Attendees will understand the roles played by forensic clinicians consulting on these prosecutions.

Attendees will learn the specific factors that appear to contribute to the vulnerability to radicalization to violent extremism and risks of dangerousness and reoffense.

**SUMMARY**

Forensic mental health professionals have an important role to play in criminal matters related to violent extremism, including those arising under the Material Support statutes. That role commonly includes assessing the biopsychosocial characteristics of the defendant and their role in creating vulnerability to recruitment (often by undercover law enforcement operatives), dangerousness to society, and risk of reoffense. This presentation will describe the substance and history of these statutes, as well as analysis of primary source data from a sample of defendants charged under these statutes who were evaluated by Dr. Xenakis and Dr. Schouten. We will focus on factors that appear to render these individuals vulnerable to the influence of online covert employees, including Adverse Childhood Experiences (ACEs). Dr. Candilis will present data from a recently published paper documenting the presence of ACEs among individuals charged with terrorism in the Republic of Iraq. Finally, Dr. Ulisse will address the distinction between entrapment and permissible influence, the ethical and policy implications of such law enforcement efforts, and possible alternatives.

**PANEL DISCUSSION**

10:15 AM – 12:15 PM

JUNIOR BALLROOM C-D

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***Blackpilled: Social Media Radicalization and the Forensic Psychiatrist***

*Sponsored by the Child and Adolescent Committee*

Camille Tastenhoye, MD

Charles Scott, MD

Jack Rozel, MD

Katie Kruse, MD

Nina Ross, MD

**EDUCATIONAL OBJECTIVES**

To clarify the impact of social media use on the development of radical ideologies.

To understand the complex connection between radicalization, mental health, and acts of violence.

To identify possible management strategies, including “de-radicalization” and prevention.

**SUMMARY**

Radicalization can be defined as the process through which an individual shifts from a moderate point of view to an extreme, rigid, and uncompromising view. While radicalization is not a new concept, increasing internet use among individuals has shifted radicalization from interpersonal connections to social media networks, increasing anonymity; notably, some radical communities now exist only within the confines of the internet. This phenomenon has become prevalent in discourse, particularly when considering social media cases from Texas and Florida being heard by the Supreme Court. It is equally relevant to forensic psychiatrists as we are faced with increasing requests for threat assessments related to concerning online content consumption and creation. This panel will review social media websites such as Instagram, TikTok, and YouTube, and review how their algorithms may contribute to individuals becoming “siloeed” and eventually radicalized. We will address how to identify at-risk individuals through identification of argot and careful assessment of social media usage, and review social factors that may contribute to vulnerability

to radicalization. We will then discuss the “funnel of radicalization” and other ideological frameworks that may lead to an individual becoming radicalized. The panel will also address forensic issues specific to these individuals, including risk assessments and assessments of mitigating factors. Finally, we will address management, treatment, and frameworks for “de-radicalization,” including thoughts about potential prevention of radicalization.

## PANEL DISCUSSION

10:15 AM – 12:15 PM

JUNIOR BALLROOM A-B

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### ***Perils and Progress: Ethical and Professional Considerations in Clinical/Law Enforcement Collaboration***

John Bonetti, MD  
Daniel Flack, MD  
Marc LaFrance, MD  
Melissa Stormer, MD

#### **EDUCATIONAL OBJECTIVES**

Identify and appreciate ethical conflicts when mental health care providers collaborate with law enforcement agencies.

Identification of risk factors for targeted violence.

Identification of novel assessment and treatment models that integrate best practice in both therapeutic and law enforcement spaces.

#### **SUMMARY**

Threats come to community awareness through various channels. An individual may be identified as a risk by their school, their job, or while receiving treatment for mental illness. Connecticut has been piloting a novel collaboration aimed at bringing expertise from law enforcement, the FBI's Behavioral Analysis Unit, mental health providers, and community stake holders to the table to identify and mitigate risk of targeted violence with identified individual's in the community. This panel will review various ethical and professional pitfalls in the collaborative space and offer a possible model for novel risk management strategies.

## WORKSHOP

10:15 AM – 12:15 PM

PAVILION BALLROOM D

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### ***Playing with Fire: Deliberate Firesetting Behavior***

Renee Sorrentino, MD  
Kaitlynn Peretti, MD  
Lawrence Belcher, MD  
Susan Hatters-Friedman, MD

#### **EDUCATIONAL OBJECTIVES**

Participants will be familiar with the specialized assessments for adults who set fires.

Participants will understand the factors influencing firesetting behavior and their application to forensics.

Participants will identify the most common forensic questions related to deliberate firesetting behavior.

**SUMMARY**

It is estimated that one in ten adults will report a lifetime history of deliberate firesetting. Despite the serious consequences of fire-setting behavior, it is one of the most commonly overlooked areas in both the clinical and forensic arena. Individuals with deliberate fire-setting behavior are either ignored or poorly understood, resulting in misguided assessments or inappropriate treatment. Although pyromania has a low prevalence, comorbidity is common. Most mental health professionals lack the training to opine about risk and prognosis. For many years, this was accepted, given the limited evidence-based approach to adults who set fires. However, in the past ten years, significant research has resulted in an empirically informed approach to fire-setting risk assessments and treatment. The Multi-Trajectory Theory of Adult Firesetting is an empirically-supported comprehensive theory for identifying subtypes, treatment needs, and a risk formulation. This workshop will review the evidence-based approach to evaluating and treating adults who deliberately set fires, including gender differences and the common trajectories leading to firesetting behavior. The application of such research to relevant forensic questions, including criminal aspects of criminal responsibility and mitigation and civil matters involving liability, malpractice, and standard of care treatment issues, will be reviewed.

**PANEL DISCUSSION**

10:15 AM – 12:15 PM

PAVILION BALLROOM A-B

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***Prey to Predator: Targeted Individuals, Gang Stalking, and Violence Risk Management***

Adrienne Saxton, MD  
Bradford Hutcheson, MD  
Layla Soliman, MD  
Mark Concordia, MD

**EDUCATIONAL OBJECTIVES**

Learn about the belief systems of “targeted individuals.”

Understand how the targeted individual belief system may contribute to risk of serious violence.

Learn how a threat management team can assess and mitigate risk in this population.

**SUMMARY**

In November 2014, a shooter who believed that he was a “targeted individual” opened fire in a university library. He recorded several videos prior to the shooting in which he described his experiences as a targeted individual. He believed that the government was orchestrating a campaign of gang stalking to drive him crazy. Their tactics included assaulting him with “directed energy weapons,” hacking his devices, shining bright lights into his home, following him, and subjecting him to “noise campaigns” to prevent sleep. The shooter’s videos are posted to YouTube and a quick review of the comments readily shows that he was not alone in this belief system. The New York Times has estimated that at least 10,000 people believe that they are victims of gang stalking. These beliefs may be further solidified by online forums in which targeted individuals share their experiences. In an era of increasing concern about mass shootings and growing multi-disciplinary team efforts to reduce the risk of targeted violence in workplaces, educational settings, and the community, forensic psychiatrists should have some knowledge of this population and approaches that may help to mitigate risk. Our panel includes forensic psychiatrists that consult with behavioral threat assessment and management (BTAM) teams in different settings. Our guest speaker, Mark Concordia, is a certified threat manager and director of workplace violence prevention for a large healthcare system. We will review cases in which targeted individuals resorted to mass violence and point out risk factors and warning signs that were present prior to their attacks. Using a composite “targeted individual” case, we will discuss the core components of BTAM and the utility of forensic psychiatric expertise on these teams.

***Your opinion of this program, including each session, is very important. Please be sure to complete the online evaluation form. The data collected from the evaluations is essential for us to continue to offer CME credit in the future.***

# THANK YOU

**for Attending the 2024 AAPL Forensic Psychiatry  
Review Course and 55th Annual Meeting**

**We hope you enjoyed Vancouver,  
British Columbia, Canada**

**See you in 2025 in Boston**

**Please make sure to complete the meeting  
evaluation form that you will receive  
at the end of the meeting.**