Abstracts of the XXXVth International Congress on Law and Mental Health

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Résumés du XXXVe Congrès International de Droit et de Santé Mentale

David N. Weisstub

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English Language Sessions

1. Pre-Conference: Philosophical Foundations of Bioethics

Bioethics and Mental Health: An Uneasy Relationship

Søren Holm, *University of Manchester* (soren.holm@manchester.ac.uk)

This presentation will discuss the relationship between Bioethics and Mental Health practice and identify a number of inherent tensions. The first part of the presentation will outline the history of Bioethics and identify and explain a number of core features of 'main stream bioethics': 1) methodological individualism, 2) a focus on respect for autonomy / self-determination, 3) an untheorized account of illness and disease. The second part will then explore how and why these core features of main stream bioethics creates problems when it is applied to mental health and mental health practice. In the analysis the focus will be on 1) the inevitable embedding of the patient in a social context, 2) the problems created by an untheorized and potentially naive account of mental illness, and 3) the potentially pernicious effects of seeing autonomy as a threshold concept. The final part of the presentation will consider ways in which bioethics could engage with mental health practice in a more constructive encounter, and how this could lead to a more constructive encounter between bioethics and mental health law.

"To Whom Does My Body Belong?"

David Novak, *University of Toronto* (david.novak@utoronto.ca)

In debates over whether a society should recognize the right of an individual person to end his or her own life (and to enlist the services of a physician to do so), the question is often formulated in terms of ownership: Who owns my body? Those who advocate for self-ownership of their body see the reason for the public enforcement of this right to be "autonomy." Those who advocate for societal ownership of anyone's body see the reason for the public recognition of this right to be "heteronomy." And those who advocate for God's ownership of anybody see the reason for the public enforcement of this right to be "theonomy." Advocates of autonomy, though, have difficulty in justifying a right of self-ownership, since humans are far more dependent on others than they are on themselves. Self-ownership implies a largely fictitious self-sufficiency. Advocates of heteronomy, though, have difficulty in justifying a right of public ownership, since this has been the justification of totalitarian regimes to eliminate persons arbitrarily deemed dangerous or even useless to them. And advocates of theonomy, though, have difficulty in justifying the killing of any living being that is a creature of God. This paper will argue that the whole ownership model is morally flawed. Instead, a model of mutual care is morally more adequate. In this model, we are all both the subjects and objects of care, and that we couldn't survive were this not so. We come into the world as infants totally dependent on the care of others. As we grow into adulthood, we become the subjects of the claims of others to care

for them and for ourselves along with them. Society's task is to coordinate our mutual roles as care-receivers and caregivers. No functioning adult is only a caregiver or only a care-receiver. As caregivers we have duties; as care-receivers we have rights. Autonomy should only be invoked when society claims ownership of any of its members. Heteronomy should only be invoked when an individual person acts as if his or her decision to live or die involves nobody else, and nobody else should be concerned. And theonomy should be invoked whenever an individual person or a society claims to have created themselves and to have the right to do with themselves whatever they please. Therefore, individual persons have the right to call for their society to care for them when they cannot help themselves, instead of the right to call for society to help them eliminate themselves from society even when they want to do so. A society has the right to call for individuals to care for themselves and others when they can do so, instead of the right of a society to eliminate individual persons it no longer wants to care for. And religious believers can affirm both the duty of individuals to care themselves, and the societal duty to care for its individual members, are to be exercised in imitation of the God who cares for creation and who commands human creatures to act accordingly. God's unique ownership of creation, however, is another matter and, as such, it is inimitable.

2. A New Era of Criminal Justice-Community Partnerships: Moving Beyond the Culture of Control

Policing Crisis: Seattle Police CIT

Ellary Collins, *Seattle University* (ecollins@seattleu.edu)

This presentation reviews the development and implementation of the Seattle Police Crisis Intervention Policy with focus on the benefits of collaborative law enforcement-community partnership. Law Enforcement response to incidents involving behavioral crisis requires careful collaboration between law enforcement and community partners. The Seattle Police Department has been involved in a multi-year process culminating in the development of a leading edge Crisis Intervention Policy, data collection strategy, training, and community partnerships. The process involved in the establishment of a "Crisis Intervention Committee" (CIC) -- a community and regional partnership between the Seattle Police Department, other local law enforcement agencies, local courts, regional mental health providers, and academic researchers. This paper reports work of the CIC to develop consensus on definition of "person in behavioral crisis" as related to policing, organizational structure needed for appropriate and timely follow up on police incidents involving a mental health component, reporting requirements for officers in the field, and data collection plan including an incident- based crisis template to collect data on incidents involving individuals in behavioral crisis. Results from the work of the CIC, data collected to date, and next steps for the Seattle Police Department's crisis intervention committee and policy is discussed.

Seattle Police Department's Implementation of the Micro-Community Policing Plans

Jacqueline B. Helfgott, *Seattle University* (jhelfgot@seattleu.edu)

This presentation describes the implementation and process evaluation of the Seattle Police Department's implementation of the Micro-Community Policing Plans (MCPP). In 2014 the Seattle Police Department implemented a plan to divide Seattle into 57+ micro-communities for the purpose of addressing neighborhood-based concerns about public safety and police legitimacy as well as identity-based communities to address distinct public safety concerns of ethnic/racial groups, LGBTQ, business communities, and disenfranchised groups. A two year evaluation was conducted utilizing a mixed method design including participant observation, administration of a public safety community survey, focus groups of geographical and identity-based focus groups, and an agency survey measuring SPD personnel perceptions of the MCPP among Seattle Police personnel. The development and implementation of the MCPP and results of the process evaluation are presented with focus on organizational implementation and on how community survey findings around micro-community-level concerns around issues such including police presence, homelessness, mental illness, property crime, social disorder, violent crime were used in conjunction with crime statistics to develop priorities, strategies, and police response at the precinct and micro-community level. Next steps and implications for police-citizen relations and public safety in Seattle are discussed.

The Research Analyst Role in the Seattle Police Department's Micro-Community Policing Plans Initiative: Participant Observer, Community Builder, and Crime Analyst

Chase Yap, *Seattle University* (yapc@seattleu.edu)

Grace Goodwin, Seattle University (G.good1740@gmail.com)

This presentation will discuss the role of the Research Analysts in Seattle University's implementation evaluation of the Seattle Police Department's Micro-Community Policing Plan (MCPP) initiative. Starting in 2014, the Seattle Police Department took in community input to create 57 micro-communities, to be able to better receive community input on crime control priorities in their community, and to provide feedback to communities on the actions that the Seattle Police Department is taking to address their identified priorities. A major component of the evaluation and the implementation of the MCPP in its first two years was the unique role of the Research Analyst (RA). The RA positions were civilian positions created within the Seattle Police Department as part of the implementation of the MCPP initiative which involved responsibilities including participant observer, community builder, and crime analyst that spanned academic, law enforcement, and community realms. MCPP Research Analysts included

five Seattle University Criminal Justice graduate students assigned to each of the five precincts in the Seattle Police Department and one undergraduate Seattle University Criminal Justice who served all precincts. The similarities and differences of the roles and experience of each of the Research Analyst positions as a community-police-research liaisons will be presented with a specific focus on the various roles and skill sets each Analyst was called to bring to bear in their position in each precinct. The continuation of the Research Analyst role moving into the third year of MCPP evaluation will be discussed.

Officer Characteristics and the Effectiveness of Guardian-Oriented Police Training

Jacqueline B. Helfgott, *Seattle University* (jhelfgot@seattleu.edu)

Emily Malterud, *Seattle University* (malterud@seattleu.edu)

Loren Atherley, *Seattle Police Department, Seattle, USA* (lorenatherley@gmail.com)

John Vinson, *University of Washington Police Department* (vinso1jn@u.washington.edu)

This presentation considers how we meet the needs of ex-armed forces personnel in prison. Conference attendees will hear findings from recent research that explored the perspectives of both professionals and service users. Qualitative data collection methods were used to explore what participants considered the needs of former service personnel in prison to be, and the help-seeking behavior, and treatment and support barriers for this group. Data was gathered via a focus group discussion with professionals with knowledge and experience of working with ex-armed forces personnel and one to one interviews with veterans in prison in England. Four primary themes that explained the perceptions of service provision need, and treatment barriers for this group will be discussed: the need for, and variable support available in prison; the difficulties of asking for help; the need for military awareness amongst staff; and the importance of preparing for release. The implications of these findings and recommendations for practice will be explored.

3. Addiction I

Addiction, Medicalization and the Frontiers of Human Rights Law: Practical and Theoretical Implications of the 'New Disability'

Faisal Bhabha, *York University* (fbhabha@osgoode.yorku.ca)

In recent years we have seen concurrent changes in psychiatric diagnostics pertaining to sex, drugs, alcohol and gambling at the same time that social and cultural attitudes towards these activities and substances have also changed. Western societies have moved towards the

decriminalization of soft drugs and prostitution; the availability of pornography; the growth of casino industry and the unbounded proliferation of the online market for vice of various types. As a result of the medicalization of behaviours that used to be associated with moral failings and poor individual choices, addicts have become the "new disabled", able to use medical evidence to establish status as "persons with disabilities" for the purposes of legal protection. In Canada, this is brought about primarily through human rights statutes that enforce anti-discrimination, as well as through the interpretation of all legislative schemes through the lens of the Charter of Rights and Freedoms, which guarantees equality before and under the law including on the basis of physical or mental disability. Two main areas where this manifests practically are: in the employment context (e.g. workplace discipline); and in claims for public services (e.g. disability benefits). Addiction as disability can be used for claiming or for exculpating. As the scope of potential claims widens, this will have implications for disability theory as well as for public policy that have not yet been fully explored. This paper speculates on some of the implications and offers the beginning of a theoretical framework for situating the "new disability" within existing disability theory.

Opioid Treatment for Those on Remand in the U.S.: Who needs it and who gets it?

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Nearly 2.5 million Americans had a substance use disorder for opioids (prescription pain medication or heroin) in 2014. The U.S. has seen a concomitant increase in the rates of overdose deaths; illegal sales of prescription pain medicine, and related admissions to substance abuse treatment in the past ten years. The criminal justice system is the single largest referral source for publicly funded substance abuse treatment. We examine the extent of the opioid addiction problem amongst those under remand with particular attention to the type of treatment received. We also look at the types of services available to this population in order to assess the fit between need for treatment and accessibility. Data sources include the 2013 Treatment Episodes Data Set (TEDS) and the TEDS Supplemental Data Set for client-level data and the National Survey of Substance Abuse Treatment Services (N-SSATS) for treatment facility-level data. Policy implications for addressing the criminal justice system's role in opioid treatment referrals and the availability of appropriate treatment services will be addressed.

Synthetic Cannabinoids for the Treatment of Cannabis Dependence: A Systematic Review

Anees Bahji, *Queen's University* (anees.bahji@gmail.com)

Introduction: The purpose of this systematic review is to assess the efficacy of synthetic cannabinoid preparations for the treatment of cannabis dependence. The authors reviewed literature on the use of synthetic cannabinoids in treating patients with cannabis dependence. *Methods*: A search of five databases yielded 3 eligible studies. We extracted information pertaining to study setting and design, demographic information, diagnostic criteria, the type of synthetic cannabinoid preparation used, and the efficacy of the treatment. Treatment outcomes were cannabis use, cannabis withdrawal, and patient retention in treatment. *Results*: There is some evidence that dronabinol and nabiximols reduce cannabis withdrawal and improve retention in treatment, but these findings were not consistent across all studies. There is no definite evidence that synthetic cannabinoids decrease cannabis use. *Conclusion*: The use of synthetic cannabinoids for cannabis dependence should still be considered experimental due to limited evidence of efficacy. Further research should compare the efficacy of different synthetic cannabinoid preparations at different doses and for longer durations of treatment.

Brett Ginsburg, *University of Texas* (ginsburg@uthscsa.edu) – Discussant

Michael Liebrenz-Rosenstock, *University of Bern* (Michael.Liebrenz@uzh.ch) – Discussant

4. Addiction II: Adolescent Addiction

Motivational Interviewing (MI) in Adolescents with Substance Use Disorder (SUD)

Maria Cecília Beltrame Carneiro, *Universidade Federal do Paraná* (mariacica@gmail.com)

Objective: The aim of this study is to evaluate the effects of MI applied to adolescents with SUD. MI is widely used in psychiatric disorders to stimulate changes in dysfunctional and risky behaviors. It is expected that the group who received MI show increased motivation to reduce substance use and its consequences. Methods: The sample group consisted of 30 adolescents: 15 in control group and 15 who received MI based on Cannabis Youth Treatment and Miller and Rollnick. All of them were evaluated by a standard protocol, the Brazilian version of the K-SADS-PL and their motivation to change before and after hospitalization were measured by URICA. After one month and three months the families were contacted to answer questions about scholar frequency, substance use, treatment and offenses involvement. Results: There were significant changes in pre-contemplation, contemplation and action scores, as well as treatment maintenance and less drug relapse in the intervention group. Conclusion: MI could be an important tool to reduce substance usage by changing the intrinsic motivation. It's a cheap and easy method that can be used in a variety of health sectors.

Psychiatric Comorbidity in Hospitalized Adolescents with Substance Use Disorder

Cleverson Higa Kaio, *Universidade Federal do Paraná* (cleav16@hotmail.com)

Objective: The aim of this study is to evaluate psychiatric comorbidity in hospitalized adolescents with Substance Use Disorder (SUD) in the city of Curitiba, Brazil. Substance abuse and the presence of psychiatric comorbidities in adolescence increases the dysfunctional behavior, puts him at risk (school dropout, unexpected pregnancies, criminality, homicide, suicide), of becoming a public health problem. It is expected that most of the adolescents with substance dependence have psychiatric comorbidities. Methods: The Brazilian version of the Schedule for Affective Disorders and Schizophrenia for School Aged-Children (K-SADS-PL) was administered to 35 male adolescents with SUD who were hospitalized. Results: The most frequent comorbidities among adolescents of this present study were Conduct disorder; CD (57.1%), Attention deficit hyperactivity disorder; ADHD (48.6%) and Oppositional defiant disorder; ODD (40.0 %). Marijuana (94.2%) and crack (40.0%) were the main substances used by adolescents. The use of marijuana was the most frequently associated with negative effects on the behavior and lives of adolescents ($p < 0.001$). Conclusion: It is very important to assess the factors that can prevent the natural progression of a disorder and/or comorbidity to reduce the impairment of the adolescent development and the cost for late treatment.

Adolescent Substance Use Service Use Among US Juvenile Offenders at First Arrest

Matthew Aalsma, *Indiana University School of Medicine* (maalsma@iu.edu)

Purpose: The purpose of this study was to assess substance use (SU) service utilization among first time juvenile offenders. Methods: Between 2004-2011, all EHR and criminal justice information system data were collected for 12,476 juvenile offenders in a large urban US county. SU and mental health (MH) care utilization was measured 12 months prior to first arrest. Justice outcomes included release, probation, juvenile detention and court referral to services. Results: The sample was young (14 years) and primarily Black men (56%). In the 12 months pre-arrest, most youth had no service-use (68.8%), followed by MH (28.5%), combined MH/SU (1.7%), and SU (0.9%) service-use. Logistic regression revealed for males, MH service use was associated with an increased release and decreased probation and detention. Combined MH/SU and SU service alone was not significant. For females, MH service use was not associated with justice outcomes. However, SU service was associated with increased probation and referral to MH services. Conclusions: Very few youth utilized SU services. Moreover, the impact of MH and SU service use differed based on the gender of youth. Findings indicate justice systems should identify youth with SU needs early in their career trajectory to enable appropriate utilization of services.

Treating Substance Use among Justice-Involved Emerging Adults

Ashli J Sheidow, *Oregon Social Learning Center, Eugene, USA* (ashlis@oslc.org)

Maryann Davis, *University of Massachusetts* (maryann.davis@umassmed.edu)

Purpose: This study examined feasibility of an adaptation of Multisystemic Therapy, focused on Emerging Adults (MST-EA) in treating behavioral health conditions and reducing recidivism among EAs aged 17-21. MST is a well-established effective intervention for reducing recidivism in juveniles. This paper emphasizes MST-EA substance use techniques, including motivational enhancement therapy and contingency management. Methods: In Phase I, initial adaptations were examined in an open trial (N=16). In Phase 2, additional adaptations were examined in a randomized trial comparing different vocational approaches within MST-EA recipients (N=32). Outcome measures were assessed at baseline and repeatedly until 1-4 months post treatment: recidivism, substance use/problems, mental health symptoms, school/work participation, social relationships, and housing. Results: 84% of cases needed substance use treatment. The majority (75%) of urine toxicity screens were positive at baseline, 64% at 6 months, and 40% at 12 months; 95% were positive for THC, 14% for opiates, and 5% for cocaine. Pre-post treatment reductions in the number of charges (Wilcoxon =-2.6, $p<.01$) and mental health symptoms (Wilcoxon=-3.9, $p<.001$) were observed. Conclusions: MST-EA is a feasible approach to reducing recidivism and behavioral health problems in emerging adults. A newly initiated large randomized controlled trial will be described.

And Still She Rises: How Evidence-Based Therapies Help Pregnant and Parenting Young Women to Transform Their Lives

Suzette Brann, *Center for Substance Abuse Treatment, Rockville, USA* (zettesq62@gmail.com)

The barriers to accessing and succeeding in treatment for pregnant and parenting women (PPW) who use drugs intravenously are formidable. Substance programs that are most successful in surmounting that shame and guilt facilitate PPW's recovery in treatment modalities in which their children can also access services. Research also shows that successful treatment programs for PPWs use medication assisted therapies (MATs) and provide or facilitate access to, primary medical care for pregnant and post-partum women, primary pediatric care for children in treatment with mothers, evidence-based, gender-specific interventions, therapeutic interventions for children, and case management. MATs like Methadone are effective in reducing the craving for opioids, preventing the onset of withdrawal, blocking the effects of other opioids, and promoting increased physical and emotional health. Since both the mothers and children in treatment have likely experienced years of trauma and abuse, evidence-based, gender-specific interventions that address trauma and abuse, and therapeutic interventions that assess, identify and treat the manifestations of childhood trauma, abuse and neglect produce better outcomes. When women succeed in transforming their lives, families and communities benefit.

5. Addiction III: Alcohol and Young Generation – Influence on Society

Alcohol is a toxic molecule, which leads to high mortality and morbidity in developed countries. The risk of rising alcohol dependence and health problems is higher under the age of 18. In EU is tendency that young generation has the first drinks around 13 years old in some countries; for instance in the Czech Republic one third of adolescent regularly drinks alcohol beverages. Moreover, alcohol poses social risks for children and adolescents with great impact for their future life and also with tight connection for society. Experts of medicine and law will discuss these problems.

Medical Background of Diseases and Epideomiological Situation

Tomáš Zima, *Charles University* (zimatom@cesnet.cz)

Alcohol consumption goes through all human beings, but its high consumption has been great social-health problem at the last decades. Consumption of pure alcohol (96 %) was approximately 10 litres per capita per year in the Czech Republic which is one of the highest in EU. Alcohol consumption is one of the leading factors of mortality and morbidity in many developed countries. Toxic effects of ethanol is connected with its amount intake to organism. Alcohol organ injury is based on direct effect of ethanol and also on its metabolisms and producing compounds. There are four metabolic pathways of ethanol in human body – alcohol dehydrogenase (ADH), microsomal ethanol oxidizing system (MEOS, CYP2E1), catalase and non-oxidative metabolism. The alcohol abuse is connected with injuries, liver diseases, cancers and disorders of pancreas, nervous system, muscles, immune system. The extrapolated data across Europe shows that 10 % of all cancers in men and 3 % of all cancers in women could be attributed to alcohol consumption. The key mechanisms of alcohol injury are still not clear and we focused on some of them as gender, genetic polymorphisms, immunologic, metabolic and nutritional factors.

Alcohol Consumption in the Adolescents: Risks and Preventive Strategies in Germany

Helmut K. Seitz, *University of Heidelberg* (helmut_karl.seitz@urz.uni-heidelberg.de)

Tatjana Arslic-Schmitt, *University of Heidelberg* (tanja.schmitt@umm.de)

According to the Alcohol Survey of the Central Agency for Health Education in Germany and the European Pupil's study on Alcohol and Drug Use (ESPAD) 1% of young individuals aged 12 to 15 years and 13% of individuals aged 16 to 17 years have an alcohol consumption associated with risk. The Health Behaviour in School Aged Children (HBSC) reports in 2010 that 13 to 15 years old children had alcohol experience at least once per week, and the Health Study of Children and Adolescents in Germany for 2009-2012 emphasizes that 20% of young people aged

14 to 17 years consumed at least more than 6 alcoholic beverages at one occasion. Thus, alcohol abuse is relative frequently observed in German children and adolescents. At that age alcohol toxicity is high since alcohol hits various organs in their development. This is especially true for the brain and also for the liver leading to irreversible tissue injury. In addition, hyperregenerative tissues are highly sensible to alcohol with respect to DNA damage and finally cancer development. An early contact with alcohol also increases the risk of dependency. In this age group alcohol may result in aggression and loss of control with accidents, suicides, rapes, and unprotected sexual intercourse. To avoid all these negative effects various programs of prevention and detoxification exist including prevention performed in schools (Project KLASSE 2000) as well as selective programs for children on risk (children of alcoholics) (Project Trampolin). In addition, the project HALT is available in more than 150 locations in Germany, which is supported by the Ministry of Research and Technology and helps children who have already developed addiction. Finally, the prohibition of selling alcoholic beverages to adolescent below 18 years and a prohibition of alcohol commercials with alcohol containing advertisements may further protect young people from the dangerous effects of alcohol. The opinion of the Deutsche Hauptstelle für Suchtfrage (DHS) is clear: No alcohol consumption in children and adolescents at the age below 18 years.

Minimal Standards for the Treatment of Drug Use Disorders

Otto M. Lesch, *Medical University Vienna* (otto-michael.lesch@meduniwien.ac.at)

Alcohol consumption goes through all human beings, but its high consumption has been great social-health problem at the last decades. Consumption of pure alcohol (96 %) was approximately 10 litres per capita per year in the Czech Republic which is one of the highest in EU. Alcohol consumption is one of the leading factors of mortality and morbidity in many developed countries. Toxic effects of ethanol is connected with its amount intake to organism. Alcohol organ injury is based on direct effect of ethanol and also on its metabolisms and producing compounds. There are four metabolic pathways of ethanol in human body: alcohol dehydrogenase (ADH), microsomal ethanol oxidizing system (MEOS, CYP2E1), catalase and non-oxidative metabolism. The alcohol abuse is connected with injuries, liver diseases, cancers and disorders of pancreas, nervous system, muscles, immune system. The extrapolated data across Europe shows that 10 % of all cancers in men and 3 % of all cancers in women could be attributed to alcohol consumption. The key mechanisms of alcohol injury are still not clear and we focused on some of them as gender, genetic polymorphisms, immunologic, metabolic and nutritional factors.

Law Regulation of Alcohol Abuse in the EU and Situation in the Czech Republic

Lenka Teska Arnoštová, *Charles University* (lenka.teska-arnostova@mzcr.cz)

Alcohol consumption goes through all human beings, but its high consumption has been great social-health problem at the last decades. Consumption of pure alcohol (96 %) was approximately 10 litres per capita per year in the Czech Republic which is one of the highest in EU. Alcohol consumption is one of the leading factors of mortality and morbidity in many developed countries. Toxic effects of ethanol is connected with its amount intake to organism. Alcohol organ injury is based on direct effect of ethanol and also on its metabolisms and producing compounds. There are four metabolic pathways of ethanol in human body – alcohol dehydrogenase (ADH), microsomal ethanol oxidizing system (MEOS, CYP2E1), catalase and non-oxidative metabolism. The alcohol abuse is connected with injuries, liver diseases, cancers and disorders of pancreas, nervous system, muscles, immune system. The extrapolated data across Europe shows that 10 % of all cancers in men and 3 % of all cancers in women could be attributed to alcohol consumption. The key mechanisms of alcohol injury are still not clear and we focused on some of them as gender, genetic polymorphisms, immunologic, metabolic and nutritional factors.

6. Addiction IV: An Overview of Neurobiology, Evidence-Based Pharmacological Options and Psychosocial Interventions

Neurobiology of Addiction

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Drugs of abuse induce changes in many neuronal circuits including those involved in the processing of reward, emotions, cognitive control and decision making leading to substance use becoming an automatic compulsive behavior. Considering the neurobiological changes, drug addiction is best viewed as a chronic and relapsing disease of the brain. There is also the argument for substance use disorders to be considered as developmental disorders since experimentation with psychoactive substances often starts in adolescence, where a developing brain exposed to effects of psychoactive substances results in neuroadaptations. Dopamine, in the brain reward pathway, has been most consistently implicated in the effects of substances of abuse. At the neurotransmitter level, addiction-related adaptations have also been documented for glutamate, GABA, opiates, cannabinoids, serotonin and various neuropeptides leading to abnormal function of neuronal circuits.

Pharmacological Treatment Options for Opioid and Alcohol Use Disorders

Jennifer Pikard, *Queen's University* (jenpikard@gmx.com)

The best evidence base for pharmacological treatment for substance use disorders is with alcohol, opioid and tobacco use disorders. For alcohol use disorders, either long acting benzodiazepines, e.g. diazepam, or short acting benzodiazepines, such as lorazepam, can be used to treat withdrawal. For ongoing treatment of alcohol use disorder, the FDA in the US, disulfiram, naltrexone and acamprosate, approves three medications. There is also evidence for off-label use of topirmate, gabapentin and baclofen. For opioid use disorder, off-label clonidine and symptomatic treatment is recommended for withdrawal. Methadone and buprenorphine can both be used as detoxification treatments or as maintenance treatments for harm reduction.

Pharmacological Interventions for Tobacco Use Disorder

Jonathan Fairbairn, *Queen's University* (14jmf5@queensu.ca)

High concentrations of nicotinic acetylcholine receptors exist in the mesolimbic dopamine system where nicotine binds resulting in the release of dopamine and other neurotransmitters. In terms of pharmacological interventions for tobacco use disorder, there is some evidence to suggest the superiority of varenicline over other agents. Evidence-based pharmacological options also include nicotine replacement therapy, including gums, lozenges, nasal spray, patch, inhalers and use of the antidepressant medication bupropion. Nortryptiline and clonidine are considered second line drugs to treat tobacco use disorder. Combination pharmacotherapies, such as nicotine replacement therapy combined with bupropion, have been shown to be effective. Counseling is an effective tobacco dependence treatment strategy and it adds significantly to the efficacy of approved medications.

Psychosocial Interventions in Addiction

Catherine Bobek, *Queen's University* (cgbobek@hotmail.com)

Psycho-social interventions for substance use disorders range from screening and brief intervention at one end to residential treatment and therapeutic communities at the other. The American Society of Addiction Medicine's criteria is a clinical guide widely adopted to assist in matching individuals to appropriate treatment settings considering their intoxication and withdrawal potential, biomedical conditions, emotional, behavioral and cognitive conditions, readiness to change, relapse potential and recovery environment. Levels of care include early intervention, outpatient treatment, Intensive outpatient treatment/ partial hospitalization, residential treatment and medically managed intensive treatment. Evidence-based behavioral interventions include motivational interviewing, cognitive behavioral therapy, contingency management and community reinforcement approach, network therapy, family interventions, group therapy and twelve-step programs.

Motivational Interviewing

Megan Yang, *Queen's University* (yang.megan@gmail.com)

First described by Dr. William Miller in 1983, Motivational Interviewing (MI) has become one of the main psycho-social interventions for substance use disorders. Motivational Interviewing is based on Rogerian client centred therapy, Festinger's cognitive theory of dissonance and Prochaska's stages of change. It is a collaborative conversational style to strengthen intrinsic motivation to change. The "Spirit" of MI consists of partnership, acceptance, evocation and compassion. Its processes consist of engaging, focusing, evoking and planning. Core skills consist of open questions, affirming, reflecting and summarizing. MI helps resolve ambivalence in the direction of change. "Resistance" is now replaced by the terms sustain talk and discord. Reflective responses, emphasizing autonomy, shifting focus and reframing are among the strategies used to respond to sustain talk. Planning is done, in collaboration with the client, when readiness to change is recognized.

Selim Asmer, *Queen's University* (selim.asmer@mail.utoronto.ca) – Discussant

7. Addiction V: Drug Addicts, Crime and Hospitalization in Brazil: Voluntary, Involuntary or Compulsory

Drug Addicts and the Results of Different Types of Hospitalization: Voluntary, Involuntary or Compulsory

Eduardo Teixeira, *Pontifical Catholic University of Campinas* (eduardo.psiquiatra@icloud.com)

Drug addicts tend to refuse treatment due to denial of their own illness, feelings of hopelessness or a negative view of therapy; therefore, involuntary or compulsory hospitalization may be the only possible form of therapy in some specific cases. Current legislation in Brazil provides for three types of hospitalization: voluntary, involuntary and compulsory. This is a controversial issue around the world and is treated very differently across countries, depending on the legislation, culture, clinical experience, and resources. The socio-demographic and psychiatric profiles of inpatients at a university hospital (n = 30) who were admitted on a voluntary, involuntary or compulsory basis for drug addiction were analyzed, and the impact of these three types of hospitalization, in addition to the patients' feelings regarding the loss of autonomy in decisions concerning their treatment, were compared. The subjects were evaluated during hospitalization and after a period of six to twelve months following discharge. This demonstrated that hospitalization is viewed positively by the patient, even if it resulted in failure, and that involuntary hospitalization is more strongly correlated with success.

Children and Adolescents Involved in Substance Abuse, Condust Disorders and Other Criminal Practices

Miguel Boarati, *University of São Paulo* (maboarati@yahoo.com.br)

Substance abuse, conduct disorders and other behavioral problems are the main disorders that affect children and adolescents involved in criminal activity. The lack of treatment is related with relapse and criminal acts in the adult life. Some research shows the effectiveness of multidisciplinary focal interventions in children and adolescents with symptoms of behavioural disorders, but sometimes inpatients units, essential to assessment and treatment of the population in this specific situation, are scarce. Some difficulties arise, especially in developing countries, where there exists no public policy for treating children and adolescents with substance abuse problems. On the other hand, there are few studies addressing whether these services for assessment and treatment of children and adolescents with substance abuse problems and other comorbidities would prevent progression into criminal practice or relapse into criminal activity. I propose to discuss evidence relating to these different models and the experiences of different countries in attempting to address this issue

Involuntary Admission and Clinical Strict Criteria

Rafael Freire, *University of São Paulo* (rafael.n.freire@hotmail.com)

Involuntary admission is an important tool in the treatment of substance dependency, as well as of other conditions in which there is lack of judgment and/or self-control. However, it can be used in a harmful way, especially in cases in which there was no respect for patients' rights or that lacked a detailed clinical evaluation with precise criteria for hospitalization. It is common sense that only experts are able to make such assessments with the necessary technical expertise. This situation may become even more severe in the case of compulsory hospitalization. In this case, hospital admission is determined by the judge often without previous medical evaluation. The judge makes his decision based on social and legal issues alone. For many in Brazil, this type of hospitalization is considered merely "social hygiene." In this context, we propose a discussion about the need for expert assessment for this type of hospitalization, which would be undertaken only when strict medical criteria are met.

The Psychiatric Admission and the Different Rules among Countries

Cabral Thiago, *Federal University of Minas Gerais* (cabralmed@hotmail.com)

The laws that govern psychiatric hospitalization vary among nations. Such variation is related to cultural differences, which reflect in the way issues such as judgment and, consequently, liberty, are defined in a social context. Moreover, in some situations, the justice system intervenes with the aim of overcoming the structural difficulties of the public health system without ever addressing the fundamental problem, which is the lack of vacancies in hospitals. Thus, the intervention will be greater or smaller, depending on the structural failures of each country. Often, this involvement of the justice system in the conduct of cases leads to conflict between judges and physicians, as each one ends up taking part in a role for which he or she is not trained or educated. This all generates confusion and erosion of values. Therefore, we intend to propose a critical debate by discussing the rules for psychiatric admission in three distinct countries: Brazil, the United Kingdom and the United States of America, so that the differences may become evident and may be compared to the conditions in which each population lives.

8. Addiction VI: Substance Abuse Services and the Justice System

Interventions for Offenders with Co-Occurring Mental and Substance Use Disorders

Roger Peters, *University of South Florida* (rhp@usf.edu)

Health disorders are significantly more common in the criminal justice system than in the general population, including mental and substance use disorders. For example, from 17-34% of prisoners have both types of disorders. Offenders with co-occurring disorders often present behavioral problems while incarcerated, and are likely to relapse to substance abuse and to be rearrested following incarceration. Several theoretical models are available to guide interventions for this population, including Cognitive-Behavioral Treatment (CBT) and the Risk-Need-Responsivity Model (RNR). A range of assessment, case management, and treatment services have also emerged for use with this population, including integrated dual diagnosis treatment (IDDT). This presentation will review results from a survey of evidence-based interventions for co-occurring disorders in the U.S. criminal justice system. Clinical and programmatic adaptations will be identified that have been successfully implemented within the court system, jails, prisons, and in community supervision settings. Finally, findings from clinical research will be explored, and recommendations will be provided for improving practice and research.

Coercion versus Dissuasion: Comparative Perspectives on Achieving Desistance from Drug Use and Crime

Steven Belenko, *Temple University* (sbelenko@temple.edu)

Given the high prevalence of illegal drug use among offenders and its association with criminal behavior, there is an urgent need to promote desistance from drug use for people in the criminal justice system. This paper explores alternative models for reducing drug use among offenders and promoting desistance from drug use, including coercive treatment models, diversion programs, mandated treatment, and public health oriented models such as that used in Portugal. Perspectives from theories of desistance from drug use and crime, as well as models of treatment motivation, are incorporated in considering the ideal potential model for maximizing desistance from drug use among offenders. The relative value of public health and harm reduction models, compared with coercive or zero tolerance criminal justice/abstinence models, is also discussed. Implications for policy and practice in behavioral health treatment and the criminal justice system are also considered.

Drug Treatment Courts and Their Progeny: Lessons Still Being Learned

Caroline Cooper, *American University* (ccooper@american.edu)

Although the drug court concept was first introduced in 1989, the model has been continually evolving, with a wide range of "target populations" being added and associated permutations of the model developed – and developing. The trajectory of the drug court concept has not been straightforward, with continual challenges encountered in integrating evolving research findings and discipline specific evidence-based interventions within traditional silos of practice, both for the criminal justice system and for substance use and mental health treatment services, let alone in promoting the cross-discipline professional standards and collaborations necessary for the drug court concept to work. The recent experience with Veterans Treatment Courts in the U.S. has introduced a major focus on the role of trauma and substance use, which is impacting the approach of many drug courts that do not have a focus on veterans. This presentation will address pressing issues in developing sound justice system-public health-behavioral health partnerships that promote the integration of evidence-based clinical and related practices within the justice system, and the cross-disciplinary efforts necessary to sustain the research-based collaborations essential to sustain the drug court model over the long term.

Harm Reduction Principles in Legal Services for Drug Users: Prevention of Incarceration?

Hana Fidesova, *Charles University* (hana.fidesova@lfl.cuni.cz)

In parallel to the increase of drug-related problems over the last 25 years, the Czech Republic has experienced extensive development of drug treatment and other social and legal services. Despite the frequency of legal problems among drug users, legal services have not adequately addressed

issues related to counselling about pending criminal charges. An independent Legal Advice Office of NGOs Association was established in April 2002 as a model facility aimed at providing legal services for drug users and professionals in addiction services. An absence of timely legal aid can have serious consequences for protection of human rights. For example, an inappropriate criminal sanction can worsen or completely destroy social bonds which the drug user has managed to build or maintain. This situation can lead to a deeper social isolation of the user, which often leads to worsening of the client's health condition. These problems can disrupt and diminish the results of previous substance use services, and may lead to a relapse of drug use, reoffending, and criminal recidivism.

Addicts in Prison: Caught Between Rehabilitation and Punishment

Petr Matoušek, *Charles University* (petr.matousek@lf1.cuni.cz)

This presentation will examine recent research conducted in prisons in the Czech Republic. Drug use, as well as possession in prison is punishable by law. However, many prisoners still take drugs and often need help overcoming their addiction. Most Czech prisons do not provide adequate rehabilitation services, and do not have enough addiction specialists available to work with the prisoners. In addition to the lack of adequate rehabilitation services and staff, research within the prisons has revealed problems related to the dynamics between addiction specialists and security personnel who must work together in these prisons. The addiction specialists are focused on helping inmates with their drug-related issues, whereas the security personnel do not believe that rehabilitation services for addiction are important. This presentation will shed light on these issues and will review efforts to increase awareness of the seriousness of these problems.

9. Addiction VII: Substance Use Disorder and the Juvenile Justice System: Contributions of Translational Research

Overview of the JJ-TRIALS Cooperative Research Initiative

Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

Tisha Wiley, *National Institute on Drug Abuse, Bethesda, USA* (tisha.wiley@nih.gov)

The objective of this presentation is to provide an overview of Juvenile Justice-Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS). JJ-TRIALS is a cooperative implementation science research initiative launched by the National Institute on Drug Abuse (NIDA). The JJ-TRIALS Cooperative consists of 6 Research Centers (Columbia University, Emory University, Mississippi State, Temple University, Texas Christian University, and University ofKentucky), their corresponding juvenile justice agency partners, and a

Coordinating Center (Chestnut Health Systems). The purpose of JJ-TRIALS is to evaluate strategies aimed at improving 1) the efficiency of the behavioral health service cascade (i.e., screening, assessment, need, referral, treatment initiation, engagement, continuing care), 2) the delivery of evidence-based behavioral health services practices for juvenile offenders under community supervision and 3) more coordinated linkage with community behavioral health service providers. The research design uses a cluster randomized trial with a phased rollout to evaluate the differential effectiveness of two conditions (Core and Enhanced) in 34 sites in the United States. The Core Implementation Intervention consists of several implementation strategies for promoting organizational and system change. The Enhanced intervention incorporates all core strategies plus active facilitation of local interagency change teams. Preliminary findings will also be presented.

Substance Use Identification, Referral and Treatment Among Juvenile Offenders: Probation Officer Attitudes and Practices

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Hannah Knudsen, *University of Kentucky* (hkknud2@uky.edu)

Ingrid Johnson, *Temple University* (ingrid.johnson@temple.edu)

Research has consistently documented a high correspondence between substance use and delinquent activity among youth. For this reason, juvenile justice agencies are uniquely positioned to identify youth with substance use problems and to triage them into appropriate services. Juvenile probation officers (JPOs) play a critical role because of their regular and direct contact with youth under supervision and with parents of those youth. Consequently, their attitudes toward identifying problems, referring youth to services, and monitoring progress have the potential to impact receipt of services and youth outcomes. JJ-TRIALS is a multi-site, national study that compares the effectiveness of two strategies for promoting best practices within juvenile justice agencies. Data presented are from 34 juvenile justice agencies located in diverse geographic regions across the United States. Ratings from agency leadership (e.g., chief probation officers, department directors) and line staff (e.g., JPOs, case managers) regarding personal attitudes toward and use of best practices for substance use screening, assessment, referral, and treatment are reported. Implications for conceptualizing best practices along a Behavioral Health Cascade and promoting the use of best practices among juvenile justice personnel are discussed.

Using Data to Identify Gaps and Track Improvements in Linking Delinquent Youth to Community Behavioral Health Services: Results from Analyses of the Behavioral Health Services Cascade

Steven Belenko, *Temple University* (sbelenko@temple.edu)

Angela Robertson, *Mississippi State University* (angela.robertson@ssrc.msstate.edu)

Substantial proportions of delinquent youth under community probation supervision in the U.S. juvenile justice system have mental health and/or substance use disorders. These behavioral health problems are often linked to their delinquent behavior and increase the risk of recidivism. Despite the availability of evidence-based screening, assessment, and treatment, many youths in need of services do not receive them. In the JJ-TRIALS project, researchers from six universities are conducting an experimental study with 34 juvenile justice and behavioral health agencies across the U.S., with the overall goal of reducing unmet behavioral health service needs. The Behavioral Health Services Cascade is a conceptual framework developed by JJ-TRIALS researchers to logically map the sequence of services from initial screening to continuing care, help identify key linkage points where services are suboptimal, highlight key stages for which agencies should be collecting service delivery data, and track the impact of process improvement strategies for reducing unmet needs at one or more points in the Cascade. This paper presents data from the Cascade on unmet behavioral health service needs at the onset of JJ-TRIALS, and the effects of different implementation intervention strategies on reducing these service gaps for delinquent youth under community supervision.

The Facilitation of Local Change Teams in U.S. Juvenile Justice Agencies: Successful Strategies and Cautionary Lessons

John P. Bartkowski, *University of Texas at San Antonio* (john.bartkowski@utsa.edu)

Marsha Zibalese-Crawford, *Temple University* (marsha.crawford@temple.edu)

Group facilitation has proven effective in fostering organizational change. However, implementation facilitators have mostly been utilized and evaluated in conventional health care settings. This study draws on data from JJ-TRIALS, a multi-site National Institute of Drug Abuse project, to examine the provision of facilitation within local change teams in 17 juvenile justice agencies located in various communities across the United States. The project was governed by the EPIS implementation science framework (Exploration, Preparation, Implementation, and Sustainment) and enlisted the use of rapid-cycle testing in the form of Plan-Do-Study-Act (PDSA). The study examines the means by which facilitation designed to enhance data-driven decision-making was delivered to local change teams while also offering a preliminary review of local change team member appraisals of facilitation. Data analyses reveal the benefits and challenges associated with providing facilitation to change teams that combine juvenile justice and behavioral health staff. The study concludes with a series of recommendations for effectively facilitating inter-organizationally diverse local change teams.

Challenges and Opportunities for Juvenile Justice Agency Involvement in Implementation Science Research: Lessons Learned from JJ-TRIALS

Richard Dembo, *University of South Florida* (rdembo@usf.edu)

Fragmented and inconsistent interactions between juvenile justice probation and community-based behavioral health agencies results in youth receiving suboptimal screening, assessment and referral/linkage to substance abuse treatment services. These gaps in the care are related to insufficient problem identification (e.g., use of non-evidence based screening and assessment instruments) and reduced engagement of youth in needed, evidence-based treatment. This issue is the result of myriad factors, including: community context, organizational structure, culture, political factors, and the socioeconomic settings in which services are situated. Thus, more coordinated and effective operational relationship between probation and community-based behavioral health agencies is needed. JJ TRIALS aims to promote the adoption and use of evidence-based screening and assessment instruments and strengthen closer collaboration between system providers to enhance referral, linkage and engagement of youth in evidence-based treatment services. Although JJ TRIALS is currently underway, we have gleaned substantial information about the challenges and opportunities in implementing this program, the barriers and facilitators for engaging staff involvement, and service delivery experiences. Policy and procedure recommendations are shared to strengthen service improvement in other jurisdictions and increase the knowledge base for effective service agency collaboration in responding to the treatment needs of youth.

10. Aggression I: Aggression in Psychiatric Patients

Influence of Staffs Emotions on the Escalation of Patient Aggression in Mental Health Care

Marie Haugvaldstad, *University of Bergen* (marie.haugvaldstad@gmail.com)

Patient aggression is universally recognized as an important challenge in mental health care (MHC). Based upon a pragmatic exploration of the professional literature, we seek here to determine how negative emotional reactions of staff—including those conveyed in terms of fear, anger, and insult—may serve to exacerbate this serious impediment to safe and effective MHC. The influence of staff´s emotional reactions on the escalation of patient aggression is investigated using biological and evolutionary paradigms. Studies of patient aggression have tended to focus more on patient characteristics and behavior than on those of their caregivers. The authors suggest that patient aggression may be viewed as a response to "normal" interaction processes. The results of this investigation imply that the emotional reactions of staff may escalate the aggressive interaction by increasing the patient´s perception of threat, and also,

increase the inclination of new incidents by creating a patient-staff relationship characterized by unsafety and mistrust. Mindfulness-based interventions are suggested as useful strategies to expand the staffs´ emotional awareness and increase emotional control.

Determinants of Aggression Control Measures: Data from an Acute Psychiatry Ward

Pallavi Nadkarni, *Queen's University* (nadkarnp@kgh.kari.net)

Introduction: Aggression in the mentally ill is a psychiatric emergency. Young adult males with medicolegal history with certain psychiatric diagnoses are likely to face seclusion/restraint. Understanding variables affecting seclusion is important in developing patient centred interventions that can lead to higher rates of engagement with services and improved outcomes. Prompt management of these determinants can limit the sequelae. Most guidelines recommend seclusion as the last resort as it has no long-term benefit in reducing violent behaviours. Objectives: To survey the seclusion practices in mental health inpatients and to enumerate the determinants of seclusion. Method: We have ethics approval to analyse two-year data from an adult psychiatric ward. The Ontario Mental Health Reporting System (OMHRS) is used to store data for mental health services across Ontario. It serves to standardise the data within a reporting framework using Resident Assessment Instrument-Mental Health (RAI-MH), which has five components: minimum data set-mental health, clinical assessment protocols, outcome scales, quality indicators and case mix, which is a system for classification of inpatient psychiatry. Results and conclusion: Factors influencing seclusion/restraint will be identified. We hypothesise young males with severe mental illness and comorbid substance use or personality disorders to be secluded more than others.

Self-Mutilation in the Penitentiary Hospital of São Paulo, Brazil

Lilian R. C. Ratto, *Centro Hospitalar do Sistema Penitenciário de São Paulo, São Paulo, Brazil* (lilian.ratto@gmail.com)

The Psychiatry Service at the São Paulo Hospital Center Penitentiary System is constantly challenged by the patients complexity there assisted. Notwithstanding a careful and attentive care, the physicians face a peculiar acting and symptoms presentation in the penitentiary setting. Such complexity can be represented by the self-mutilation often seen in the psychiatry patients. Driven by the inability to deal with inner feelings as angst or hallucinations, personality disorders patients inflict self-injuries in the hope of prolonging the hospital stay. It happens due to the horrible conditions of prisons in Brazil; at the hospital setting they will be treated as patients, not as "sub-humans". The self-mutilation is a "naïve" attempt to alleviate the mental suffering. The multidisciplinary team is forced to face some horrendous human possibilities. This

discussion should incorporate individuals who cut their fingers, their own testicles or even individuals who introduce objects in their bodies.

Eimear Muir-Cochrane, *Flinders University* (eimear.muircochrane@flinders.edu.au) – Discussant

Lama Bazzi, *Psychiatrist, Stony Brook, USA* (bazzi.lama@gmail.com) – Discussant

11. Aggression II: Aggression, Treatment and Treatment Evaluation in Forensic Psychiatry

The Development of a New Model of Aggressive Behaviour and its Consequences for Treatment

Almar J. Zwets, *FPC de Kijvelanden FIVOOR, Rotterdam, Netherlands*
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Research has shown that aggressive individuals may have a disposition for aggressive behaviour. During high-risk situations with high levels of anger, these individuals may have difficulties to inhibit their tendency to act aggressively. In a newly developed model of impulsive aggression, attempts are made to explain how a high-risk situation can result in impulsive aggression. During this presentation, it will be discussed how a person may become more prone to act aggressive. Furthermore, treatment possibilities, such as cognitive behaviour therapy and psychomotor therapy will be discussed, together with their limitations in a clinical setting.

The Instrument for Forensic Treatment Evaluation: A Forensic Method to Assess Treatment Change and Adapt Risk Management

Frida van der Veeken, *FPC de Kijvelanden, FIVOOR, Rotterdam, Netherlands*
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The Instrument for Forensic Treatment Evaluation (IFTE) has been developed to assess treatment change on protective and problematic behaviour and resocialization skills. Both the treatment team and the patient assess the IFTE. With the IFTE the development of an individual forensic psychiatric patient can be followed during treatment with consideration of the risk need responsivity principles (RNR). Even more so when these evaluations are conducted at relevant moments within treatment, handing the opportunity to discuss the information with the patient and possibly alter treatment for the benefit of risk management. Within this presentation we will

discuss the value of a forensic monitoring system within treatment. The predictive value of the instrument has been studied in order to support decision-making. Even more, the use of the IFTE and its feedback system for an individual patient within treatment will be illustrated and discussed in relation to the RNR model and risk management.

It Takes Two to Tango; A Forensic Self-Scoring App

Paul R.M. Ter Horst, *FPK de Woenselse Poort, Eindhoven, Netherlands*
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Risk is our core buisness. Generally, the moment of risk assessment is related to mandatory deadlines; a missed opportunity. In this session we promote visualized treatment evaluation according to changes on clinical dynamic risk items and, in particular, the role of the client. If a client has had to think about themes and then sees his own progress, it becomes easier to discuss the cause of change, the clients rehabilitation goals, and treatment that can lead to realization of these goals. In clinical practice risk assessment is a one-way street. The client receives the conclusion of a risk assessment conducted by therapists and that is all. The clinical HKT-R spider web and self score app are going to change this practice. The app provides the client with knowledge about the areas therapists assess. They can assess the items for themselves by using their own HKT-R spider web, say something about the importance of items and if they want help on a specific area. The app generates a web picture that can be compared with the team's picture. The HKT app offers both parties a tool to open the discussion that could lead to a shift in problem ownership and shared decision making.

Psychomotor Therapy as an Addition for Treatment to Aggression Replacement Therapy

Egbert G.B. Langstraat, *FPC de Kijvelanden FIVOOR, Rotterdam, Netherlands*
(Egbert.langstraat@kijvelanden.nl)

In Dutch forensic psychiatry, offenders with mental health disorders are treated in order to lower the risk of recidivism. Treatment mostly concerns a multivariate system approach as described by Marshall. Many offenders cope with impulsivity, self-regulation, empathy, and problem solving issues and experience difficulties when relating to others in an appropriate way. A significant number of forensic psychiatric have been subjected to trauma and are dealing with attachment problems. Even more, patients are often extremely sensitive to potential threats, which lead to highly emotionally evoked reactions. For such individuals, as Beech mentions, traditional talking therapies are often inadequate. They need to work at an emotional level and use techniques that promote growth at a limbic and cortical level. Experiential therapies like art-therapies and psychomotor therapy use therapeutic- and behavioural interventions to increase

awareness of the underlying emotions and help them to experience positive feedback in coping these complicated emotions. We will discuss the addition of psychomotor therapy to a cognitive behavioural treatment program for offenders, namely aggression replacement therapy. Psychomotor therapy is an experience-based therapy, which originated from physical education, combined with insights from several bodily-orientated psychotherapies. Theories, as to how psychomotor therapy adds to the aggression replacement therapy, and techniques used will be discussed and illustrated.

Motivated Emotion Regulation: Applications in Offender Populations

Carlo Garofalo, *Tilburg University* (c.garofalo@uvt.nl)

Emotion regulation (ER) has historically been defined as a compound of the extrinsic and intrinsic processes responsible for the monitoring, evaluating, and modification of emotional experience and expression. Recently, the study of individual differences in ER has been applied to forensic settings, with the ultimate aim to provide novel findings about potential treatment targets to improve personality functioning and reduce recidivism among offenders. Surprisingly, if research is increasingly focusing on the study of the "monitoring" and the "modification" aspects of ER, relatively less attention has been devoted to the study of how people evaluate their emotional experience. In an attempt to advance research in this area, Tamir and colleagues have recently proposed an expectancy-value based model of ER. Despite its potential relevance for forensic research, this model has not yet been tested in offenders. The aim of the current presentation is to introduce the application of the motivated emotion regulation framework in forensic research. The theoretical model and its clinical implications will be discussed, as well as the research design and preliminary results.

Gary Chaimowitz, *McMaster University* (chaimow@mcmaster.ca) – Discussant

12. Aggression III: New Developments in Understanding and Intervening

The session provides an eclectic selection of papers that present new directions in our understanding of aggression, along with the likely impacts on intervention. Focus is on presenting under-researched topic areas across a range of populations, including those populations largely neglected by research. All papers provide a notable contribution to our understanding of aggression, further providing implications for the treatment of this multi-faceted behaviour.

Investigating Domestic and Family Violence within the LGBTI Community

Philip Birch, *University of Western Sydney* (p.birch@uws.edu.au)

Jane L. Ireland, *University of Central Lancashire* (JLIreland1@uclan.ac.uk)

Johann Kolstee, *ACON, Sydney, Australia* (jkolstee@acon.org.au)

Domestic and Family Violence (DFV) is a neglected area of study with regards to the LGBTI community. Most DFV research focuses on heterosexual relationships, which is theorized within a gender bias framework. This paper presents findings from a study that contributes to redressing this imbalance in the literature by investigating interpersonal violence in the LGBTI community. Drawing on a sample from the LGBTI community in Australia, the study explores aggressive behaviours that may occur within intimate relationships. Mutuality in aggression between partners, protective factors and aggravating factors are also examined. It is expected that poorer mental health will be associated with reports of victimisation and perpetration; that protective factors and resilience will moderate levels of poor mental health; individuals with higher levels of support access and resilience will be at a lower risk for DFV; and previous experience of DFV and adverse life experiences will lead to increased risk for becoming involved in DFV either as a victim and/or perpetrator.

Critical Incidents in Forensic Secure Care: Motivational Themes and Implications

Carol A. Ireland, *University of Central Lancashire* (caireland@uclan.ac.uk)

Dave McKenna, *Mersey Care NHS Trust*, *Liverpool, UK* (Dave.McKenna@merseycare.nhs.uk)

This presentation will present research looking at the motivations for forensic clients' engagement in critical incidents. This will focus on events such as hostage-taking, barricades and roof-top protests. The research used qualitative analysis to identify a range of themes. Various themes emerged, such as the engagement in incidents to seek deliberate isolation from others, gaining control, getting their needs meet, a need to communicate and being influenced by their peers. Further focus is directed toward the selection of potential hostages, and factors involved in this, as well as potential barriers toward engagement in such critical incidents. The results are discussed in terms of theory, the impact of such findings on secure services, as well as future research direction.

The Expected (and Unexpected) Link between Aggression and Sleep

Simon Chu, *University of Central Lancashire* (Simon.chu@merseycare.nhs.uk)

Leah Greenwood, *University of Central Lancashire* (LCGreenwood3@uclan.ac.uk)

Jess Crawford, *University of Central Lancashire* (JCrawford4@uclan.ac.uk)

Jane L. Ireland, *University of Central Lancashire* (JLIreland1@uclan.ac.uk)

Researchers have become increasingly interested in the association between sleep and aggression, particularly with regards to a potential role for sleep quality and an individual's perception of this. The anecdotal association between poor sleep quality and increased aggression is intuitive and is beginning to receive support from data gathered from a number of samples, including prison samples, mental health samples and adolescents. The current paper will add to this research base by presenting data from a number of studies using general adult samples. It will employ more nuanced analyses to draw distinctions between sleep duration, sleep efficiency and perceptions of sleep quality, and their differential effects on both proactive and reactive forms of aggression. Unexpectedly, the subjective perception of sleep quality may relate strongly to reactive aggression, as suggested in some specialised samples. The results of the current studies will be discussed in terms of possible new avenues for aggression-reduction interventions.

Reconviction Outcomes in Violence Treatment RCT: Why Treating Violent Thinking May Be Key

Nicola Bowes, *Cardiff Metropolitan University* (NBowes@cardiffmet.ac.uk)

Interventions into aggression with forensic populations tend to focus on quasi-experimental designs and are rarely able to take advantage of Randomised Control Trials (RCT). The current paper adds greatly to the research base therefore by presenting the findings of an RCT delivered to adult male offenders in prison settings in the UK. The RCT explored the impact that a psychological intervention (Control of Violence for Angry, Impulsive, Drinkers, COVAID) had upon general and violent reconvictions. The results indicated that COVAID had a significant impact on general reconvictions, with those in the COVAID arm having fewer reconvictions; but not on violent reconvictions. The results will be discussed in terms of the developments that are needed in research and practice in measuring and treating violent thinking; it will emphasise the importance of cognition and also the difficulties in using reconviction rates as an outcome measure. The paper will also discuss the need to demonstrate the health economic impact of applied forensic psychology.

13. Alternatives to Death and Taxes (The Penalties, that is...)

Tax Litigation

William A. Cohan, *Private Practive, Rancho Santa Fe, California, USA*
(bill@williamacohan.com)

U.S. Citizens have invested some $15 trillion overseas and evade $100 billion in income taxes annually. The U.S. government has enacted extensive laws requiring reporting of foreign assets and accounts for "U.S. persons" and third parties such as banks in addition to income tax returns. Most important among required reports are (1) the "FBAR" (Report of Foreign Bank and Financial Accounts) and (2) "FATCA" (Foreign Account Tax Compliance Act). In addition to U.S. citizens, other individuals are required to file Form 8938 if they "... have been present in the United States on at least 183 days during a 3 year period including the current year." Delinquent taxpayers' intent determines the extent of penalties. Criminal penalties require proof of intent to violate the law - beyond a reasonable doubt. Civil penalties are based on a lower burden of proof, e.g. preponderance of the evidence. Penalties can be avoided if the taxpayer can demonstrate "reasonable cause" for failing to comply with these laws. This panel discussion will focus on developing and presenting forensic psychiatric and psychological evidence to demonstrate the delinquent taxpayer's lack of intent to disregard or violate the law.

ABA Standards for Attorneys Representing Clients with Mental Health Issues

Elizabeth Kelley, *Attorney-at-Law, Spokane, USA* (zealousadvocacy@aol.com)

Over fifty years ago, President John F. Kennedy signed the laws closing most of the facilities where people with mental disabilities were warehoused. Sadly, his and others' dream that this population would live independently, supported by community-based treatment and services, has not come to pass. Instead, deinstitutionalization has become transinstitutionalization - that is, people who otherwise would have been institutionalized are now in America's jails and prisons. In an effort to develop best practices for how various actors in the criminal justice system should deal with persons with mental disabilities, in the mid-1980s, the American Bar Association (ABA) adopted "Criminal Justice Mental Health Standards." In August 2016, an updated set of Standards was adopted. New sections include "Roles of the Attorney Representing a Defendant with Mental Disorders in the Criminal Justice System," "Roles of the Judge and Prosecutor in Cases involving Defendants with Mental Disorders," and "Re-entry." Additionally, notwithstanding the fact that the ABA has taken a position against the death penalty, the revised Standards contain a section titled "Sentencing and Post-Conviction in Capital Cases." This presentation will give an American criminal defense lawyer's perspective of the new Standards.

Cognitive Factors Related to Financial Decision-Making

George Woods, *Science Advisors, Oakland, USA* (gwoods@georgewoodsmd.com)

Cognitive factors, such as high levels of numeracy and executive functioning play a crucial part in financial decision-making. This financial decision-making is often at the cruz of intent, both in civil proceedings like competency to contract as well as criminal matters. Yet, this cognitive functioning is rarely taken into consideration, except in cases of severe brain impairment like stroke and dementia. The clinical literature corroborates significant cognitive deficits in common medical disorders like hypertension, diabetes, and thyroid disease. Behavioral economics is paying tribute to the reentry of emotion into financial decision-making, a quandary that is particularly important, since cognitive deficits frequently present as emotional disruptions. In this presentation, the relationship between cognition, decision making, and the unique aspects of cognitive deficits, intent, and the pressures specific to financial decisions will be discussed.

14. Armed Forces Veterans in Contact with the Criminal Justice System: UK and US Perspectives

Pathways to Offending by UK Military Personnel

Deirdre MacManus, *King's College London* (deirdre@macmanus@kcl.ac.uk)

The offending behaviour by military personnel is a topic of increased political interest in the aftermath of the Iraq/Afghanistan conflicts. Violent offending is of particular concern. This paper will present conference attendees up to date international research on the prevalence of offending behaviour among both serving military personnel and ex-armed forces personnel. It will also consider the risk factors for offending in this population. The participants will then be presented with findings from UK research which linked data from a large representative sample of UK military personnel with official criminal justice records to explore how early life factors, military-experiences, mental health and post-service factors impact on offending behaviour in this population. In particular the presentation will explore the impact of combat exposure and the mediating role of PTSD and alcohol misuse will be described. Protective factors such as the role of socioeconomic stability after leaving service will also be discussed.

Offending Characteristics and Mental Health Needs of Ex-Armed Forces Personnel in Prison in England

Verity Wainwright, *University of Manchester* (verity.wainwright@manchester.ac.uk)

Armed forces veterans represent the largest known occupational subset of offenders in prison in England and Wales. However, we know very little about this particular group's mental health or

substance misuse needs, or how their current offending relates to previous offending behaviour, or pre-service anti-social behaviour. This paper will present new research from the UK that explored these issues in a large sample of ex-armed forces personnel in six prisons in England. The presentation will outline findings from interviews and file review that aimed to assess the prevalence of mental health and substance misuse needs of this group. In addition, the offending characteristics and offending histories of the group will be described with reference to pre-service anti-social behaviour. These findings will be discussed in context of the general prison population, thinking about what interventions, if any, are needed to meet the needs of ex-armed forces personnel in prison.

Military Veterans in Scottish Prisons: Perceptions of Being Inside a Custodial Environment

James Taylor, *University of the West of Scotland* (james.taylor@uws.ac.uk)

This presentation will first offer conference attendees some context on former service personnel in the Scottish prison system. The results of a study which used one to one interviews and a focus group with a small number of military veterans incarcerated in Scottish prisons to discuss their experiences of imprisonment will then be overviewed. Data were analysed using Interpretative Phenomenological Analysis (IPA) of their transcripts. This analysis identified a range of super-ordinate and sub-ordinate themes. These themes provided an insight into the perceptions of these military veterans considering; their self-identity, similarities between military and prison life, the benefits and challenges of imprisonment, and relationships between military veteran prisoners, other prisoners and prison staff. What was perceived to be their key 'needs' prior to, during imprisonment and in preparation for their future transition out of custody was also analysed. This included their views of the use of alcohol, community-based support, the influence imprisonment has on their families, and the stigma of imprisonment when seeking employment.

How We Can Support Ex-Armed Forces Personnel in Prison: Professional and Service User Perspectives

Jane Senior, *University of Manchester* (jane.senior@manchester.ac.uk)

This paper considers how we meet the needs of ex-armed forces personnel in prison. Conference attendees will hear findings from recent research that explored the perspectives of both professionals and service users. Qualitative data collection methods were used to explore what participants considered the needs of former service personnel in prison to be, and the help-seeking behavior, and treatment and support barriers for this group. Data was gathered via a focus group discussion with professionals with knowledge and experience of working with ex-

armed forces personnel and one to one interviews with veterans in prison in England. Four primary themes that explained the perceptions of service provision need, and treatment barriers for this group will be discussed: the need for, and variable support available in prison; the difficulties of asking for help; the need for military awareness amongst staff; and the importance of preparing for release. The implications of these findings and recommendations for practice will be explored.

15. Atypical Sexual Behaviors Committed by Minors: A Retrospective Longitudinal Analysis of Prevalence, Developmental Trajectories, Behavioral Profiles and Services

The development of non-normative, atypical sexual behaviors remains equivocal, especially in the early years. In that context, the sexual behavior of children can raise questions and uncertainties given the well-known relationship between child sexual abuse and non-normative sexual behavior. There are three significant gaps in the scientific literature that impact the services and service delivery to children and youth referred to child welfare services for atypical, non-normative sexual behaviors. First, while descriptive studies have documented the clinical profile of sexually abusive adolescents, the origins and developmental course of their behavior remains largely speculative. Second, research on children under 12 years old, involved in atypical, sexually intrusive behavior is scarce, and anecdotal to some extent. Third, in recent years, practitioners have been increasingly concerned with youth being referred for other forms of atypical sexual behaviors that remain largely undocumented, (e.g., sexual exploitation committed by youth, production/distribution of sexually explicit images). Few empirical studies have been conducted to examine the developmental profiles of this diverse population. As a result, practitioners are often in the dark with respect to the clinical assessment, as well as service delivery, of youth involved in atypical sexual behaviors. The proposed panel session aims to present the preliminary key findings of a retrospective longitudinal study on children and youth referred for atypical sexual behaviors. The study conducted in the province of Quebec, Canada, examines the prevalence, developmental trajectories, behavioral and clinical profiles, as well as trajectories of services offered to these young persons and their family ($n > 1{,}000$) having been referred to Quebec's child welfare services between 2002 and 2014 for atypical sexual behaviors. The proposed panel will include three presentations using data stemming from this large scale research project.

Children Referred to Quebec's Child Welfare System for Atypical Sexual Behaviors: An Epidemiological Longitudinal Study

Patrick Lussier, *Université Laval* (patrick.lussier@svs.ulaval.ca)

Danielle Nadeau, *Université Laval* (danielle.nadeau@svs.ulaval.ca)

Stéphanie Thivierge Chouinard, *Université Laval* (Chouinard@kin.msp.ulaval.ca)

Denis Lacerte, *Université Laval* (denis.lacerte.1@ulaval.ca)

Despite the clinical significance, epidemiological studies examining the development of nonnormative, atypical sexual behavior of children remain scarce in spite of increasing attention in the past three decades. In fact, there is little research on the extent, nature, and seriousness of nonnormative sexual behavior in the child welfare population. This study aims to bridge this gap by investigating the characteristics of child welfare referrals involving a child manifesting atypical, nonnormative sexual behavior, including sexually violent/abusive behavior. All children referred to the Quebec region's child welfare system between 2002 and 2014 were included in the study (n > 1000). Sociodemographic, individual, familial, and referral characteristics were examined on a yearly basis. Trends in referrals were analyzed and gender differences examined. A small subsample of 100 cases was further inspected to determine the nature, age of onset, frequency, seriousness, and persistence of atypical sexual behaviors. The clinical, practical, and policy issues raised by this population will be addressed.

An Exploration of Developmental Trajectories among Children and Adolescents with Atypical Sexual Behaviors

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This retrospective longitudinal research project aims to clarify the developmental trajectories of young people with atypical sexual behaviors during childhood and adolescence. Of importance, this presentation is concerned about the continuity and discontinuity of these behaviors across the childhood-adolescence period. A random sample (n = 100) consisting of young persons who have been referred to Quebec's Child Welfare system for atypical sexual behaviors has been used for this research project. The sample was categorized into three groups: (a) young persons first referred for atypical sexual behaviors prior to age 12 but not in adolescence (n = 25); (b) young persons referred for atypical sexual behaviors prior to and after the age of 12 (n = 25), and (c) young persons referred for atypical sexual behaviors only after the age of 12 (n = 50). The clinical profiles were analyzed and comparisons made to examine and determine the role and importance of the age of onset of atypical sexual behaviors on the nature, frequency, severity and persistence of these behaviors. The findings will be discussed in terms of the clinical and developmental profiles of youth with atypical sexual behaviors.

From the Initial Clinical Intake in Child Protection to the Reporting of Atypical Sexual Behaviors: When Could it Be "Too Late" and What Should we Screen?

Danielle Nadeau, *Université Laval* (danielle.nadeau@svs.ulaval.ca)

Stéphanie Thivierge Chouinard, *Université Laval* (Chouinard@kin.msp.ulaval.ca)

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Denis Lacerte, *Université Laval* (denis.lacerte.1@ulaval.ca)

The global history of the child welfare services trajectories will be examined, for each of the 3 developmental profiles of atypical sexual behaviors identified in our sample (in relation to behavioral continuity/discontinuity). Among other variables, some descriptive data regarding the mean age of the first report to the authorities, all the legal grounds to seek child welfare services, number and nature of diagnosis in mental health and nature of social problems needing to be addressed, will be presented according to these atypical sexual behavioral profiles. Differences and similarities highlighted between the profiles, as well as the co-occurrence of social, cognitive and mental health problems with this population will be addressed in terms of services delivery, especially in the clinical settings of fragmented systems of care. The need for an interdisciplinary approach allowing a standard clinical detection (and/or assessment) of atypical sexual behaviors and mental health problems for children in needs of social care will be discussed.

16. Becoming a Psychiatrist: An International Overview of Psychiatry Training

Psychiatry Residency Training in Canada

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In Canada, psychiatry residency programs require 5 years of training. Subspecialty fellowship opportunities are available in the fields of child and adolescent psychiatry, forensic, and geriatric psychiatry. In their first year, residents rotate through specialties such as internal medicine, family medicine, emergency medicine and neurology. The second and third years of training comprise six months each of inpatient adult psychiatry, outpatient adult psychiatry, child and adolescent psychiatry and geriatric psychiatry. The fourth and fifth years of training involve rotations in rehabilitation psychiatry, consultation liaison psychiatry, shared care and a range of elective and selective experiences. In terms of psychotherapy training requirements, residents must develop competence in supportive, psychodynamic, and cognitive behavioral psychotherapies, and must complete 1200 hours or more of psychotherapy. With regards to research, most programs require residents to complete at least one research project over the

course of residency. Graduating residents complete the Royal College of Physicians and Surgeons of Canada Psychiatry Exam.

Change Ahead: The Shift to Competency Based Medical Education and What it will mean for Psychiatry Residency Training in Canada

Maria Hussain, *Queen's University* (hussainm@providencecare.ca)

The medical climate in Canada has changed significantly over the past few decades. Public demand for increased accountability among physicians continues to grow in response to cases of physician negligence and/or incompetence in the media. Healthcare costs and demands continue to balloon, while funding for healthcare freezes or shrinks. Although Canadian residents today are the most highly educated in history, there remains a potential for residents to graduate with gaps in knowledge and/or lacking essential skills or abilities. The CanMEDS framework of competencies (Medical Expert, Scholar, Leader, Communicator, Collaborator, Educator, Health Advocate and Professional) has guided assessment of residents across all specialties in Canada, but the Royal College is expanding on this framework with the Competency By Design initiative. This presentation will expand on the rationale for this shift, explore what the shift will look like and provide a demonstration of what a psychiatry resident's journey through a CBME program would look like.

Psychiatry Training in the United Kingdom

Ainsley Alexander, *Queen's University* (7aka1@queensu.ca)

Psychiatrists in the United Kingdom (UK) have to complete undergraduate education, foundation years and Postgraduate training before gaining specialist qualification in Psychiatry. Postgraduate training is done in Royal College's recognised training schemes in the UK and requires clearing the Membership of the Royal College of Psychiatrists (MRCPsych) examination which is a mandatory requirement for gaining the Certificate of Completion of Training (CCT). Psychiatry training is structured and trainees are assessed based on a series of assessments called Work Place Based assessments completed during clinical practice under supervision. Psychiatry training starts with: i. A Medical degree (usually 5 years): All psychiatrists are qualified doctors, so first you must gain a place at a medical school. ii. Foundation training (2 years): After medical school you will spend 2 years working in a hospital as a 'foundation program trainee.' This will extend the knowledge and skills you have gained as a medical student. iii. Specialty training (usually 6 years): On completion of your foundation program you will undertake six years of specialty training; three year core training program (CT1-CT3) and three years in a higher training program (ST4-ST6). Audits, knowledge of clinical governance, research methods, critical appraisals, publications and teaching is promoted throughout the training period.

Psychiatry Residency Training in the United States

Amer Sapru, *Queen's University* (a.sapru@queensu.ca)

In the United States (U.S.), psychiatry categorical residency training consists of 4 years of training. Psychiatry residents must train for a minimum of 4 months in primary care, 2 in neurology, 6 in adult inpatient psychiatry, 12 in continuous adult outpatient psychiatry, 2 in child and adolescent psychiatry, 2 in consultation–liaison psychiatry, 1 in geriatric psychiatry, and 1 in addiction psychiatry to sit for the board certification examination. Electives are usually completed during the final year of training. In terms of psychotherapy training requirements, residents are required to develop competence in applying supportive, psychodynamic, and cognitive behavioral psychotherapies. Residents are also exposed to research to promote an atmosphere of curiosity and academic inquiry. Most programs require trainees to participate in at least one quality-assessment and quality-improvement (QA/QI) project. Despite opportunity, research experiences during residency are typically brief and fragmented across years of training. Trainees are required to document patient logs and complete both written-Psychiatry Resident-In-Training Examination (PRITE) and Clinical Skills Verification (CSV) annual Examinations. Programs must complete competency based evaluations (usually including 360-degree evaluations) upon completion of each rotation. Graduating residents sit for the American Board of Psychiatry and Neurology (ABPN) examinations.

Psychiatry Training in Australia and New Zealand

Anthi Stefanos, *Queen's University* (16as96@queensu.ca)

Beginning in 2013, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has adopted a competency-based psychiatric training program. Requirements for entrance to the program include a medical degree, a minimum of 1-year experience as a medical intern, and general registration as a medical practitioner. The training program lasts for 5 years and is broken up into 3 clinical stages. Stage 1 consists of year 1 of training and requires 12 months of experience in adult psychiatry with a minimum of 6 months to take place in an acute setting. Stage 2 consists of years 2 and 3 of training and requires 6 months of Child and Adolescent Psychiatry, 6 months of Consult-Liaison Psychiatry, and 1 year of electives. Stage 3 consists of 2 years of psychiatry electives. Throughout training, competency is measured through quarterly Entrustable Professional Activities (EPAs). Requirement for psychotherapy includes attaining competency in psychodynamic, supportive and cognitive-behavioural therapies, as well as completing a 1-year psychotherapeutic case with accompanying 10,000 word case write-up. There is a research requirement of completion of a minimum of 1 project during the program. The RANZCP exam consists of a multiple-choice exam, an essay exam, and a 12-station OSCE.

Pallavi Nadkarni, *Queen's University* (nadkarnp@KGH.KARI.NET) – Discussant

Tariq Hassan, *Queen's University* (hassant@providencecare.ca) – Discussant

17. Bioethics, Biotechnology, Social Policy and Mental Health

Return from Socio-Political Exile: The New Therapeutic Career for Hallucinogens

Richard Robeson, *Wake Forest University* (robesor@wfu.edu)

Among the extraordinary claims made in a 2015 article in *The New Yorker* magazine on hallucinogen-therapy research, was the acknowledgement by investigator Anthony Bossis that psychiatry is underequipped to address what Dr. Bossis calls, "existential distress": "People don't realize how few tools we have in psychiatry to address existential distress. Xanax isn't the answer." After more than thirty years with a (politicized) reputation for no therapeutic benefit, psilocybin — active ingredient in hundreds of species of mushrooms, and synthesized in 1938 by Albert Hoffmann as lysergic acid diethylamide (LSD), is being recognized as clinically significant in numerous treatment modalities. This paper considers (a) current hallucinogen-therapy research, giving particular attention to ironies that emerge from the historical record. For example, some of the best-documented instances of abuse of hallucinogens appear not among 1960s "hippies" but in US government efforts to weaponize them for war and counterespionage, efforts ultimately supported by the Supreme Court (*United States v. Stanley*, 483 U.S. 669 (1987)), which ruled that for military personnel, being unwitting subjects of LSD experiments was "incident to service." Additionally, that (b) the *NIH Hallucinogen Research: Guidelines for Safety* bear striking, and deliberate, similarities to the ritualistic use of such drugs, in ancient cultures and in 1960s counterculture; and, finally, (c) the ethical implications of socio-political policy as an impediment to biomedical progress.

Regenerative Medicine and the Meaning of Success

Nancy King, *Wake Forest University* (nmpking@wakehealth.edu)

The advent of clinical trials involving novel biotechnological interventions like regenerative medicine is revolutionizing many aspects of medical research and practice. One focus of change that has not as yet received much attention, and which remains largely unaddressed in human research regulations, has two interesting aspects: (1) how the success of a regenerative medicine intervention is defined and assessed, and (2) whether clinical translation of regenerative medicine interventions could alter professional and public perceptions of "normal" function. This presentation discusses: the range of meanings of successful treatment in different types of

regenerative medicine interventions; the changing meaning of normal in the short term; and the potential effects of regenerative medicine interventions on views about the life course in the long term. Key points include: the need to examine and correlate patient-subjects' and investigators' definitions of successful interventions; the ways in which partial restorations of organ function can alter the range of normal function and decisions about when to intervene with treatment; the possibility that regenerative medicine interventions could in the future change how society views normal aging; and international debates about whether and how to regulate human research that could enhance or otherwise modify the species.

Recent Efforts of the International Transplant Profession to Impact on Transplant Abuse in China

David Matas, *Law Society of Manitoba* (dmatas@mts.net)

This presentation will focus on the latest efforts of the global transplantation profession to address the constantly changing narrative in China about its transplant abuse. Research has indicated that prisoners of conscience, mainly practitioners of the spiritual based set of exercises Falun Gong, are the primary source of organs for transplant in China. This presentation will consider first the submissions of former President of The Transplantation Society (TTS) Francis Delmonico to a joint US Congressional subcommittee hearing in June 2016. This presentation will then look second at the efforts that the Chinese Government made to use the TTS Congress in Hong Kong in August 2016 as an endorsement for Chinese transplant behaviour and the response of TTS, rebuffing those efforts. A conference held in Beijing in October 2016 where a number of foreign transplant professionals, without independent investigation, praised the Government of China's claims of reform will then be considered. The conclusion of the presentation is that the international transplant profession has split into two components. There are those who want substantiation before they endorse claims of reform, and those who put investigation to one side and believe that they can influence China through engagement.

Legal and Policy Implications of Physicians Counseling Minority Patients Regarding End-of-Life Care Choices: A Therapeutic Approach

Matthew Slingbaum, *Nova Southeastern University* (mslingbaum@yahoo.com)

Proper communication between physician and patient is essential to ensure that patients have an appropriate understanding of end-of-life (EOL) care. Medicare has implemented a possible solution to this problem by reimbursing physicians for EOL counseling with patients. However, less than 30% of physicians say that counseling is taking place. A research study conducted in South Florida to understand current attitudes toward and knowledge of key EOL concepts

supported those findings. Results from the study showed a statistically significant link between lower education levels and reduced knowledge of EOL options. The study also showed that racial and ethnic minorities in South Florida had a statistically significant lower knowledge base about hospice care and terminal illness than Caucasians. Multiple factors such as physician's training and patient's attitudes and lack of basic knowledge regarding EOL care options affect proper physician/patient communication. We will explore possible barriers to the therapeutic application of the reimbursement law. In addition, we will offer possible solutions, including increased education and training for physicians in counseling patients regarding EOL care, communicating truthfully about prognosis and prospective benefits and burdens of therapies, and analysis of whether "right to know" laws might assist or hinder in this endeavor.

18. Bioethics, Religion and Abnormality

A Pragmatic Framework for Multicultural Ethics

Dennis Cooley, *North Dakota State University* (Dennis.Cooley@ndsu.edu)

In Swift's *Gulliver's Travels*, each nation thinks that it is *It*. "*It"* is defined here as a socio-centric position in which one's social group, in this case, a country, is believed to be superior to every other group in regards to the former's values and principles. Socio-centrism becomes problematic when citizens cannot change their minds even in the face of overwhelming empirical evidence that their cultural beliefs are false. I will argue for why a pragmatic approach needs to be taken toward bioethics and morality, especially when it comes to interactions between societies and their members. Along the way, an explanation for why this approach is the most reasonable will be sketched out using the foundation of evolutionary adaptation and advantage, neurophysiology, and how morality actually works. The result will be a moral theory that rejects the notion that there is one right solution or position on a matter, and replaces it with the more nuanced position that there can be many right actions and good values that depend, in part, on the situation's context.

Religious Fanaticism and Bioethics

Lloyd Steffen, *Lehigh University* (lhs1@lehigh.edu)

Kant associated fanaticism rather exclusively with religion, something to note due to the modern association of fanaticism with political ideology, psychology, and other arenas where it is not uncommon for conclusions to be drawn without evidence. Kant also argued that the fanatic is one who makes a serious epistemological blunder, mistaking something supersensible outside the grasp of phenomenal knowing with an object accessible to empirical knowing. These two aspects of what will comprise the fanatic make their way into the realm of bioethics. This paper draws attention to the way bioethics is subject to fanatical interpretation. On the understanding

that certain beliefs that are not put forward as religious can actually play the role of religious beliefs—the Supreme Court of the United States provides a model for this; it is possible that bioethical interpretations can present fanatical perspectives and support Kant's claim that fanatics are essentially religious, Attention in the paper will be given to two issues where fanaticism appears beyond an appeal to reasoned discourse: the abortion issue in the United States and the opposition to cloning on the grounds of an emotive "yuk" factor.

Insanity and Liability to Suffer Defensive Harm

Suzanne Uniacke, *Charles Sturt University* (suniacke@csu.edu.au)

Recent philosophical discussion of the principles of permissible self-defense is divided on whether the use of (necessary and proportionate) lethal force in self-defense against an insane attacker (someone who would be acquitted of, say, murder on grounds of insanity) is justified, as opposed to excusable. This particular point of disagreement revolves around the question of whether a person's responsibility for his or her conduct is relevant to the degree to which he or she is liable to suffer significant harm in relation to that conduct. This presentation will argue that the use of lethal force against someone who is not morally or legally responsible for the threat that he or she poses can be justified, as opposed to excusable. Pertinent issues of responsibility, justification and excuse in relation to the basis of a person's liability to suffer harm, including defensive harm will be addressed. It will also be maintained that it can matter to legal, as well as to moral evaluation, whether we characterize the use of self-defensive force against a non-responsible attacker as justified, as opposed to excusable.

Distinguishing "Normal" vs. "Anomalous" Sexual Interests and the Perils of Using DSM-5 Definitions

Christian C Joyal, *University of Quebec at Trois-Rivieres* (christian.joyal@uqtr.ca)

Most lawyers, judges, and expert witnesses in America use the Diagnostic and Statistical Manual of Mental Disorders (DSM) to define psychopathology. According to the last edition (DSM-5), sexual interests can take the form of fantasies, behaviors or urges, and they can be labelled as anomalous (paraphilic) if they are "greater than or equal to normophilic sexual interest". Normophilic interests are defined as an "interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners". That definition is problematic for several reasons. Not only measures of sexual interest "greatness" are not provided and adolescents can be "physically mature" and "consenting", but the definition is not based on data showing that sexual interests of the general adult population, especially fantasies, correspond to these criteria. The goal of this presentation is to present the results of two large scientific surveys conducted among the general population demonstrating that up to 60% of men

and women acknowledge having a sexual fantasy, 50% a desire, and 34% experience with a paraphilia as defined by the DSM-5. These rates indicate that the official definition of paraphilia is too inclusive, which currently lead to unfair legal decisions (e.g. child custody).

19. Bioethics in Times of Helplessness and Trauma

Physician Know Thyself to Help and Heal: From the (1939-1945) Shoah's Times of Catastrophe and Great Moral Hazard to Todays (2017) Ethical Challenges to Clinicians

Harold J. Bursztajn, *Harvard Medical School* (harold_bursztajn@hms.harvard.edu)

Medical education needs to address how physicians and other health care workers do their best in times of great moral hazard, community catastrophe, and faced with tragic choices and decision making under conditions of uncertainty. This includes an awareness of one's own autobiography, including remembering one's own original motivations for the practice of medicine. Dr. Bursztajn will illustrate this process by way of referring to how he continues to be influenced by what he learned as a child in post World War II Poland about his parents' experiences with health care during the Shoah, and the transgenerational transmission of both trauma and resilience.

Dr. Vesna Bosanac: Ethical Decisions in Times of War

Ivana Viani, *Harvard Medical School* (ivana_viani@hms.harvard.edu)

Ivana Viani will present her research into the personal and professional history of Dr. Vesna Bosanac, director of Vukovar Medical Center who during the 1991-1995 war in Croatia managed to provide astonishingly high levels of equitable care to both defenders' and aggressors' casualties in the midst of the bloodiest battle in Europe since WWII. Specifically, the following motivational factors will be discussed: Dr. Bosanac's relationships, identifications, memories, values and previous experiences in becoming a physician and her ability to cultivate these before and during the crisis she had to face. Ms. Viani will elucidate the actions of Dr. Bosanac during the siege of Vukovar and identify factors that facilitated her ethical decisions under conditions of adversity, catastrophe, and uncertainty. Finally, she will present how these factors may serve as starting points for future examination of qualities needed to be sought and/or developed in those who will be entrusted with the health of populations in times of extraordinary humanitarian crises.

The Anatomy of Undue Influence by Terrorist Cults and Traffickers by Using Helplessness and Trauma to Create False Identities

Steven Hassan, *Freedom of Mind Resource Center Inc., Newton, USA* (hassan@freedomofmind.com)

Psychiatrist Robert Jay Lifton M. D. researched Brainwashing, Nazi Doctors and Apocalyptic cults like the Japanese sarin gas cult, Aum Shinrikyo. The DSMV refers to it as Unspecified Dissociative Disorder 300.15. In this presentation, based on Lifton's work and after four decades of practice, I will present my Influence Continuum model (of ethical to unethical) and use my BITE model of Mind Control (Behavior, Information, Thoughts and Emotions) to help explain how cult recruiters and pimps break a person down and build up a new false identity that is radically different and does what it is ordered to do. Understanding the process of imposing trauma and dependency guides a new model of empowering the person to reclaim their identity, learn to overcome and integrate the programming, and have a healthy integrated self.

Michael-Roman Skoblo, *IFLB Laboratoriumsmedizin, Berlin, Germany* (r.skoblo@iflb.de) – Discussant

20. Biologically-Based Evidence

"Another Ride on the Nurture-Nature Merry-Go-Round": Pedophilia and the Neurology of Morality in Law and Science

Heather Ellis Cucolo, *New York Law School* (heather.cucolo@nyls.edu)

The basic idea that pedophilia is in the biology in the brain is more than 100 years old and recent data has discussed this concept even further. Experts have adamantly claimed that the brains of pedophiles are physically distinct from other non-pedophilic brains and that brain structure may exhibit minor- yet identifiable differences. Humans beings consistently seek pleasure; some philosophical theories say at the cost of other basic needs- thus the evolution of sexuality may also hold some keys into the understanding of the biological component of pedophilia. In this presentation, I will discuss the prevailing theories and studies related to the biological, sociological and environmental factors that may connect and contribute to pedophilia. Based upon that information, I will examine sex offender laws and current treatment and conclude with suggestions for legal reforms to better address prevailing notions of the cause and origins of pedophilia.

"I've Got My Mind Made Up": How Judicial Teleology in Cases Involving Biologically-Based Evidence Violates Therapeutic Jurisprudence

Michael L. Perlin, *New York Law School* (Michael.perlin@nyls.edu)

Building on my recent article *("In the Wasteland of Your Mind": Criminology, Scientific Discoveries and the Criminal Process,* with Alison J. Lynch, Esq., Virginia Criminal Law Journal, forthcoming), I will discuss how judges treatbiologically-based evidence in criminal cases. That is, when that evidence confirms a pre-existing position in the mind of the judge, the evidence is privileged, when it rejects it, the evidence is subordinated. I will explain how this tracks judicial behavior in insanity defense cases and other matters involving psychological and psychiatric testimony, and what the implications of this behavior is for criminal procedure developments, and will show how this behavior violates the basic precepts of therapeutic jurisprudence.

Effective Use of Brain-Based Data in Evaluating Recidivism in Sex Offender Cases

Alison J. Lynch, *Attorney-at-Law, Brooklyn, USA* (alynch@mdlpa.net)

With the introduction of brain-based data into cases dealing with sex offender recidivism, it is critical to understand what that data can and cannot tell us. Recidivism risks have generally been provided by experts based on actuarial data, but studies are beginning to question whether biologically-based evidence may be relevant in a recidivism discussion. In this presentation, I will discuss the process of sex offender recidivism evaluation, focusing on research that indicates where brain-based data might prove effective in these determinations. I will also discuss the evidentiary difficulties in the United States with introducing this type of evidence. Ultimately, I will urge caution in adopting a new system of evaluation based on brain imaging data alone, while still recognizing potential uses in individual cases where brain-based evidence may prove informative about offending patterns or motives for future offending behavior.

The Biological Basis For Psychopathy

William Richie, *Meharry Medical College* (wrichie@mmc.edu)

For many years, the psychological and neurodevelopmental origins of psychopathy were poorly understood. With the advent of neurophysiological imaging techniques, new insights are being

discovered. In 1989, Dr. Leslie Brothers' paper, "A Biological Perspective on Empathy," denotes the superior temporal sulci and amygdala as centers involved in empathic response in non-human primates. In recent years, innovations in neuroimaging techniques have allowed for safe examination of humans. These studies have shown numerous structural and functional abnormalities within the brains of individuals with psychopathy. Individuals with psychopathy have been proven to have reduced gray matter volume within the ventromedial prefrontal cortex, which is involved in the emotional reactivity to perceived environmental threats or frustration (Gregory et al). Functional Magnetic Resonance Imaging have been used to show differences in brain activity between individuals with and without psychopathy in response to various stimuli. Individuals with psychopathy have shown decreased differential activation between negative affective and neutral conditions in the amygdala/hippocampal formation; decreased activity in the fusiform gyrus, inferior frontal gyrus, and orbitofrontal cortex in response to observing dynamic emotional facial expressions; as well as decreased activity within the amygdala, medial prefrontal cortex, posterior cingulate gyrus, and angular gyrus when processing emotionally-laced moral dilemmas (Seara-Cardoso and Viding). This discussion is designed to delineate some of these new findings.

21. Biomedical Enhancements

Is Biomedical Enhancement a Disenchantment of the World?

Anton A. van Niekerk, *Stellenbosch University* (aavn@sun.ac.za)

This paper examines whether biomedical human enhancement is necessarily the ultimate culmination of the alleged post-enlightenment disenchantment of the world, as identified by Weber. Of note is the argument of MichaelSandel, who regards the aim to enhance as characterised by a desire for perfection and control over the world, a denial of the "giftedness of life". This argument is inconsistent. Sandel appears to have no objection to the non-genetic modes of influence and manipulation that we exert upon our offspring in an attempt to shape them to our perceived desires. Humanity has always tried to improve itself, thus to oppose enhancement is in a sense to oppose the inevitable. This suggests that we should focus upon specific projects of enhancement, rather than rejecting enhancement outright. Rather than viewing biomedical enhancement as a blunting of our sense of mystery and awe, we should allow the possibilities opened up by modern science to stimulate our sense of wonder. A sense of awe need not be limited solely in response to the unknown but may also arise from a disclosure of the unknown. An enchantment with the world need not be the outcome of darkness but rather an anticipation and result of discovery.

Is Moral Bioenhancement Moral?

Andrea C. Palk, *Stellenbosch University* (apalk@sun.ac.za)

Bioethicists Persson and Savulescu have argued that traditional forms of moral instruction and development are no longer adequate in equipping humanity to address the distinct nature of problems faced in the 21st century. What is needed, they posit, is to biologically enhance our morality; not only in terms of decreasing the likelihood that we will wish to cause harm to others, but also in terms of increasing our motivation to do good. However, concerns raised by moral bioenhancement include not only its safety and feasibility, but also its moral desirability. In other words, the concern is that even if moral bioenhancement does become a safe possibility; should we embark upon it? Will it not pose a threat to human freedom? This concern is based upon the view that the conditions for the exercise of moral behaviour lie in the deliberation and choice that must be freely made in the face of competing demands. If we have been biologically influenced to make better choices, may these subsequent choices and the behaviours to which they lead, still be regarded as moral? Will morality as we know it disappear if moral bioenhancement becomes a possibility? Whilst there have been a number of articles published in the last decade that attempt to address these questions, it is still a relatively new area of focus and thus there is a need for further investigation of the subject.

Control Yourself? The Case for Genetic Enhancement of Impulse Control

Susan Hall, *Stellenbosch University* (shall@sun.ac.za)

Studies suggest that our ability to delay gratification by controlling our impulses has a significant impact upon how well our lives go. Given this correlation, it is widely accepted that parents and other caregivers have good moral reasons for developing this capacity in children via environmental interventions such as rule-setting and parental modelling. However, it is likely that our levels of impulse control are not only subject to environmental influences, but are also at least partially determined by genetic heritability. This implies not only that the capacity for impulse control may be resistant to environmental manipulation to a certain degree, but also that it could be possible to modify this characteristic in the future via genetic engineering. This paper will argue that the differences between these two means of modification are not morally significant, and that therefore, the case can be made for a moral obligation to enhance impulse control not only by environmental means, but also through the use of genetic engineering.

Legal Constructions of the Human Body in Genetic and Genomic Science

Melodie Slabbert, *University of South Africa* (slabbmn@unisa.ac.za)

Over time, constructions of human bodies varied considerably, ranging from early negative views of human bodies, some for long periods under various forms of control, followed by attempts to classify human bodies; anthropological efforts to compare bodies of different origins, to the present fixation with body appearance, enhancements and reconstruction. Nothing captures the fragmentation and of human bodies and human embodiment better than the developments in genetics and genomics. Genetic science makes it possible to reproduce the most elementary biological processes, leading to a weakening of conventional distinctions between culture and nature. Its ability to reconstitute and recreate the body makes it possible to transcend nature, whereas its ability to eliminate or minimise the effect of genetic variations means that it can improve nature, or alternatively, in the case of cloning techniques, that it defies the distinction between life and death. The purpose of this paper is to investigate constructions of the human body by focusing on the effects of developments in the field of genetic and genomic research. The paper demonstrates how conventional constructions of the body in law have become wholly inadequate in addressing recent scientific developments, emphasizing that these have undermined and reversed many fundamental premises relied upon the law, philosophy and science.

Neuroenhancement by Drugs and by Brain Engineering: The Ethical Perspective

Dominik Gross, *Aachen University* (dgross@ukaachen.de)

Since the 1980s we have witnessed an increasing use of drugs for enhancement purposes. Such uses include cognitive enhancement, memory improvement, the heightening of attention, mood enhancers, the "modulation" of personality characteristics, and reducing of the need for sleep. Originally, the drugs were developed for patients with attention disorders (e.g. Methylphenidate), dementia (e.g. Donepezil), depression (e.g. Fluoxetine) or narcolepsy (e.g. Modafinil). Besides, there is an upcoming discussion about "brain engineering". Additionally, there is an emerging discussion on the future of "brain engineering". Brain engineering or "neurobionic enhancement" is still mainly futuristic: it describes the implantation of electronic devices in the central nervous system (brain-computer interfaces) with the objective of enhancing human capabilities. Given what we know today those interventions for merely enhancement purposes must be seen very critically – both from a medical and a normative point of view. The presentation mainly deals with the medico ethical issues, discussing existing key arguments both from an individual (e.g. autonomy and self-determination, human identity, informed consent) and from a societal perspective (e.g. coercive influences from societal developments, "hypercompetitiveness", acceptability, shift of standard, equality of access).

22. Bridging the Gap Between Clinical Data and Scientific Reasoning in a Child Custody Report: What Attorneys, Judges and Evaluators Need to Know

Improving the Scientific Integrity of Child Custody Evaluations

Jonathan W. Gould, *Charlotte Psychotherapy and Consultation Group, Charlotte, USA* (jwgould@aol.com)

Child custody evaluations have undergone a significant transformation over the past twenty years with increasing attention to the importance of the scientific method in guiding assessment methods and procedures and guiding expert opinions about factors associated with the psychological best interests of the child. The Forensic Model consists of identifying specific questions that guide an evaluation, multiple interviews with each parent focused on gather data relevant to the specific questions guiding the evaluation, interviews with children, observations of parent-child interactions, interviews and other sources of data from third party observers, review of historical and current records, analysis of evaluation data from multiple independent sources, and integration of professional and scientific literature with conclusions drawn from data analysis that serves as the basis for reliable expert opinions. This presentation will describe the importance of identifying specific questions to guide the evaluation, examine the emerging consensus supporting the selection of reliable and valid assessment methods, explain the importance of using empirical research to guide interviewing procedures, describe the relevance of integrating peer-reviewed literature with the evaluation data, and argue for need to tie expert opinions to the professional and scientific literature of the discipline.

Configural Analysis and Child Custody Evaluations

Jay Flens, *Forensic Psychological Consultation, Valrico, USA* (drjayflens@yahoo.com)

The use of psychological tests in child custody evaluations is controversial. We will discuss the controversy and focus on appropriate methods of utilizing psychological test results within the context of a child custody evaluation. Some of the controversy arises from the fact that commonly used tests were not developed or normed on custody litigants, and were not developed to measure actual parenting characteristics. We will discuss how this is a spurious argument, at best. Part of this controversy involves a poor understanding of the definition of "parenting", as each state or jurisdiction has its own criteria for deciding physical and legal custody of minor children. This presentation will describe advantages to the use of psychological tests in these complex forensic evaluations. This session will introduce the concept of configural analysis and focus on the importance of understanding the impact of response style in interpreting the data/results of the evaluation. Important in this discussion, we will examine both within and between test configurations, and the need to offer hypotheses about the possible effects of psychological test results on parenting behavior, parent-child interaction, and parent-to-parent communication. Finally, we will address the appropriate use of testing to measure variables that are known to impact parenting, co-parenting and parent-child interactions. Examples will be drawn from case examples and commonly used psychological tests.

The Cross-Over Professional: The Need for Family Law Attorneys and Judges to Embrace Psychological Aspects and Family Dynamic Involved in Custody Disputes

Nicki B. Fisher, *Fisher Law Group, Charlotte, USA* (nicki.b.fisher@gmail.com)

We will discuss the profoundly important question: "How can attorneys and judges make these decision about children's best interest when they are unfamiliar with the science that is the basis for many expert opinions?" Legal professionals involved in family law disputes are challenged to know the law and the behavioral science behind issues related to the best interests of the child. Most family law attorneys lack knowledge about the scientific process that guides a child custody evaluation and lack knowledge about the professional and empirical literature that is the basis for most expert opinions. This presentation will explore what the areas of knowledge are pertaining to child development, family functioning, parenting attitudes and behavior, parent-child interactions, and other related factors that attorneys need to know. Family law attorneys and judges are asked to develop a level of knowledge about psychological factors operating in families involved in child custody disputes yet few opportunities are available to assist attorneys and judges to develop a systematic understanding of current empirical research and peer-reviewed literature.

Connecting the Dots: Taking the Mystery Out of the Expert's Opinion in Child Custody Evaluations

Eileen A. Kohutis, *Consulting Psychologist, Livingston, USA* (eakohutis@gmail.com)

This panel discusses the importance of the forensic model framing the evaluation, how understanding psychological tests helps attorneys at trial, the controversies associated with tests, the way that behavioral research informs the expert's opinion and the importance of integrating clinical and scientific data to make a legally sound opinion. A well-written child custody evaluation consists of clinical and scientific methods and thinking which form the basis of the expert opinion. While the forensic assessment model, which requires interviews, observations, use of appropriate tests, review of documents, and collateral contacts provide a methodology for the evaluation, errors occur when the evaluator has relied too much on either clinical or scientific epistemology. Evaluations do not "connect the dots" when they have not integrated the clinical data with the scientific reasoning because attorneys, judges, and litigants do not understand how evaluators reached their conclusions. When evaluators do not answer the specific psycho-legal question, do not offer alternate hypotheses to explain the data that has been gathered from multiple sources, and account for inconsistent data, the expert is vulnerable during

cross examination and gives the appearance of bias. When an evaluation presents clinical data with a scientific rationale, the report has a legally trustworthy opinion.

Taking the Mystery Out of Child Custody Evaluations

Lynn Kamin, *Attorney-at-Law, Houston, USA* (lkamin@jenkinskamin.com)

This panel discusses the importance of the forensic model framing the evaluation, how understanding psychological tests helps attorneys at trial, the controversies associated with tests, the way that behavioral research informs the expert's opinion and the importance of integrating clinical and scientific data to make a legally sound opinion. A well-written child custody evaluation consists of clinical and scientific methods and thinking which form the basis of the expert opinion. While the forensic assessment model, which requires interviews, observations, use of appropriate tests, review of documents, and collateral contacts provide a methodology for the evaluation, errors occur when the evaluator has relied too much on either clinical or scientific epistemology. Evaluations do not "connect the dots" when they have not integrated the clinical data with the scientific reasoning because attorneys, judges, and litigants do not understand how evaluators reached their conclusions. When evaluators do not answer the specific psycho-legal question, do not offer alternate hypotheses to explain the data that has been gathered from multiple sources, and account for inconsistent data, the expert is vulnerable during cross examination and gives the appearance of bias. When an evaluation presents clinical data with a scientific rationale, the report has a legally trustworthy opinion.

23. Bullying and Violence in Society

Towards a Public Health Policy for the Prevention of Bullying Related Health Risks

Jorge C. Srabstein, *George Washington University* (jsrabste@cnmc.org)

There is an evolving recognition that bullying is a multifaceted form of maltreatment, globally prevalent across diverse social settings and along the lifespan. It is significantly linked with a wide array of public health risks and medico-legal implications. Laws have been enacted in different countries to prevent school bullying and/or cyber bullying. These legislations, in general, have neither considered the prevention of morbidity and mortality linked to bullying, nor have they taken into consideration its prevalence in other social settings, including the home, workplace and prisons. This lecture will examine the multifaceted concept of bullying, its ubiquitous prevalence, and its link to morbidity/mortality and medical legal consequences. Furthermore it will review the scope of enacted laws for its deterrence and discuss a prototype of a public health policy based on a three-tier whole community approach for its prevention.

Lessons Learned from a Case of Gang Violence in Hong Kong

T. Wing Lo, *City University of Hong Kong* (sstwl@cityu.edu.hk)

This presentation examines the lessons we learned from a gang murder case, which was described by the presiding judge as "wicked and brutal killing" and drew widespread public attention. A youth gang tortured a 16-year-old gang member to death, burned the corpse and dumped it in a trash area. The research team interviewed all the 9 murderers in prison, including the leaders, ordinary members and followers of the gang. The lessons learned in relation to triad society affiliation, gang leadership, psychopathic tendency, gang norms, gang activities, media influence, and gang work intervention, will be shared. The study concluded that because of the influence of Chinese triad society in working class districts, youth gangs were negatively affected by triad organized crime groups. Social work services to gang youths should be more outreaching and provide services in the gangland where the young people frequent, so as to understand their gang dynamics and intervene accordingly.

Do Psychiatrists Need to Understand Racism?

Manuela Petrucci, *Christophsbad Hospital, Goeppingen, Germany* (manuela.petrucci@web.de)

In the last months we have been witnessing a dramatic increase of racial hatred in Europe as well as in USA: for example, the Hungarian Government has shown mass intolerance while managing refugees from East Europe and Donald Trump has declared his intentions of erecting a wall along the US-Mexican border if he is elected to office. In Italy, there has also been an increase of crimes related to racism as well. The Charter of Fundamental Rights of the EU declares that any form of discrimination shall be prohibited (Article 21). Likewise the Universal Declaration of Human Rights in the USA declares that "all human beings are born free and equal in dignity and rights". Crimes of discrimination are clearly punished by the Law in most of civilized countries, but is this enough? Shouldn't psychiatrists ask themselves "what makes a human being a human being? How can one say that men, women and children are equal despite the obvious differences? How can one say that the races do not exist? Furthermore, "is racism a psychopathological interest of research and knowledge?" This presentation will consider the possible answers to these questions, which are provided by Fagioli's Human-Birth-Theory.

Stigmatization of Gay Children and Parents in Russia and the Impact on Mental Health

Alexandra V. Orlova, *Ryerson University* (aorlova@ryerson.ca)

The debates about the status of gay rights have been actively discouraged and legislatively suppressed in Russia. Federal legislation prohibiting the provision of information about homosexuality to minors was enacted and constitutionally justified by the Russian Constitutional Court. The Court claimed that negative social attitudes may in fact be reinforced by providing information designed to counter negative social attitudes towards homosexual individuals. Thus, prohibition of information was necessary for the protection of gay individuals. However, prohibition of information pertaining to homosexuality stigmatizes gay children and gay parents and places them at risk of prosecution. Russian homosexual teenagers are particularly vulnerable to violence, stigmatization and bullying. They experience "double pressure" from both their peers and teachers. Children with gay parents are also placed under considerable stress given the potential social consequences of their mother's or father's sexual orientation becoming known, and the risks of homophobic violence or bullying. These state policies have a disproportional impact on the mental health of gay individuals and if the Russian state is truly concerned about protecting all children (which includes gay children), then frank and open discussion about homosexuality, sexual health, and LGBT rights should be viewed as an asset rather than a liability.

Confronting Cyberbullying in Hong Kong

Rebecca Ong, *City University of Hong Kong* (lwong@cityu.edu.hk)

Cyberbullying as a form of online aggression is an increasingly prevalent phenomenon that is experienced by all age groups. Apart from the use of technology, cyberbullying shares mant of the same attributes as conventional bullying, including a power imbalance vis-a-vis the bully and the victim and the victim's feeling of helplessness. The impact of cyberbullying, however, is greater and results in severe psychological, social and mental health problems. Because cyberbullying presents a new type of challenge for lawmakers, educators, and parents, there may not be a single solution to this sociolegal problem. This presentation examines the existing laws that may apply to cyberbullying, and assesses the effectiveness of the laws in redressing an inherent power imbalance. Non-legal measures that can be adopted to tackle this problem will also be reviewed.

Sheree Schrager, *Los Angeles Children's Hospital, Los Angeles, USA* (sschrager@chla.usc.edu) – Discussant

24. Capacity and Competency I: Challenges of Evaluating Competency in Medicolegal Contexts

Capacities to Competency: Fitting a Square Peg into a Round Hole

Douglas Lee, *Consulting Psychologist, Vancouver, Canada* (dlee@behavioral-solutions.com)

Psychology as well as other professions have identified a wide range of human capacities. People show wide variability in the range and skill across these capacities. The legal need for a dichotomous decision regarding competence presents the challenge of evaluating the fit of a person's capacities to the question at hand. Questions of competence regarding mental health, financial decision making, contracts and other issues each present with a range of different demands on the person. Knowing the necessary and sufficient capacities to allow a person to be judged competent is a challenge partly due to there being different skill sets across individuals that allow them to act in such a manner to be judged competent. This presentation will explore the interface between the wide range of capacities that can be measured and the need for a yes/no decision regarding competency. This exploration will facilitate a discussion regarding the relationship between multi-faceted human capacities and the necessary requirement to make determinations regarding competence leading to more informed assessment options and understanding of the strengths and limitations of such assessments.

On Health and Life: Conceptual and Methodological Challenges in High Gravity Competency Determination

Izabela Schultz, *University of British Columbia* (ischultz@telus.net)

There is a growing interest in examining mental competency in high stakes medical contexts due to sociodemographic trends including the aging of Western societies, increased prevalence of disability, improved illness survival, societal culture valuing autonomy, and recent legislative developments. Yet, many conceptual and methodological challenges in high stakes competency determinations remain unaddressed, leaving both patients and evaluators vulnerable to errors that may bear irreversible consequences. This research-informed presentation will identify complexities involved in the assessment of mental competence to make irreversible health and life decisions. Controversies in operationalizing the constructs of competency and informed consent in practice will be highlighted in the context of balancing a patient's best interest and autonomy. Although the level of capacity required for legal competence is expected to rise with the gravity of the decision, evaluation practices often deviate from this standard. Research on predictors of Physician Assisted Suicide decisions among vulnerable populations, including those with terminal cancer, dementia and mental illness will be used to illustrate evaluation risks. Issues around temporal stability, specificity, social influences and broader contextualization of health, life and death decisions will be highlighted. Implications for patients, health care and

mental health practitioners, lawyers and societal stakeholders will be presented; together with future directions in research and practice.

The Many Faces of Competency: Comparing Key Assessment Goals and Techniques Across Various Domains of Capacity

Douglas Cohen, *Clinical Neuropsychologist, Vancouver, Canada* (douglascohen2@gmail.com)

The assessment of competence and the capacity to function in various spheres of life represents one of the most difficult and ethically challenging tasks facing psychologists, psychiatrists and other mental health professionals. Competence assessments can have a profound effect on a patient's rights and freedoms and implications for one's ability to exert personal control, including being able to instruct counsel in criminal and civil matters, to live independently, obtain housing and other critical daily living supports, exercise financial decision-making, and to make health and even end-of-life decisions. With increasing emphasis on patient rights and empowerment, and increasing awareness of the impact that such assessments have on individual autonomy, comes increasing concern regarding best practices in evaluating competency. Despite this concern, professional awareness of when competency assessment is appropriate, exactly what constitutes diminished capacity, and how to assess competency is often inadequate. This presentation will review the key components and tools of competency assessments across the legal, mental health, cognitive, financial, and independent living domains. Special consideration will be given to critical differences between these various types of competencies, and how impairment in one domain does not necessarily result in impairment in another.

Clinical Capacity as Compared to Specific Capacity in Brain Injury Context

Daniel Corrin, *Brain and Injury Law, Vancouver, Canada* (dcorrin@braininjurylaw.ca)

With increasing awareness in the medical and legal communities regarding brain injury, longstanding notions of capacity and the ability to instruct counsel can potentially conflict with what are now regarded as variable competencies of injured persons. Legal tools for responding to reduced capacity are blunt. While there are different thresholds to assess competence for different legal activities (e.g., marriage, wills, power of attorney's), these remain black letter law thresholds; either the client is deemed 'capable' or 'incapable'. The subtleties of taking instruction from persons with altered or varying capacities however are challenging for those applying typical standard tests. Those deemed competent are usually considered capable of responding to all aspects of the legal process, even though this process overall might be too complex for those with impairments. Such absolute determinations can have wide ranging and unintended consequences that may not fully account for variable competencies. While

neuropsychological testing can provide important information regarding capacity, many jurisdictions rely heavily or solely on medical practitioners only. This presentation will review common law approaches to competence, highlight the various assessment methodologies of different jurisdictions, the pitfalls and problems that have occurred therein, and will consider possible new levels of competence following injury.

A Child's Right to Decide: The Sliding Scale of Capacity to Accept or Refuse Medical Treatment

Susanne K. Raab, *Pacific Medical Law, Vancouver, Canada* (susanne@pacificmedicallaw.ca)

Both legal and clinical questions abound with respect to child's right to decide to accept or refuse medical treatment. Does a 15 year old have the capacity to refuse life-saving medical treatment? Can a 14 year old girl consent to an abortion or obtain a prescription for birth control medication without the need for parental permission or knowledge? When does a child's right to make his or her own medical decisions start and the parents'right and duty to make decisions on behalf of their child terminate? When can the court's parens patriae jurisdiction override the child and/or the parents' decision? The answer to these questions lies in an assessment of the child's competence. This presentation will focus on the legal and ethical framework within which a child's competence is assessed in Canada, and will further analyze the role of a "child's best interests" in the assessment of the child's competence.

The Effect of Assessment or Determination of Competency in Mentally Ill People in South Africa: A Constitutional and Legislative Framework

Magdaleen Swanepoel, *University of South Africa* (Swanem@unisa.ac.za)

Mental health experts play a pivotal role in the assessment and proof of the merits and validity in the assessment and determination of competency in a mentally ill patient in South Africa. An assessment of the role of expert evidence in support of the assessment of capacity will have limited value if not addressed against the backdrop of our current Constitution. In the light of the fact that the right to dignity is recognised as a foundational right as well as a core value in human rights jurisprudence, it goes without saying that any law pertaining to mentally ill people should be considered and applied. Currently, the Promotion of Access to Information Act serves to give effect to Section 32(1) of the Constitution. This right could find application for example when an accused person raising the defence of pathological criminal incapacity requires certain information held by the State in order to conduct the defence of pathological criminal incapacity. This presentation will elaborate on these rights and the role of experts in South African Law.

25. Capacity and Competency II: CRPD and Rights Perspectives on Advanced Directives and Community Treatment Orders

Relationality, Vulnerability and Support: Article 16 CRPD and the Care Act 2014

Amanda Keeling, *University of Leeds* (a.keeling@leeds.ac.uk)

Article 12 CRPD requires that states parties provide support for the exercise of legal capacity, moving away from 'substitute decision-making' regimes and guardianship. Alongside this, article 16 requires protection from abuse and exploitation. These two articles can appear in opposition to one another – article 12 requiring greater autonomy and empowerment, while article 16 appears to focus on protection. This need not be the case, but it is dependent on how both support for legal capacity, and protective measures are put into practice. Recent empirical work has suggested that adult safeguarding practice in England has led to clients being disempowered, and placed in a position where they will continue to be subjected to exploitation and abuse in the future. A significant factor in this was the definition of 'vulnerable adult' used in *No Secrets*, and the link made to specific groups – particularly disabled people. This paper considers whether the new legislative framework under the Care Act 2014, with the emphasis on support and the removal of the 'vulnerable adult' may set out a path for a safeguarding practice which can embrace the ethos of the CRPD, and better balance the requirements of support for legal capacity and protection from harm.

How Autonomy-Promoting Legislation Can Mask a Legal Regime Focused on Protection: The Case of Guardianship and Administration in Queensland, Australia

Sam Boyle, *University of Queensland* (s.boyle@law.uq.edu.au)

The CRPD pushes for laws that promote autonomy, not protection. This has placed significant pressure on legal regimes that determine the competence of persons with disabilities. In Australia, Queensland legislation on 'personal' or 'financial' competence is the most advanced with respect to disability rights. The Queensland legislation provides the presumption of capacity and least restrictive treatment, and contains no disability requirement. It uses a capacity definition that is functional and not outcome-focused; this is unlike equivalent legislation in other Australian states. However, an empirical study on competence decisions in Queensland reveals a very different picture. The vast majority of adults before the tribunal are found to be incompetent. The tribunal almost always sides with the medical opinion, and where there is disagreement within the medical opinion, the tribunal is far more likely to find incompetence

than competence. Orders are almost always 'plenary', i.e. for all financial or all personal matters. These results show that legislation might appear to be autonomy promoting and CRPD compliant and may mask a regime that is very heavily geared towards protection. This paper will explore how this has occurred in Queensland, and the implications of this finding for other jurisdictions.

The Role of Religion in the Formulation and Enforcement of Advance Medical Directives

Richard L. Kaplan, *University of Illinois* (rkaplan@illinois.edu)

A major development in effectuating patient choices regarding end-of-life care has been the creation of advance medical directives, but a largely overlooked aspect of such directives is the role of religion in their creation and enforcement. This paper begins by setting out the principal similarities and differences between the two basic types of such directives – namely, living wills and health care proxies (or powers of attorney) as well as the less common variant of a mental health medical directive. The paper then considers the formulation of religiously oriented advance directives and how such directives can incorporate a patient's religious doctrine and imperatives. The paper then focuses on the religious views of a patient's treating physician to assess how such views might influence the patient-physician dialogue that is inherent in the preparation of such directives. Finally, the paper analyzes religion-based challenges to the enforcement of advance medical directives, typically by outside parties, paying particular attention to the Terri Schiavo case of 2005 and its continuing significance.

Considering the Experience of Mandated Community-Based Treatment and its Effect on Relationships: Stories from Practice

Fiona Jager, *University of Ottawa* (fjage083@uottawa.ca)

The intricate, legally mandated processes of Community Treatment Orders (CTO's), meant to safeguard and protect individuals living with serious mental illness (SMI), are often experienced as oppressive, meddling, stigmatizing, and authoritarian. In Ontario, Canada, the Consent and Capacity Board (CCB) is intended to safeguard the rights and freedoms of people with SMI; a person undergoing assessment for the purpose of mandated community based treatment will be required to interact with them several times in order to receive "Rights Advice", and as the body that adjudicates their twice yearly CTO hearings. This presentation draws attention to individuals with SMI's experience of the CCB during the initiation and maintenance of mandated community based treatment. Case examples from an Assertive Community Treatment Team in Ontario, Canada illustrate how the current processes can have significant negative impacts on critical relationships: individuals report feeling stigmatized in their community, silenced by the establishment, betrayed by their family, and experiencing a break in therapeutic attachment with

their treatment team. Since strong, intact attachments are a critical element of recovery in SMI, legal and mental health professionals must consider how processes can be made more protective of these vital relationships.

Trust Over Coercion: Replacing Community Treatment Orders with Ulysses Agreements

Kristina Berry-Allwood, *University of Manchester* (Kristina.berry-allwood@postgrad.manchester.ac.uk)

Community Treatment Orders (CTOs) were introduced with the aim of reducing the readmission rates of mentally ill people particularly prone to relapse through encouraging medication compliance. A number of studies have now concluded that CTOs do not fulfill this aim, suggesting that they are unable to provide the therapeutic benefit, which would justify the coercion they permit. Coercive treatment undermines the rights of mentally ill individuals, breeding distrust and damaging therapeutic relationships, which may negatively impact upon wellbeing, service engagement and compliance. On the other hand respecting rights by offering choice and listening to individual needs and concerns can enable effective cooperation and the development of trusting relationships. These trusting therapeutic relationships, along with trust in the mental health system as a whole, have the potential to increase engagement, compliance and satisfaction with services. Despite this, trust is absent from current mental health policy in England and Wales. It will be argued that trust should replace coercion in the context of community treatment, where the current model is clearly failing. Thether abolishing CTOs and instead offering the opportunity to create a Ulysses Agreement could provide the key to implementing such a change will then be explored.

26. Capacity and Competency III: Decision-Making Capacity I

Is Decision-Making Capacity for Research in People Unwell in Hospital with Schizophrenia Really Different from Decision-Making Capacity for Treatment? Results from a Cross-Sectional Inpatient Study and Implications for Research Governance

Benjamin Spencer, *King's College London* (Benjamin.spencer@kcl.ac.uk)

Valid consent with decision-making capacity for research is essential for participation in human research. Schizophrenia continues to be a major cause of disability worldwide and more people are needed to take part in research, especially when they are acutely unwell. Decision-making capacity for treatment is often lacking in people with schizophrenia who are being treated in hospital. Is this the same for decision-making capacity for research? Are the two decisions truly

different in terms of the proportions of people who lack it when unwell, and the symptoms that lead to vulnerability in decision-making capacity? Results of a cross-sectional study of inpatients admitted for the treatment of schizophrenia, in which their decision-making capacity for both treatment and research is assessed along with the associated symptoms, will be presented. To conclude, the implications for research governance and valid consent in people acutely unwell with schizophrenia, and what it teaches us about the phenomenon of decision-making capacity in psychotic illnesses will be discussed.

Mental Capacity, Unwise Decisions and Frontal Brain Injury

Gareth Owen, *King's College London* (gareth.1.owen@kcl.ac.uk)

Frontal brain injury can cause changes to personality as in the classic case of "Phineas Gage" the 19th century US railway foreman who, following a workplace accident, had an iron bar pass through his head without loss of consciousness. Assessing decision-making capacity in frontal brain injury with personality change can be notoriously difficult. Law seeks to protect "unwise decision-making" yet the frontal lobe syndrome is characterized by behaviors such as impulsivity that predispose to unwise decision-making. So what is the difference between an unwise, or impulsive, decision made with mental capacity and one made without? This presentation will review the dilemmas and outline an in-depth interview study with 6 persons with frontal brain injury with personality change that aimed to illuminate deliberative decision-making in this group. The study highlights an ability to have 'online awareness' in decision-making and this is contrasted with the more familiar forms of awareness/unawareness clinicians and lawyers may be familiar with. Practical considerations for assessing decision-making capacity in frontal brain injury with personality change are presented.

Decision-Making Capacity in Depressed Patients

Britta Ostermeyer, *University of Oklahoma (*Britta-Ostermeyer@ouhsc.edu)

In today's autonomous patient-centered health care settings, it has become even more so important to ensure that patients have decision-making capacity. Depression is one of the commonest medical and psychiatric conditions in the world, and it can impair decision-making capacity in certain patients. In particular, the depressed patient's decisional appreciation ability can be impaired. Also, depression-related cognitive deficits can impede the patient's executive function, reasoning, working memory, information processing, and new-learning. The patient's depressed mood and anhedonia itself can decrease motivation and interest in self-preservation. This presentation will review the clinician's medical-legal framework related to patients' decision-making capacity, will present and discuss a patient case scenario, as well as present a review of the published literature on depression and impaired decision-making capacity.

Moving Beyond Binaries in Disability Law and Policy: Reflections on Act 12 And 16 UNCRPD

Beverly Clough, *University of Leeds* (B.Clough@leeds.ac.uk)

Law and policy, particularly in the context of mental capacity, is permeated by binaries such as capacity/incapacity, autonomy/paternalism, and empowerment/protection. The presentation will consider how theoretical approaches to vulnerability and the social model of disability enable us to disrupt and move beyond these traditional binaries. Engaging with this allows us to critically reflect on discussions about Art 12 and Art 16 of the CRPD; whether they are necessarily in conflict or pulling in different directions. Drawing on Gerard Quinn's suggestion that the Convention represents "the latest iteration of a long extended essay at the international level about a theory of justice", which has broader reach than simply being about disability, the presentation will argue that such a perspective allows for a richer and more nuanced understanding of state obligations and responsibilities. Such an approach suggests a shift in debates as to a universal theory of justice, which is unencumbered by the binary distinctions in traditional liberal legal debates.

Informed Consent and Mentally Ill Patients

Browne Lewis, *Cleveland State University* (b.c.lewis@csuohio.edu)

The informed consent doctrine was born when Justice Cardozo stated, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault." Prior to treating a patient, a physician must obtain that patient's informed consent. In order for the consent to be informed, the physician must explain the risks and benefits of the proposed medical treatment. The physician's duty to inform a patient of the risks and alternatives of treatment has been limited to surgical procedures. Currently, the physician usually has a detailed discussion with a patient about treatment options when the patient is facing surgery. However, before prescribing medication, a physician seldom takes the time to explain the risks and the benefits of taking the medication. They prescribe the medication and expect the patients to take it without question. This is especially true in cases involving mentally ill patients. This reality is troubling because drugs designed to treat mental illnesses often have significant physical side effects. To protect patients, physicians should have a duty to obtain informed consent before prescribing certain medication.

27. Capacity and Competency IV: Decision Making Capacity II

'Trump Errors, Risks, Denials Trust, and Altruism': Comparing Clinical Assessment and Dimensional Measures of Decision-Making Capacity

Benjamin Spencer, *King's College London* (Benjamin.spencer@kcl.ac.uk)

Decision-making capacity for treatment and research has been investigated extensively over the past two decades, with most studies using the MacArthur Competence Assessment Tools based on the four-factor model of Understanding, Appreciation, Reasoning, and Expressing a Choice (MacCAT tools). A court decision or clinical assessment of decision-making capacity by a clinician with the relevant expertise is ultimately the final arbiter of decision-making capacity. How much do the two measures differ in practice and what does it teach us about the phenomenon of decision-making capacity? Data will be presented from a cross-sectional study investigating decision-making capacity for treatment and research, measuring decision-making capacity using both categorical and dimension measures (clinical assessment and the MacCAT tools). Reports on the strengths and weaknesses of dimensional assessments of decision-making capacity with reference to a case series of exemplars and regression analysis will also be presented.

Affective Disorder and Decision-Making Capacity

Gareth Owen, *King's College London* (gareth.1.owen@kcl.ac.uk)

It has been argued that emotional disorders reveal the inadequacy of the decision-making capacity construct because it is designed for cognitive disorders, tests cognitive decision-making abilities or reflects the rationalistic assumptions of law. This presentation will respond to these arguments by reviewing relevant law and presenting an in-depth interview study of persons with the commonest emotional disorder; depression. The presentation will highlight the importance of "temporal abilities"; abilities to project oneself into a future, that are necessary for decision-making. Making use of further interview data, the lived experience of mania will then be contrasted with depression to further highlight the importance of temporal abilities for decision-making capacity. The assessment of decision-making capacity needs to be interpreted so as to be sensitive to temporal abilities. It is argued that the abilities to "use or weigh" or "appreciate" that feature in UK-US capacity tests can, and should, be interpreted to include temporal abilities which can be threatened by affective disorders.

Competency and Civil Responsibility: Can Incapacity Occasioned by Mental Illness Provide a Defence in the Law of Negligence?

Lynda Crowley-Cyr, *University of Southern Queensland* (Lynda.Crowley-Cyr@usq.edu.au)

This presentation considers whether an individual who acts as a result of insane delusions can satisfy the objective standard of the ordinary reasonable person so as to be found liable in the tort of negligence for injuries caused to another person? Courts that make determinations about the liability of such persons typically consider extensive, sometimes inconclusive and confusing expert evidence on the person's capacity or competency at the time of doing harmful acts. Using case examples, this presentation considers the question whether any degree of incapacity occasioned by mental health problems should provide a defence to a claim in negligence. It has been repeatedly argued in case authorities that the standard of care in negligence should be adjusted to take account of the personal characteristics of the particular defendant. To date, this view has not prevailed except in respect of children. It will be argued that the 2015 UK Court of Appeal decision, *Dunnage v Randall UK Insurance Ltd*., provides the appropriate approach the question of when a medical condition can entirely eliminate any fault or responsibility in negligence.

Chimpanzees, Psychiatric Patients and the Great Writ of Habeas Corpus

Dennis Feld, *NY Courts, New York, USA* (dbfeld@courts.state.ny.us)

In the effort to free Tommy, and other caged Chimpanzees, Petitions for Writs of Habeas Corpus were brought asserting the right of high functioning primates to autonomy and liberty free from bodily restraint. The courts were asked to extend to these sentient beings the protections of the common law Writ of Habeas Corpus, a legal entitlement predating the Magna Carta, and mandating the detained subjects of these petitions be promptly brought before a court in challenge to the legality of their detention. However, the courts, although empathetic, were loath to extend the legal concept of "personhood" to non-human and the petitions were dismissed. For humans detained in locked psychiatric wards, the struggle to regain their freedom has generated more fear than empathy. Generally viewed by the courts, an institutional psychiatry, as psychotic beings and dangerous Schizophrenics, these confined individuals have been denied access to the Great Writ out of trepidation that such persons may secure their freedom without first showing that they do no present any risk of serious harm to the public or themselves. Then in Fall of 2015, New York's highest court declared that the historic Writ of Habeas Corpus extends to psychiatric patients. The Court ruled that when hospital staff fails to comply with the statutory safeguards governing patient admission and retention, the constitutional guarantee of procedural due process of law is violated. And to the surprise and dread of these "custodians," the Court further ruled that this constitutional violation results in the patient's immediate release from confinement.

Disability Equality and Professionals' Decision Making in Social Housing: A Medical Model Lens with a Moral Filter

Leigh Roberts, *Liverpool John Moores University* (L.E.Roberts@ljmu.ac.uk)

As a consequence of community care, homelessness and allocations legislation, a disproportionate number of occupants of social housing have mental impairments. Social landlords are, however, positioned at a conflicted intersection of policies: On the one hand, the inclusion of persons with mental impairments and on the other, the management of antisocial behaviour that may be perpetrated by such occupants. In the management of ASB, medicalised assumptions of categorisation and related stigmatising notions of risk and responsibility pose attitudinal barriers to disability equality. This presentation will argue that relevant professionals (here the judiciary and housing officers) view disability through a Medical Model lens with a moral filter thereby entrenching barriers to disability equality: Analysis of both antisocial behaviour English case law (where defences of disability discrimination have been raised) and findings from a small scale empirical study of housing officers involved in pre-litigation management of such cases in the North of England demonstrates how evidence of impairment is weighed and morally evaluated by such professionals. It will be argued that equalities legislation in this context has thus far had limited impact in achieving disability equality.

28. Capacity and Competency V: Dementia, Capacity and the CRPD

Dementia, Relational Autonomy and the CRPD in Europe: Implementing Support in Healthcare Decision-Making

Kevin De Sabbata, *University of Leeds* (kevin.desabbata@gmail.com)

Dementia is a degenerative disease causing the progressive impairment of memory and reasoning ability. Therefore, people with dementia may lack the level of mental capacity necessary to make conscious care decisions. In such situations, deciding how to act poses challenges for carers and medical professionals. In this regard, Article 12 UN Convention on the Rights of Persons with Disabilities (CRPD) indicates supported decision-making as a way of promoting decisional power also in the case of people with serious mental impairments. Referring to a relational understanding of autonomy, Article 12 leads to a new, less individualistic notion of treatment decisions. However, applying this new model poses the challenge of identifying and implementing adequate means of support. This paper analyses how the approach to legal capacity based on a relational conception of autonomy and supported decision-making emerging from Article 12 CRPD can be implemented in the context of treatment decisions of people with dementia. In this context, it refers to examples of good practices emerging in various European countries, pointing out the achieved results and the challenges ahead.

Dementia and the Cognitive Requirements of Banks v Goodfellow

Jane Lonie, *Macquarie University* (loniejane@gmail.com)

Kelly Purser, *Queensland University of Technology* (k.purser@qut.edu.au)

Dementia, a cognitive illness, poses one of the largest threats to testamentary capacity in modern society. Medical opinions are increasingly being sought with reference to assessing legal capacity in this context. Cognitive assessment is therefore a vital component to the evaluation and determination of testamentary capacity, as well as to the formulation of the reasoning base from which assessments and expert opinions are based. A better understanding of the way in which dementia related cognitive impairment can impact upon a testator's ability to fulfill the relevant legal criteria would inform the focus of cognitive, and ultimately legal, assessments of testamentary capacity. Further work in this area is required to rectify the current subjective, unreliable and unstandardized approaches to the cognitive evaluation of testamentary capacity. To this end, research has been undertaken reviewing the relevant literature over the past ten years informing the question: "what cognitive abilities are required to satisfy the legal criteria for testamentary capacity?". The findings from this research demonstrate the alarming scarcity of work in this area with little discussion spanning beyond a general acknowledgement of the importance of executive function. Several additional areas of relevant cognitive function will also be discussed.

Remedying Exploitation of Older Persons While Preserving Legal Capacity: Case Studies from a Legal Clinic's Practice

Rebekah Diller, *Benjamin N. Cardozo School of Law* (Rebekah.Diller@yu.edu)

One of the most frequently heard objections to abolishing or limiting the use of guardianship is that it is a necessary tool for protecting persons from exploitation. This argument has particular force in the context of older persons, particularly persons with cognitive impairments such as dementia, who are frequently the victims of financial exploitation, ranging from telephone scams to deed thefts to predatory lending to power of attorney abuse. Because guardianship can be used as all-purpose legal mechanism in these situations, it has been used as a tool to do the work that other doctrines designed to protect persons from exploitation could do; without depriving the victims of that exploitation of their right to legal capacity. Using case studies from a legal clinic, this presentation will explore the particular ways in which common law doctrines of undue influence, fraud, unconscionability, unjust enrichment, and others, along with consumer protection statutes, can be utilized in situations in which guardianships currently provide a ready and expedient remedy for remedying exploitation. It will also outline proposals for additional consumer protections that would have particular benefit for older persons with cognitive impairments who might otherwise be at risk of guardianship.

Heather Poster, *Attorney at Law, Milwaukee, USA* (heather@beckerhickey.com) – Discussant

29. Capacity and Competency VI: Informed Consent to Treatment

Do Multimedia Informed Consent Applications Achieve Patient-Centered Care?

Jody Madeira, *Indiana University* (jmadeira@indiana.edu)

Informed consent is conventionally understood to have four dimensions: providers' act of delivering information on risks, benefits and side effects to patients; patients' efforts to understand this information and deciding whether to consent to treatment on its basis; and documenting this decision. There have only been two dominant methods of informed consent since its inception: conversations and documents. But informed consent documents can have serious weaknesses; they can seem transactional or ritualistic, and culturally represent two processes that are fundamentally at odds with one another: 1) a meaningful, patient-protective educational interaction that facilitates understanding, and 2) a purposeless bureaucratic or legalistic ritual that ostensibly protects doctors and not their patients. But is there a better alternative to informed consent documents, such as a multimedia application? This essay explores the lived experience of informed consent and the weaknesses of informed consent documents, and considers whether a multimedia consent application is a viable solution to informed consent problems. To answer this question, the author is conducting the first randomized controlled trial of a web-based multimedia informed consent application in a major American fertility clinic, assessing whether and how it affects patient anxiety, recall and comprehension, patient comfort or satisfaction, and provider/patient relations.

Can Therapeutic Misconception Be Reduced and Informed Consent Improved?

Charles Lidz, *University of Massachusetts* (chuck.lidz@umassmed.edu)

Paul Christopher, *Brown University* (paul_christopher@brown.edu)

Therapeutic misconception (TM) refers to a research participant's failure to adequately recognize one or more essential difference between clinical research and "usual" medical care (e.g., randomization, non-individualized treatment algorithms, placebos). Since its initial description, TM has been clearly documented among a substantial portion of participants in a wide range of clinical research studies and has become a major issue in the ethics of clinical trials. The paper will present the early results of an on-going study that examines the extent to which TM is reduced using a novel audio-visual educational intervention that seeks to teach participants about the differences between clinical research and clinical treatment. Participants eligible for a range

of hypothetical clinical trials were randomized to receive the novel educational intervention or an ordinary informed consent procedure about hypothetical clinical trials. Following this, they completed a series of questions including the Therapeutic Misconception Measure and indicated whether they would be interested in participating in such a trial, if available. Preliminary results of this study indicate that the intervention reduces therapeutic misconception without educing willingness to participate in clinical trials.

Regulation of Compulsory ECT under Victoria's Mental Health Act 2014: Transforming Law into Practice

Eleanore Fritze, *Legal Aid, Victoria, Australia* (eleanore.fritze@vla.vic.gov.au)

Victoria's *Mental Health Act 2014* promised a paradigm shift towards recovery-orientated practice and greater protection for patients' rights through significant reforms. In particular, Parliament deliberately increased the regulation and safeguards around the provision of compulsory ECT, including setting out prescriptive processes and requirements which must be met before a determination can be made that a person does not have capacity to make an informed decision about ECT. These reforms reflect a recognition that ECT interferes with a person's bodily integrity to a far greater extent than other forms of treatment for mental illness. However, the requirements in the Act appear to be quite inconsistently understood and applied in practice, and a number of practical barriers have impeded advocacy efforts to improve this situation. Drawing on the experience of representing people subject to this Act, this presentation will explore whether and how the statutory principles and processes which are intended to govern compulsory ECT have been applied in practice during the Act's first three years of operation, and the impact of Victoria Legal Aid's campaign to better ensure that compulsory ECT is only administered following fair and compliant processes.

The Role of the Law Withholding and Withdrawing Life-Sustaining Medical Treatment: Empirical Findings on the Attitudes of Doctors

Lindy Willmott, *Queensland University of Technology* (l.willmott@qut.edu.au)

Adults who lack decision-making capacity are a vulnerable cohort. This is particularly so at the end of life when decisions need to be made about medical treatment. The law plays an important role in regulating how such decisions are made. For example, it governs whether an adult's advance directive is binding and applicable and, if not, who is authorised to make the treatment decision and the criteria that should guide the decision. Regulation is designed to ensure that the best decision about treatment is made for the adult who has impaired decision-making capacity. Doctors who treat patients at the end of life should be aware of the prevailing law so that they can practise within those legal parameters. However, the law in this field is complex and

challenging for doctors to know and understand. And there is now evidence that doctors lack knowledge of the law in this area. Doctors will be prepared to invest time into learning about the law only if they believe that the law is worth knowing and that practising medicine in a legally compliant way is a desirable goal. This presentation reports on research findings on doctors' attitudes about the role of law in medical practice in this field, and argues that education is required for doctors to reconceptualise knowledge of the law as constituting an integral component of their clinical expertise.

30. Capacity and Competency VII: Mental Capacity Legislation: What Are We Capable of?

Supported Decision-Making in Australia: Meeting the Challenge of Moving from Capacity to Capacity-Building?

Terry Carney, *University of Sydney* (terry.carney@sydney.edu.au)

Supported decision-making models are widely commended, but legislation is scant; and, while other forms of decision-making support are more plentiful, evaluations are few and methodological rigor is largely absent. This paper reviews Australian law and practice, law reform proposals, and trials of decision support programs, to assess what has been achieved so far in realising the aspirations of the Convention on the Rights of Persons with Disabilities of providing 'support' with 'safeguards'. Taking the example of a current control group evaluation of impacts of experientially-derived training materials for supporters, the paper argues for a cautious evidence-based approach to transitioning from substitute to supported decision-making and capacity-building programs for supporters of people with cognitive impairments.

Decision Making Ability as the Gateway Criterion for Civil Compulsion: Necessary but not Sufficient?

Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)

The Mental Capacity Bill 2015 in Northern Ireland proposes to replace traditional mental health law, based on mental disorder and risk, with a capacity based framework. This paper will explore whether it is necessary to have decision-making ability as the gateway criterion and the parts of the Bill for which this has caused debate. These include: the language used; the exclusion of children; and the application to the criminal justice system. The other developments needed to effectively implement the proposed framework will also be outlined including: public and professional education; increased support for decision making; and the need to research the impact of this approach.

Revising, Reforming and Reframing: Mental Capacity Legislation in Ireland

Brendan Kelly, *Trinity College Dublin* (brendan.kelly@tcd.ie)

Mental capacity legislation in many jurisdictions articulates models of assisted decision-making, supported decision-making, and substitute decision-making for persons with impaired mental capacity in relation to certain matters. This paper explores recent developments in the Republic of Ireland and Northern Ireland, two jurisdictions with ongoing legislative developments in this area (the Assisted Decision-Making (Capacity) Act 2015 and the Mental Capacity Bill 2015, respectively). How well do these initiatives accord with the United Nations' Convention on the Rights of Persons with Disabilities? Can these bills really assist in advancing the will and preferences of persons with impaired mental capacity? This paper critiques these developments and offers pragmatic suggestions for future legislative and non-legislative advances in this area.

Squaring the Circle: Mental Capacity and Psychiatric Admission

Aoife Curley, *Trinity College Dublin* (acurley@tcd.ie)

The intersection between mental health legislation (governing involuntary psychiatric care) and mental capacity legislation (governing persons who lack mental capacity for any reason) are not clear, especially in psychiatric practice. While some jurisdictions have developed unified mental health and capacity legislation (e.g. Northern Ireland), most have not (e.g. England and Wales, Republic of Ireland). At present, many voluntary psychiatric inpatients lack mental capacity and some involuntary psychiatric inpatients possess mental capacity. This paper examines these capacity-related dilemmas in clinical psychiatry, looking especially at recent legislative change that aims to introduce models of assisted decision-making and supported decision-making, while also recognizing a need for substitute decision-making in certain, extreme circumstances. Tensions and contradictions between mental health legislation and new mental capacity legislation in Ireland are explored, and directions for future legislative change and research presented.

Functional Assessment of Capacity: Narrowing the Net

Shaun O'Keeffe, *Galway University* (sokanc@iolfree.ie)

A functional or decision-specific approach to mental capacity can benefit people with cognitive or mental health problems by enabling them to make their own decisions if possible. It also has the potential to be misused such as by screening for incapacity or by conducting capacity assessments whenever someone makes a decision that seems unwise. A number of strategies may be helpful in avoiding such outcomes. Respect for the presumption of capacity places the onus on anyone who would challenge that presumption to demonstrate an adequate reason for the challenge; simple disagreement with someone's choice should not suffice. Capacity assessments should only be performed when they are necessary, appropriate and proportionate to the issue at hand and when the results of such an assessment or the resulting actions will be of some practical value in resolving a problem. Finally, the threshold for capacity assessment should be low and readily attainable.

31. Capacity and Competency VIII: The Grey Area Between Supported and Substituted Decision Making

Due and Undue Influence in Supported Decision Making: Mapping the Moral Landscape

Linus Broström, *Lund University* (linus.brostrom@med.lu.se)

In supported decision making, whether as understood by the CRPD or interpreted more broadly, the support offered may obviously have an influence on the decisionally impaired person's decision. It is generally agreed, however, that such influence must not be "undue" or, in the worst case, be of the sort that would turn a case of supported decision making into one of substituted decision making in disguise. What kinds of support should count as legitimate from this perspective, and what kinds should be considered too paternalistic, remains to be clarified. To the extent that it is also important to recognize the well-intentioned cases of abuse in supported decision making, or always to be able to distinguish between supported and substituted decision making, getting such clarification is imperative. In this presentation, I will sketch the main alternative positions on this basic normative issue, and address some of their justifications.

The Swedish Concept of Good Man: Strengthening Legal Capacity or Concealing Substituted Decision Making?

Therése Fridström Montoya, *Uppsala University* (therese.f.montoya@jur.uu.se)

Instead of a system of guardianship, Sweden has chosen one of support and protection for adults in need of help to protect their rights and fulfil their legal duties, which includes two different kinds of measures. This presentation turns to the less intrusive version of such help. If a court finds that a person, due to some illness or disability, is in need of help in legal and personal

matters, a *good man* can be appointed. The appointment of a *good man* means that the legal capacity of the person in need of help is left formally intact. But, the *good man* appointed still receives legal authority to take legal actions on behalf of the person in need of help, if he or she consents to those actions. But what about the situations where someone due to illness or disability is unable to consent? According to Swedish law, the *good man* in these situations has legal authority to make decisions for this person. Is this order in accordance with the right to equal recognition before the law as stated in article 12, CRPD?

Self-Knowledge in Supported Decision-Making: Implications of Studies on Choice Blindness

Petter Johansson, *Lund University* (petter.johansson@lucs.lu.se)

In this presentation, I will look at the potential relevance of studies on so called Choice Blindness in relation to supported decision making. The methodology used in these experiments is to surreptitiously manipulate the outcome of people's choices, and then measure to what extent people detect and in what ways they react to these changes. The general finding is that the participants often fail to detect when they receive the opposite of their choice, and when asked to explain why they choose the way they did, they readily construct answers motivating a choice they only believe they intended to make. This effect has been demonstrated in choice experiments concerning as diverse topics as facial attractiveness, consumer choice, and moral and political decision making. What these experiments indicate is that not only are we often unaware of the underlying reasons for our actions, we are also unaware of this unawareness. It is clear that this lack of self-knowledge has an impact on the reliability of verbal report in decision making. But what risks does it pose in supported decision-making, and what safeguards can be constructed to alleviate those risks?

Supported Decision-Making in Human Rights Law: Genesis, Content and Points of Disagreement

Anna Nilsson, *Lund University* (anna.nilsson@jur.lu.se)

There is general agreement that persons with disabilities must be treated as equals, and that supported decision-making is the 'new' legal standard that ought to guide treatment decisions within the mental health context. The precise normative content of article 12 of the CRPD remains a matter of significant contention, however. The Committee for the Rights of Persons with Disabilities has made clear that lack of decision-making skills cannot justify deprivation of legal capacity. Instead, every scenario can be catered for with adequate support. The vast majority of States Parties to the Convention are opposing such a categorical rejection of the possibility to resort to involuntary or non-consensual treatment. In their view, the Committee's

approach is unfeasible and unhelpful in situations where, for example, the treatment preferences of the individual concerned are impossible to interpret or influenced by illness-related self-destructive desires. My presentation discusses the tenability of these positions from a legal point of view, and offers a way forward. I argue that proportionality analysis tailored to the non-discrimination context can assist us to move beyond the discussion of whether or not lack of decision-making capacity or increased risks of harm *per se* justifies involuntary or non-consensual treatment in contentious cases.

Towards Unified Normative Standards for Doubtfully Capable Patients

Jakub Zawiła-Niedźwiecki, *University of Warsaw* (jakub@zawila-niedzwiecki.pl)

Since the beginning of bioethical revolution treatment decision making process has been imagined mostly as involving autonomous patients. However, mental health systems are challenged by the growing population of patients whose decisional competence is doubtful or nonexistent. Decisions concerning such patients are typically conceptualized within the framework of the patient's best interests standard. The presentation will be an attempt at combining these standards into one framework that not only is practicable but also stems from a unified normative basis. It can be argued that both autonomy, as it is understood in mainstream bioethical literature, and best interests standard stem from the same normative sources: respect for persons, beneficence, and human rights. In order to better protect those values that reside in the source of these decision-making practices, these frameworks should be more closely integrated at least in the case of patients of doubtful competence. Another thing that will be considered is how we can integrate protection of patient's autonomy and her or his best interest by combining in our thinking such issues as gathering information concerning patient's values, wishes and preferences and connecting them with information about that patient's cognitive processes.

32. Capacity and Competency IX: The Right to Liberty

Legal Capacity and Liberty

Anna Arstein-Kerslake, *University of Melbourne* (anna.arstein@unimelb.edu.au)

This presentation addresses how the right to legal capacity directly relates to the right to liberty. It examines how a denial of legal capacity can lead to the denial of the right to liberty. Specifically, it examines the ability of guardians and other substituted decision-makers to consent to the deprivation of liberty of individuals who do not enjoy legal capacity. It also examines the ability of courts to deprive people of liberty after denying legal capacity through

findings of unfitness to plead in the criminal justice system. It will explore the findings of the CRPD Committee on the Right to Liberty and its correlation with the Right to Legal Capacity, including General Comment No. 1 and the recent guidelines on Article 14. Finally, it will propose alternatives to the existing law and highlight the need for more attention to be paid to these deprivations of liberty.

The Right to Liberty, Risk of Harm and Mental Health Laws

Bernadette McSherry, *University of Melbourne* (bernadette.mcsherry@unimelb.edu.au)

Using Australian policy and practice as a case study, this presentation will (1) explore the way in which mental health laws are justified on the basis of the prevention of risk of harm to self or others; (2) assess the empirical evidence on risk; (3) draw on social psychology to examine why public perceptions of a link between risk of violence and mental impairments continue to be made; and (4) address the influence of the United Nations Convention on the Rights of Persons with Disabilities (the CRPD), which Australia has ratified, in challenging laws that breach the right to liberty set out in Article 14. It will be argued that the notion of the prevention of risk of harm to self or others is so entrenched in mental health laws, that empirical evidence and human rights arguments, which challenge this notion, have little impact. Rather, it is better to concentrate on improving treatment, care and support systems for those with mental impairments in general, than arguing for the abolition of mental health laws based on risk.

Disability-Specific Forms of Deprivation of Liberty

Catalina Devandas Aguilar, *UN Special Rapporteur on the Rights of Persons with Disabilities, Geneva, Switzerland* (cdevandas@sr-disability.org)

Maria Gomez, *National University of Ireland Galway* (MARIA.GOMEZ@nuigalway.ie)

This presentation aims to explore and discuss the various forms of deprivation of liberty experienced exclusively by persons with disabilities. These deprivations include detention in mental health facilities, social care institutions, and prayer camps. They also encompass restrictive practices, such as shackling and other physical and chemical restraints. Some of these are taking place in congregated settings and others are occurring in the community. All of these formal and informal disability-specific deprivations of liberty are receiving increasing attention in the field of human rights. However, data on these practices is still very limited. In addition, very little consideration has been given to the causes of and alternatives to these practices from a human rights-perspective. The demands of Article 14 (The Right to Liberty) of the Convention on the Rights of Persons with Disabilities will be considered as will other human rights instruments. Finally, the role of United Nations human rights bodies will be discussed and a way forward will be proposed.

When the State Comes Marching in: Loss of Sovereignty Over the Body and Self in Legislated Contexts

Cath Roper, *University of Melbourne* (croper@unimelb.edu.au)

This presentation adopts ethical and rights concepts to discuss the right to liberty from the perspective of a person who has used mental health services involuntarily. The main focus is on liberty expressed as sovereignty over one's own body (bodily integrity). It is argued that mental health laws (MHL) come into effect precisely because there is doubt that a person would otherwise accept treatment deemed to be 'necessary'. Once a person is subject to MHL bodily integrity (and in many instances, freedom of thought) is violated as treatment is given against a person's will. Regardless of whether the use of MHL can be justified in each individual case, it is argued that any violations on people's bodily integrity, autonomy and freedom of thought must be noted, counted and regretted, and not papered over. They must be given substance, due weight, and consideration. The paper concludes by arguing in order to do better, and to demonstrate respect for persons, mechanisms are needed where clinicians can mull over and take responsibility for incursion on human rights and ethical 'losses' rather than stopping short at a 'best interests' rationale ("I/we had to do this for your own safety/protection….").

Dangerousness in Forensic Psychiatry: Trends in the Centre of Portugal

Ana Lúcia R. Moreira*, University of Lisbon* (almoreira@campus.ul.pt)

In Portugal, if an expert considers non-guiltiness by reason of insanity, he has to comment on dangerousness. Nevertheless, the concept of dangerousness has deserved little attention in the Portuguese context and there is the notion that it is often improperly used. We aimed to evaluate in forensics reports 1) the prevalence of cases considered guilty, not guilty by reason of insanity, and dangerous; 2) treatments proposed; and 3) the frequency of technical errors. We analyzed the 124 case folders from the Portuguese center and islands regions in 2006 that evaluated dangerousness using frequencies, correlations and multiple logistic regressions. The majority of the subjects were male and single. Thirty-nine percent (39%) were considered non-guilty by reason of insanity but in 34% of these, dangerousness was not an issue. In 66% treatment was recommended. Technical errors were identified in 26% of the samples and especially in some institutions. Years of schooling and criminal history/records are not given relevance in forensic reports. The experience of the expert is crucial in obtaining a proper report. The establishment of uniform criteria to present forensic reports and the enhancement of psychiatrists' training might improve the accuracy of forensic reporting, particularly when assessing dangerousness.

Carla Whillier, Barister-at-Law, Newmarket, Canada (carlawhillier@rogers.com) – Discussant

33. Capacity Law in the British Isles and Eire

Incapacity Law in Northern Ireland: Current and Proposed Frameworks

Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)

This presentation will provide an overview of the strengths and limitations of the current and proposed legal frameworks in Northern Ireland for people whose decision-making ability is impaired. At present, the legal framework is provided mainly by the common law, the Mental Health (Northern Ireland) Order 1986 and criminal justice law. The scope of the current mental health and criminal law is relatively narrow. Most routine decisions are being made under the common law, with very limited safeguards, and only disputes and/or proposed interventions which amount to a deprivation of liberty having to be considered in court. The proposed new framework, which was passed by the Northern Ireland Assembly in May 2016 but may not be fully implemented for 3-5 years, will replace the relevant common law and Mental Health Order with a capacity based law. It will introduce important safeguards but may also greatly increase the use of more formal processes in decision-making.

Incapacity Law Reform in Scotland: A Chance to Lead Again?

Colin McKay *Mental Welfare Commission for Scotland, Edinburgh, UK*
(colin.mckay@mwcscot.org.uk)

In 2000, Scotland led the UK in modernization of incapacity law with the Adults with Incapacity (Scotland) Act 2000. For the time, this was progressive, principle-based legislation. There are now significant concerns about its practical operation, with a large increase in people placed under formal guardianship; and questions about how well the law responds to the challenges of the UN *Convention on the Rights of Persons with Disabilities*, and the interpretation of deprivation of liberty adopted by the UK Supreme Court in *Cheshire West*. The Scottish Government recently consulted on reforms proposed by the Scottish Law Commission, which would create new procedures by which doctors, courts and welfare proxies can authorize significant restrictions of liberty. Key respondents have advocated more sweeping law reform, including developing a new form of 'graded guardianship' incorporating supported decision making; and transferring judicial oversight from the civil courts to the mental health tribunal. The presentation will set these potential reforms in the context of wider debates on the capacity gateway and the possibility of fused mental health and incapacity law, and consider whether Scotland can again be a leader in law reform.

The CRPD and the Complexity of Implementation

Peter Bartlett, *University of Nottingham* (Peter.bartlett@nottingham.ac.uk)

The CRPD is a visionary document with the potential to bring fundamental change to the way in which people with disabilities are treated. However supportive we may be of its objectives, its implementation brings with it a range of tensions. How do we motivate states to take implementation seriously? In a world where complete compliance is unlikely to occur instantly, how do we get states to make significant improvements, without undermining the overall and uncompromising ethos of non-discrimination within the Convention? And how do we address these questions in an international community that is profoundly diverse in terms of economic wealth and cultural traditions (especially as they relate to people with disabilities)? With these and similar questions in mind, this paper looks at the politics of CRPD implementation in the context of persons with mental disabilities.

Towards Cross-UK Article 12 UNCRPD Compliance

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

Article 12 UNCRPD (the right to equal recognition before the law), particularly as interpreted by the UN Committee on the Rights of Persons with Disabilities in its General Comment No.1 (2014), presents some serious challenges for the formulation and operation of laws across the United Kingdom that equate interventions with assessments of mental capacity. At the same time, it has provided a real opportunity to consider how persons with mental disorder may be more effectively supported and enabled to exercise their legal capacity even within regimes that ultimately allow for substitute decision-making. Taking into account, amongst other things, recommendations made in the Essex Autonomy Project *Three Jurisdictions Project* Final Position Paper (June 2016) and the UN Committee on the Rights of Persons with Disabilities expected audit of the United Kingdom in 2017, this paper will briefly consider how adaptations and implementation changes to capacity/incapacity laws in Scotland, England and Wales and Northern Ireland may potentially or can achieve Article 12 UNCRPD compliance.

34. Child Abuse I: Child Sexual Abuse

Layers of Retraumatisation: Seeking Redress for Child Sexual Abuse

Tania Penovic, *Monash University* (Tania.Penovic@monash.edu)

My paper will examine access to justice for survivors of child sexual abuse in institutional settings. The very nature of such abuse has had a silencing effect, with evidence given to a federal government enquiry revealing that survivors are often unable to disclose their abuse for many years; taking an average of 22 years. Avenues for obtaining redress have been difficult to access and navigate and the re-traumatizing experience of seeking redress has been characterized by some survivors as a further layer of abuse. The difficulties inherent in reporting abuse and in obtaining redress have created in conditions in which abuse has been able to continue. I will examine the extent to which the Australian justice system has operated to provide redress to survivors and a vehicle for effecting greater societal change; requiring institutions to prevent abuse and, where abuse occurs, providing a process which does not exacerbate the effects of the wrong seek to redress.

Correlates of Child Sexual Abuse Perpetrated Against Boys in a Clinical Sample in Sri Lanka

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Rita Shackel, *University of Sydney* (rita.shackel@sydney.edu.au)

Child sexual abuse (CSA) is endemic in every corner of the world. Although commonalities are found in the nature of CSA across cultures, differences also exist. More systematic research is needed that examines risk factors and correlates associated with child sexual abuse and case outcomes in different cultural contexts. One specific area for continued research that is still greatly under researched in different cultural contexts is the gender dimension of such abuse in so far as its presentation, management and outcomes. This paper presents the findings of our analysis of a clinical sample of sexually abused boys in Sri Lanka (n=54) that presented to two large tertiary care hospitals for acute medical attention. We present our findings in relation to several case characteristics and associated factors including: age of the victim, the nature of abuse, clinical symptoms, family setting, relationship with the perpetrator, disclosure in the case, management and outcomes in the case. We highlight key differences in associated factors between cases involving boys and girls in our sample of sexually abused children (n=339) drawn from a larger sample of child abuse cases (N=514).

Social Media Related Sexual Abuse

Hakan Kar, *Mersin University* (hakankar@mersin.edu.tr)

The sending of the first e-mail in 1971 is accepted as the beginning of “social media” history. Even though the biggest aim of the Internet is the fast sharing of economic data, social media users have used the biggest portion of the Internet. The Internet has given birth to a quirky range of modern addictions and maladies such as ego surfing, blog streaking, Google-stalking,

cyberchondria photo-lurking wikipediholism etc. The New Scientist Journal says "cyber bullying" is another criminological entity that professionals face more and more each day by inconceivable increase usage of social media. Sexual abuse by people who were acquainted by means of social media is very frequent nowadays. This paper presents the cases that were admitted to Mersin University Medical Faculty at the Department of Forensic Medicine by the complaint of sexual abuse by the those who were acquainted by means of social media. Case characteristics including age, sex, year, type of the social media, time, place, physical and genital examination findings and psychiatric outcomes are presented. Common features of social media related sexual abuse cases are highlighted.

Online Child Sexual Exploitation: An Investigative Analysis of Offender Characteristics and Offending Behaviour

Jessica Owens, *Federal Bureau of Investigation, Plattsburgh, USA* (jessica.owens@ic.fbi.gov)

Offenders who perpetrate crimes against children exhibit unique behaviors related to their motivation: how they target and approach victims, commit the crime, and prevent discovery. Research conducted by the Federal Bureau of Investigation (FBI) supports the assertion that the Internet has not created a distinct type of child sex offender; rather, the Internet is merely the instrument used by these offenders to better facilitate their crimes. As technology advances, the tools offenders use may change but their motivations surrounding a deviant sexual interest in children remains relatively constant. The aim of this research is to provide analyses from a law enforcement sample that will contribute an additional perspective to the field of study. A greater understanding of an offender's characteristics, behavior, the nature of their crimes, and the vulnerabilities of child victims can enhance the practice of law enforcement and mental health professionals working with these populations. The application of risk factors noted in the literature for contact offenders offer additional investigative, prosecutive, supervisory and assessment implications for offenders who perpetrate Internet-related crimes against children. This information is intended to spark further analyses and additional dialogue among professionals from a cross-section of disciplines.

The Protection of Children from Sexual Violence in Terms of the South African Constitution

Rushiella Songca, *University of South Africa* (songcr@unisa.ac.za)

The transition to democracy in 1994 resulted in many changes in the South African child justice system. In this regard, the Constitution of the RSA 1996 came into existence, which includes the Bill of Rights, which through s 28 articulates the rights and protections relevant to children. Through this section, the Constitution introduces a child-centred approach which allows children

to exercise their own agency in terms of the fundamental rights afforded to them under the Constitution and other relevant legislation. The Constitution also recognises customary law, which applies to a majority of South Africans. The first part of the presentation explores the rights of children under both the customary law and the 1996 Constitution and seeks to demonstrate how the customary law can be developed and interpreted in line with the Constitution in order to protect children from sexual violence. In the final instance, the presentation discusses the South African criminal justice model as articulated in the legislation and the customary law dealing with children and argues that these legislative instruments have inadvertently transformed the interpretation and application of the law relating to children thus extending the protections afforded to children.

35. Child Abuse II: Childhood Trauma and Maltreatment

Trauma-Informed Schools, Positive Mental Health and Prevention of Youth Violence: Is There a Relationship?

Mary Louise Batty, *University of New Brunswick* (mbatty@unb.ca)

The World Health Organization has recently noted that an increasing number of youth throughout the world are suffering from mental illness. This is related to the effects of natural disaster, war, family violence and more. While 70% of mental illnesses have their onset in youth or early adulthood, most of this population does not have access to treatment or services. This places them at higher risk of suicide, addiction and involvement in crime – either as victim, perpetrator, or both. School-based approaches have been shown to mitigate some of these risks while also being accessible and cost-effective. This session will examine the relationship between approaches that are trauma-informed and those that are informed by the field of positive mental health. Both approaches are becoming increasingly popular in North America and Europe. They are being used across sectors, including in education, justice and health. Although they may seem similar, these approaches have very different philosophical origins and underpinnings. Understanding these relationships is important as it can change the way in which programming, policy and research is designed. A positive mental health approach will be exemplified through discussion about a three-year initiative that is currently being evaluated in some schools in Eastern Canada.

Current Psychopathological Symptoms in Children and Adolescents Who Suffered Different Forms of Maltreatment

Paola de Rose, *Ospedale Pediatrico Bambino Gesu, Rome, Italy* (paola.derose@opbg.net)

Theaim of the present study is to evaluate the current psychopathological problems of different forms of maltreatment on children's and adolescents' mental health. Ninety-five females and

ninety males with a mean age of 8.8 years who have suffered in the last six months different forms of abuse (physical, sexual, emotional) and neglect were included in the study. The current reaction to trauma as directly observed by clinical instruments was examined. Differences in gender, age at the time of medical examination, familial psychiatric disorders, neuropsychiatric status and type of maltreatment were also taken into account. Results documented that 95.1% of abused children and adolescents developed a psychiatric disorder or a subclinical form of a Post Traumatic Stress Disorder (PTSD). Moreover, our data demonstrate a role for gender, age and familial psychiatric co-morbidity in the current psychopathological problems of maltreatment. Overall, our findings can help clinicians make a diagnosis and provide efficient treatment and prevention strategies for child maltreatment and abuse.

Cambodian Child Slave Labor Camp Survivors 40 Years Later

Frederick W. Coleman, *Journey Mental Health Center, Madison, USA* (fcoleman@wisc.edu)

Between 1975 and 1979, the Khmer Rouge in Cambodia sent a quarter of the population to slave labor camps. Specific camps were for children ages 5-15 years old, separated from their parents and siblings to be re-educated. Twelve hour days of hard labor, starvation rations, beatings and executions were common. 40 years later adults with severe, delayed PTSD are treated in the Southeast Asian Project at the Cambodian Buddhist Temple, Stoughton, Wisconsin. These individuals born between 1960-1970, came to the USA as late adolescents to young adults, learned English, got jobs, married and had children. They suppressed traumatic memories to survive in their new lives. Mid life stressors – health problems, job loss, relationship loss, problems with children's struggles – led to unexpectedly severe decompensation secondary to underlying, unresolved trauma. UN Conventions on the Rights of Children, ACES (Adverse Childhood Events) research, and best practice models for cross cultural trauma treatment will be discussed in this review of treatment of over forty clinical cases.

Child Abuse and Involuntary Admission by Parental Authority

Shingo Yoshioka, *Higashi Owari National Hospital* (yoshisn@eowari2.hosp.go.jp)

In the field of child psychiatry there are many inpatients due to conduct disorder with self-harm or violence. In these cases, some have suffered from parental child abuse during their infancy. In serious cases, some children can live in child protection houses through intervention by the children's office of the local government. Oftentimes these serious cases come to our psychiatric hospital from those houses. In the Japanese mental health system, the family manages the approval of involuntary admission decisions. Decisions by public officers are exceptional. Therefore, sometimes children living in protection houses have to get approval from the parents that maltreated them, even if they are living apart. This situation not only complicates problems, but also allows for re-integration of the family. This presentation will discuss a 14 year-old girl

who has lived in a protection house for 11 years because of abuse by her foster father. She has forced to be an inpatient because of her own violence and sexual delinquency. We have made a plan to have her return home to live with her family under the support of the office. Her mother comes to our hospital regularly.

Missing People Missed Opportunities: The Health and Criminal Justice Trajectories of Young People Reported Missing to Police

Stuart Thomas, *RMIT University* (stuartdm.thomas@rmit.edu.au)

Emily Stevenson, *RMIT University* (eis22@cam.ac.uk)

In Australia, a person is reported as missing to the police every fifteen minutes; equating to 35,000 people being reported missing each year. Young people are disproportionately represented in these missing person statistics, contributing around two thirds of missing person incidents reported to police annually. Despite acknowledging the significant risks and vulnerabilities of this group, surprisingly little is known about missing persons and their trajectories into and through our health, social and welfare systems. This presentation will report findings from a study that sought to elucidate the trajectories of young missing persons reported as missing to police for the first time in 2005 and tracked their trajectories for a decade into early adulthood. Key findings relating to the characteristics and outcomes of repeat missing persons and those in out of home care will be presented to highlight possible points of support and intervention for police, health and social welfare providers.

A Child's Journey Through Contemporary Issues in Child Protection: The Family Justice System, Shelter and Supervision of Neglected Children

Gary Norton, *University of Manchester* (gary.norton@manchester.ac.uk)

Rhian Davies, *District Judge, Manchester, UK* (Rhian_davies@hotmail.co.uk)

The emotional neglect of children presents particular challenges for practitioners from a mental health, safeguarding and social work perspective, and a legal and case management perspective. It can have serious long term effects on a child's emotional health and development. We know that it can increase the risk of a child developing mental health problems and that it is every bit as damaging to a child as other forms of maltreatment. At the heart of this, it is of utmost importance to understand the letter and the spirit of the law and how this maps on to practice around neglect. It is equally important to remember to take account of what this means to children experiencing these difficulties, particularly when they are removed from their family's care. Contemporary approaches to neglect have generated recent changes to legislation in the

UK, bringing a new range of conceptual and practical problems for lawyers, social workers and health care professionals alike. This paper will explore the child's emotional journey through the family justice system.

Dee Anand, *University of Portsmouth* (dee.anand@port.ac.uk) – Discussant

36. Child Abuse III: Parental Alienation and Child Sexual Abuse Allegations: Law, Science and Expert Testimony

The Scientific Basis of Parental Alienation

William Bernet, *Vanderbilt University* (William.bernet@Vanderbilt.Edu)

Parental alienation is a serious mental condition that sometimes occurs when parents engage in a high-conflict separation or divorce: the child allies strongly with one parent and rejects a relationship with the other parent without legitimate justification. Parental alienation has touched thousands of children and families around the world. The reality of parental alienation has been established through several lines of research: (1) Qualitative research, in that mental health and legal scholars have identified parental alienation in at least 38 countries on six continents. (2) The prevalence of parental alienation in the United States has been roughly estimated at 1% of all children and adolescents. (3) Quantitative research involving adult children of parental alienation in the United States and Italy has shown that individuals who experience alienating behaviors as children are more likely to have psychological problems as adults. (4) Recent quantitative research indicates that lack of ambivalence or the defense mechanism of splitting, which is an important feature of parental alienation, can be accurately measured. This research shows that alienated children have mental processes that distinguish them from estranged children, children of divorce who are neither alienated nor estranged, and children from intact families.

Is Parental Alienation a Legally Trustworthy Explanation of Child Sexual Abuse Allegations in Divorce Cases?

Madelyn Simring Milchman, *Consulting Psychologist, Upper Montclair, USA* (madelyn@milchman.com)

Parental Alienation (PA) is used to rebut child sexual abuse (CSA) allegations in divorce cases. Evidence supporting using PA as rebuttal testimony consists primarily of clinical examples and cases. Such evidence could establish clinical validity if the evidence of PA was compelling and the lack of evidence of CSA were definitive. However, scientific validity would still be needed

in order to generalize beyond specific instances. In order to move from clinical to scientific validity , empirical research is needed that (1) is based on criteria to classify alienated and non-alienated children (2) demonstrates that experts can reliably use these criteria to discriminate between the two classes; (3) identifies false CSA allegations in the alienation class on the basis of objective, abuse-related evidence that is independent of alienation evidence; (4) demonstrates that the false CSA allegations in the alienated class have the same characteristics, including level of detail, child-centeredness, and specificity, as known true CSA allegations; and (4) identifies external, objective evidence that parental coaching tainted the CSA statements to this extent. These basic scientific requirements for accepting alienation as a rebuttal to CSA allegations have not been met. Experts should not rely on a child's behavior regarding the other parent, including the apparent rationality of the child's statements, and a parent's alienation rebuttal alone to opine on CSA allegations in divorce cases.

Mediation and Psychological Counseling for Separated Parents as a Way to Reduce the Risk of Parental Alienation Installation

Simona Maria Vladica, *Ecological University* (dr.simonavladica@gmail.com)

Parental alienation leads to both the child and his/her parents not being able to function properly throughout their lives. One of the ways to prevent the debut of parental alienation is professional collaboration between psychologists, mediators and judges for each respective case. The conflict seems to subside while they attend counseling. After that period it is best to appeal to mediation as an alternative to the court. The disputes in court represent an enabling environment for the rising of parental alienation phenomenon. A judge cannot help the two parents as a mediator, as they only complete the divorce process and divides child custody. The mediator is the individual who facilitates communication and keeps emotions under control. This presentation will assesses the current situation in Romania, where the courts have begun to recognize this phenomenon, ask for a mediators' support and start to recommend couples with children to attend counseling sessions with the therapist. Conflicts solved by the judge are detrimental to the child's well being and to the parents as well because the conflict is mostly emotional and psychological, not necessarily judicial. This presentation overviews several cases of parental alienation in Romania. Some of these cases were solved by mediators while others are analyzed from a judicial perspective.

Defense Against The Dark Arts: Preparing a Case for and Defending Against Claims of Parental Alienation

Jessica Hall Janicek, *Attorney-at-Law, Southlake, USA* (jjanicek@koonsfuller.com)

Because judges do not universally accept parental alienation as a mental health diagnosis, the scientific arguments are easily misunderstood in a family law case. It is one thing to treat parental alienation as a diagnosed syndrome, and it is another for a mental health expert to identify "alienating" behaviors from a parent in a child custody case. These two treatments could have a vast change in the way a custody case is presented, from the necessary qualifications of the testifying expert, to the evidence required by the Court, to the resulting ruling by the judge in terms of handling such alienation. In addition, making a case for parental alienation as a diagnosis has a multitude of weaknesses, with critics fervently arguing the lack of empirical data and the added confusion to mental health professionals and the courts, to the increase in cost and time in a child custody case. As a result, if allegations of parental alienation are the subject of a case, including in sexual abuse cases, the testifying mental health expert must be prepared to address how the expert's scientific methodology should be accepted, or why certain theories should be rejected by the court.

Using and Abusing the Allegation of Parental Alienation in a Child Custody Case: The Lawyer's Point of View

Jeff Sturman, *Attorney-at-Law, California, USA* (Sturman@KolodnyLawGroup.com)

The legal system is supposed to allow Judges and juries to consider only reliable evidence and to exclude consideration of unreliable evidence. However, it can be particularly difficult to determine whether new scientific methodologies and theories are reliable or unreliable, making it unclear whether mental health experts will be able to present evidence about newer methodologies and theories. Mental health experts who rely on newer theories or methodologies about parental alienation need to understand how Judges determine whether such evidence will be admitted in a courtroom. The opponents of such evidence also should understand how they can convince a Judge that testimony about a new theory or methodology should be excluded. This presentation is intended to help you understand what you can do to increase the chances that a Judge will admit the evidence you want him or her to admit, and exclude the evidence that you want him or her to exclude. This will be done by giving examples of direct examinations and cross examinations questions to experts, and by commenting on how those questions will impact the Judge.

37. Child Abuse IV: Parental Alienation and Child Welfare

Ecologically-Based Exposure Therapy with Estranged Children and Parents from High Conflict Divorce

Paul Meller, *Hofstra University* (paul.meller@hofstra.edu)

Therapeutic visitation is a process designed to facilitate the parent-child relationship. In the

fractured relationships the child as an aversive stimulus, leading to physical and emotional disengagement, often views the non-custodial parent. The presence of the parent frequently facilitates a negative conditioned emotional response in the child. As the child disengages parents often feels frustrated, leading to interactions that reinforce the child's faulty thought processes. A five-step process is used to overcome this cycle of disengagement. Graduated exposure is used to help the child tolerate being in the presence of the parent. The second phase is to decrease the negative emotional response that is associated with the parent. In the third phase, the relationship between the parent and child is normalized and factors that fractured the relationship are resolved. "Typical parent-child activities" are also introduced so that either the child or the parent does not view the relationship as damaged or pathologized. The fourth phase is generalizing these gains into the naturalistic settings. Finally, the new relationship structure must be stabilized. A significant part of this phase is the fading and ultimately the elimination of the "supervisory" component in therapeutic visitation.

The Nature and Effects of Parental Resistance: The Effects on the Protection and Well-Being of Children and Young People

Brian Littlechild, *University of Hertfordshire* (b.littlechild@herts.ac.uk)

This presentation examines the nature and effects of parental resistance and disguised compliance in the safeguarding of children from the effects of abuse. The presentation sets out key issues derived from the findings of a research and literature review, including in particular from thematic reviews of Serious Case Reviews in England, and findings from a survey on how individual workers experience parental resistance. It will look at the motivations of parents where they are actively hiding the intended abuse of children, and the motivations of parents who feel particularly vulnerable in the face safeguarding procedures/assessments where they have, for example, learning difficulties, and/or mental health problems. The types of support and training staff need to help them to deal with such matters in order to protect the safety and well-being of the children, and at the same time protect the rights of parents, are set out in the presentation.

Psychological Assessments of Young People for Family Courts: Narrative Methodology and the Principle of 'Do No Harm'

Tom Billington, *University of Sheffield* (t.billington@sheffield.ac.uk)

The responsibility of the psychologist working in the family courts in England and Wales is directly to the court, taking into account the paramountcy of the 'best interests of the child'. In this paper, I argue, firstly, that there are ways in which certain kinds of assessment practice may constitute a 'risk' to the young person either through a rigid adherence to particular enclosures of scientific knowledge or via the dynamics and structures of inter-personal or power relations. Secondly, I argue that Narrative methodology may make a useful contribution to assessment

practices by minimizing those risks in accordance with the principle of 'do no harm' and, by way of introducing a process model, open up the possibility of change and transformation. The arguments are supported by the occasional deployment of fictional case vignettes.

Legal Regulations and Institutions Surrounding a Baby's Right to Life: Around the 'Babybox' and a Matter of Abandonment

Juhee Eom, *Yonsei University* (juheelight@gmail.com)

A "babybox" is a place where people can bring babies, usually newborn, and leave them anonymously in a safe place to be found and cared for. This kind of arrangement was common in the Middle Ages and since 2000 has come into use in many countries. Babyboxes are usually located in hospitals, social centers or churches. In Korea, there have only two babyboxes instituted since 2009, whereas the cases of abandonment of babies has increased rapidly since starting an adoption permit system by the Act on Special Cases concerning Adoption. This presentation inquires into the matter of using babyboxes and, more largely, abandonment of babies in terms of legal regulations, institutions and foreign legislation cases. In summary the matter of using babyboxes has no illegality attached to the abandonment of a baby. Babyboxes pertains to the matter of the baby's right to life because it performs a function as a last resort for people who cannot raise the child themselves owing to circumstances beyond their control. Nevertheless, Babyboxes have some a problematic for children who want to know their birth parents and origins because they have been brought to babyboxes and don't know their birth parents due to babybox's anonymity. Legal regulations and institutions therefore need to have a solution to the children's mental health which is the right to know their origins from a legal perspective. The nation shares a collective responsibility for bringing up the baby. The protection of marriage and family is the request of constitutional law in Korea, which guarantees the freedom of determining and forming a life of marriage and family for oneself. The freedom guarantees mother's right of self-determination and the children's right to know and be cared for by their parents.

38. Child Abuse V: Removals of Infants by the Child Protection System

Infant Removals and the Role of Maternal Substance Use

Stephanie Taplin, *Australian Catholic University* (Stephanie.taplin@acu.edu.au)

Concerns about maternal substance use during pregnancy and its impacts on a developing foetus have led to a number of policy and practice changes in both the health and child protection fields. Screening for substance use in pregnancy is undertaken by antenatal health services primarily

because of the concerns about substances passing from the pregnant woman to the foetus, and their short and long-term effects on the child once born. In the child protection field, prenatal reporting of "at risk" mothers or "unborn children" has been introduced into legislation in most Australian jurisdictions within the last 10 years or so. This has been driven by their primary concerns about the associations between substance use, poor parenting, child maltreatment and involvement with the child protection system. Little information is available on the details, nature and impacts of prenatal reporting policies and practices managed by the child protection system, the role of parental substance use in reporting and removals, nor on their overlap with antenatal screening undertaken by the health system. This paper aims to explore these issues. It is focused particularly on the current legislative, policy and practice contexts and on child protection system responses to pregnant substance-using women.

Parental Mental Health and Risk of Maltreatment in Infants

Melissa O'Donnell, *University of Western Australia* (Melissa.o'donnell@telethonkids.org.au)

It is well established that parental mental health problems can be associated with parenting difficulties and adverse effects on children's development. These parenting difficulties can include less responsive parenting, impaired attachment, reduced safety behaviours, and at the extreme, maltreatment of a child. Our research in Australia has shown a rise in parental mental issues but what impact does this have on risk of maltreatment in infants and are there differential effects for types of mental health issues. This information is important for targeted support for these mothers and infants and to prevent any harm that may result in infants. This paper will outline a population level study of all mothers with a diagnosed mental health issue (using the Mental Health Register) and the outcomes for their infants in terms of risk of maltreatment (Department for Child Protection and Family Support data). It will provide information regarding maternal groups most at risk of mental health issues and maltreatment issues and determine if there are specific mental health issues that have greater risk of adverse outcomes for infants. This will enable a stronger evidence base for prevention and targeted intervention to reduce adverse outcomes for infants and support mothers in the greatest need with their parenting.

Understanding the Particular Grief Symptomatology of Court Ordered Removal of Children

Karen Broadhurst, *Lancaster University* (k.broadhurst@lancaster.ac.uk)

There is a wealth of literature concerned with grief following child relinquishment, but a far scanter literature on grief responses to court-ordered child removal. In this article we present the findings from a mixed-methods study funded by the Nuffield Foundation that included semi-

structured interviews with 72 birth mothers in 7 local authority areas in England. Our interest is in how the court process featured in women's narrative accounts and what we can learn from this about the particular grief symptomatology of court-ordered child removal. A consistent finding across the interviews was that the adversarial nature of the English family court added to the stress of losing children - the court process compounded feelings of shame, powerlessness and anger. Typical responses to the final court determination were increased drug and alcohol use, suicidal ideation or self-harm. Women's spontaneous recall of the detail of the final court hearing and the emotional content of their interview accounts are suggestive of post-traumatic stress. The authors conclude that a better understanding of clinical needs of this population is required, to enable an effective professional response to the traumatic burden of child removal and to inform the development of alternative family court models.

The Value-Added Effects of Fast Track Adoption Policy

Fred Wulczyn, *University of Chicago* (fwchapin@mindspring.com)

In the U.S., responsibility for child protection policy is divided between federal and state governments. The federal government sets an overarching policy framework; states are free to elaborate on the federal framework. The interaction between state child protection law and the federal framework gives rise to considerable state variation. State leadership wants to protect children but the children identified as needing protection are a matter of the normative context. Our goal in this paper is to describe state policy variation and assess whether policy variation accounts for variation in how long it takes to adopt children from foster care. To do this, we lay out state policies and identify which policies are strong relative to what we find in other states. We then use that policy distinction to study the impact of policy on the timing of adoption. Our hypothesis is that states with strong policies will have faster adoption rates. To conclude the presentation, we discuss the results and what can be done to target adoption policy more effectively.

39. Civil, Forensic and Medical Uses of Epigenetic Technologies

Recent advances in molecular biology have led to development the development of technologies that can accurately assess not only cigarette consumption and alcohol use, but in addition a variety of potentially lethal medical conditions. As opposed to previously developed technologies, these epigenetic techniques are easy to perform and are relatively foolproof. What is more, some of these tests are in advanced stages of clinical testing and are being actively considered by third-party payers and government agencies for risk assessment. In this series of five speakers from the United States and Germany, we will review the medical uses of two of the more prominent assays; those for cigarette and alcohol consumption. We then discuss civil and forensic applications of these technologies. Finally, we conclude with analyses of the effect of these and other related tests on patient autonomy and privacy. As a result of the symposium,

attendees will understand the biological basis and medical utility of epigenetic tests. In addition, they will gain exposure to a series of ethical and legal frameworks through which the use of these tests can most optimally be utilized and potentially regulated.

Epigenetic Biomarker Guided Treatment of Alcoholism

Vanessa Nieratschker, *University of Tübingen* (vanessa.nieratschker@med.uni-tuebingen.de)

Alcohol dependence is a severe disorder contributes substantially to the global burden of disease. Despite the severe consequences of alcoholism, effective treatment and prevention strategies are largely absent. Recent advances in epigenetic technologies suggest that DNA methylation assessments may be used to guide treatment. In this presentation, we review the use of DNA methylation to assess alcohol consumption in the medical and civil settings. Then, using data from a group of patients participating in a three or six week alcohol treatment program at the University of Tübingen, we show that in a population of methylation status at GDAP1 quantifies the degree of alcohol consumption and treatment response. We conclude that DNA methylation technologies may be used to diagnose and guide treatment, and encourage discussion on the medical and ethical applications of the use of epigenetic and other biomarker technologies in the treatment of medical illness.

Incentive-Based Epigenetic Guided Smoking Cessation Therapy

Robert Philibert, *University of Iowa* (robert-philibert@uiowa.edu)

Smoking is the largest preventable cause of morbidity and mortality in the industrialized world. In prior work, we and others have shown that DNA methylation assessments can be used to assess smoking status. In this presentation, we review a variety of published data showing that DNA methylation status can be used to quantify the amount of cigarette consumption in both adults and adolescents, and can be used to precisely quantify the effectiveness of smoking cessation therapy. We then review current strategies for employer and insurance company supported contingency management (i.e. incentive) based approaches to encouraging smoking cessation, and show how this new biomarker technology can be readily adapted to markedly increase the effectiveness of these third-party managed contingency reward systems. We conclude by summarizing likely future developments in the field and ethical implications of this new biomarker technology.

Effects of Epigenetic Tests on Patient Autonomy and Self-Perception

Cheryl Erwin, *Texas Tech University* (cheryl.erwin@ttuhsc.edu)

Epigenetic technologies that allow us to determine smoking and drinking behaviors have the potential to shift the frame of reference with which we judge ourselves and others. This session on the ethical use of epigenetic technology will examine how knowledge of health behaviors may impact self-perception and autonomy of individuals who undergo this testing. Shaming and blaming may be an undesirable and unanticipated event which should be carefully assessed through the lens of historical knowledge of other social phenomena. The resulting pressure on lifestyle choices may create an incursion on the autonomous right of self-determination, assuming individuals have the ability to make choices. For those individuals who suffer from addiction, certain disabilities, lack of resources, or insufficient access to help these technologies may exacerbate rather than alleviate underlying behaviors. Recent research from the wellness movement illustrates how a simple nudge, however well meaning, can become coercive to those who are unable to change for reasons external to themselves. This session will examine these issues from an ethical and humanistic perspective as a balance to the technological imperative.

The Use of DNA Methylation Tests to Determine Alcohol Consumption in Problem-Solving Courts

Tracy Gunter, *Indiana University* (tdgunter@iupui.edu)

Alcohol use disorder is a common disorder associated with high morbidity and mortality rates. Genetic and environmental risk factors are known to contribute to genesis and maintenance of alcohol use disorder. Complicating research in the area is the inherent unreliability of self-reported quantification of alcohol use. Recent advances in epigenetic profiling hold the promise of objectively quantifying current and lifetime alcohol intake. Following an introduction of epigenetic regulation of gene transcription in alcohol use disorder, this paper will explore the use of these technologies a both a diagnostic and monitoring tool in problem solving courts and conclude with the implications of epigenetic findings for the development of better treatment strategies.

Privacy Issues in the Storage of Medical Epigenetic Data: Data That Your Insurance Company is Sure to Want?

Nicolas Terry, *Indiana University* (npterry@iupui.edu)

The increase in employer and insurer interest in risk-reduction and cost-shifting has led to major enthusiasm forhealth and wellness plans. At root are attempts to “nudge” (what some behavioral economists call “blaming” or “shaming”) persons away from unhealthy behaviors to healthy ones. Incentives to adopt healthy behaviors (such as gym memberships) or disincentives applied

to unhealthy behaviors (such as shifting health insurance costs) are employed across a range of issues, including obesity, alcohol consumption, and smoking. Various techniques can be used to acquire baseline data about persons and/or monitor their behaviors thereafter. These include questionnaires, attestation, fitness "trackers," and next generation epigenetic technologies. Employer and insurer enthusiasm and broad encouragement from the Affordable Care Act notwithstanding, various aspects of these plans, their implementation and the use of data they acquire are subject to a complex patchwork of legislation and regulation. This session will look at some of these legal implications, particularly the EEOC regulations, the Americans with Disabilities Act, the HIPAA Privacy and Security Rules, and the Genetic Information Nondiscrimination Act.

40. Clinical and Research Ethics

A Comparative View of Major Ethical Standards

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There are many similarities as well as some notable differences when comparing ethics codes across different countries as well as across different professions. Some major issues are essentially the same, with somewhat different wording. At times there are marked differences in the emphasis noted in discussing certain major issues. The role of the mental health professional in addressing issues of violations of human rights, for instance varies dramatically across jurisdictions and across professions. Some mention it only in a broad context of avoiding harm, others place specific burdens on the mental health professional, and others do not mention it at all. Marked differences occur also in the way multiple relations are addressed. This presentation will focus on the different emphases in the ethics codes of the American Psychological Association, the Canadian Psychological Association, the ethics codes of the European Federation, and the Ethical Guidelines of the American Academy of Psychiatry and the Law. In addition it will deal with the sometimes difficult concept of whether the standards are aspirational or enforceable.

Dream Enactment as a Predicting Warning Sign: Posing of Ethical Questions

Miloslava Kozmová, *Independent Researcher, Boston, USA* (kozmova@hotmail.com)

In times of antiquity, Aristotle brought to physicians' attention the notion that some dreams—as biological phenomena—might be harbingers of physical illnesses that is not detectable during waking life. At the present time, the following questions deserve consideration: Could it be that at least one neurological illness later identifiable with biomarkers announces itself first through

the enactment of dream? Subsequently, If dream enactment could be a predictor of biologically based illness, then what ethical questions regarding dreams as a source of potentially distressing–yet also possibly, for the time being, life-affirming–information ought to be posed in treatment relationships that involve the medical community? Rapid Eye Movement (REM) portion of dreams contains dreamers' initiated and experienced physical activities; during dreamt mental behaviors, muscles of individual dreamer remain atonic. Yet, some individuals enact their dream behaviors; this condition with motor episodes is known as Idiopathic REM sleep disorder in which tonic muscles allow for enactment. After brief review of physiological evidence that points to dream enactments as possible predictors of neurological illnesses (e.g., presumed synucleinopathies such as Parkinson and Alzheimer diseases and dementia with Lewy bodies), the author will pose some ethical questions in the area of the interface between dreams, neuropsychology, neurodegeneration, treatment and prognosis, and professional relationships.

Involving Children in Social Research on Sensitive Issues

Morag McArthur, *Australian Catholic University* (Morag.McArthur@acu.edu.au)

Stephanie Taplin, *Australian Catholic University* (Stephanie.taplin@acu.edu.au)

There is a general consensus that children's participation in social research is important: holding different standpoints, conceptualisations and experiences of the world to adults, children's views can help develop knowledge about the social problems they encounter and assist adults to better consider their needs. However, considerable uncertainty remains around children's inclusion in research on 'sensitive' issues. Key to this are deeply embedded assumptions and beliefs about children and childhood, especially concerning notions of capacity and vulnerability. MESSI (Managing Ethical Studies on Sensitive Issues) is an Australian ARC study aimed at better understanding the tensions between the protection of children and their participation in such research. The first qualitative phase of this mixed methods study involved interviews with children, parents, researchers, ethics committee members, and other people in gatekeeping roles to explore how these tensions are perceived, managed and navigated. This presentation discusses stakeholders' perceptions and views of children's participation in sensitive research, issues impacting on their decision-making, and definitions of 'sensitive' social research topics in relation to children's participation. By refining our understanding of these issues researchers will be in a better position to address the concerns of potential gatekeepers and facilitate the ethical conduct of research with children on sensitive topics.

Amarenda Narayan Singh, *Queen's University* (singha@queensu.ca) – Discussant

41. Coercion and Compulsory Treatment I: Coercion and Autonomy in Psychiatric Care: History and Current Problems

Reconsidering the Concept of Dangerousness at the Interface of Psychiatry and Criminal Justice

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Over the past two decades there has been growing interest in the management of dangerous offenders including those with mental disorders. Many countries enforce preventive detention laws according to which offenders are subject to incarceration even after the completion of their prison sentences if they are still considered to pose a danger to the public. Such legislations may cause disputes about their legitimacy. In Germany, the preventive detention law (*die Sicherungsverwahrung*) generates controversy about its constitutionality. In France, the enactment of similar laws in 2008 (*la rétention de sûreté*) provoked heated discussion. The current concern about dangerous offenders is apparently a resurface of the universal trend at the beginning of 20th century. However, new aspects can be found. First, the public has a strong fear of heinous crimes such as sexual assaults on children. Second, the recent progress in neuroscience is providing scientific evidence that violent dispositions are embedded in the human brain. Although dangerousness has been pivotal for preventive measures, the question about the types of offenders that are considered particularly dangerous is still unclear. Psychiatrists' role in the system is also problematic regarding the violence risk assessment. Circumstances in Japan with a new forensic system will be mentioned.

Guest Houses for Mentally Ill Patients in Japan

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After Japan opened its country to foreign intercourse in 1854, Western ways of thinking and medical treatment were introduced into Japan. The Government of Japan wanted to show that Japan matched Western standards in every respect and prohibited guesthouses for mentally ill people from receiving patients due to the fact that they didn't provide medical treatment. Nevertheless, they didn't disappear after that. Though the number of patients increased rapidly, the Government of Japan couldn't build enough mental hospitals and couldn't help but overlook such informal schemes as the guesthouses. After World War II, the Government of Japan wanted to catch up to Western countries with regards to the number of beds for mentally ill patients and forbade family care under the Mental Health Act in 1950. In Western countries in the 1960's, however, the number of beds for mentally ill patients decreased with the introduction of effective medicines for mental illness and through the movement of caring for mentally ill patients in local communities. This paper will attempt to investigate the history of guesthouses in Japan as well as the practice of looking after mentally ill patients in local communities.

Mental Health Law and Policy in the Former Japanese Colonies

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Mental health policy in Japan before 1950 was regulated by two national laws: The Mental Patients' Custody Act (1900) and The Mental Hospital Act (1919). It is widely known that before the Second World War Japanese mental health laws were also applied in other former colonies. It is understood that the increased demand for mental health care and psychiatric institutions in the colonies required these laws as a result of the modernization or Westernization of psychiatry introduced by the Japanese authorities. It is not widely discussed, however, why these laws were applied in certain colonies and were not applied elsewhere. The Mental Patients' Custody Act was enforced in 1917 in Sakhalin and then in 1936 in Taiwan. The Mental Hospital Act was also introduced in Taiwan in that same year. In Korea and other colonies though, none of these laws were applied. This study explores the reasons for the application and non-application of mental health laws in the former Japanese colonies, focusing on the entire law system of the Japanese Empire and comparing the relationship between the central government and the governments of Taiwan, Korea and Sakhalin.

Risk Factors for Problem Behaviors Among Forensic Outpatients Under the Medical Treatment and Supervision Act in Japan

Kumiko Ando, *National Institute of Mental Health, Tokyo, Japan* (ando@ncnp.go.jp)

The Medical Treatment and Supervision Act (MTSA) was enacted in 2005 in Japan to promote the reintegration of clinical offenders with mental disorders into society. Under the MTSA, individuals who committed serious crimes in a state of insanity or diminished responsibility are diverted from the criminal justice system to the mental health system. Based on court decisions about MTSA-based treatment, psychiatric offenders have an obligation to engage in rehabilitation within their local community under the guidance of mental health professionals. However, unfortunately, forensic outpatients under MTSA-based clinical treatments sometimes have committed problem behaviors, such as violence and medical non-compliance, in the course of treatment. Hence, this study aimed to clarify risk factors of problem behaviors among forensic outpatients in Japan. This study was based on confidential data acquired for the decade from MTSA enactment to December 31, 2015. In total, we recruited 1740 forensic outpatients receiving MTSA-based outpatient treatment from 482 nationwide facilities. To evaluate related factors, we collected demographic, psychiatric, forensic, clinical treatment, and social service information. This presentation will discuss the analysis results and risk factors for problem behaviors among forensic outpatients in Japan.

Long-Stay Forensic Inpatients Under the Medical Treatment and Supervision Act in Japan

Toshiaki Kono, *National Institute of Mental Health, Tokyo, Japan* (konot@ncnp.go.jp)

The Medical Treatment and Supervision Act, the first legislation for the treatment of mentally disordered offenders in Japan has been in operation for twelve years. Patients ordered to receive inpatient treatment are admitted to a secure unit modeled after the medium secure units in the UK. The standard length of stay provided in a guideline is 18 months. However, the length has been prolonged up to a mean of approximately 33 months estimated in a Kaplan-Meier analysis. In previous studies, patients with refractory schizophrenia and patients transferred between units were found to be associated with long-stay. For the former population, measures such as introduction of clozapine to patients with psychosis resistance to conventional antipsychotics and reinforcement of psycho-social treatment for patients with duplicated mental disorders were taken. Nevertheless, very-long-stay patients have been gradually accumulating (47 out of 753 inpatients had been staying for 5 years or longer in 2014). If patients who can hardly be discharged continue to increase, we will face a shortage of beds for newly-admitted patients. This presentation will show the factors impeding their discharge in detail and discusses how we should resolve this problem.

42. Coercion and Compulsory Treatment II: Coercion in Mental Health and Addictions: The Pros and Cons

Overview of Psychiatric Coercion: Its Past, Present Use and Future Possibilities

Tomi Gomory, *Florida State University* (tgomory@fsu.edu)

This presentation briefly sketches the role of coercion in mental health treatment, its present utilization and prognosticates about its future. Essentially, the claim is that coercion (punitive social control) has been the fundamental defining activity of mental health or psychiatric treatment from the beginning of its history and remains so today. It also argues that the constantly changing involuntary interventions are never more effective than voluntary treatments and are intended to control through medicalized police power societally unacceptable behaviors, while giving the impression that they are validated treatments that are beneficial to mental health patients. A review of the outcome effectiveness literature is presented, revealing a failure of coercive medicalized approaches to effectively reduce mental health problems, and a comparison to data of voluntary efforts suggests that they are more welcomed by "mental health" patients and are more often subscribed to and lead to better outcomes desired by the patients. Finally, the legal and ethical issues of coercive mental health laws and treatments (of the USA and Europe) are briefly examined, concluding that they also have failed to meaningfully reduce problematic behaviors.

Whose Voice Counts More? How Subjective Treatment Experiences Are Negotiated in Routine Mental Health Practice

Shannon Hughes, *Colorado State University* (Shannon.hughes@colostate.edu)

First-hand accounts of antidepressant drug experiences show how subjective assessments of benefits and harms are central to individualized treatment decision-making, and how prescribers' advice and orders sometimes run counter to users' own experiences. Numerous treatment accounts suggest that subtle forms of coercion from doctor to patient exist, resulting in some patients experimenting with idiosyncratic uses of a drug, resisting medical advice, or turning to other users for advice to supplement a perceived lack of accurate, trustworthy information from their prescriber. The doctor-patient relationship, a highly valued and trusted relationship in many societies, might be eroded by these subtle forms of coercion causing discontent, mistrust, and, at times, anger among patients whose first-hand experiences prove vastly different from what prescribers had prepared them for. While patients' reactions to overt coercion in mental health have been documented, subtle varieties of coercion in routine general and outpatient practices remain less explored. This talk uses 3,000 first-hand antidepressant experiences randomly selected from Internet websites to explore types and impacts of subtle forms of coercion in routine mental health practice, and makes recommendations for increasing the transparency, accuracy, and trustworthiness of how professionals interact with patients around medication-related issues.

How Many People Are Civilly Committed Annually in the United States?

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Gi Lee, *University of California, Los Angeles* (glee49@ucla.edu)

Civil commitment remains probably the most controversial intervention in mental health. Academic interest in the matter appears to have peaked during the 1970s and 1980s, public interest similarly waxes and wanes. Current legislative proposals in the U.S. emphasize involuntary outpatient commitment and media-fueled views of firearm violence parallel some calls for increased recourse to civil commitment. Unfortunately, no reliable published estimates exist of the number of individuals in the U.S. who are subject to 72-hour involuntary psychiatric holds or longer civil commitment. It appears that that no source attempts to collect anything like complete data or produce an estimate. This presentation first reviews the few existing previous estimates and then examines the available data sources on this subject — including individual State Departments of Health or Mental Health, the Centers for Medicaid and Medicare Services, and the Department of Justice's National Instant Criminal Background Check System — and

their extraordinary limitations. Reasons for the dearth of figures on this most controversial and restrictive intervention in mental health are suggested.

Psychotropic Medication in the Child Welfare System

Jeffrey R. Lacasse, *Florida State University* (jlacasse@fsu.edu)

There is increasing concern regarding the use of psychotropic medication in the child welfare system within the United States. Use of medication for unapproved indications and lack of psychosocial interventions are known to be commonplace, as well as other issues. There has been some recent progress on these issues – recent legislation in the state of California, for example, raises the possibility of implicit coercion in clinical interactions, and makes efforts to make the system more empowering to children. The issues of informed consent, the degree to which psychosocial alternatives have been trialed, and how the child experiences the prescribed medication all loom large. However, most child welfare systems lag significantly behind the new legislation in California on these issues. This presentation lays out the issues, both empirically and conceptually, and proposes potential remedies to reduce the degree of coercion inherent in the prescription of psychotropics to child-welfare-involved youth in the United States.

Problems with the 'Impairment Criterion' in Substance Abuse Treatment

Daniel J. Dunleavy, *Florida State University* (djd09e@fsu.edu)

Western societies have progressively become more concerned with its citizens' psychoactive drug use. This is exemplified by the criminalization and medicalization of several of the 20th century's most popular drugs (e.g. cocaine, opiates, marijuana). As a result, users of psychoactive drugs have increasingly become identified as simultaneously criminal offenders and chronically ill. These designations have led drug users to be subject to an array of coercive practices. When a drug-user comes into contact with the criminal justice system they may often be pressured into consenting to – or ordered into receiving – substance abuse treatment. Failure to adhere to treatment provider recommendations commonly results in further criminal or socially coercive sanctions. Numerous purported justifications exist for coerced treatment, but one criterion, that of decision-making 'impairment', is highlighted in this presentation. The strengths and weaknesses of the impairment criterion are examined and contrasted with examples from other fields, such as neurology. It is argued that the impairment criterion and the coercive practices that follow from its use have been buttressed by an increasing medicalization of drug use, a conceptual lens that has overextended the available evidence-base. The use of this criterion and the resultant practices are appraised within the context of applied ethics.

43. Coercion and Compulsory Treatment III: Committals, Compulsory Treatment: A Review of Human Rights Issues I

New Zealand's Compulsory Assessment and Treatment Act: The Journey of Committal

Alwyn Bondaren, *Capital Coast Health, New Zealand* (Alwyn.Bondaren@ccdhb.org.nz)

In November 1992 by act of parliament the Compulsory Assessment and Treatment Act (CAT Act) (1992) replaced the 1969 Mental Health Act which has markedly changed the way that compulsory treatment occurs in New Zealand. I will discuss and highlight the CAT Act1992 legal definition of Mental Disorder which is symptom not illness focused and the exclusion criteria, specifically in the area of Personality Disorders and Substance Abuse disorders. The CAT Act 1992 has a strong focus on the involvement of identified family and includes the specific cultural needs of the Maori population of New Zealand. The inclusion of this section of the act has led to a significant improvement in client care and family satisfaction. I will identify the four legal roles and responsibilities: 1. The Director of Area Mental Health who is responsible for the overall implementation of the CAT Act 1992. 2. The Responsible Clinician who is responsible for the treatment and completion of the legal documentation. 3. The Duly Authorised Officer who has a specific role which includes giving advice to the public re the CAT Act1992, investigating any requests for assistance which includes returning people on leave back to hospital. 4. The Duly Authorised Officer is also responsible for arranging a compulsory assessment and to ensure the safety of all throughout the legal process. The District Inspector is a lawyer who is employed to investigate any complaints that a person may have regarding the compulsory committal process. These roles were introduced to ensure that a clear and transparent process occurred which I believe has improved the delivery of compulsory assessment and treatment in New Zealand.

The Compulsory Psychiatric Regime in Hong Kong: Constitutional and Ethical Perspectives

Daisy Cheung, *University of Hong Kong* (dtcheung@hku.hk)

This presentation will focus on the compulsory psychiatric regime in Hong Kong. Under section 36 of the Mental Health Ordinance, which authorises long-term detention of psychiatric patients, a District Judge is required to countersign the form filled out by the registered medical practitioners in order for the detention to be valid. Case law, however, has shown that the role of the District Judge is merely administrative. It will be suggested that, as it currently stands, the compulsory psychiatric regime in Hong Kong is unconstitutional because it fails the proportionality test. In light of this conclusion, two solutions to deal with the issue will be proposed by common law or by legislative reform. The former would see an exercise of

discretion by the courts read into section 36, while the latter would involve piecemeal reform of the relevant provisions to give the courts an explicit discretion to consider substantive issues when reviewing compulsory detention applications. It will be argued that these solutions would introduce effective judicial supervision into the compulsory psychiatric regime and safeguard against abuse of process.

A Practitioner's Recommendations to Patch the Involuntary Civil Commitment Hearing Process

Donald Stone, *University of Baltimore* (dstone@ubalt.edu)

When a dangerously mentally ill person in the U.S. is in need of in-patient psychiatric hospitalization, the apparatus for involuntary civil commitment goes into motion. As a result, a mentally ill person can be confined against his or her will, to remain in the hospital indefinitely. The mentally ill person's freedom depends on the outcome of a single hearing. Thus, the civil commitment process raises a number of legal questions: What are the constitutional protections against self-incrimination and the right to remain silent? Who presides over the hearing? Do the rules of evidence apply, specifically hearsay? Is the burden of proof standard by the preponderance of evidence, clear and convincing, or beyond a reasonable doubt? Should the mentally ill person have the right to an independent evaluation of his or her psychiatric condition to contest the view of the hospital psychiatrist? Is the adversarial hearing process best suited to address the need for in-patient hospitalization? Should legal guardians and those designated as power of attorney be given the authority to voluntarily admit a patient into a psychiatric hospital? This presentation will explore the current involuntary civil commitment process for confininga mentally ill and dangerous person in a psychiatric hospital. I will examine the government's power to confine a mentally ill person and the minimum due process safeguards for involuntary admission. I will discuss the authority of mental health professionals to testify at civil commitment hearings and consider issues of privileged communication. This talk provides an analysis of the current system and practical, concrete suggestions for improving the involuntary civil confinement process through the eyes of the attorney representing the mentally ill client facing involuntary psychiatric hospitalization.

Mental Health and Human Rights: Brazil and the Inter-American Court of Human Rights Jurisprudence

Carla Aparecida Arena Ventura, *University of São Paulo* (caaventu@eerp.usp.br)

International and regional systems have addressed the human rights of persons with mental illnesses. In spite of these instruments, people with mental illnesses continue to have their rights violated in different settings and situations. In this context, the general aim of this research was

to bring to light human rights violations targeting persons with mental illness judged by the Inter-American Court of Human Rights. Data were collected at the site of the Inter-American Court of Human Rights through the reading of the Court's judgments in order to learn about the facts involving the cases. The inclusion criteria for the judgments in this study were: 1) to be issued by the Inter-American Court of Human Rights; 2) to involve a violation of rights of persons with mental illnesses. The search resulted in one judgment involving a person with mental illness: Case Damião Ximenes Lopes v. Brazil. Damião Ximenes Lopes Case was analyzed with a focus on the right to health and mental health, with the purpose to highlight the intersection between this framework and the mental health law, policies and services in Brazil.

44. Coercion and Compulsory Treatment IV: Committals, Compulsory Treatment: A Review of Human Rights Issues II

Article 5 ECHR and Community-Based Deprivation of Liberty Under Mental Health Legislation

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Article 5(1) of the ECHR protects the liberty and security of person. The purpose is to prevent arbitrary or unjustified deprivation of liberty. However, a person may be lawfully deprived of their liberty if they are of unsound mind and there is a lawful procedure. The UK Supreme Court has decided what constitutes a deprivation of liberty. This goes beyond hospital detention and applies to people living in community settings who are subject to continuous supervision and control and who are not free to leave. In England, highly restrictive conditions are applied to forensic patients on a conditional discharge, and to non-forensic patients on a community treatment order or guardianship. This session explores the interface between Article 5 and restrictive conditions imposed upon patients in the community under domestic mental health legislation. Thus: should patients with capacity be able consent to a deprivation of liberty in the community? What if a patient with capacity objects, or lacks capacity to object? What legal procedures permit a patient to be deprived of their liberty in the community? Who decides? Do current procedures provide adequate safeguards for the patient and the community, are they accessible and proportionate, and how might they be improved?

Organization of the Forensic Psychiatric Examination in the Russian Federation: Compulsory Treatment of Persons who Committed Socially Dangerous Acts

M. S. Sheifer, *Samara Psychiatric Hospital, Samara, Russia* (sheifer@bk.ru)

This presentation will summarize the experiences of forensic psychiatric esaminations in the major Russian region of Samara, which has a population of over 3.2 million people. The nature of the data and the number of cases are in respect to those who were appointed for forensic psychiatric examination. Different types of forensic psychiatric examinations, such as outpatient and inpatient, will be reviewed. This will include the discussion of different techniques of examination on the subject, especially for comprehensive forensic psychiatric examinations, such as drug treatment and forensic medical psychological and psychiatric examination. Examples of the "battle of experts" in the trial will also be discussed. Questions of expert decision-making on the application of compulsory medical measures will be reviewed; this will include outlining assignmnent rules, changes, termination of compulsory treatment, as well as the practice of these cases in court. This presentation will make clear that the problems arise in the production of both expertise and challenges in the appointment and conduct of compulsory treatment.

Examining Civil Liability for Physicians Based on the Islamic Penal Code

Somayeh Sarrami Forushani, *Islamic Azad University* (sarrami_somaye@yahoo.com)

This presentation will examine a definition of civil liabilities of physicians, rules and legal materials related to this issue in the new Islamic Penal Code (and their distinctions from the old law) are investigated. Essentially, the civil liability of the physician is based on the theory of fault; this means that if the fault of the physician is proven, then he will be responsible for compensating the perspective of the law. Despite the fact that in the old Islamic Penal Code, the physician had an objective responsibility for any injuries to the patients , if any damage was imported to the patient due to the physician's actions, the physician was considered responsible even assuming that he did not commit a fault. However, the legislator in the new Islamic Penal Code, regarding the responsibility of the physician, came up with innovation and in terms of understanding the new law, on the one hand, and the physician's responsibility is based on fault on the other hand, the fault of the assumed physician has been considered. Of course the circumstantial evidence of the mentioned fault is changed by taking the previous exemption from the patient or his guardian. Solution stipulated in the new law has provided the expedient for the physician and also for the patient.

Advanced Directives: Implementation and Evaluation in New Zealand

Anthony J. O'Brien, *University of Auckland* (a.obrien@auckland.ac.nz)

Advance directives have been proposed as a means of increasing the autonomy of service users concerning decisions about their care, especially in crisis situations where they may be too unwell or distressed to communicate their choices. The presentation will outline the protocol for an implementation study of advance directives in a New Zealand mental health services. The project has two stages. The first is a survey of clinicians and focus groups of service users to establish preferences for advance directives. The second stage involves development of the advance directive instrument, staff training in implantation, and trialing of the advance directive in practice. Evaluation will be through review of clinical records and comparison of completed advance directive instruments with care received. The development, implementation and evaluation of advance directives will be outlined, including identification of content, the process of creating an advance directive. The initiative builds on a 2015 study, which measured service user and clinician perceptions of advance directives. The study is due to commence in August 2017. This is a pilot project that we intend to use as a basis for wider implementation in New Zealand's mental health services.

45. Coercion and Compulsory Treatment V: Involuntary Hospitalization in Patients with Severe Mental Illness: Europe-USA in Comparison

In Italy the Law 833/1978 restored the will of freedom to decide whether or not to be treated for mentally ill patients. The involuntary hospitalization (TSO: Mandatory Medical Treatment) became an exclusively health care act authorized by a magistrate. After the closure of the *OPGs* (Italian High Security Hospital few doubts continue to exist for involuntary hospitalization procedures in civil and criminal commitment. In other Europe Countries and in the USA civil commitment is governed by different rules. In Norway the patients who are involuntary admitted to hospital must be reevaluated by a psychiatrist within 24 hours. In Germany there are two main procedures for involuntary hospitalization. The first one is regulated by civil law. The second is regulated by criminal law. Involuntary hospitalization of psychiatric patients in the USA has become both the only method to hospitalize patients as well as a barrier to appropriate treatment. In the USA the mental disorders for civil and criminal commitments are similar, the policies ans practices for civil and criminal commitments are strikingly different. In this panel the presenters explain how involuntary hospitalization proceeds for a patient with a mental illness who is in the need of their level of care.

Voluntary or Involuntary Acute Psychiatric Hospitalization in Norway: A 24-Hour Follow-Up Study

Kjetil Hustoft, *Stavanger University Hospital* (kjetil.hustoft@sus.no)

The Norwegian Mental Health Care Act legislation states that patients who are involuntary admitted to hospital must be reevaluated by a psychiatrist or a specialist clinical psychologist

within 24 hours to assess whether they fulfill the legal criteria for psychiatric status and symptoms. The aims of this study were to investigate the extent to which degree involuntary hospitalized (IH) patients were converted to a voluntary hospitalization (VH), and to identify predictors of such a conversion. The presentation is based on the Multi-center study of Acute Psychiatry included all cases of acute consecutive psychiatric admissions across twenty Norwegian acute psychiatric units in health trusts in Norway across 3 months in 2005-06, representing about 75% of the psychiatric acute emergency units in Norway. Out of 3338 patients referred for admission, 1468 were IH (44%) and 1870 VH. After re-evaluation, 1148 (78.2%) remained IH, while 320 patients (21.8%) were converted to VH. Predictors of conversion from IH to VH were patients wanting admission, better scores on Global Assessment of Symptom scale, less hallucinations and delusions and higher alcohol intake.

Civil and Criminal (NGRI) Commitments in the USA: A Comparison of Policies

Alan R. Felthous, *Saint Louis University* (Felthous@slu.edu)

Civil and criminal mental hospital commitments in the United States serve essentially the same purpose: To provide mental health treatment to mentally disordered individuals in a safe and effective manner that cannot be provided on an outpatient basis. Criteria for both commitments can include variants of danger to self, danger to others, grave disability and/or treatment decisional incapacity/incompetency. Of course an NGRI criminal commitment requires a finding that the individual committed a criminal offense. Although the mental disorders for civil and criminal commitments are similar, the policies and practices for civil and criminal commitments are strikingly different, with the latter including extended step down procedures, conditional release and different legal outcomes which will be described and discussed.

Involuntary Hospitalization: Criminal and Civil Commitments in Italy

Gabriele Mandarelli, *University of Roma* (gabriele.mandarelli@gmail.com)

The Decree-Law Number 211 2012), determined the closure of the *OPGs* (Italian High Security Hospital for NGRI offenders) and the establishment one or more *REMS*(Residences for the Execution of the Security Measures) resemble small security hospitals, in each Italian region for the same forensic patients. As a result, the discrepancy in the treatment of criminal and civil mentally ill patients, created almost 40 years ago by Law Number 833 of 1978, was resolved. The aforementioned law authorized the closure of the general psychiatric hospitals (*OPs*) and the establishment of the National Health Care System (*SSN, Servizio Sanitario Nazionale*) as a community psychiatric assistance model entrusted to the public psychiatric services. However

few doubts continue to exist for involuntary hospitalization procedures in civil and criminal commitment.

Preliminary Data of an Italian National Research

Felice Carabellese, *University of Bari* (felicefrancesco.carabellese@uniba.it)

In Italy the involuntary hospitalization of a mental illness patient can be ordered when all of the following three conditions are met: the need of emergency care, a treatment that requires hospitalization, incapacity to accept a medical treatment due to the patient's severe illness. The involuntary hospitalization (TSO: Mandatory Medical Treatment) had a maximum duration 7 days. Involuntary hospitalization cannot occur in a general hospital with newly created psychiatry departments consisting of small treatment units with up to 16 beds. In light of the above, we tried to investigate the patient's capacity to accept or decline a medical treatment during his/her TSO in three different regions of Italy: Lazio, Umbria and Puglia. Our sample includes about 130 patients who were involuntarily hospitalized during the entire year in 2014. We present the preliminary data of this research.

Involuntary Hospitalization in Germany

Henning Sass, *Universitaetsklinikum der RWTH* (hsass@ukaachen.de)

Involuntary hospitalization of psychiatric patients can create many problems. Although without doubt necessary in many cases, it is a burden for the relationship between the patient and the therapists, it has consequences for the social position of the patient, it can lead to stigmatization of patients as well as the psychiatric profession and last but not least is a matter of concern regarding possible misuse, especially in societies with totalitarian tendencies. In Germany there are two main procedures for involuntary hospitalization. The first one is regulated by civil law and is applicable for patients who –due to their mental disorder- are dangerous to themselves or others. These patients are treated in the general hospital system. The second is regulated by criminal law and leads to hospitalization of offenders who are regarded as dangerous because of their mental disorder in the system of forensic hospitals. Clinical and forensic implications of these two systematic approaches as well as some recent developments in Germany concerning involuntary treatment during involuntary hospitalization will be discussed.

46. Coercion and Compulsory Treatment VI: Personal Experiences of Coercion in Mental Health Care

Family Carers' Perspectives on Community Treatment Orders

Jorun Rugkåsa, *Akershus University Hospital, Lørenskog, Norway* (jorun.rugkasa@ahus.no)

Family members have always been key actors in providing care for the mentally ill and with the deinstitutionalisation of mental health services this role has been accentuated. Their role is often specified in Community Treatment Order legislations, and their contributions are also written into health care policy more widely. As severe mental illness often has implications for/impacts upon autonomy and self-determination, there may be prolonged periods when (legal) responsibilities for those who are unwell are shared by families and professionals. While this can lead to improved care, conflicting views between family and professionals does occur. Similarly, conflict between carers and service users is also common, often stemming from disagreement about the boundaries for legitimate influencing behaviour from family members. This presentation will examine family carers' perspectives on the use of Community Treatment Orders in England. Drawing on 26 qualitative interviews with people caring for a family member on a CTO, the analysis will investigate coercive practices in the community with focus on family carers' personal experiences. Particular focus will be directed towards their experiences of carer involvement in the CTO process and their view on the effectiveness of this intervention.

Coercion and Voluntariness in Psychiatric Rehabilitation: Clinicians' Perspectives

Henriette Høyer Beddari, *Akerhus University Hospital* (henriette.hoyer.beddari@ahus.no)

This presentation will highlight interim results from an ongoing PhD-study on mental health professionals' experience with coercion and voluntary treatment in outpatient psychiatric rehabilitation in the South-Eastern region of Norway. Little is known of how mental health professionals conceptualize both informal and formal coercion, nor how they experience the challenge of working with patients with severe mental illness outside a hospital setting. The study aims to broaden our understanding of coercion in mental healthcare by studying the interrelatedness of formal coercion, informal coercion, and voluntary outpatient treatment from mental health professionals' perspectives. By exploring personal experiences through focus groups and individual interviews with interdisciplinary ambulatory teams, the study will shed light on how professionals conceive of practices and work to achieve voluntariness in treatment. Particular attention will be paid to how professionals contend with balancing voluntariness and safety for both the patient and the community. Furthermore it will examine how clinicians approach patients who do not necessarily want treatment, and how they ensure that these patients follow recommended treatment.

Treatment of Psychosis without Compulsory Antipsychotic Medication

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For a short duration between July 2012 and March 2013, Germany was left without a legal provision for compulsory treatment with antipsychotic medication. Germany's Constitutional Court had ruled that certain sections on coercive treatment in regional and federal law violated the constitution. This short time period provided an opportunity to enhance nonmedical treatment options and to gain expertise in supported decision-making. Renouncing coercive antipsychotic medication fosters trust in the therapeutic relationship and changes dynamics in the therapeutic team. Several hospitals observed more violent incidents during that time. Contrary to professionals' expectations however, in an open hospital setting, violent incidents and other coercive measures e.g. mechanical restraint did not increase. While the benefits of compulsory antipsychotic medication are uncertain, the risks are considerable and it represents an infringement on human rights. Compulsory antipsychotic medication should therefore be abandoned.

New Measurement Scales for Experienced Coercion in Adult and Adolescent Patients

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Studies have shown that both formal care status and procedural justice predicts the level of experienced coercion. Some recent studies have emphasized that humiliation may be important in shaping the experience of perceiving oneself as coerced or not by mental health care. We developed and tested items on experienced coercion, together with Coercion Ladder, for adult patients and adolescent patients. Patients were recruited from inpatient and outpatient care settings. Based on the results we developed a new Experienced Coercion Scale (ECS) for adult patients in inpatient and outpatient care, and examined the relation between formal coercion, use of coercion and the patients' experience of coercion. The ECS is short and simple, and results indicate promising psychometric properties. The scale can be applied in both inpatient and outpatient care settings and through different phases of care. In accordance with existing studies, use of coercion, such as formally involuntary care and involuntary antipsychotic medication predicts experienced coercion, but variance are also substantial within the subgroups. The findings from the validation study may inform the understanding of experienced coercion in different care settings.

What do Compulsory Community Treatment Orders Accomplish?

Alison Schneller, *University of Auckland* (a.schneller@auckland.ac.nz)

The increasing use of 'compulsory community treatment orders' (CCTOs) within New Zealand's mental health system is under scrutiny as part of a larger review of the Mental Health Act and its compliance with international human and disability rights. The question 'what do CCTOs do?' is informed by the recent shift in interest from their ethical and legal justification to their clinical effectiveness. This presentation draws on proposed doctoral research to examine from the inside how CCTOs are produced. Using a case study approach across two mental health service sites, the objective is to gather data about the institutional processes and connections between actors involved in the making (and sustaining) of CCTOs. Analysis and interpretation of observational and key informant data will be underpinned by social assemblage theory. A conceptual framework will be developed to understand the arrangements and combinations of multiple elements (human and non-human) that produce CCTOs, including the interplay of clinical and legal logics. The aim is to generate new insights about the elements involved and how they might be re-arranged or re-combined to reduce the use of CCTOs.

47. Coercion and Compulsory Treatment VII: Capacity to Consent to Treatment and Involuntary Treatment: Europe-USA in Comparison

Consent is the "*conditio sine qua non"* of every medical diagnostic and therapeutic procedure. A medical evaluation is needed to determine the patient's ability to consciously accept the treatment. Therefore, evaluation tools are necessary to determine the patient's capacity to consent to the proposed treatment. Many factors are necessary to allow a patient to provide valid consent to a medical treatment. The inability to give consent should not be considered purely connected to a specific physical or mental disease. In fact there is evidence in the literature suggesting that even patients with severe mental illness retain to a certain extent, a valid capacity to make some or all treatment decisions. Especially in 'extreme' contexts of care, such as Alzheimer's patients taking antipsychotics, chronic psychotic patients. These are the type of patients that raise complex, ethical and moral issues for clinics that assist them. And of course issues of great interest related to medico-legal and forensic psychiatry are also raised. In light of the above the presenters explain how involuntary treatment proceeds for a patient with a mental illness who is in the need of their level of care in different countries of Europe and the USA.

The Capacity to Consent to Medication and Hospitalization in the USA

Alan R. Felthous, *Saint Louis University* (Felthous@slu.edu)

Laws in the United States that regulate hospitalization and administration of medication are quite diverse from one state to another and have undergone remarkable changes in recent years. With regard to medication a patient in the state of Illinois for example must have a court hearing before psychotropic medication can be administered voluntarily, even when the patient has already been civilly committed to a hospital. Several years ago an Illinois citizen had a right to a jury trial before medication could be given involuntarily. Legal criteria for involuntary medication in Illinois include danger to self or others, not a finding of decisional incapacity.

Courts in Southern Illinois have ruled that before a physician can petition for involuntary medication, the physician must have informed the patient of the purpose and side effects of the medication(s). In other words the patient's refusal must have been an informed decision regardless of his capacity to decide. In contrast, once a patient in Missouri is civilly committed to a maximum of 21 days in the hospital, the patient can be involuntarily medicated without a separate adversarial hearing and without a determination of incapacity to decide. Diversity of regulatory law is also found regarding voluntary and involuntary hospitalization. Although the capacity to decide upon hospitalization can be relevant to voluntary hospitalization, involuntary hospitalization is generally justified by danger to self or others, or sometimes grave disability, As extended hospitalization has become unavailable to the severely and chronically mentally ill, greater use is made of incompetency determinations, guardianships and nursing home placements. Many inmates in jails and prisons are no longer hospitalized regardless the severity of their disturbance. Where an inmate is psychotic and for psychotic reasons declines needed medication the author has recommended that these findings are appropriate justification for hospitalization.

Consent to Treatment/Involuntary Treatment in Italy

Gabriele Mandarelli, *University of Roma* (gabriele.mandarelli@gmail.com)

In Italy, the doctor assesses the capacity of the patient to properly consent to a specific proposed treatment and evaluates possible limitations and quali/quantitative ranges. The right to health protection and personal freedom are fundamental Constitutional Human Rights. This forces the doctor to evaluate the real patient's capacity, regardless of age, to critically accept the proposed treatment or at least to take part in decisions affecting him. So, it is necessary to determine "if", "how", and "to what extent" a certain disease impairs the patient's underlying cognitive and affective decision-making process. Some different psychometric tools have been developed to allow an evaluation of capacity to provide consent. One of the most commonly used tools is the semi-structured interview, MacArthur Competence Assessment Tool for Treatment (MacCAT-T). In Italy, the doctor has to propose to the Judge forms of legal protection for patients considered unable to consciously adhere to treatment. This is provided for by Law no. 6 of 2004 that established the role of the Support Administrator who is in charge of protecting the interests of the "person" that is "completely or partly lacking autonomy".

Capacity to Accept Voluntary Treatment in Extreme Contexts of Care

Felice Carabellese, *University of Bari* (felicefrancesco.carabellese@uniba.it)

The recent Italian Medical Ethics Code (art 33) explicitly provides "understandable and comprehensive" information about therapies, "possible diagnostic and therapeutic alternatives, foreseeable risks or complications, as well as actions to be taken by the patient during treatment

procedures". These two aspects should be clarified and understood by allpatients (even patients with severe mental illness), especially if the prescriptions involve long and complex treatment protocols. It is obvious that in this case, a medical evaluation is needed to determine the patient's ability to consciously accept the treatment. Therefore, evaluation tools are necessary to determine the patient's capacity to consent to the proposed treatment. This discussion will present preliminary data from research in 'extreme' contexts of care (patients in the final stages of life using pain medication, Alzheimer's patients taking anti psychotics, chronic psychotic patients, and patients with severe physical ailments waiting for organ transplants).

Involuntary Treatment: The UK perspective

Marco Picchioni, *King's College London* (marco.picchioni@kcl.ac.uk)

In 1800, the Criminal Lunatics Act empowered English and Welsh courts to send those found insane to hospital. Thereafter, the Mental Treatment Act 1930, and the various forms of the Mental Health Act 1959, 1983 and 2007 have defined both the structures by which patients are admitted and treated for mental disorders against their wishes and also the means to protect patients' rights. Criteria for detention are based on the presence of a mental disorder and an associated risk to the patient or other people. Capacity is not relevant for the treatment of mental disorders, but operates using parallel legislation for the treatment of physical illnesses. Latest data shows that since the last revision of the Mental Health Act, as total numbers of hospital beds have fallen and community based services seemingly expanded, still use of involuntary detention in England and Wales continues to increase, furthermore community based enforced treatment is also increasing.

Consent, Capacity to Consent and Involuntary Treatment

Thomas G. Gutheil, *Harvard Medical School* (gutheiltg@cs.com)

This portion of the panel will address expanded informed consent as risk management, consequences of a commitment treatment schism and issues in involuntary treatment. First, informed consent is not a fixed event nor a signature on a form, but an extended dialogue or process that begins at eye contact and perdures throughout the relationship; the exchange of information between physician and patient is far superior to the patient's passive listening while the doctor feeds information – often confusing information – to the patient. Second, and perhaps more importantly, this version of informed consent creates an atmosphere that is antithetical to litigation for malpractice based on, among other factors, failure to obtain informed consent. Next, the discussion will focus on the effects of some right-to-refuse-treatment litigation in the U.S. that creates what is called a "commitment-treatment schism." From a legal perspective in some contexts, commitment is seen as a complete solution: the patient is "quarantined" because of dangerousness and the problem is "solved"; of course, a patient whose commitment is based

on mental illness stands little chance of recovery and release without treatment, often with medication.

48. Coercion and Compulsory Treatment VIII: Crisis Admissions to the Hospital for Mental Disorders: Police Powers in the UK and Ethical and Moral Considerations for Involuntary Hospitalization Worldwide

Adolescents and Children Admitted to X Section 136 Suite Over Five Years

Aileen O'Brien, *St George's University of London* (Aileen.obrien@nhs.net)

Background: Section 136 of the Mental Health Act 1983 empowers police to remove a person they believe to be suffering from a mental disorder from a place to which the public have access, if they deem them a risk to themselves or others. In the UK, the number of Section 136 orders is increasing. There has been a large amount of concern about the use of section 136 in under 18 year olds. Objective: This retrospective cohort study will identify all children and adolescents detained using Section 136 at a London Mental Health Trust over a 5 year period. The immediate outcome of the assessment and outcome at 6 months will be established. Design and method: This study will obtain data from electronic notes for a 5 year period. Demographic details will be recorded. Other variables include previous admissions, reasons for assessment, evidence of intoxication, time taken for assessment and discharge outcomes.

The Impact of Street Triage in the North East of England

Iain McKinnon, *Newcastle University* (Iain.McKinnon@newcastle.ac.uk)

Background: Police detentions under section 136 (S136) have risen significantly in recent years. To address this Street Triage was introduced as part of the Crisis Care Concordat. It involves police officers working alongside mental health clinicians. Method: The number of Street Triage contacts and S136 detentions for the six localities in NTW was gathered from September 2013 – October 2015, and rates calculated. Changes in the rate and numbers of S136 detentions were measured over the first year of Street Triage and compared to pre Street Triage levels. More detailed outcome data was obtained from one locality. Results: The annual rate of S136 detentions reduced by 56% in the first year of Street Triage (from 59.8 per 100,000 population to 26.4 per 100,000). There were 1,623 Street Triage contacts in the three localities during the first year of Street Triage; there were also 403 fewer S136 detentions (NNT=4). Conclusions: There is evidence to support the hypothesis that Street Triage decreases the rate of s136 detention. When operating across the whole of NTW, Street Triage resulted in 50 fewer S136 detentions a

month, leading to substantial potential savings of police, health and social care professionals' time.

The Mental Health Act: Changes to the Law and Service Improvement in West London Mental Health Trust

Suzana Alexandra Corciova, *West London Mental Health Trust, London, UK* (alexa.suzana7@gmail.com)

Nicky Goater, *West London Mental Health Trust, London, UK* (Nicky.Goater@wlmht.nhs.uk)

S136 of the Mental Health Act: Changes to the law and service improvement in West London Mental Health Trust. The Mental Health Act has several sections that refer to patient admission for assessment of their mental health or to treatment of mental disorders. S136 is applied by the police when there are concerns in regards to someone's mental health. Thre are several changes, which are in due course in regards to the length of the section from 72 to 24 hours. This will have several implications on the current organization, such as time management and efficiency. West London Mental Health is currently working on improving the process of dealing with S136 requests across the trust in order to make more efficient the service and coordinate the different professionals involved.

Involuntary Hospitalization and Treatment in the Context of Therapeutic Jurisprudence: The Mentally Ill Patient Admitted to a Medical Unit

Rima Styra, *University of Toronto* (rima.styra@uhn.ca)

Throughout the past century, the legal system has played an increasingly important role in mental health. The importance of preserving the autonomy and human rights of people with mental illness was identified and protected within the realm of mental health legislation. At present however a new concern regarding the approach to the comorbid medical health of the mentally ill patient has been brought to the attention of the medical-legal community. It has been identified that these patients often receive minimal or inadequate health care and when this is combined with their already increased risk of engaging in health risk behaviors such as poor nutrition, lack of physical activity and substance use, poor medical outcomes are too often the result for this patient population. These issues of provision of care are often related to the divide that occurs between the clinical reality in which medical conditions and mental health conditions are overlapping and interrelated, and a system that often finds itself at odds with the engagement of patients in their care compounded by the barriers erected by a fragmented system of mental

and medical health care. A review of present and potential system level models of care, which incorporate the principles of mental health legislation and a therapeutic jurisprudence orientation, will be discussed.

Approach to Involuntary Hospitalization and Treatment in the Context of Therapeutic Jurisprudence: The Mentally Ill Patient Admitted to a Psychiatric Unit

Yazeed AlSanad, *University of Toronto* (Yazeed.alsanad@mail.utoronto.ca)

As a response to society's increasing awareness of the importance of preserving the rights of patients and their families, lawmakers across the world introduced mental health acts to curb, define and clearly indicate criteria for involuntary hospitalization and treatment. Modern mental health act legislation has had a variety of consequences, including the "revolving door patient" phenomenon that has been widely observed as a result of the law's strict interpretation of the "safety criterion", which poses a challenge for mental health professional from varying disciplines to engage and to provide patients with an effective course of treatment. A person with severe mental illness geographic location across countries with mental health acts, will substantially impact the level of mental health care they might receive. This presentation seeks to present a suggested model derived from international principles of mental health legislation, whilst also encompassing up-to-date information on best clinical practices relating to involuntary hospitalization and treatment to reflect a therapeutic jurisprudence orientation, as well as integrating ethical principles of promoting autonomy of people with mental disorder whilst protecting them against abuse and exploitation, with a goal to minimize coercion's potentially anti-therapeutic effects and maximize the therapeutic potential of law in this area.

49. Community Treatment Orders I: Addressing Coercion in Community Mental Health

Community Treatment Orders: Reconciling Coercion With Recovery

Vicky Stergiopoulos, *University of Toronto* (stergiopoulosv@smh.ca)

Community treatment orders (CTOs) are in use in more than 75 jurisdictions worldwide. Despite their widespread use, the evidence on their effectiveness is mixed, with strong proponents for and against them debating their justification on both ethical grounds and doubts about their effectiveness. As CTOs impact autonomy and choice, they may be compromising fundamental health rights. Furthermore, empowerment, choice and personal control are key components of mental health recovery, a policy and practice priority in many jurisdictions. In this context, is not surprising that clinicians struggle to reconcile strengths based, recovery

focused approaches to care with mandated treatment in community settings, whereas within acute care, such restrictions have been more acceptable. The presentation will summarize the evidence and arguments for and against CTOs, as they have been articulated in recent commentaries and reviews, and draw parallels from other models involving coercion, including existing inpatient and crisis care models involving police officers.

Perceived Coercion, Procedural Justice and Community Treatment Orders: Results from a Canadian Study

Arash Nakhost, *St. Michael's Hospital, Toronto, Canada* (nakhosta@smh.ca)

Community Treatment Orders (CTOs) are a form of mandated psychiatric community treatment legislation that have been in effect in Ontario, Canada, for over fifteen years. Given the debate on their justification, and ongoing use, it is important to examine their impact on perceptions of coercion and fairness by subjects of such orders. This presentation will discuss findings from a study of patients being treated under a CTO and a comparison group of voluntary psychiatric outpatients from community mental health teams (n= 73/group) in a large Canadian urban centre. The presentation will focus on key findings from measures of patient perceptions of coercion and procedural justice, stigma, and recovery, as they apply to their outpatient/community treatment. Greater perceived coercion ($p<.001$) and less procedural justice ($p=.002$) was found among the CTO cohort. Implications of this research for applications of similar forms of mandated community treatment in diverse treatment contexts will be discussed, to help inform policy and practice in this important area.

Leverage and Compulsory Community Treatment

Sandy Simpson, *Centre for Addiction and Mental Health, Toronto, Canada*
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In community mental health treatment, ethical questions have been raised regarding the application of leverage as applied to encourage adherence to treatment among psychiatric outpatients. Leverage may include restrictions on patients' control of their housing and finances, criminal justice sanctions, access to children and family support, and some forms of outpatient commitment. This presentation will examine findings regarding both lifetime and current experiences of leverage from a study of patients being treated under a Community Treatment Order (CTO) and a comparison group of voluntary psychiatric outpatients served by community mental health teams (n=73/group) in Toronto, Canada. Greater lifetime leverage ($p=.013$) was found among the CTO group, compared to the voluntary community mental health group. The findings suggest the importance of understanding the context in which outpatient commitment

models operate, and urge further examination of the cumulative effect of leverage use on patient recovery and therapeutic relationships. Implications for policy and practice will be discussed.

We Know What Subjects of CTOs Think of Them: Can We Accentuate the Positives and Attenuate the Negatives?

Deborah Corring, *Western University* (deb.corring@rogers.com)

CTOs have been the subject of many qualitative and quantitative research studies. Although several qualitative studies of CTOs have examined the perspectives of subjects of CTOs, there continues to be little understanding of the experiences and views of CTO subjects (Canvin et al 2002; Atkinson et al, 2002; Stuen et al, 2015). This presentation provides the results of a systematic review of qualitative studies focused on understanding the experiences of individuals who have been the subjects of CTOs. Relevant databases (PsycINFO, Medline, EMBASE, CINAHL) and grey literature were searched. To be included in the review a study had to have used a qualitative methodology for data collection and analysis, and focus on examining stakeholder perspectives. After a rigorous review of the abstracts 23 papers were analyzed in detail in order to examine the existence of any common themes among the findings. The 23 papers represented the views of 575 participants from 7 jurisdictions around the world. A number of themes were found to be in common among the participants and will be presented to the audience in this presentation.

50. Community Treatment Orders II: Examining CTO Discourses and the Coercion Paradox Within Care Systems

Examining the Use of Metaphors to Understand the Experience of Community Treatment Orders for Patients and Mental Health Workers

Sharon Lawn, *Flinders University* (sharon.lawn@flinders.edu.au)

Background: Community Treatment Orders (CTOs) are complex because of the ethical tensions between promoting the patient's good through an inherently coercive process. There is limited research that examines how patients and workers make sense of the CTO experience. Methods: In-depth interviews with 8 patients on CTOs and 10 community mental health workers in South Australia explore how they constructed their experiences of CTOs, with Critical Discourse Analysis used to analyse the data. Results: Patients' and workers' CTO experiences were multi-dimensional, involving both positive and negative constructions, expressed in the form of metaphors i: the positive metaphor of CTOs as a safety net, and the negative metaphors of power

and control (CTO as control, wake-up, punishment, surveillance and tranquiliser). The language used to construct these metaphors was quite different, with patients overwhelmingly experiencing and perceiving CTOs as coercive, whereas workers tended to perceive them as necessary, beneficial and supportive, despite their coerciveness. Conclusions: By acknowledging the role of metaphors in patients' lives, workers could enhance opportunities to engage them in more meaningful dialogue about their personal experiences as an alternative to practice predominantly focused on risk. This could enhance workers' reflection on their work and promote recovery-based practice.

Community Treatment Orders and Trust: Perspectives of Mental Health Service Clients and Workers

John McMillan, *University of Otago* (john.mcmillan@otago.ac.nz)

Recently trust in healthcare has emerged as an important research and practice focus, and there have been calls for further investigation into how it functions. Trust is central to a therapeutic relationship and to engagement between clients and workers. In community treatment orders (CTOs) where people are legally forced to receive treatment for mental illness, trust is heavily tested. Method: This presentation is based on 8 interviews with people currently on a CTO and 10 interviews with mental health workers in Adelaide, Australia. Results: Clients reported that they are forced to see workers they do not trust, while workers reported that they rely on a lack of trust to impose a CTO. Once trust is lost, building it again is perceived to be impossible. CTOs also provide benefits that increase trust between some clients and workers. Conclusion: Investigations into CTOs provide opportunities to understand, in more nuanced detail, how trust functions in the healthcare system, in the interpersonal interactions between service providers and clients of services. Trust is not given easily by workers or clients but is necessary for active engagement in a CTO so that agreed-to goals can be determined and achieved.

The Intersect Between MedicalPpractice and Civil Judicial Process: The Case of CTOs

Giles Newton-Howes, *University of Otago* (Giles.newton-howes@otago.ac.nz)

One of the significant challenges for professionals in the area or health law is the different understanding of engagement and interaction that occurs when investigating problems. In the area of mental health there are particular difficulties as societal pressures seem to demand particular responses in a way that may defy logic or lack clarity. This may be on the basis of differing understanding between legal and medical professionals. A subsequent problem may be the development of practice that is not evidence based or is in breach of ethical sensibility or law in another area. Two examples of such ‘talking across professions’ will be presented based

around a different understanding of community treatment orders (CTOs); a case of the referral of a consultant psychiatrist to the medical council for possible misconduct by a family court judge and a finding of a recent coroners court criticising a community team for respecting a patient's autonomy- both related to decisions not to use a CTO. These cases will be used to highlight communication problems and the ethical dilemmas they raise. Suggestions as to a different paradigm to enable clearer understandings will be outlined as a suggested way forward to both improve communication and enable legal findings that both encourage education and improve patient care whilst minimising conflicting legal requirements.

Lisa Brophy, *University of Melbourne* (lbrophy@unimelb.edu.au) – Discussant

51. Community Treatment Orders III: Understanding the Use of Community Treatment Orders (I)

The Utility of Outpatient Commitment: A Least Restrictive Alternative to Psychiatric Hospitalization

Steven Segal, *University of California, Berkeley* (spsegal@berkeley.edu)

Objectives: This study considers the effects of CTO use in Victoria, Australia; i.e. the extent to which it is provided in a least restrictive manner. This study evaluates the contribution of CTO use to reducing psychiatric hospitalization. Method: Records were obtained from the Victorian Psychiatric Case Register/RAPID data system for patients who were first placed on a CTO between 2000 and 2010, a total of 11,424 patients, and 16,161 patients who had a history of psychiatric hospitalization without CTO placement. The history of involvement of these patients with the mental health system was organized into episodes of care describing their inpatient and outpatient experiences with the system. Chi Square and ANOVA are used for descriptive comparisons; Logistic regression to ascertain the relative importance of treatment history, diagnosis, premorbid factors, SES, and neighborhood disadvantage in selecting patients for a CTO among patients with a history of psychiatric inpatient care; and, OLS regression is used to assess savings in hospital days per inpatient episode of care attributable to CTO exposure over the course of the study period and the direct effect attributable to each CTO episode. Results: When adjusted for treatment history, diagnosis, demographics, and social disadvantage of the postal code in which the patient resided, placement on a CTO resulted in 11.7 fewer days per inpatient episode over the course of the study period and a reduction of 11.3 days per CTO episode. Conclusion: The CTO is a delivery system designed to address a need for treatment in a least restrictive manner, one that reduces the need for inpatient care. To the extent that CTO placement reduced inpatient days during an illness episode, it has achieved this objective.

The Use of Community Treatment Orders in Canada: Widespread but Largely Unevaluated and Unproven

Steve Kisely, *University of Queensland* (s.kisely@uq.edu.au)

Background: Community treatment orders (CTOs) for people with severe mental illnesses are used across most of Canada. These are clinician-ordered as opposed to court-ordered outpatient commitment in the United States. Method: A systematic literature search of PubMed/Medline up till March 2015 for quantitative and qualitative studies undertaken in Canada on the effect of CTOs on outcomes. Results: Nine papers from eight studies were included. Four compared health service use before and after compulsory treatment as well as engagement with psychosocial supports. Three were qualitative evaluations of patients, family or staff and the fourth, a postal survey of psychiatrists. Re-admission rates and bed-days were all reduced following CTO placement, while outpatient attendance and participation in psychiatric services and housing all improved. Family members and clinicians were generally positive about effect of CTOs but patients ambivalent. However, the strength of the evidence was limited by small study numbers. Only one included controls, and there was no adjustment for potential confounders. Only 2 qualitative studies included the views of patients and their families. Conclusions: The evidence-base for the use of CTOs in Canada is limited and this lack of research is in contrast to other countries. Their use should be kept under review.

How Mental Health System Issues Affect the Use of CTOs

Edwina Light, *University of Sydney* (edwina.light@sydney.edu.au)

The use of involuntary community treatment orders (CTOs) in the care of people with severe and persistent mental illness is a source of contention, however their implementation continues to expand and rates vary widely between different jurisdictions. The reasons for this growing and variable use are still being explored. This presentation will report on the findings of an empirical ethics study conducted in NSW, Australia, which sought to examine stakeholder perspectives on how the operation of the mental health system affects the use of CTOs. Qualitative interviews with patients, carers, clinicians and Mental Health Review Tribunal members revealed that deficiencies in health service structures and resourcing are a significant factor in decisions to use CTOs. These findings highlight that the operation of the mental health 'system' is relevant to questions about the utility of CTOs, the legal criteria regulating their implementation, the policy accountability of involuntary treatment schemes, and the justification of their use, which will be explored in this presentation.

Clinical and Social Outcomes Related to the Use of CTOs in New Zealand

Anthony O'Brien, *University of Auckland* (a.obrien@auckland.ac.nz)

Community treatment orders (CTOs) were introduced in New Zealand in 1992 to support the policy direction of community based mental health care. Mental health care in New Zealand is now substantially community based, with all stand-alone psychiatric hospitals closed. CTOs are a mainstay of service delivery, and New Zealand has one of the world's highest rates of CTOs. However, there has been no research to investigate the clinical or social outcomes of CTOs, either in terms of the original objective of reducing time spent in hospital, or the more recent objectives suggested for CTOs of increased contacts with community services, reduced duration of hospitalisations, or improved social outcomes such as reduced victimisation. In this session I will present results of recent research on use of CTOs in New Zealand, including their relationship to clinical and social outcomes. The research will compare patients on CTOs with a control group matched on clinical and demographic variables.

Community Treatment Orders in the Context of the Supported Decision Making and Recovery Orientated Practice

Lisa Brophy, *University of Melbourne* (lbrophy@unimelb.edu.au)

Community Treatment Orders continue to be implemented in Victoria Australia at relatively high rates, but there is an expectation that increased emphasis on supported decision making (SDM) and recovery orientated practice will impact both the number of people on CTO and the duration of CTOs. The author is involved in a number of different projects that are currently investigating this expectation. The presentation will use four themes (Legal mechanisms, interpersonal skills, leadership and management and consumer empowerment and self-advocacy) that have emerged from an ARC Linkage project investigating SDM with people with severe mental health problems to consider what is being achieved and explore the ongoing challenges.

52. Community Treatment Orders IV: Understanding the Use of Community Treatment Orders (II)

Outpatient Commitment: Mortality Risk and the Protection of Health and Safety

Steven Segal, *University of California, Berkeley* (spsegal@berkeley.edu)

Objectives: This study considered the protective value provided by community treatment orders (CTOs), outpatient commitment in Victoria Australia during an 11.8 year-period. Methods: Death records from the Australian National Death Index, medical records from the Victoria Department of Health, and crime and victimization records from the Victoria Police were obtained for a sample of Victorian Psychiatric Case Register/RAPID system patients with a

history of psychiatric hospitalizations: 11,411 had experienced at least one CTO during community care intervals and 16,124 had not. Results: Patients with psychiatric hospitalization showed higher mortality risk than the general population. A total of 2,725 (9.9%) died within the study period. Patients exposed to CTOs, however, had a 12% reduction in the probability of death by any cause. Outpatient commitment in conjunction with the increased medical care access it facilitated accounted for a 22% reduction in the risk of non-injury related death. Outpatient commitment when used with individuals who had at least one contact with police due to perpetrating a crime against persons, accounted for a 33% reduction in their probability of death due to assault, self-harm, and undetermined intent compared with those not offered such oversight throughout their mental health treatment, all other factors taken into account. On average outpatient commitment saved 3.8 years of life for men and 2.4 years of life for women compared to their non-CTO comparison groups. Conclusions: Outpatient commitment can offer protective oversight for those considered to be in need of treatment for the protection of their health and safety.

Variations in the Use and Predictors of Community Treatment Orders by Age and Gender Over Eleven Years

Steve Kisely, *University of Queensland* (s.kisely@uq.edu.au)

Background: It is not known if the determinants of community treatment order (CTO) placement change over time as clinicians gain more experience in their use. Objective: To investigate factors associated with CTO placement in Western Australia and see if there were any changes over the 11 years following their introduction. Method: We used three linked Western Australian databases to compare 2958 patients on CTOs with an equal number of controls matched on age, sex and diagnosis, as well as 2832 consecutive controls selected on discharge date from inpatient care or CTO placement. Multivariate analyses were used to further examine potential predictors of placement. Results: The incidence of CTOs, and the characteristics of patients placed on these orders, showed little change over 11 years. Unlike elsewhere, use of CTOs did not increase. CTO cases were typically young males with non-affective psychotic disorders with frequent service use. Use in older patients was more evenly spread between males and females. Conclusions: CTOs in Western Australia are applied to similar patients as elsewhere, but unlike other jurisdictions, use has not increased. We need further research into the relative contribution of patient characteristics, legislation and service setting toward the use and outcome of CTOs.

The Utility of Empirical Ethics in Understanding CTOs

Edwina Light, *University of Sydney* (edwina.light@sydney.edu.au)

The use of community treatment orders (CTOs) remains contentious due to the disputed state of efficacy evidence as well as the numerous ethical, legal and political issues raised by their

use. Evidence of CTO efficacy – whether or not they 'work' – cannot determine broader ethical and social questions of the value and moral justification for CTOs. Empirical ethics provides a systemic and robust way to examine such questions in context. By focusing on ethics in action, such research can enrich and interact with normative judgments about CTO policy and practices. This presentation will report on findings from an empirical ethics study of the operation of the CTO system in New South Wales, Australia. Using qualitative methods – including interviews with patients, carers, clinicians and Mental Health Review Tribunal members – the study illustrated the variations between CTO policy and law 'on-the-books' and 'in-action'. Findings on people's understanding of 'capacity' in context, and on the influence of mental health system deficiencies on CTO decisions will be discussed. Empirical work to get closer to the everyday detail of CTOs in practice provided a better understanding of how people think about and justify the use of CTOs, which is of importance to policy or legal reforms in this area.

Mental Health Service Utilisation After a Community Treatment Order (CTO): Comparison Between Modes of Termination

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The effectiveness of involuntary treatment in the community (CTO) remains controversial with limited evidence to support use of this option, now available in mental health legislation in many countries. And yet CTO are popular with clinicians and with carers. It has been suggested that rather than considering general outcomes, it may be better to focus on the process of CTO, including mode of termination. This paper provides the initial findings of comparison between termination of a CTO by the treating service, the external review body (MHRB) and expiry of the CTO. We looked at subsequent service utilisation, including legal status over the two years following the termination of the CTO of 1478 persons. While there was no significant difference in subsequent contact with services or need for admission, there was a significantly greater chance that those whose CTO had been terminated by the MHRB or whose Order had expired would require readmission as an involuntary patient. There was also increased likelihood of readmission as an involuntary patient for urban compared with rural patients, and for younger compared with older patients. These findings raise questions about the importance of clinical engagement and treatment planning when moving from involuntary to voluntary status.

53. Compelling Biographies Through Biomedical, Psychiatric and Penal Regimes: Disclosure, Diagnosis and Discipline

Firebugs, Junkies and Slashers: Discipline and Resistance in Women's Prisons

Gillian Balfour, *Trent University* (gillianbalfour@trentu.ca)

In this paper, I explore archival records of inmate case files of women prisoners to capture more ubiquitous practices of carceral power of everyday discipline and surveillance, in attempts to tell a different story of women prisoners as resistant. Through a series of case studies, I explore the dialectic between prisoner resistance and discipline, a re-reading of images and institutional case files from 1935-1985. I tell the stories of "Firebugs, Junkies, and Slashers" – women whose prison records reflect how prison authority relies upon multiple and intersecting forms of prison rules and regulations to discipline women through electro-convulsive shock therapies, force feedings, and narco-therapies. I draw on the work of critical prison scholars to re-conceptualize the "hard to manage" female prisoner, as resistive, as a woman to be "tamed" (Pollack 2006), as well as how a woman prisoner's identity becomes a means of resistance – a way of asserting independence from penal regimes. Prisoners "deny or resist these regimes of femininity to some extent despite the undeniable restrictions of their incarceration".

Biocriminal Justice: Rehabilitation as Biological Change in the Criminal Justice System

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Biological interventions in the criminal justice system - such as anti-androgen drugs, psychotropic medications and, in the past, surgical interventions and aversive conditioning – construct the convicted person as an organism to be modified at the biological level for his or her own therapeutic benefit and for the purposes of risk management. The subject of these interventions is encouraged to embrace the biological origins of his or her behavior, as well as the prospect of metamorphosis at the biological level. This biologically essentialist and determinist account of criminal behavior offers a story that deflects blame and judgment for having caused harm in the past, takes responsibility for the future, and maps out a plan to bring about a change at the very molecular level of a person's being. The law encourages the person to embrace biological self-government at multiple steps in his or her transit through the criminal justice system, particularly at sentencing and parole decision-making – both moments at which the demonstration of an enthusiastic self-management of one's own risk may exert an important influence on the outcome. Based on interviews with men and women convicted of criminal offences (and forensic psychiatrists involved in the assessment and treatment of criminalized people), we explore the implications of the "offender as biological organism" in an environment of increasing interest and research in behavioural neurosciences and neuroscientific interventions.

Rethinking Spoiled Identities in the Shadow of Criminalization: When Biographical Disruption Meets HIV Exceptionalism

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Michael Orsini, *University of Ottawa* (morsini@uottawa.ca)

While medical and scientific breakthroughs have made HIV seemingly "manageable" for individuals living in privileged contexts, the slow, steady creep of criminalization has also intensified the policing of people living with HIV, especially those of racialized bodies. Drawing on fieldwork with a range of AIDS service organizations in Canada, this paper explores how HIV/AIDS in its contemporary criminalized guise, challenges us to rethink how processes of "biographical disruption" (Bury 1982) are entangled with the will to disclose one's HIV status. We argue that discourses of responsibilization and disclosure are transforming the subjectivities of people living with HIV, with AIDS service organizations participating, in the co-production of subjectivities that are centered on practices of disclosure that problematically universalize the complex contexts that surround decision making. Disclosure operates as the master key that allows people with HIV to reclaim their presumably spoiled identities; informing others of your status is the "right" thing to do individually and for your sexual partners. Increased attention to the responsibilities of HIV positive people vis-à-vis others reinforces, however, an outward gaze that minimizes attention to their material needs. We take up Bury's (1982) conceptualization of biographical disruption to consider how the criminalization of HIV nondisclosure disrupts taken for granted assumptions and behaviours about sexual health and safety as well as the individual's sense of self.

Psychiatric Violence Against Women: Psychocentric Medicalization of Interpersonal Violence

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In this presentation, I draw upon a review of women's psychiatric in-patient charts to trouble psychiatric diagnoses and bio-psychiatric interventions as useful responses to violence against women, as a serious social injustice fuelled by gender inequality. I challenge the usefulness of psychiatric discourses and practices such as the psychocentric medicalization of violence against women given their relationship to structural gender inequalities and gender violence. By 'usefulness' I am referring to the capacity of psychiatric discourses and practices to link gender violence distress "with the events and circumstances produced by social inequality and oppression" to impact gender inequality. Importantly, and more specifically, I argue that reliance on psychiatric discourses and practices to make meaning of interpersonal violence against women, and in the absence of the above, as manifest in the documentation of women's experiences of interpersonal violence constitute – or become vehicles for - structural violence against women, and unveil the symbolic violence of gender inequality that "seeps" through the

contemporary, formal psychiatric institution. To do so, an analysis of psychiatric chart documentation will elucidate how the medicalization of women's experiences of interpersonal violence is manifest as normal and familiar 'disorders', and therefore, go unnoticed or unrecognized as (another) a form of psychiatric violence against women.

54. Competency and Criminal Responsibility I: Assessing Competency and Sanity: Mastering Common Pitfalls

Addressing the Reluctant Defendant: The Use of Parallel Assessment in Inpatient Evaluations of Pretrial Competency

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Due to the very nature of forensic evaluations (*i.e.,* that individuals are compelled to complete them) there is likely to be a percentage of defendants who are unwilling to meaningfully participate in the court-ordered evaluation(s). This reluctance can range from malingering psychiatric symptoms or denying basic legal knowledge to outright refusal to engage in the interview process (either in a meaningful manner or, in some cases, at all). When defendants engage in such behaviors, it can place the evaluator in the unusual position of having to form an opinion with limited or obviously inaccurate information being provided by the defendant, as malingering in and of itself is not an indication of competency. Parallel assessment provides one of the few good options for obtaining information about the reluctant defendant. The presenters will explore the use of parallel assessment and its strengths and weaknesses in an inpatient setting. Anecdotal stories as well as relevant research on parallel assessment will be presented.

Ethical Implications for the Criminal Defense Attorney in the Mental Health Sphere

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In the American legal system a defense attorney is tasked with zealously representing his or her client's interests in court. For example, in a criminal trial under the American system of law, a criminal defense attorney can ethically and legally proclaim his client's innocence even after the client has privately confessed his guilt to that same attorney. This session will address the following question: What are the attorney's ethical limitations, if any, where the client's competency to stand trial or sanity at the time of the offense is at issue in a case? Specifically, do the same ethical and legal standards apply to communications between an attorney and an evaluator? This session will include a discussion of two separate defendants whose mental health

was at issue in the cases. It will further explore some of the legal and ethical dilemmas the attorney encountered during the representation with regard to these issues.

Keeping Your Finger Off the Scale: Tools and Strategies to Maintain Objectivity in Forensic Assessments

Carla Galusha, *Central State Hospital, Petersburg, USA* (Carla.Galusha@dbhds.virginia.gov)

The objectivity of a forensic evaluator is of the highest importance in criminal and civil court cases. Forensic evaluators are brought in at the request of the judge and/or one or both parties to provide expert opinions regarding legal issues and to assist the trier of fact in understanding psychological issues at play in the case. While objectivity is important, research has indicated that bias can creep into evaluations despite evaluators' best intentions. For example, Murrie, Boccacini, Guarnera, and Rufino (2013) noted that their results indicated evidence of an allegiance effect in adversarial proceedings. This paper will discuss the strategies that a group of three forensic psychologists (and one post-doctoral fellow) use to reduce the amount of bias in their evaluations. Topics covered will include being appointed to cases, case consultation, being removed from any treatment capacity with the individual, and a review of all written reports by at least one other licensed psychologist prior to the report being submitted to the court.

Are We Competent Yet? Maintaining Competency to Conduct Competency and Sanity Evaluations

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Forensic evaluators must be, at heart, competent psychologists. However, individuals practicing in a forensic realm (the intersection of psychology and the law) are also tasked with being competent regarding how their psychological expertise applies to and is used in court cases. This means that forensic practitioners are required to maintain not one, but two sets of competencies at the same time. While there is a relatively strong established practice from maintaining general clinical competencies (*e.g.,* ongoing need for CE credits to remain licensed) the ability to obtain and maintain competency with regard to specific forensic issues can be less clear. This paper will explore how psychologists can work to maintain competencies with regard to legal standards (*e.g.,* case laws) which may apply to their practice. A case law seminar model will be discussed along with the pros and cons of such an approach.

Is the Defendant Smarter Than Us? A Complicated Case of Differential and Co-Morbid Diagnosis

Lindsay Ingram, *Oregon State Hospital, Salem, USA* (Lindsay.Ingram@dbhds.virginia.gov)

This presentation will discuss a case of a defendant who was evaluated for competency to stand trial and sanity at the time of the offense. The defendant was charged with a serious felony and presented with a complicated constellation of symptoms including both legitimate psychosis, a long history of mental illness, and malingered symptoms. Further complicating the evaluation was the defendant's intelligence and psychological savvy. The presenters will document the approaches which were taken in order to complete this evaluation including parallel assessment, case consultation, review of extensive collateral data, numerous interviews with the defendant, and standardized psychological assessment.

The Role of Psychological Testing in Competency and Sanity Evaluations

Robert Archer, *Eastern Virginia Medical School* (Robertarcher2@Cox.net)

While psychological testing is not necessarily involved in competency or sanity evaluations, it has an important role in many of these evaluations. For example, numerous studies have shown the effectiveness of the MMPI in forensic competency and sanity evaluations. The issue of test protocol validity is especially important in forensic evaluations such as competency and sanity because a significant number of individuals undergoing these evaluations may attempt to exaggerate symptomatology for a variety of purposes. Psychological test results can often address the issue of symptom exaggeration in a manner that assists in determining the extent to which the over-reporting of symptomatology likely influenced evaluation findings. The current presentation will focus on the usefulness of MMPI-2 and other test results in the case of a defendant who was evaluated for competency to stand trial and sanity at the time of the offense.

55. Competency and Criminal Responsibility II: Competency to Stand Trial

Incompetency to Be Executed: Continuing Legal and Medical Ethical Challenges

Brian D. Shannon, *Texas Tech University* (brian.shannon@ttu.edu)

This presentation will focus on a small, but unique group of death row inmates who have largely exhausted their post-conviction procedural rights and have a date set for execution, but while

awaiting execution have become incompetent to be executed because of serious mental illness. The Supreme Court of the United States has determined that it is unconstitutional to execute an individual who is mentally incompetent. The Court has not, however, ruled as to whether it is constitutionally permissible for a state to order a death row inmate to be medicated forcibly for the purpose of restoring that inmate's competency to allow an execution to proceed. My talk will explore the scope of the serious legal and medical ethical concerns related to this very challenging scenario, and will highlight state and lower federal court decisions that have considered the issue, as well as Supreme Court opinions that have considered other, related medication issues concerning offenders with mental illness. The presentation will also address a possible legislative solution to avoid the thorny ethical and legal issues that are at stake in such cases.

The Misuse of Psychological Assessment in Capital Sentencing Procedures

David L Shapiro, *Nova Southeastern University* (shapirod@nova.edu)

In Capital Sentencing procedures mental health professionals are often called upon to render opinions regarding potential for future violence, amenability to treatment, and level of intellectual functioning. Unfortunately, a variety of errors are often made in these settings regarding the use of psychological testing. For instance, one of the most widely used risk assessment instruments, well validated in forensic populations in general has never been validated in a population of individuals who may be subject to capital punishment. This raises some serious ethical dilemmas, for psychologists are only supposed to use assessments in populations on which the assessment has been validated; clearly, this misuse can have tragic and foreseeable consequences. In a similar manner, recent court rulings have prohibited the execution of people who are mentally retarded; however, the definition of retardation and the implementation of the laws has been left up to individual jurisdictions, often with unusual misinterpretations of just what retardation means. In some cases, outmoded testing has been utilized. Finally, the role of mental illness in capital sentencing is often misunderstood by triers of fact, especially as it relates to "competency for execution". This presentation will explore these issues from the perspective of professional ethics.

Predictors of Homicide Defendants' Competency to Stand Trial

Christine Tartaro, *Stockton University* (Christine.Tartaro@Stockton.edu)

To identify the strongest and weakest predictors of clinicians' recommendations of competency to stand trial in homicide cases, the researchers examined psychological competency evaluations and criminal case files for homicide defendants from the Center of Forensic Psychiatry in

Ypsilanti, Michigan, United States. The homicides occurred in Michigan between 1979 and 1999. The researchers will discuss prior literature on this topic and present the strongest and weakest predictors of clinicians' competency recommendations. Variables include DSM diagnoses; criminal charge(s); criminal history; history of psychiatric hospital visits; victim-offender relationship(s); the method of homicide; and defendant sex, age, race, and socio-economic status. Discussion will explore whether offender characteristics suggest sources of systematic bias in the outcomes of competency evaluations.

The Unfit Accused in the South African Criminal Justice System

Letitia Pienaar, *University of South Africa* (pienal@unisa.ac.za)

The recent Constitutional court decision in De Vos N.O and Others v Minister of Justice And Constitutional Development and Others 2015 (9) BCLR 1026 (CC) casts a spotlight on the procedures pertaining to the assessment of an accused's fitness to stand trial and the orders available to the court where an accused is found unfit to stand trial. This judgment declares certain provisions of the Criminal Procedure Act 51 of 1977 (hereinafter the Criminal Procedure Act) as it pertains to a finding of unfitness unconstitutional and suggests amendments to it that could remedy such unconstitutionality. The relevant provisions of the Criminal Procedure Act as it pertains to the assessment for fitness to stand trial and the orders that can be made subsequent to the assessment are examined. These provisions are considered in conjunction with the relevant provisions of the Mental Health Care Act 17 of 2002, which provides for the detention of an unfit accused. The interplay between these two pieces of legislation in the forensic setting is discussed and selected challenges highlighted. The court's suggested amendments to the Criminal Procedure Act is discussed with a particular focus on selected personal and procedural consequences for an accused found unfit to stand trial.

A Cyclical Path to Recovery: Calling into Question the Wisdom of Incarceration after Restoration

Alexandria Boutros, *DePaul University* (al_boutros@hotmail.com)

Around 20-25% of offenders in the Cook County Jail (Chicago, Illinois), while deemed competent to stand trial, are mentally ill. The majority of offenders whp were found incompetent to stand trial completed the "competency restoration process" where they were housed in a state hospital and received psychiatric treatment until the court deemed them competent to stand trial. Many defendants who were eventually deemed competent to stand trial, were tried, convicted and sent to jail/prison. Our question was, "is it efficient to spend the time and tax dollars on providing necessary treatment to mentally ill offenders so they can stand trial and be incarcerated?" To answer this question we reviewed the literature addressing the alternatives to

jails (i.e., diversion programs), and the success rate of those programs to minimize re-arrests. The studies on the efficacy of diversion programs while sparse, point to a higher success rate in the ability to treat mentally ill offenders and a lower rate of re-arrest, if utilized early. We find it is less inefficient to put mentally ill offenders through the jail system than to catch criminal behavior early on and divert those persons to programs that are better designed to ensure their treatment and future success.

56. Competency and Criminal Responsibility III: Criminal Responsibility

The Heart of Mens Rea and the Insanity of Psychopaths

Craig Stern, *Regent University* (craiste@regent.edu)

Psychopaths are mentally ill—insane—but as a rule have no insanity defense against criminal liability. This paper explains why. The explanation hinges upon the doctrine of mens rea, the criminal mind necessary for criminal liability. The insanity defense is an excuse, an affirmative defense for those with mens rea enough to be guilty. But the defense should take its essential purpose and shape from the doctrine of mens rea. This relation between mens rea and the excuse of insanity is why a defendant insane as a matter of mental health may not be insane as a matter of criminal law. Only an insanity that calls into question the usual workings of the doctrine of mens rea should excuse from criminal liability. If psychopathy is not such an insanity, it should not excuse. Similarly, though philosophers may argue that psychopathy supplies an excuse from moral fault, the criminal law may have no qualms about punishing psychopaths if the doctrine of mens rea controls the insanity defense. The doctrine of mens rea may well entail an insanity defense far narrower than that entailed by general philosophical notions of human responsibility. This presentation explores the relation between mens rea, the insanity defense, and psychopathy. Part I describes psychopathy. Part II examines the doctrine of mens rea. Part III shows how the doctrine of mens rea entails an insanity defense. Part IV explains why such an insanity defense leaves psychopaths unexcused. In Part V the article briefly concludes.

Assessing the Replacement of the Insanity Defence with a Disability Neutral Doctrine

Meron Wondemaghen, *University of Southhampton* (M.Y.Wondemaghen@soton.ac.uk)

The Convention on the Rights of Persons with Disabilities is considered to be a radical international treaty that affords persons with disability recognition and protection of equal rights in cultural, socio-political, medical and legal arenas. Drawing from the Convention's core principles of equality and non-discrimination, the High Commissioner for Human Rights and the Convention's Committee have called for a replacement of the insanity defence with a disability

neutral doctrine. The rationale is that retaining this special defence is, in itself, discriminatory given its function is based on the presence of mental disability necessarily and the assumption that such disabilities impair capacity and reasoning. This article interrogates the rationale behind 'abolitionists' views, and asks whether equality necessarily means treating all persons identically regardless of one's capacity to reason about their conduct.

Unfitness to Plead and Indefinite Detention of Persons with Cognitive Impairments: Addressing the Legal Barriers and Creating Appropriate Alternative Supports in the Community

Piers Gooding, *Melbourne University* (p.gooding@unimelb.edu.au)

Anna Arstein-Kerslake, *Melbourne University* (anna.arstein@unimelb.edu.au)

This presentation will present the findings of a two year project into unfitness to stand trial provisions. The project included a practical support model developed by researchers at the University of Melbourne, in partnership with researchers at the University of New South Wales and three legal aid organisations. The model sought to provide communication and decision-making support for accused persons with cognitive disabilities in three jurisdictions. Support was provided with the explicit aim of improving access to justice and equality before the law for people with cognitive disabilities at risk of being deemed unfit to stand trial. The broader aim of the project was to analyse unfitness to stand trial regimes under international human rights law, and in particular, the UN Convention on the Rights of Persons with Disabilities (CRPD). A number of commentators have argued that CRPD requires the doctrine of unfitness to plead to be overhauled. The presentation will explore these debates and present key recommendations to emerge from the research project. We will argue that the test for unfitness can (and should) be reformed, which would include a corresponding change to services available to accused persons. One necessary step in this process is formalised support for people with cognitive disabilities, to which the model we are proposing is directed.

Subjective Elements of a Crime: Problems Concerning the Perpetrator of a Crime in a State of So-Called Factual Insanity

Anna D. Golonka, *University of Rzeszow* (anna_golonka@o2.pl)

In my speech, the notion of subjective elements of a crime structure (the so-called subjective side of a crime) and fault as conditions necessary to bear criminal liabilityby the perpetrator of a crime according to most systems of continental criminal law will be presented. This issue will be illustrated using the example of Polish criminal law. Criminal liability, in the continental criminal law systems, requires the distinction between a party's subjective aspect of crime and his or her guilt, although these elements of the crime are, in fact, determined by the same features

of the offender's psyche. This occurs because these features are somewhat overlapping when evaluating the subjective criteria of criminal responsibility. These problems are additionally compounded when the perpetrator was insane or was acting with diminished sanity (diminished responsibility). In the first case, the perpetrator does not bear criminal responsibility, whereas in the second case, he or she does. But beyond that, in the criminal law there is also the problem of the so-called factual insanity and diminished sanity of the offender. What cases does it include? In such cases, should the offender bear criminal responsibility and, if so, what is the justification for that responsibility and under what conditions is he or she responsible? These and similar issues and related uncertainties on the borderline of criminal law and psychopathology will be the subject of my speech.

57. Competency and Criminal Responsibility IV: Criminal Risk Assessment

A Trans-Diagnostic Approach to Violence Risk and Criminal Responsibility: Personality Factors and Psychotic Symptoms

Paul G. Nestor, *University of Massachusetts Boston* (paul.nestor@umb.edu)

We examine the clinical and empirical foundations of two key areas of forensic mental health practice: violence risk assessment and criminal responsibility evaluation. First, clinically, drawing on our prior work, we propose a trans-diagnostic model that views the dynamics of violence along four fundamental personality dimensions: 1) impulse control, 2) affect regulation, 3) narcissism, and 4) paranoid cognitive style. Here impulse control and affect regulation are each thought to elevate violence risk across mental disorders, whereas paranoia is viewed as especially important in psychotic conditions as is narcissistic injury in psychopathy. These dimensions are hypothesized to operate jointly, and in varying degrees, as clinical risk factors for violence in mental disorders. As evidence, we combined neuropsychological and clinical measures to distinguish a) psychotic vs. psychopathic homicide and b) successful vs. non-successful not guilty by reason of insanity (NGRI) acquittees, with the former characterized by the presence of Capgras delusions. These data support a trans-diagnostic approach to understanding the psychological dynamics of risk and responsibility in mental disorders.

Factors That Predict Amenability to Treatment and Management in High Risk Offenders

Hugues Hervé, *The Forensic Practice* (hherve@theforensicpractice.com)

While professionals tasked with conducting risk assessments have a variety of empirically validated tools to rely on to assess risk, there are no such tools or guidelines to help guide

clinicians when it comes to providing treatment and supervision recommendations and prognosis. Consequently, assessors must rely on their experience, clinical judgement, and knowledge of the empirical research and local resources to make their recommendations. Not surprisingly, this is where there can be great differences between different clinicians, particularly in high risk and high need cases. After outlining treatment and supervision recommendations to consider in such cases, the current presentation will provide an overview of empirically-based and theoretically-informed factors that have been found to predict treatment and supervision outcomes in high risk offenders. These will include static and dynamic factors (e.g., history of violence and major mental illness, respectively), offender and contextual factors (e.g., neurocognitive deficits and destabilizing influences, respectively), and poor and good prognostic indicators (e.g., personality disorder and social supports, respectively). This presentation will end with a discussion around the need to establish guidelines with regard to both assessing and reporting treatment and supervision prognosis.

The Relationship of Mental Health to Risk, Criminogenic Needs Treatment and Recidivism in Justice-System Involved Youth

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Understanding the role that mental health issues play in justice-involved youth poses challenges for research, policy and practice. While mental health problems are generally not risk factors for criminal behavior according to the Risk-Needs-Responsivity (RNR) framework of correctional psychology practice, prevalence rates are very high and RNR principles suggest that mental health as a responsivity variable may moderate the success of interventions targeted to criminogenic needs. In this study we investigated the relationships amongst mental health status, criminogenic needs treatment, and recidivism in a sample of 232 youth referred for court-ordered assessments and followed through their community supervision sentence (probation). Youth with mental health needs were no more likely than youth without these needs to reoffend, regardless of whether those needs were treated. Youth who received mental health treatment also more frequently had their criminogenic needs addressed across several need domains, suggesting an association between mental health treatment and intermediate treatment targets. However, mental health did not moderate the effect of criminogenic needs treatment: youth who had a greater proportion of criminogenic needs targeted through appropriate services were less likely to reoffend regardless of mental health status. Implications for theory and practice are discussed.

Examination of Birth Cohort Effects on Psychopathology in Juvenile Offenders as Measured by the MMPI-A

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Previous research indicates that mental distress is increasing among the general population within the United States. More specifically, studies examining the Minnesota Multiple Personality Inventory (MMPI-A) scores of adolescents and young adults in the US have illustrated that over the past several decades scores have significantly increased across all clinical scales. However, no such study has been completed with the juvenile offender population. As research suggests, juvenile offenders suffer from higher rates of mental health concerns, including increased rates of trauma, as compared to non-offending adolescents. However, it is unknown if the prevalence or severity of mental distress has increased within the already vulnerable population. Such knowledge could highlight trends among this group of adolescents and offer insight into the changes in their psychological experiences and needs over the past three decades. This presentation will address this issue by examining the MMPI-A profiles of two different cohorts of juvenile offenders: those born between 1979 and 1995 and those born after 1996. Participants will discuss the differences between the scores of these two cohort groups and the implications for the findings.

58. Competency and Criminal Responsibility V: Insanity Evaluations: Dealing With Theoretical and Practical Challenges

Empirical Research Findings on Insanity Evaluations in the Netherlands

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Paul Mevis, *Erasmus School of Law* (Mevis@law.eur.nl)

In adversarial justice systems it is common that both parties initiate a forensic (psychiatric) assessment. Literature shows that the outcome of such assessments depends heavily on which of the two parties was principal, even when validated assessment instruments are being used. While this suggests that differences of opinion are being enlarged by the procedure, it also reveals that behavioural science-based expertise allows for such differences. In adversarial systems the level of agreement can be determined through an analysis of case law. However, in inquisitorial justice systems - such as the Netherlands - usually only one expert 'voice' is heard in court, rendering a study of case law insufficient for determining the level of agreement between experts. In this explorative study forensic assessment reports in actual cases are used as 'vignettes' with deletion of the original conclusion on criminal responsibility. The three vignettes selected represent major subtypes of forensic patients: psychotic, sexual deviant and personality disordered. In the Netherlands criminal responsibility is regarded a graded concept. A recent debate about the number of gradations led to a guideline, which distinguishes three levels in contrast to the former

five. Respondents - psychiatrists and psychologists - are asked to enter their conclusion on reading the report, scoring both on a three point scale and a five point scale. This results in levels of 'intterrater' agreement, also shedding an interesting light on the consequences of the recent 'paradigm shift'. Finally, it will be discussed how these empirical findings may impact the legal procedure.

Culture, Ethnicity and Psychiatric Evaluation of Defendants

Laura van Oploo, *Tilburg University* (l.e.vanoploo@tilburguniversity.edu)

Over the last fifty years, The Netherlands has experienced an influx of people originating from other countries and cultures. This has consequences for the composition of the suspect and offender population. Statistics show an over-representation of certain ethnic and cultural minorities among those arrested and imprisoned for criminal offences. In 2012, almost half of the population of detainees was not born in the Netherlands, which is also true for nearly a third of all detainees with compulsory psychiatric treatment. The multicultural population has made psychiatric observation, evaluation, and reporting a more complex task as experts will evaluate defendants from a variety of ethnic and cultural backgrounds. Differences between the backgrounds of psychiatrist and defendant may create several problems with regard to the psychiatric assessment. Furthermore, these differences may also hamper the court's ability to administer justice: because of the court's reliance on the experts' advice, this could affect its decisions and lead to individual or societal risks. In this presentation, I will analyze these challenges and explore which (legal) measures can be taken to reduce the risk of unjust or ineffective legal decisions.

Free Will, Decisional Capacity and the Mental Insanity Assessment

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The possibility to understand to what extent a specific behavior is the result of a free and aware choice is the principal matter of investigation in criminal responsibility assessment. Consequently, the theoretical debate on free will constitutes a topic of great interest as different conceptualizations of free will could accordingly affect a defendant's accountability. However, to date, forensic psychiatric evaluations rely mainly on notions such as sense of agency, capability to do otherwise and to act for an intelligible reason. As a consequence it has been suggested that the law does not require free will for holding a person responsible for their criminal act. Instead, it has been proposed to substitute the concept of free will with the conception of autonomy. An interesting model to operationalize free will is represented by the

framework derived from decision-making competency research, which relies on the concept of autonomy. In this presentation we will discuss this model and its implications in the mental insanity assessment.

Functional Diagnosis as a Way to Assess Criminal Responsibility

Jacobus Hummelen, *University of Groningen* (j.w.hummelen@rug.nl)

For the assessment of criminal responsibility, the expert witness in the Netherlands has to determine to which degree a mental disorder has influenced the criminal behavior. The opinion to the court is formulated in terms of the degree of criminal responsibility. There are two objections in relation to this practice. 1. The way by which the expert reaches his opinion remains to a great extent a black box. 2. The formulation in terms of criminal responsibility falls outside the professional expertise. Criminal responsibility is a legal concept and does not belong to the frame of reference of psychiatry and psychology. This presentation discusses a functional diagnosis as an alternative way of assessment of criminal responsibility. Hereby the psychic functions are systematically assessed with respect to the degree of influence at the criminal behavior. This influence is measured on the basis of a 5-point scale. In the end, the influence of the mental disorder on the criminal behavior is measured on the basis of a 4-point scale (no, moderate, strong, and very strong influence). This way of working provides insight for all parties into how the expert has come to the conclusion.

Acting from Delusions: An Investigation of the Exculpatory Force of Delusions

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Committing a criminal offence under the influence of a psychotic delusion can in most countries exempt a person from criminal responsibility. Delusions may misguide the person not only into believing things that are not true about the act itself, but also into believing that she should do (or is allowed to do) what she should not. Even though the content of the defendant's delusions comes to the forefront in the court's assessment of legal insanity, the exculpatory effect of delusions on criminal responsibility is rarely explicitly stated in the legal insanity standards. In this paper we will put forward and analyse some suggestions of how to explicate the exculpating force of acting under the influence of delusional beliefs. A satisfactory explication should fulfil three conditions. i) It should be accurate in picking out the legally insane, which in turn means that it should be in fair agreement with the moral intuitions and legal principles that underlie the insanity rules in the first place. ii) It should be manageable from a practical (legal) point of view. iii) The consequences of the standard should be tenable, which basically entails that the rule should not be either too inclusive or exclusive.

59. Competency and Criminal Responsibility VI: Rethinking Conditional Release Programs, Evaluation Criteria and Risk Assessment for the NGRI Population

Modernizing Conditional Release for NGRI Acquittees

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Most conditional release programs were created decades ago and have not undergone significant revision since their inception. Yet, our understanding of mental illness and the treatments we offer have changed significantly in the last 25 years. Governments have introduced diversion programs like mental health courts, used assertive care treatment, and addressed the criminogenic needs of individuals with mental illness, yet some conditional release programs fail to recognize the worth of these models or how they may be integrated with standard conditional release programs. Not only should policy and law makers modify traditional programs with new treatments, they should also recognize the limitations of traditional programs. These limitations include patients with too many needs, a lack of continuity in care, and too many supervisors or, on the other side of the spectrum, lax supervision. This presentation will examine these limitations and the hope these new models bring to traditional conditional release programs.

Conditional Release Public Policy Concerns

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Conditional release provides certain persons with the least restrictive alternative, allowing them to live in the community while providing oversight and restrictions for the purposes of preventing recidivism or re-hospitalization. Conditional release is also used as a cost-saving mechanism in response to the overwhelming expense of incarceration and hospitalization. Conditional release spans both criminal and civil contexts and affects persons who are found incompetent to stand trial, not guilty by reason of insanity, persons with mental illness who are found to be in need of treatment, and sex offenders who are civilly committed. Yet, the reality of how conditional release affects releasees can be much different than the public policies that support it. Ineffective assistance of counsel, coercion, forced treatment, and negative relationships between releasees and their agents can lead to poor outcomes for persons who are conditionally released. Conditions of release imposed can be so restrictive and arbitrary that it can lead to unnecessary revocation. Using case examples for each type of conditional release, this presentation will explore public policy concerns of conditional release.

What Conditional Release Programs Can Learn from Mental Health Courts

E. Lea Johnston, *University of Florida* (johnstonl@law.ufl.edu)

I will probe what lessons mental health courts (MHCs) may hold for the conditional release of insanity acquittees. Research concerning the efficacy of MHCs is embryonic, and a dearth of compelling evidence supports these courts' efficacy at improving psychiatric symptoms, connecting individuals to behavioral health services, or improving quality of life. A small, but growing, body of research suggests that MHCs may be able to reduce recidivism rates, but the process through which this occurs is an understudied phenomenon. MHCs also currently lack a coherent organizing theory and largely ignore correctional research regarding the importance of criminogenic risks. However, despite these significant deficiencies, the MHC model may provide lessons of use to conditional release. In particular, these elements could hold promise: the collaborative, non-adversarial team approach; the focus on providing and sustaining mental health treatment; elements of procedural justice; close supervision; a degree of tolerance for condition violations and use of graduated sanctions; and efforts to address substance abuse and housing issues. The MHC model would likely be more effective if enriched with evidence-based correctional and mental health elements.

Factors That Influence Conditional Release Evaluators' Decisions

Neil Gowensmith, *University of Denver* (Neil.gowensmith@du.edu)

Thousands of individuals are acquitted by insanity and hospitalized annually in the Unites States, and many of these persons later seek discharge under a court-ordered provision called Conditional Release (or "CR"). Courts rely on opinions from forensic evaluators to determine acquittees' readiness for CR. However, how evaluators make these decisions are unknown. We surveyed 64 CR readiness evaluators from seven states to understand which factors evaluators prioritize, and to understand evaluators' assessment methodologies and their beliefs about the CR process itself. We found very little uniformity among evaluators on any aspect of the decision-making process. Evaluators ranked and rated a variety of different factors, and utilized a wide variety of methodologies, when making their decisions on readiness for CR. Moreover, evaluators' conceptualizations of the CR process itself varied widely. The results point to the difficulty and confusion evaluators face when conducting CR readiness evaluations, and they point to the need for enhanced training, statutory guidance, and standardized evaluation protocols. Examples from personal experience and practice will be explored as well.

Profitable and Problematic Risk Assessment Factors in Cases of Conditional Release

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Translating risk assessment results to decision-making with insanity acquittees is a difficult endeavor. Research focused on the effectiveness of risk assessment instruments in predicting outcome with insanity acquittees on conditional release is inconsistent with uneven results. Some data have demonstrated that historical factors predict outcome; however, other research has highlighted the importance of considering dynamic variables in predicting outcome on conditional release. Certainly, the use and misuse of risk assessment with insanity acquittees on conditional release is an area of forensic mental health warranting additional attention and research. This presentation will present data related to profitable and problematic aspects of risk assessment with this specialized population. Presenting data from multiple states a model for conducting risk assessments with insanity acquittees will be put forth. In addition, limitations of current methodologies and directions for future research will be underscored in a manner relevant to clinicians and policy-makers.

60. Consent, Culture and Conscience

Life-Threatening Illness: The Intersection of Children's Best Interests and Aboriginal Rights in Canada

Joan Gilmour, *York University* (jgilmour@osgoode.yorku.ca)

When parents decide about treatment for their children, they are to act in the child's best interests. That is the test adopted at common law, in child welfare legislation, and in legislation governing consent to health care for decisionally incapable patients generally. While the law does allow parents considerable leeway, their discretion to depart from medical recommendations is limited. Courts will intervene when the threat to a child's life or health is serious and imminent and there is a reasonable prospect that treatment can help. In those circumstances, Canadian courts will authorize child welfare authorities to consent to treatment when parents will not. The conventional legal response, then, is to facilitate conventional medical treatment. While disagreements arise about how "best interests" applies, and about the benefits and burdens of treatment, and the role of non-medical factors in decision-making in particular cases, the operative legal principle itself was settled. However, in *Hamilton Health Sciences Corp. v. D.H.*, a 2014 decision, a court held that a mother's aboriginal right to use traditional medicine to treat her young daughter's cancer prevailed, despite excellent chances of recovery with chemotherapy recommended by her treating physicians. Although the judge's order was later amended with the agreement of all involved to allow the medical treatment to proceed, this decision leaves the law in a troublingly unsettled state. This paper will explore the relation between the aboriginal right to use traditional medicine and the state's power to compel treatment when a child has a life-threatening illness, and suggest ways to move forward in resolving such disputes.

Consent and Capacity in Practice in End-of-Life Decisions

Barbara A. Noah, *Western New England University* (barbara.noah@law.wne.edu)

The United States' law of informed consent in theory protects and promotes the ethical value of autonomy, including in the context of end-of-life decision making. In practice, however, autonomy frequently is illusorybecause, for a variety of reasons, the law and practical implementation of informed consent functions poorly when applied to decisions by and for dying patients. This presentation will consider the weaknesses in informed consent doctrine and practice at the end of life and will suggest changes in implementation to improve a patient's and surrogate decision maker's understanding of the substance of decisions about continued therapeutic care and life-prolonging technology. Acknowledging the limitations of predictive knowledge about treatment choices coupled with full disclosure of what is known can, ultimately, improve quality of care at the end of life.

Conscientious Objection and the Duty to Refer for Abortion and Medically Assisted Dying

Patricia Peppin, *Queen's University* (peppinp@queensu.ca)

Physicians owe a duty of care to patients, one that requires them to refer their patients when unable to meet their needs, for instance when a specialist is required or to bridge a doctor's planned absence. With respect to abortion, physicians are, as a matter of practice, not required to provide care to which they have conscientious or religious objections. Physicians also argue that they should not be required to refer the patients to other physicians who will perform the procedure. This refusal is seen as controversial because the rights of liberty and access to the full range of reproductive care are also protected values. As the Supreme Court of Canada has recently found the criminal prohibition on assisted suicide to contravene the Canadian Charter of Rights and Freedoms in certain ways, medically assisted dying has become legal to this extent. The duty to refer debate has arisen in this context. This paper will explore whether it is permissible for a doctor to decline to perform a service within their scope of practice and then to refuse a referral. Is it ever acceptable for a physician's beliefs about particular types of care to supersede their patient's needs and rights and contravene the duty to refer?

Abortion Travel and the Limits Of Choice

Lisa Kelly, *Queen's University* (lisa.kelly@queensu.ca)

Restrictive laws have long forced women globally to travel to access abortion. This presentation analyzes the law and politics of abortion travel in the United States. In the years prior to *Roe v. Wade*, at a time when a majority of states criminalized abortion, most laws targeted the providers of abortions or abortifacient drugs, rather than the women obtaining them. The punitive cost for women was instead lack of choice or exile. Women with the resources to do so travelled to Mexico, and even as far away as Japan, Sweden, and the United Kingdom, to terminate pregnancies. More recently, efforts to single out abortion for onerous regulation have again made travel both necessary and widespread in the United States. This presentation analyzes travel as a vexing issue in the constitutional law of abortion. It will be argued that contests over abortion travel raise profound distributive questions about class, race, age, citizenship, sex, and the terms of reproduction in America. From the pre-*Roe* era through the present, travel remains a key means by which class and geography define abortion access in the United States. The aim is not to elaborate a unified vision of abortion travel. Instead, this talk seeks to disaggregate travel as a factor in law and politics, and show how mobility performs distinct work with varied outcomes for different actors within the system. Harkening back to pre-*Roe* activism, it is concluded by discussing the efforts of grassroots reproductive justice groups to once again engage abortion travel as a site of individual and collective struggle.

61. Corrections and Deinstitutionalization: Is It Time for a Paradigm Shift?

Corrections and Deinstitutionalization: Is It Time for a Paradigm Shift?

J. Tyler Carpenter, *Program in Psychiatry and the Law, Boston, USA*
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Treatment and re-integration of those who commit criminal offenses is a core social process and obligation that spans the domains of science, environmental, and behavioural categorization. As science and social policy have advanced, the easy classification of aberrant behaviour into forensic-mental (madness) and criminal (badness) categories has foundered on the twin and overlapping poles of neuroscience and psychosocial treatment. Although prevention, community treatment, behavioural medicine, and deinstitutionalization of the mentally ill have met with partial success, current organizational solutions reflect the conflation of etiologies of shared developmental psychopathology with orthogonal institutionalizations of treatment based on behavioural tendencies. The purpose of this international panel will be to examine the ways in which individuals with conditions that involve both mental health and anti-social components might be approached in a truly integrated program of psychological care and social habilitation. How can we both treat and reintegrate the very heterogeneous citizens in our care?

Forensic Assessment and Disposition: Philosophical and Political Considerations

Norbert Konrad, *Institute of Forensic Psychiatry, Berlin, Germany* (norbert.konrad@charite.de)

It is basically a primarily legal philosophical and political problem whether or not mentally disordered persons "belong" in prison. Countries applying the construct of criminal responsibility or incompetence to stand trial can prevent mentally disordered persons from being imprisoned. Secure confinement can then be ordered in a forensic psychiatric institution, if necessary. Deinstitutionalization, the closure of mental hospital beds and changes to commitment laws were highly touted initiatives that provided the backbone of mental health reform policies implemented in many countries in the second half of the last century. These initiatives, however, have often been given as reasons for the increasing demands for forensic psychiatric services and an increase in the number of mental patients in prison. The net result of these developments is that patients who receive a label of “forensic” enter into a mental health ghetto with little connectivity or integration with the general mental health system. Psychiatric diagnosis, criminal responsibility, dangerousness, treatment needs and other variables guide the selection processes, but different relevance from country to country has to be supposed. This presentation will describe the model of mental health care for prisoners in Germany and discuss the ethical issues arising in this field.

China: Big Challenges in Treatment and Reintegration of Mentally Disordered Offenders

Hu JiNian, *China University of Political Science and Law* (hujinian@yahoo.com)

China's current Criminal Procedure Law was enacted in 1979 and amended for the second time on March 14, 2012. In this law, procedures for involuntary medical treatment of mental patients legally exempted from criminal responsibility (article 284~289) were added for the first time. The Mental Health Law of the People's Republic of China came into force on May 1, 2013, for purposes of developing the cause of mental health, regulating mental health services, and protecting the lawful rights and interests of patients with mental disorders. Undoubtedly, with implementation of these two laws, lawful rights and interests of mentally disordered offenders are better protected. However, China still faces big challenges in treatment and reintegration of mentally disordered offenders: 1. The access to compulsory treatment for many mentally disordered offenders is not guaranteed; 2. Discharge from special hospitals is difficult; 3. The mental health service problems in prisons; 4. The community service system is not sound; 5. The technical problems in treatment and reintegration of patients; Reasons for the above mentioned challenges include legal, financial and technical ones, therefore, we need to make progress in these areas to better treat and reintegrate mentally disordered offenders.

The Disposition of Mentally Ill Criminal Offenders After Forensic Psychiatric Assessment in Changsha China: A Comparison of 2001 and 2011

Wang Xiaoping, *The Second Xiangya Hospital, Changsha, China* (xiaop6@126.com)

Objective: To investigate the changes of the disposition of mentally ill criminal offenders after the forensic psychiatric assessment over a 10-year period in Hunan, China. Method: Self-administered questionnaires were used to collect information about the disposition and related factors of post-psychiatric assessment of mentally ill offenders, in 2001 and 2011, respectively. Result: Seventy-nine valid (72.48%) questionnaires in 2001 and 159(89.33%) in 2011 were collected and analyzed. The consistency rate between psychiatrists' decisions on criminal responsibility and judges' decisions on guilty was 91.13% in 2001 vs 81.88% in 2011. Among those who were found to be no guilty in 2011, the rate of receiving involuntary psychiatric treatment in 2011 was significantly increased to 90.79% as compared 38.78% in 2001. The rate of recidivism within one year after forensic psychiatric assessment reduced from 6.12% to 3.49% (p=0.668). Conclusion: In Hunan, the judges preferred to maintain the psychiatrists' recommendations of responsibility. The law concerning involuntary treatment for criminal offenders with mentally illness in China brought them more chances of obtaining psychiatric services, which could be associated with reduction of criminal recidivism.

The Therapist's Confidentiality Dilemma: Do a Prisoner's Violent Dreams Indicate a Propensity for Future Behavioral Violence?

Miloslava Kozmová, *Independent Researcher, Boston, USA* (kozmova@hotmail.com)

Harold Bursztajn, *Harvard University* (hbursztajn@harvard.edu)

Confidentiality is considered a foundation of the treatment relationship; the signing of informed consent form opens the venue to speak freely. Inmates, while remaining incarcerated, might find this sense of freedom to speak without restrictions empowering. At the same time, therapists have an obligation to warn their patients that under some circumstances they may be obligated to break confidentiality or otherwise act to prevent harm. This dilemma becomes stark in the context of analyzing an instance when an inmate discloses to a therapist working in a prison experiences of dreams with violent content. Given the setting of prison; prior risk factors; and uncertainty about an emergent risk factor (e.g., whether violence in dreams could correspond to a propensity for violent behavior), presenters will address (a) engagement with informed consent process, (b) assumptions about disclosure of violent dreams, (c) therapist's position upon hearing about violent dreams, and, (d) facilitating executive skills with dream work, and (e) addressing undue restriction in invitation to speak freely. It could also be argued that by signing an

informed consent form and acting in accordance with it, the prisoner starts one's own transition from incarceration to reintegration into the moral and social community.

Alan Jager, *Forensic Psychiatrist, Melbourne, Australia* (jager@bigpond.net.au) – Discussant

62. Crime, Punishment and Decision Making

Mental Disorders in the Criminal Justice System

Marijane Placek, *Attorney-at-Law, Chicago, USA* (baronlancer@gmail.com)

The focus of the session will be to analyze the futility of the threat imposed by the government and legal punishment system on the prevention of crime. Through extensive experience in the criminal justice system, it has become apparent that the majority of people charged with the most serious and horrific crimes are not necessarily the most evil; rather they are those suffering from either mental illnesses, addictions, or personality disorders. Due to these "limitations" enforced by their mental instability, the traditional threat of punishment for the violation of the law holds no precedence or meaning. Using examples from previous cases, the theory to be discussed proposes that these lawbreakers never consider the consequences of their actions upon entering a criminal enterprise because they either feel justified, and, therefore, do not perceive their actions as wrongful or punishable; or feel as though they will never be caught.

The Role of Society and the Mental Health Community in Creating Criminal Legislation

Joseph Vosicky Jr., *Attorney-at-Law, Chicago, USA* (jvosicky@gmail.com)
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As a former candidate for the Illinois State House of Representatives, a balanced view will be offered in relation to society's role in dealing with individuals who cannot conform their conduct to the requirement of the law and are not deterred by the threat of punishment— while acknowledging society's tendency to protect its citizens from the actions of these individuals. In dealing with mental instability in accordance to following the laws, there is a need for education when creating legislation that is meant to draw a line between what is morally and systematically correct and what would be considered immoral. In order to strike this balance, a set of laws and procedures must be enacted and understood. It is of crucial importance to involve the mental health community in these legislative decisions, in that they bring about a unique perspective and ability to educate the legislative branch in early detection and correction.

Crime and Punishment in Relation to Sociopaths

Michael Seng, *The John Marshall Law School* (7seng@jmls.edu)

When dealing with the punishment of a person who is not in control of their conduct— as so far as it seeming as though they were "born to commit" a certain deed— the question of morality surfaces. Society holds a difficult task in creating a system of laws that continues to tend to the control and prevention of crimes, all while maintaining and respecting the rights of the individual. The role of sociopaths and the problem they impose upon society— especially in regards to a sociopath who has yet to act upon ideations— will also be discussed. There are fundamental problems faced by lawmakers when associating with lawbreakers who have established mental issues, such as the moral correctness in punishing one who, through no fault of their own, disobeys the law. This lends to questioning the measures that should be taken by society to protect citizens from said individuals, as well as society's right to use early knowledge of a person with sociopathic tendencies as a means for confinement before a crime is even committed— all in the name of protection.

Decision-Making among the Mentally-Disordered

Alexander Obolsky, *Health and Law Resource, Chicago, USA*
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How do individuals with substance use and personality disorders (including antisocial spectrum disorders) decide to act in ways that leads them to break laws? Do laws and punishments play a role in the decision-making by these individuals? Are these individuals not responsive to threats of punishment or negative consequences of their actions to their own wellbeing? Are these individuals, for no fault of their own, fated to break the law? Do these individuals make decisions at all? Do these individuals experience a decrement or lack capacity for judgment, planning, or thinking through the consequences of their actions? Do they chose to ignore the laws and threats of punishment? Alternatively, do they not have free will? Do new neuroscientific discoveries shed light on these issues, including that of free will? How do these issues present themselves during mental health treatment and forensic psychiatric evaluations? Do these clinical and forensic experiences illuminate legal conundrums? The presenter will address the issues of decision-making capacity by those diagnosed with such conditions as substance use and antisocial personality disorders from the perspective of a treating and forensic psychiatrist.

Sentencing Offenders with Personality Disorders

Jamie Walvisch, *Monash University* (jamie.walvisch@monash.edu)

Across Australia and New Zealand, the *Verdins* principles govern the sentencing of offenders with mental health problems. These principles are relevant whenever an offender 'is shown to have been suffering at the time of the offence (and/or to be suffering at the time of sentencing) from a mental disorder or abnormality or an impairment of mental functioning'. On numerous occasions, courts have stated that the phrase 'mental disorder or abnormality or an impairment of mental functioning' should be interpreted broadly, and it has been held to cover a wide range of conditions (including schizophrenia, depression, bipolar disorder, dysthymia, acquired brain injury, intellectual disability, post-natal depression and post-traumatic stress disorder). Prior to 2015 it had been generally assumed that it also covered personality disorders. However, in the landmark decision of *O'Neill*, the Victorian Court of Appeal held that personality disorders do not constitute an 'impairment of mental functioning', and so should not mitigate an offender's sentence. This paper critiques the approach taken by the Court. It argues that the Court's approach misunderstands the nature of personality disorders and improperly relies on a definition of 'impaired mental functioning' that fails to take into account the diversity of ways in which mental health conditions may be relevant to the sentencing process. It suggests a different approach to sentencing offenders with personality disorders.

63. Criminal Law Defences and Sentencing I

A Qualitative Study of Forensic Mental Health Service Users Who Have Achieved Success

Jamie Livingston, *Saint Mary's University* (Jamie.Livingston@smu.ca)

Very little is known about the people who find success in their lives after being found Not Criminally Responsible on account of Mental Disorder (NCRMD). The lack of attention to success in the forensic mental health system can create a sense of hopelessness among service providers and among people who are NCRMD. This qualitative study addresses this knowledge gap by conducting biographic narrative interviews with a small sample of adults who live with a mental illness and have achieved success after committing a criminal act and being found NCRMD by a court. This study invites people found NCRMD to share the experiences and events they view as being important in shaping their success stories. By systematically examining stories of success, the study produces positive points of reference in relation to the forensic mental health system and disrupts negative stereotypes about people who use forensic services. In addition to offsetting the production of negative imagery about people found NCRMD, studying the process of achieving success reveals the interactions, experiences, and events that foster positive outcomes.

When the Defendant has Autism

Melissa DeFilippis, *University of Texas* (msdefili@utmb.edu)

While there is little evidence directly linking a diagnosis of autism spectrum disorder to criminal behavior, certain clinical features of the diagnosis may predispose individuals to criminal offending. Individuals with autism seem to disproportionately commit certain categories of offenses, some of which include arson, computer offenses, stalking and sexual offenses. The insanity defense may not be applicable in cases with defendants on the autism spectrum, especially in higher functioning forms of the diagnosis without accompanying intellectual disability. Despite this, the diagnosis should be considered as an aspect of their defense. In some cases, the diagnosis may negate both the actus reus and mens reus of a crime. It can also serve as a sensible defense to specific crimes, to combat prejudicial demeanor evidence, and as a mitigating factor in sentencing. Guidelines for the treatment of defendants with autism and greater awareness of the diagnosis are needed in order to establish improved treatment of these individuals within the legal community.

Mary Cohen, *Autism Spectrum Diagnostics and Consulting, Doylestown, USA* (mrcohenphd@gmail.com) – Discussant

Timothy M. Bray, *University of Texas at Dallas* (Timothy.Bray@utdallas.edu) – Discussant

64. Criminal Law Defences and Sentencing II

Parasomnias and Their Forensic Consequences

Carlos H. Schenck, *University of Minnesota* (schen010@umn.edu)

Parasomnias are the behavioral disorders that emerge during Rapid Eye Movement (REM) sleep or Non-REM sleep. Video-polysomnography, i.e. the multi-channel physiological monitoring of sleep, can objectively diagnose the parasomnias. Instinctual behaviors are often released, including locomotion, aggression, eating and sex, which manifest as Sleepwalking (SW), Sleep Terrors, Sleep Related Eating Disorder, and Sexsomnia (Sleepsex) that emerge from Non-REM sleep; and REM sleep behavior disorder (RBD) that involves aggressive dream-enacting behaviors. RBD was first reported by our center in 1986. Obstructive sleep apnea can also cause sleep-related violence/sexual assault. Since parasomnias emerge from sleep, there is no conscious, wakeful, volitional basis to the parasomnia behaviors, which thus represent sleep automatisms and criminal non-culpability. Alcohol intoxication/ illicit drug use disqualifies the use of the Parasomnia/SW Defense. Our center has developed guidelines to assist in the forensic evaluation of violence/sexual assault presumably resulting from sleep-related automatism. The case of Kenneth Parks in Toronto, who drove 23 km on May 23, 1987 and murdered his mother-in-law, will be summarized. The verdict of "not guilty on the basis of sleepwalking, a non-insane

automatism" made Canadian legal history for the first successful use of the SW Defense in a murder trial.

The Englishman's Castle: The Use of Force in Defence of the Home

John E. Stannard, *Queen's University Belfast* (j.stannard@qub.ac.uk)

A lot of recent scholarship in the field of law and emotion has sought to highlight the significance of emotional attachments to property, and to the home in particular. Much of this has centred on the field of private law, most notably in relation to family law and the law of succession. However, the study of what might be termed the proprietorial emotions can also shed light on aspects of the criminal law, most notably the so-called 'Castle Doctrine' seen in some jurisdictions, which can allow a householder to use even lethal force against someone who threatens to invade the home. In this paper the theoretical basis of this doctrine is examined in the light of the law and emotion scholarship referred to above, the aim being to see how the law may best strike a balance between the rights of the householder and of the invader in a situation of this sort.

Sentencing Offenders with Mental Health Issues

Tina Previtera, *Magistrates Court of Queensland, Queensland, Australia*
(Magistrate.Previtera@courts.qld.gov.au)

The mental health of offenders in Australia is becoming an increasingly relevant consideration for judicial officers at many stages within the adversarial criminal justice system, given what appears to be a broad range of mental health issues facing the community generally, the large number of offenders who seem to be affected and the causal connections that, in many cases, exist between offending and mental health (including substance abuse) issues. This presentation will discuss the sentencing of offenders suffering mental health disabilities (including those that arise from substance abuse) who were of sound mind at the time of the offending, are fit to plead and accept responsibility for their offending. Common errors in sentencing will be identified, with the concern expressed that some such offenders may be sentenced because of their mental health/substance abuse issues without sufficient weight being given to other sentencing principles. The need for expert evidence to properly decide the most appropriate sentence in these cases will be examined, against a background of resourcing issues, especially in the Magistrates Court jurisdiction in which the writer presides, with the writer concluding that more innovative practices need to be implemented in the absence of specialist therapeutic court models.

Nineteenth Century Justice and the Endurance of the Death Penalty: A Twenty-First Century American Abomination

Richard Kirschner, *Attorney-at-Law, Washington D.C., USA (leaglerick@gmail.com)*

In the United States, 31 states, the U.S. government and U.S. military still tolerate laws permitting the imposition of the death penalty for enumerated crimes resulting in the death of the victim. The U.S. stands virtually alone among all of the developed/western world countries whose laws allow for capital punishment. Empirical evidence has failed to support the rationale for this ultimate draconian penalty. There is no evidence or data to substantiate any claim that it is a deterrence. It certainly cannot result in rehabilitation or incapacitation. If its purpose is retribution or revenge then perhaps as a "moral society" it is now incumbent upon us to critically re-evaluate our moral compass. Viewed in a more narrow prism is the compelling concern with regard to the fact that the death penalty has been imposed disproportionally upon defendants from the Black community. There is, moreover, a stark disparity among the 50 states with regard to the number of executions (Black or White) – Texas and Oklahoma having had triple digit numbers of executions and Oregon and Connecticut 1 or 2 or none. By far, however, is the overriding and paramount consideration that the death penalty can be, and has been, implemented on innocent persons. The development of DNA and subsequent exculpatory evidence increases this likelihood. Once an execution has occurred there can be no redemption.105 of the 192 countries in the UN have abolished the death penalty – 43 have abolished it in practice. The outliers – Saudie Arabia, Iraq, Iran, Somalia, China, Japan, and the United States! A shameful acknowledgement.

65. Crisis and Cataclysm Trauma Interventions in Civil Society

Fire in the Collective Club: A Model for Integrated Crisis Intervention

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On October 30, 2015 more than 300 people gathered for a rock concert at the Collective Club in Budapest. Most were young; some had decided to go at the last minute. A spark from pyrotechnics installed on the wall lit the ceiling on fire. In less than a minute, a ball of flame engulfed all who were caught inside. Nearly 30 died on the spot; the final count: 64 dead, more than 90 others injured. The ensuing operation to transport, treat and relocate survivors was unprecedented; patients were sent to 9 countries across the European Union. This presentation focuses on the author's experience during the next 3 months as the general *coordinator* of medico-psychosocial operations - in partnership with Romanian government authorities - to safeguard the lives and well being of the victims of the catastrophic fire. A unified intervention model is presented, as well as challenges and obstacles met on the way. The *integrated* model

opens a window and critically appraise is what needs to be done in *mass calamities*, within the current geopolitical landscape. Conclusions and suggestions for EU policy-makers are discussed in the context of amassing migration, refugees, displacement and terrorist attacks on EU soil.

Effects of the Refugee Crisis on Therapeutic Methods

Lilla Hárdi, *Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest, Hungary* (lilhardi@gmail.com)

The huge Refugee crisis in Hungary stimulates therapists to tailor rehabilitation methods for trauma and torture survivors, because previously elaborated rehabilitation methods have proved insufficient. New Therapeutic challenges include: i) selection of the potential patients; ii) timing; iii) place of interventions; and iv) duration of therapies. Clinicians must focus on the immediate legal status of clients to support their psychological progress. The increasing number of clients who search for temporary shelter led us to choose more direct group and family Therapeutic modalities. Individual therapies have increased emphasis on "here and now" to focus on present elements of complex traumas, and psychoeducation. In this setting, individual modalities can neither work with deeper motivations; nor inspire the patient to use safe points for integration. Previously, when the State had provided financial support and offered housing, there were fixed orientation points. Now they have been removed from the process, causing a vacuum of support and orienting objectives. Clinicians work to reduce the pressure of present suffering, in order to strengthen and enhance conscious ability of the person to carry on her/his life. In order to decrease anxiety of separation, therapeutic bonds are temporary, of necessity.

Torture: What it is and Why it Matters

Barry H. Roth, *Harvard Medical School* (broth@bidmc.harvard.edu)

Individuals are the infinitesimals whose sum in the calculus of culture creates civilization. Human thoughts and acts are elemental forces of biblical proportions that create our new geologic epoch, the Anthropocene. Our a priori categorical imperative is the shared indestructible non-material core of human bonds. Torture is a crime of specific content - by definition, perpetrators in conspiracy with state authority - to break shared social contract human ties and connections that sustain survivors and underlie our cultures and civilization. Torture cannot break these most powerful non-material forces that transcend space and time, when human beings choose to hold together. PTSD, torture and terror intersect in the spectrum of escalation dominance, where physical violence enforces structures of violence; and in spectrum of named human rights violations, war crimes and crimes against humanity. Inseparable rights to the Rule of Law, Economic Security and a Livable Planet are universally binding. We can have culture, civilization, and civil society built with human ties, bonds, connections; or we can have

totalitarian terror and torture. They are mutually exclusive. We have the force to do right. Unless we build and maintain serious structures of justice, we will face serious injustice.

Stockholm Syndrome Phenomenon among War-Affected Population in Georgia

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Stockholm syndrome refers to a group of psychological symptoms that may occur in captives or hostages; characterized by a paradoxically positive attitude towards their perpetrators. Although the syndrome is not included in any diagnostic classification, many authors consider it as a part of PTSD or ASD (Acute Stress Disorder). Our observations and analysis are the result of 15 years' experience working with the war-effected Georgian population, a Post-Soviet Country. Approximately 15 -20 % of the population--- war-effected due to ethnic cleansing or/and captivity experience, revealed an inadequate attitude towards their aggressors. It was especially noted among Russian – Georgian war 2008 victims. The case since the end of 2015 is under ICC investigation. At the same time so called "Soviet Nostalgia" towards occupants was observed among about 15 - 20 % of general population of Georgia. In our opinion, such factors should be considered as social determinants of "Stockholm Syndrome". Specific studies should consider the above-mentioned socio-psychologic phenomena in 2 related ways. Assessment of "Stockholm - like" syndrome among war-effected and Post-Soviet populations comes first. Those findings will inform investigation how such mental consciousness reflect on political development, issues of security, and obstacles to develop systemic democracy in Post – Soviet Countries.

66. Critical Aspects of Psychopathic Disorders: An Update

Moderator: Alan R. Felthous, Saint Louis University, (felthous@slu.edu)

Psychopathic disorders remain one of the most common and difficult issues in forensic psychiatry. In this panel some authors of the recent handbook, "International Handbook on Psychopathic Disorders and the Law," concentrate on central aspects of this problematic group. As introduction Henning Sass from Aachen/Germany summarizes the cornerstones of the

conceptual history and then describes the current diagnostic approaches for psychopathic disorders in DSM-5 including its new "Alternative Modell for Personality Disorders. Consequences for the questions of legal responsibility and correctional Settings are discussed. Then Albert Drukteinis from Dartmouth/USA will present emerging models of personality disorders and sociopathy with a focus on personality functioning and the issue of disability in psychopathic and the spectrum of antisocial disorders. Tracy D. Gunter from Indianapolis/USA will present the current knowledge of epigenetic research and the interaction of genetic with environmental risk factors in antisocial spectrum disorders and psychopathy including a discussion of modern technologies in investigating underlying pathophysiology. Thomas Stompe and Hans Schanda from Vienna/Austria have studied the partial overlap between certain symptoms in the course of schizophrenia and and psychopathic personality traits. Their empirical findings show a significant correlation between some affective features of psychopaths and negative symptoms in schizophrenia. Finally Juergen Mueller from Goettingen/Germany will discuss the impact of modern neurobiological and neuroimaging methods and findings for the understanding of psychopathic disorders with a focus on emotional regulation, fear processing and moral behavior.

Psychopathic Disorders: Conceptual History and Current Classification

Henning Sass, *Universitätsklinikum RWTH* (hsass@ukaachen.de)

The current concepts of personality disorders are rooted in Pinel's *manie sans delire*, Rush's "moral alienation of the mind", and Koch's "psychopathic inferiorities". Important and influential were the definitions and descriptions of Kurt Schneider in his concept of "psychopathic personalities". In Anglo-American schools the meaning of this term was narrowed to designate the antisocial forms of abnormal personalities and to "psychopathy" in the sense of Cleckley and later Hare. In parallel to typological/categorical delineations in traditional psychiatry, dimensional concepts of personality disorders were developed in psychology. As the most recent approach the hybrid categorical/dimensional the "alternative DSM-5-model of personality disorders" will be discussed, including its implications for forensic questions of legal responsibility and for correctional settings.

Disability and Sociopathy

Albert M. Drukteinis, *Geisel School of Medicine at Dartmouth* (aldruk@aol.com)

This presentation will discuss emerging models of personality disorders, and how they focus on impairments in personality functioning, and on pathological personality traits. The emphasis on functioning in these models is particularly relevant for issues of disability in psychopathic, antisocial, and other personality disorders with sociopathic features. It raises questions about

how the earlier construct of sociopathy as willful and distinct from mental illnesses is reconciled to include disability benefits for mendacity and maladaptive behaviors. This presentation will also consider sociopathy as more on a continuum of behavior that can impact the presentation of mental and physical disorders, and the degree of claimed impairment. Traditional attitudes on malingering and exaggeration will be discussed, and whether a model of personality disorders focused on functioning, and indistinct from other mental disorders, may challenge the concept of objective pathology as irrelevant to disability assessment. Through a brief case example, these issues will be explored, along with potential outcomes in disability determination.

Contributions of Epigenetics in Understanding and Treating Antisocial Spectrum Disorder and Psychopathy

Tracy D. Gunter, *Indiana University* (tdgunter@iupui.edu)

Antisocial spectrum disorders and psychopathy are costly public health problems that are frequently met with therapeutic nihilism. Genetic and environmental risk factors are known to contribute to genesis and maintenance of these disorders, regardless of the specific definitions used. Recent advances in epigenetics may elucidate some of the specific ways that the environment impacts gene expression and therefore provide valuable clues to treatment of these disorders. Following an introduction to the epigenetic regulation of gene transcription in antisocial spectrum disorders with an emphasis on psychopathy, this presentation will explore the use of these technologies to better understand the underlying physiology of antisocial spectrum disorders and psychopathy, and potentially guide treatment. While important to understand the limitations of these technologies, the promise of these technologies is worthy of scholarly attention even at this relatively early stage of development.

Psychopathic Traits in Schizophrenic Offenders

Thomas Stompe, *Indiana University* (thomas.stompe@meduniwien.ac.at)

Hans Schanda, *Indiana University* (hans.schanda@meduniwien.ac.at)

Background: Clinical experience suggests a partial overlap between certain schizophrenic symptoms and psychopathic personality traits. However, this issue has not been proven by empirical data. Methods: PANSS and PCL-R were applied to 106 non-responsible offenders with schizophrenia (DSM-IV). Additional data (severity of the index offense, number of offenses, age at first offense, delusional motives for offending, relationship to victims) were also collected. Results: We found a statistically significant correlation between the affective factor of the PCL-R and the negative scale of the PANSS. By means of K-means cluster analysis we were able to distinguish three groups ('non-psychopathic', 'pseudo-psychopathic' and 'genuine psychopathic'), which showed meaningful differences with respect to substance abuse and severity of criminal behaviour. Conclusions: Non-psychopathic offenders and offenders with

'pseudo-psychopathy' more often committed acts of severe violence primarily caused by psychotic symptoms, offenders with comorbid 'genuine psychopathy' frequently exhibited violent behaviour of lower severity. The risk of schizophrenic patients with 'pseudo-psychopathy' may be overestimated when solely based on total PCL-R scores.

Neuroimaging in Psychopathic Disorders

Jürgen Müller, *University Medical Center, Göttingen, Germany* (ju.mueller@asklepios.com)

Psychopathic disorders are of major interest in forensic Psychiatry. Neurobiological findings in psychopathy have encouraged empirical research on forensic psychiatric issues. A rapidly growing number of studies on psychopathic disorders have addressed psychopathic behavior and the neurobiological underpinnings of psychopathic disorders. Regarding the clinical features, in particular emotion processing and emotion regulation, fear processing, moral behavior and the interaction of emotion and cognition have found to be impaired. In line with these impaired functions, the structure and function of the neurobiological underpinnings have been found to be changed in psychopathy. Addressing dangerousness and criminal behavior in the future, imaging technics have been used to assess relapse rates and legal outcome in criminals who were released from prison. Thus, the impact of psychopathic disorders and its underpinnings are of major impact in forensic psychiatry. In this talk, the concept of psychopathy is addressed. Different assessment tools and diagnostic approaches will be discussed. Focusing on methods and sample characteristics, the heterogeneity of empirical findings will be linked to different inclusion criteria and scientific approaches. An overview on relevant findings is given, and perspectives on the impact of neuroimaging technics in addressing legal questions are discussed.

67. Critical Views of Civil and Criminal Law in Mental Health Treatment

PTSD and the Law

Allan Horwitz, *Rutgers University* (ahorwitz@sociology.rutgers.edu)

Post-Traumatic Stress Disorder has become the fastest growing and one of the most influential psychiatric diagnoses in the mental health professions. This paper explores some of the issues surrounding traumatic diagnoses and the law since the emergence of "railway spine" in the late nineteenth century, "shell-shock" and "combat neurosis" in World War I and World War II, and "PTSD" in the DSM-III in 1980. Such conditions have particular implications for legal institutions because, unlike other psychiatric diagnoses, their cause is specifically linked to some environmental trauma. Therefore, diagnoses of PTSD have singular implications for liability, compensation, and treatment. Throughout their history, responses to traumatic conditions have varied from seeing affected individuals as cowards or malingerers to seeing them as deserving

victims of external circumstances. The paper examines some of the major reasons why current views of PTSD emphasize the latter interpretation.

Changing Lives and Changing Outcomes: A Treatment Program for Offenders with Mental Illness

Robert Morgan, *Texas Tech University* (Robert.Morgan@ttu.edu)

Changing Lives and Changing Outcomes (CLCO) was developed to address co-occurring problems of mental illness and criminal proclivity in J-PMI. Preliminary examination of the effectiveness of CLCO was quite positive. This paper will present a second program evaluation from a new sample of over 140 dual diagnosed adult felony offenders on probation and sentenced to a residential treatment facility for treatment of substance abuse, criminal behavior, and mental illness. Outcomes of interest include mental health symptoms, criminal risk (e.g., antisocial cognitions, antisocial associates), and behavioral measures (i.e., treatment knowledge acquisition, behavioral functioning). It is hypothesized that CLCO will again result in reduction of symptoms of mental illness, antisocial cognitions, greater awareness of antisocial associates, and improved behavioral functioning.

Implementation of Involuntary Outpatient Commitment Programs: A US Case Study

Beth Angell, *Rutgers University* (angell@ssw.rutgers.edu)

Involuntary outpatient commitment (IOC) is increasingly used in the United States and elsewhere as a means of engaging people with serious mental illness in mental health treatment and ensuring time-limited treatment adherence. The effectiveness of IOC, however, is contested among researchers and advocates, and those most critical of IOC laws cite concerns about the potential for coercion to deter voluntary help-seeking. This presentation will focus not specifically on the question of effectiveness, but rather on how IOC laws, once passed into legislation, are implemented on the ground and viewed by stakeholders. Drawing from existing literature as well as data from an evaluation of a newly implemented program in the US, information from key informant interviews, program records, and surveys will be used to examine the heterogeneity in IOC delivery across programs and stakeholder perceptions of its benefits and limitations.

Are Randomized Control Trials the Best Method to Assess the Effectiveness of Community Treatment Orders?

Richard O'Reilly, *Western University* (roreilly@uwo.ca)

Evelyn Vingilis, *Western University*, (evingili@uwo.ca)

Community treatment orders (CTOs) have been controversial because they limit the right of an individual to refuse treatment. However, this is generally seen as a justifiable limitation if CTOs provide significant benefits to the individual. The extent of putative benefits to the individual has been the subject of considerable debate. The polemics of this debate have increasingly focused on nature of scientific evidence necessary to assess efficacy. Some scholars argue that CTOs should not be used without evidence from rigorously conducted randomized control trials (RCTs) demonstrating that they are effective. RCTs were designed to test simple, unimodal interventions, such as drug therapy. The problems of relying on RCT methodology to test complex interventions are well known in the social sciences but have only recently been acknowledged in the field of medicine. This presentation will examine the place of RCTs in assessing the efficacy of CTOs.

68. Delusions and the Law: Understanding and Explaining False Beliefs in Court

The Neuroscience of Delusions and Forensic Psychiatry

Michael Caton, *University of California, Davis* (mdcaton@gmail.com)

Among psychiatric symptoms, delusions present multiple operational, theoretical, and clinical challenges. Definitions of delusional belief are not wholly satisfactory for multiple reasons, in part because in a complex and multicultural world, it is difficult to maintain a consistent standard for what is "culturally appropriate." Furthermore, healthy humans commonly form differing beliefs based on the same information, and neuroscience has not yet developed an adequate neurocognitive model of belief formation in health. From a practical and legal standpoint, other characteristics of beliefs, including coherent content and potential for endorsement with action, may be as or more important. Finally, delusions are reputed to be treatment-refractory. This discussion will include both psychiatric and medical disorders with delusions as a frequent presenting symptom. A brief sketch of the current competing models of pathological belief formation will be included. The emerging classification scheme for delusions will be described, as well as the epidemiology of delusional subtypes. The forensic character and association with criminal behavior for each delusional subtype will be further described. The presentation will conclude with information on treatment effectiveness for delusions by multiple modalities.

Beliefs on Trial: Conceptualizing Extreme Belief in a Legal Context

Brian Holoyda, *Saint Louis University* (holoyda@gmail.com)

Members of religions, cults, terrorist organizations, and revolutionary political movements may hold extreme beliefs that are incompatible with prevailing social opinion. These beliefs may lack any scientific support or, in fact, contradict scientific understanding of the world. In accordance with these beliefs individuals may engage in illegal conduct. Courts have historically responded in different ways to individuals whose beliefs have come into question in the courtroom. In general, courts appear to accept that religious beliefs do not exculpate individuals for their criminal behavior. Where, then, is the line between belief and delusion? When might an individual's beliefs mitigate or exonerate criminal responsibility for one's behavior? Such a question is particularly applicable when a forensic examiner evaluates a cult member, a religious extremist, and a radical revolutionary due to how rigidly held and atypical these individuals' beliefs may appear. This presentation will elucidate some of the complexities of defining the line between belief and delusion and how the courts help or hinder our understanding of this distinction.

Challenges Addressing Delusions Involving Religious Content

Brianne Newman, *Washington University* (newmanb@psychiatry.wustl.edu)

This presentation will focus on how to interpret and assess delusions involving religious content. Delusions with religious content can present some of the greatest challenges for clinicians and forensic mental health practitioners. Many religious practices involve experiences and beliefs that, if taken out of context, could be perceived as psychotic. For example, communicating directly with Jesus, when taken at face value, could be misinterpreted as an auditory hallucination. However, when the experience is a commonly accepted part of a religious group, it must be understood within the cultural context. In the context of risk assessment, religious beliefs have long been considered a protective factor for violence toward self and others. However, according to growing literature, motives to commit violent acts based on delusions with religious content are relatively common. This presentation will review the existing literature on the link between religious delusions and violence and will discuss possible implications for risk assessment.

Explaining Delusions to the Masses

William Newman, *Saint Louis University* (newmanwj@slu.edu)

Dr. Newman will provide recommendations on how to approach explaining delusions to individuals who are less accustomed to interacting with delusional patients. There are specific considerations when speaking with patients' family members, legal professionals, and jurors.

Delusional beliefs commonly contribute to behaviors that can cause psychotic patients to come to legal attention. Dr. Newman will address characteristics of those individuals to keep in mind, particularly when presenting a forensic opinion during legal proceedings. Dr. Newman will also address specific challenges faced in the United States legal system particular to certain DSM diagnoses. For instance, delusional disorder has created challenges in the United States legal system. In the United States Supreme Court decision in the 2003 landmark case of *Sell v. United States*, differentiating delusional disorder from schizophrenia became a central issue. Defendants with shared delusional beliefs (formerly shared psychotic disorder) have presented separate challenges that will be discussed during this presentation.

Deciphering the Difference Between Delusions and Cultural Movements

Ryan Wagoner, *University of South Florida* (ryanwagoner@health.usf.edu)

While the difference between religious beliefs and delusions can be difficult to ascertain at times, a new layer of complexity is added when the beliefs are cultural, and not religious in nature. Dr. Wagoner will detail when specific cultural movements, such as "sovereign citizens" in the United States, blur the line between extremist beliefs and delusions. The sovereign citizen movement includes a loose grouping of individuals whose political position is that they determine and interpret the laws they live by and not the government. The adherents to this movement extend those beliefs into the monetary system of the United States, proposing that they do not recognize U.S. currency, nor do they acknowledge most forms of government taxation. Dr. Wagoner will discuss how individuals involved in cultural movements can be drawn into the legal system and why the difference between their belief and a delusion can take center stage. Special attention will be paid to the concept of malingering and how feigning of beliefs can complicate this interaction even further.

69. Dementia in Old Age: Legal Constructions, Legal Response I

Law and Dementia: Situating Dementia in the Experience of Old Age

Margaret Isabel Hall, *Thompson Rivers University* (mahall@tru.ca)

Old age is integral to the experience of dementia for most people (although the opposite is *not* true--dementia is not integral to the experience of old age). The great majority of persons diagnosed with dementia are old, and the likelihood of developing dementia increases exponentially with age (until age 90). Old age has been largely excised from the dementia discourse, however, a process described as the "Alzheimerization" of dementia. The formal age neutrality of dementia connects/intersects with the normative age neutrality of the law, including

legal responses to the needs of persons with dementia (guardianship and private substitute/supported decision making mechanisms such as powers of attorneys; adult protection legislation; mental health legislation). In this presentation I argue that legal responses to dementia which do not take into account the experience-context of old age (what John Dewey called the "inextricably interwoven" biological processes and social contexts of old age) are inadequate, and consider how the law might ethically and effectively recognise and respond to the phenomenon of dementia-in-old-age (as opposed to the age-neutral dementia construct).

'Participation' for All? Challenges and Tools for Realizing the Goal for Persons with Dementia with Focus on Health and Social Services

Titti Mattsson, *Lund University* (titti.mattsson@jur.lu.se)

'Participation' is a recurring concept in many human rights treaties and also a necessary component in the process of delivering public health care. At the same time, it is a concept that is little understood. Health services are partially or wholly provided by national governments around the world. At the same time, accessibility to these services may vary greatly according to citizen's ability to participate and claim such services on an individual or group basis. This paper aims to explore the meaning of 'participation' for older persons with mental health problems and its relationship between public services provision and human rights protection, focusing on health services. With the starting point of 'participation for all' as a goal, the paper will discuss challenges and tools for realizing this goal. The theoretical framework for the discussion is Martha Albertson Fineman's vulnerability theory. A vulnerability analysis emphasizes our interdependency within social institutions and the need for public responsibility.

Dementia on Trial: How the Laws of Evidence Respond to Witnesses with Dementia

Helene Love, *University of Toronto* (Helene.wheeler@mail.utoronto.ca)

Some forms of dementia negatively affect those areas of the brain responsible for memory, communication, and emotional control. In those cases, dementia may make it difficult to meet the legal standards to give evidence; or it can negatively impact the weight accorded to testimony. As the proportion of the population with dementia increases, courts will increasingly be faced with the hard question of how to enable people with different degrees of cognitive impairments associated with dementia to participate in the trial process as witnesses. This paper looks at cases involving people who have dementia and asks: What happens when people with dementia are needed to provided evidence in a trial? How do the courts reconcile the need to accommodate witnesses with dementia with the competing interests of trial fairness and procedural integrity? The future challenge for the justice system will be to develop practices to

accommodate those with dementia while ensuring procedural fairness for everybody involved with the court.

Deciding in Dementia: The Possibilities and Limits of Supported Decision-Making

Mary Donnelly, *University College Cork* (m.donnelly@ucc.ie)

For those countries which have ratified the United Nations Convention on the Rights of Persons with Disabilities, the development of frameworks for supported decision-making in circumstances of impaired capacity is a human rights imperative. Yet, very little work has been undertaken regarding what kinds of legal models this requires and how legal models can take account of the different challenges posed by different kinds of capacity impairments. The "catch-all" approach of the Committee on the Rights of Persons with Disabilities in General Comment No 1 on the Right to Legal Capacity offers limited guidance in respect of persons with advanced dementia and its approach potentially serves to undermine human rights of people in this situations. This paper considers how the requirements of the Convention, and the potential contribution of supported decision-making, might be operationalized in respect of the lived realities of people with dementia rather than abstract conceptions of the individual.

70. Dementia in Old Age: Legal Constructions, Legal Response II

Responding to the Needs of Persons with Dementia: Developing a Canadian Guardianship Tribunal Model

Margaret Isabel Hall, *Thompson Rivers University* (mahall@tru.ca)

Guardianship reform in Canada over the past three decades has not questioned “decision-making” as providing the fundamental structure or mechanism of guardianship. Guardianship is an important legal response to the needs of persons with dementia who can no longer make decisions independently. Guardianship as currently structured and “delivered” is inadequate, however, given the paucity of other legal responses to the needs of persons with dementia. The objective of this research (this project is conceived as a first step towards a larger program of research) is to rethink the basic structures of guardianship for the purpose of providing a more comprehensive response to the needs of persons with dementia (the focus of this research). The focus on the needs of persons with dementia is an important part of this project; as a general cohort, the situation and needs of persons with dementia are distinct from other cohorts of persons identified as mentally impaired, incapable, or vulnerable. Although persons with dementia in old age are the most likely individuals to have a guardian or other substitute decision maker, they are very seldom at the centre of the discussion.

The Rights and Wrongs of Deprivation of Liberty

Charlotte Emmett, *Northumbria University* (charlotte.emmett@northumbria.ac.uk)

Carole Burrell, *Northumbria University* (carole.burrell@northumbria.ac.uk)

The Deprivation of Liberty Safeguards (DoLS) were introduced in England and Wales for very good reasons. But it is generally accepted, by a Select Committee of the House of Lords for instance, that they are not working very well. They are regarded as overly bureaucratic. In 2016, it is anticipated that the Law Commission will publish its report on how Deprivation of Liberty should be handled, which is likely to lead to a reform of the Law. But the concerns about the DoLS have raised deeper questions about the relationship between the Law and clinical practice. Are there areas of practice where proper concern about human rights should be subordinate to the requirements for good clinical care? Or is this anathema to the whole human and disability rights agendas? We shall reflect on the developments in connection with the DoLS in order to raise this question using a case vignette concerning end-of-life care for people with dementia. Our answer to the question will be speculative, but perhaps also provocative.

Dementia and the United Nations Convention on the Right of Persons with Disabilities

Laura Pritchard-Jones, *Keele University* (L.g.pritchard-jones@keele.ac.uk)

The United Nations Convention on the Right of Persons with Disabilities (UNCRPD) provided an international attempt to enunciate the fundamental rights of persons with disabilities. It is notable, in particular, for its commitment to the social model of disability. Under the UNCRPD, as Arstein-Kerslake and Flynn have recently argued, one of the implications of this is that any intervention in the lives of persons with disabilities cannot solely be because of their disability and must then, by default, also be available to those without disabilities. This paper seeks to assess whether the approach taken by the UNCRPD can be applied comfortably in the case of dementia. By drawing on an emerging corpus of empirical research detailing the realities of living with the condition, it is contended that the model underpinning the Convention may not be compatible with the lived realities of having dementia and the fact that it does entail significant changes and a gradual deterioration in cognitive and functional abilities. Furthermore, it is contended that a more critical avenue for the UNCRPD is to focus on questioning the *types* of interventions society has traditionally seen as acceptable for persons living with dementia, such as detention in care homes, or the forcible administration of antipsychotics. In effect, we must be more concerned with improving the *nature* of interventions so as not to exacerbate the experience of vulnerability associated with dementia, rather than with the *catalyst* for the interventions.

Law and Dementia: Consenting to Physician Assisted Dying

Doug Surtees, *University of Saskatchewan* (doug.surtees@usask.ca)

Physician assisted dying ("PAD") is available in several jurisdictions. An adult[1]s decision to request PAD must typically be made more than once. The adults retain the opportunity to change their minds, by withdrawing consent. One rationale for PAD is that individuals with conditions like ALS are put to a cruel choice: either end their lives earlier than they would like to but while they are able to do so on their own, or live to a point where they can no longer take their own life. Adults with dementia are likewise put to a cruel choice: either end their lives earlier than they would like to but while they still have the capacity to make the choice, or live to a point where they can no longer agree to PAD. This paper explores whether adults with capacity should be able to consent to PAD occurring after the adult loses capacity because of dementia. One significant difference is that once adults with dementia lose capacity, they lose the ability to withdraw their consent. This would leave these adults in a legal "twilight zone" where their prior consent would be used to end their life at a time of someone else's choosing.

Decision-Making in Dementia Care: Autonomy, Capacity and the Doctrine of 'Informed Consent'

Hope Davidson, *University of Limerick* (hope.davidson@ul.ie)

People with dementia have traditionally been viewed in legal terms as being incapable of making decisions in relation to their assets, where to live, and whether to accept or decline medical treatment and care. In his pivotal work, Dementia Reconsidered (1997) Kitwood challenged those working in the area to re-appraise the idea that people with dementia, even advanced dementia, cannot participate in any meaningful way in decisions concerning themselves. The aim of his work was to keep people with dementia at the centre of decision-making processes, through enhanced communication and relationship-building techniques. While those who care for people with dementia have enthusiastically adopted this model, they continue to operate within a legal framework that only permits active involvement in decision-making where decision-making capacity can be established. For those with moderate or more severe dementia, deemed not to have decision-making capacity, decisions are usually made by somebody else in their 'best interests'. This paper aims to explore how the legal decision-making process can be enhanced or adapted to enable people with moderate or more advanced dementia to participate actively in decisions concerning their own health and welfare.

71. Developments in Scottish Mental Health and Incapacity Law and Practice

The Dichotomous Challenge: Reducing State Control of Guardians Whilst Maintaining Safeguards

Sandra Mcdonald, *Public Guardian for Scotland, Falkirk, UK* (smcdonald@scotcourts.gov.uk)

This presentation will examine compliance with Article 12 of the United Nations *Convention on the Rights of Persons with Disabilities* from a service delivery position; outlining the proposals Scotland has for re-engineering our current guardianship regime. Currently, guardians are appointed by the court; the process for which is ‘‘one size fits all”. Such an inflexible process is out-dated, cumbersome, and is leading to delays in the appointment of a guardian. This increases the vulnerability of the incapable person, as well as having an adverse impact on the system itself; for example, in the ineffective use of qualified personnel and of acute hospital beds. This will outline the various impacts of the “one size fits all” system but will focus on the re-engineering of this. The revised process will be dynamic, tailored to an individual’s circumstances and proportionate to their needs. The system will be designed around the incapable person and it will support their participation, as well as respect their wishes. There is a dichotomous challenge, which will be discussed, of reducing state control whilst not eroding any of the safeguards.

Still Resolving the Deprivation of Liberty Challenge in Scotland?

Jill Stavert, *Edinburgh Napier University* (j.stavert@napier.ac.uk)

The European Court of Human Rights *Bournewood* ruling in 2004 raised questions about Scottish law relating to “incapable” adults in health and social care settings and its compatibility with Article 5 of the European Convention on Human Rights (ECHR)(the right to liberty). This issue was subsequently brought into even sharper relief by the UK Supreme Court *Cheshire West* ruling in 2014, which appeared to widen the reach of situations potentially engaging Article 5 ECHR. Finding a solution that both fully respects the right to liberty and one that can be effectively operationalized has been proving a challenge not only in Scotland but also across the rest of the UK. This paper looks at how this challenge has been approached in Scotland. More widely, it also considers whether it might be resolved by adopting a more holistic human rights approach, in particular simultaneously considering Articles 3, 5 and 8 ECHR and Article 12 of the UN *Convention on the Rights of Persons with Disabilities* (the right to equal treatment before the law).

Developments in Mental Health Law in Scotland

Joe Morrow, *Mental Health Tribunal for Scotland* (rhunter@scotcourtstribunals.gov.uk)

The Mental Health (Care and Treatment) (Scotland) Act 2003 transformed mental health law in Scotland. It transferred mental health cases from the public courts to a newly created, specialist, Mental Health Tribunal for Scotland. This court hears cases in private and the decisions of which can be appealed to the superior courts, up to the UK Supreme Court. This has created a Tribunal process by which patients detained in Scotland's highest security mental hospital could challenge the requirement to be detained in high security by seeking a declaration of being detained in "excessive security"; provided a right to patients to nominate a "named person" who can exercise rights, including making applications to the Tribunal, on behalf of the patient and assigned a "default" "named person" to patients who had not nominated one. The Mental Health (Scotland) Act 2015 makes new provisions. It extends the right to make excessive security applications to patients detained in Scotland's three medium security mental hospitals. As such, it abolishes the "default" named person and creates a new victim notification and representation scheme for victims of certain mentally disordered offenders. This presentation considers those changes and the development of the Mental Health Tribunal for Scotland.

Reviewing the Inclusion of Learning Disability and Autism in Mental Health Law

Colin McKay, *Mental Welfare Commission for Scotland, Edinburgh, UK*
(colin.mckay@mwcscot.org.uk)

The Scottish Mental Health Act applies to people categorized as having a mental illness, learning disability or personality disorder. The inclusion of learning disability (and, by implication, autism) as gateway criteria in legislation primarily directed at compulsory psychiatric treatment is controversial, and the Scottish Government is formally reviewing this. It is argued that inclusion is discriminatory, does not address the specific needs of people with learning disabilities or autism, and contributes to their marginalization. Counter–arguments include that non-consensual care may sometimes be necessary, that the Act provides important safeguards, and that it avoids people being drawn inappropriately into the criminal justice system. There is also a view that any diagnostic threshold is inconsistent with the approach of the *Convention on the Rights of Persons with Disabilities*, and that there needs to be a wider review of non-consensual treatment of mentally disordered persons, under mental health and incapacity law. This presentation will give an update on progress of the review, discussing the issues under consideration, how Scotland is involving people with learning disabilities in the process, and drawing on other international models.

72. Difficult Defenses in the Courtroom

Risk Mitigation in Autism Spectrum Disorder

Alexander Westphal, *Yale University* (alexander.westphal@yale.edu)

Autism Spectrum Disorder can be associated with a variety of problematic behaviors, some of which can lead to legal involvement. This presentation will discuss risk assessment of several categories of problem behavior, with emphasis on aggressive and threatening behaviors. The topics covered will include the relationship between ASD and violence with a detailed discussion of theory of mind deficits, and their impact on empathy. He will address how mass media has dealt with violence perpetrated by people with ASD. He will review the literature on violence and ASD, and discuss research directions. In addition, the presentation will discuss how to approach assessing threats made anonymously and electronically. The overarching goal of this program is a focused summary of what is known about assessing and addressing behaviors in ASD that are most likely to lead to legal involvement.

Cultural Factors in Defense Cases

Solange Margery Bertoglia, *Thomas Jefferson University Hospital*
(solange.margery@jefferson.edu)

Forensic psychiatrists and psychologists are inevitably faced with situations involving defendants from different ethnic backgrounds. Dealing with evaluations involving different cultures can generate demands and challenges that go beyond the language barrier. The perceptions, sometimes negatively biased, on people of different cultures can affect the forensic evaluator, the attorneys, the judge, and the juries. In the case of the former, these biases can lead not only to an invalid forensic formulation but even to unnecessary harm of the defendant. Furthermore, despite there being some recognition of negative bias, there has been even less discussion on the positive bias that might exists when asking forensic psychiatrists and psychologists from a minority group to evaluate defendants from a similar background. In this presentation, Dr. Bertoglia will discuss the Cultural Defense that uses cultural elements of the defendant and his or her behavior to educate the court into variables relevant to the case that they might not consider within their cultural mores.

Epilepsy in the Courtroom

Chinmoy Gulrajani, *University of Minnesota* (cgulraja@umn.edu)

Peri-ictal violence is a rare but recognized phenomenon. Psychiatrists and neurologists are frequently called upon to provide consultation in cases where individuals have been charged with

crimes committed during a seizure episode. In the United States, a myriad of mental health defenses may be available depending on jurisdiction. In this presentation Dr. Gulrajani will discuss violence related to epilepsy. He will present demonstrative cases of directed violence during the course of a seizure and the unique characteristics of each case that led to adoption of different strategies in securing a mental health defense in the court.

Battered Woman Syndrome Defense in Court

Cheryl Paradis, *Marymount Manhattan College* (cherylparadis1@gmail.com)

Battered Woman Syndrome (BWS) is not listed as a psychiatric illness in the Diagnostic and Statistical Manual – 5th Edition but is considered a cluster of depressive and anxiety symptoms that is closely related to Posttraumatic Stress Disorder. BWS results from exposure to severe and ongoing abuse by a spouse or partner. Woman with BWS experience heightened arousal and fear; many experience distorted thinking. Their fears are often realistic, since statistics show that about one third of all female murder victims in the United States were killed by their partners. Some women who kill their abusers use a self-defense strategy while others raise the BWS defense. This second group claim that they killed while acting under extreme emotional distress (EED). In this presentation Dr. Paradis will review the relevant research and present case examples of women who killed their husbands and claimed to have Battered Woman Syndrome caused by years of emotional and physical abuse. Dr. Paradis will discuss the importance of assessing malingering (feigning or exaggerating symptoms) in these cases and describe how to integrate the results of psychological testing, collateral sources, and police records in writing forensic reports and preparing for court testimony.

73. Divorce: Strategies, Procedures and Best Interests

Runaway Husbands: Understanding Wife Abandonment Syndrome

Kim Duell, *Attorney-at-Law, Hartford, USA* (info@vikkistark.com)

Based on a study that led to the book, *Runaway Husbands,* this presentation explores a very prevalent but unexamined kind of divorce - Wife Abandonment Syndrome. This term refers to a pattern of behavior on the part of a husband who leaves his wife out-of-the-blue from what she believed was a happy marriage. Following his sudden departure, he replaces the caring he'd typically shown her with blame and anger. He often moves directly in with a girlfriend, leaving his shocked wife struggling to make sense of her new reality. This presentation discusses typical features of *Wife Abandonment Syndrome*: A runaway husband appears attentive and emotionally engaged prior to leaving; he never mentions to his wife that he's unhappy or thinking of leaving; he typically blurts out the news in the middle of a mundane conversation, often during the months of October to January; reasons given for his departure are nonsensical, exaggerated,

trivial or fraudulent; He moves out quickly, expressing no remorse or concern for the welfare of his wife; He's typically having an affair and often moves directly in with his affair partner.

The PEACE Program: Co-Parenting During and After Divorce to Resolve Conflict and Communicate Effectively

Elizabeth S. Thayer, *Beacon Behavioral Services LLC, Avon, USA*
(ethayer@beaconbehavioral.com)

Parent counseling and parent education provide families of divorce with skills to reconfigure without the damaging effects of conflict. The PEACE program was founded in 1998 as an alternative to litigation in the family courts. The PEACE program is one of the current approaches to non-adversarial divorce. The program provides parents pre and/or post-divorce with the skills needed to co-parent, develop parent plans and resolve issues. The PEACE program interfaces with the courts and family attorneys representing both clients and children. It utilizes a structured meeting with both parents in a focused and goal oriented approach. Parents have a resource for future consultation and have significantly less court involvement. The PEACE program model has been used to train other agencies, court personnel, and clinicians nationally. Dr. Thayer co-authored both *The Co-Parenting Survival Guide: Letting Go of Conflict after a Difficult Divorce and Adult Children of Divorce.*

Alternative Dispute Resolution in Divorce and Family Law and the Interdisciplinary Collaborative Model: Helping Families Resolve Conflict and Communicate Effectively

Barbara Aaron, *Berman, Bourns, Aaron and Dembo, LLC, Hartford, USA*
(baron@westhartfordlaw.com)

Divorce no longer needs to be contentious and adversarial. As a family matter it is best resolved by professionals who allow the divorcing spouses to set goals and make decisions consistent with those goals in a respectful process. Mediation and Collaborative Divorce have become more widely used to help families transition from intact to divorced. Increasingly, lawyers, financial professionals, and mental health counselors/coaches are working as a team to bring their respective expertise to the divorcing couple and to help them reconfigure the family. Both approaches will be discussed as alternatives to a litigated divorce including types of cases that are appropriate, process, acceptance and training needed.

Courts Beware of the Borderline Personality: Personality Disorders and Family Court Litigation

Joan Jutta Lachkar, *New Center for Psychoanalysis, Sherman Oaks USA* (jlachkar@aol.com)

Clinicians, attorneys and court officials need to develop effective strategies for managing disputes when dealing with borderline and other high conflict personality disorders. Unleashed aggression leads to sabotage, vengeance and retaliation. Emotions get out of control with false accusations and lies such as infidelity, drug abuse and child abuse or endangerment. This presentation illustrates how someone with a borderline personality can manipulate others to empathize with a "false sense of victimization" or the "poor me syndrome." Dr. Lachkar will present cases to demonstrate how to defuse these personality time bombs. It is imperative that the more stable parties not collude with the "aggressor." Instead of "raging" back, the stable party must keep meticulous records, notes, photographs and any other evidence to counter the accusations of the other party. The bitter paradox is that even when conflict resolution is reached or offered, it is repudiated. Their shame/blame defenses and tendency to bond with pain perpetuates the conflict, keeping the former partners in never-ending legal battles and escalating legal fees.

74. Domestic Violence I

A Qualitative Approach to Attachment to Romantic Partners in Intimate Partner Perpetrators

Paula Sismeiro Pereira, *Polytechnic Institute of Bragança* (paula.sismeiro@gmail.com)

Romantic partners are frequently the most important attachment figures in adult life. Partners are expected to be attentive to the other's needs and provide support and care. Violent behavior challenges the idea of intimate partner relationships as an emotionally nurturing context. The main purpose of this study is to analyze how the type of crime (battering or homicide) and the gender of the perpetrator are related to the patterns of attachment to a romantic partner. In-depth interviews made up of 15 men convicted of homicide or attempted homicide against their female partner, 6 men convicted of battery, and 6 women convicted of homicide against their male partner, were conducted to assess each offender's intimate relationship with their partner. Several dimensions of the relationship were considered. The narratives produced were analyzed according to content analysis techniques. The results show a tendency for continuity of attachment patterns from childhood to adulthood. Patterns of attachment seem to represent a strong link with trajectories of violence perpetrated against partners. The discussion will focus on how features related to working models of self and others contribute to shape perceptions of the relationship and the other, and how partners engage in interactions in which violence can emerge.

How Do Personality Factors Influence Women Who Perpetrate Intimate Partner Violence?

Alicia Spidel, *Université de Montréal* (Aliciaspidel@aim.com)

Few studies have examined characteristics and correlates of females who display assaultive behaviours towards their intimate partners. Personality disorders, anger responses, type of violence perpetrated, and post-traumatic stress reactions in female perpetrated intimate violence are important factors in diagnosis, management, and treatment considerations. The present study examined the incidence of cluster B personality disorder traits in a non-clinical sample of self-identified females who perpetrate intimate partner violence (IPV). Analyses revealed that while women with narcissistic personality disorder traits displayed a significantly greater duration and frequency of anger response than non-narcissists (F[1, 124] = 10.10, p< .007), there were no significant differences between those with histrionic traits and those without histrionic traits (F[1, 124] = 0.01, p = .906). The women in our sample with borderline personality disorder traits also reported a significantly greater anger response than did women without borderline characteristics (F[1, 124] = 6.91, p = .008), as did those with antisocial traits compared to those without elevated levels of such traits (F [1, 124] = 21.45, p< .001). Results also showed differences in nature and severity of violence perpetrated, and post-traumatic stress reactions across personality disorder categories. The numerous important applied implications and future research directions are discussed.

Caregiver Dating Violence, Adolescent Dating Violence and Adolescent Depression: A Mediation Model

Jim McDonell, *Clemson University* (jmcdnll@clemson.edu)

Natallia Sianko, *Clemson University* (jhedge@clemson.edu)

Jasmine Hedge, *Clemson University* (jhedge@clemson.edu)

Ana Uka, *Clemson University* (auka@g.clemson.edu)

Research has shown the negative consequences of dating violence on adolescent and adult mental health, including depression. In addition, recent research has begun to establish a link between caregiver dating violence and adolescent dating violence. However, little is known about the extent to which caregiver experience of dating violence influences adolescent dating violence and depression and the causal pathways through which such influence occurs. Path analysis of data from a four-year study of rural adolescent dating violence shows that caregiver dating violence has a significant direct effect on caregiver depression and adolescent dating violence and that these three factors have significant indirect effects on adolescent depression

through adolescent self-efficacy and beliefs about dating violence. This presentation will describe the study and sample, present the results of the analytic model, and discuss implications for research and policy.

A Comparison of Family Conflict and Feminist Theories of Domestic Conflict Drawing on Data from Russia and Canada

Rhonda Lenton, *York University* (lenton@yorku.ca)

While not mutually exclusive, it is useful to differentiate between two theories that dominant much of the literature. The Family Violence perspective or family conflict theory builds on an ecological approach incorporating individual and relationship factors, as well as contextual/situational factors affecting family dynamics, to explain the etiology of conflict between intimate partners. Feminist theory focuses on cultural and structural aspects of the society in which families function. This paper discusses the tenets of each theory and assesses their contributions to understanding the incidence of domestic conflict drawing on two data sets: a survey of 1540 couples in Canada and a Russian data set of 2,000.

Martha Mahoney, *University of Miami* (mmahoney@law.miami.edu) – Discussant

75. Domestic Violence II: Domestic Abuse in an Indigenous Cultural Setting

Kemi's Story: A Synopsis of Survival of Domestic Abuse in South Western Nigeria

Adeola Olatunbosun-Adedayo, *Lagos State Judiciary, Lagos, Nigeria* (deedeeolat@gmail.com)

This is the semi fictitious story of a typical 50 year old Yoruba woman from the south western part of Nigeria who was born into a regular middle class family. Regardless of the fact that she was educated, well travelled and exposed, her culture caused her to endure years of domestic abuse. The story starts from her childhood when she returned to Nigeria from the United Kingdom with her biological parents in the early 1970's. The abrupt change from being in a loving foster home with Caucasian parents to entering into a traditional African setting with extended relations living with the family, the issue of being a left-handed person which was regarded as demonic, corporal punishment and even a change in diet resulted in her being abused to the extent that this affected her entire life. She had unhealthy relationships whereby she accepted whatever treatment was meted out in a bid to conform and be accepted. She suffered depression and the stigma of being tagged mentally deficient. This is a compilation of true stories

brought together as having been experienced by one individual. The end result is that she is now a victor who survived and today lives a fulfilling and productive life. She is one of the victors of domestic abuse. Kemi is a very common name in the South Western part of Nigeria and I will call this Kemi's Story.

Depriving the Girl Child of Her Right to Education: The Role of Parents and Guardians

Babatunde Balogun, *Lagos State Government Television, Lagos, Nigeria* (teebalo40@yahoo.com)

Nigeria is a country with a large diversity of ethnicity, politics and religion, which can explain why girls' education might not be so relevant. The political culture that has emerged from the colonial orientation has been particularly patriarchal. It reflects gender inequalities in the role of men and women, and levels of access to state power, resources and institutions. Nigerian women's access to formal education is still constrained due to their unfair workload within the household division of labour. Across various geopolitical delineations in Nigeria, a greater percentage of school age girls are not in school as compared to boys in the same age bracket.

The Effect of Cyber Bullying on Nigerian Society

Patrick Okoruwa, *Barazana Computer Services, Lagos, Nigeria* (hannee_p@yahoo.com)

In Nigeria, there is a preponderance of cyber bullying social media such as facebook, twitter and myspace. This takes place mainly through the use of mobile phones and computers, which every Nigerian has access to. Many girls who believe they are in committed relationships send explicit pictures to their boyfriends, and these are used to blackmail them when the relationship fails. There is also a lot of recording of intimate moments which find their way into cyber space. This cuts across all strata of the society. There have been issues of mental breakdown and even suicide which ordinarily is foreign to Nigeria. In Nigeria, there are likely to be repercussions for victims rather than the perpetrators of bullying.

The Mentally Challenged in a Traditional Medical Care Facility in South Western Nigeria

Hilary Edmund, *Redeemed Christian Church of God, Lagos, Nigeria* (edmundezehilary@gmail.com)

The emphasis on traditional treatment of the mentally infirm leans more towards violating the rights of patients in a bid to secure a cure. There is a 3C code that traditional doctors rely on. This is the Cane, Chain and Cage. There is a lot of sexual abuse during care, including rape, resulting in pregnancy and either forced delivery or abortion. There is no segregation amongst patients upon admission in the facilities. Men and women are kept together, and, regardless of their state of the infirmity, all patients interact with each other. A patient in a traditional mental care facility has abrogated all rights and privileges and is totally under the control of the traditional doctor.

Cultural Enablement of Domestic Abuse of Minors: A Visual Illustration

Ayokunle Austin-Simon, *TSF Foundation, Lagos, Nigeria* (austinsimongold@yahoo.com)

This is a 9-painting display of different types of domestic abuse suffered by children and young persons in Nigeria. Each painting is accompanied by a short explanatory narrative.

76. Domestic Violence III: Domestic Violence Tort Law: Benefits and Barriers

A Study of Financial, Therapeutic, Health and Deterrence Outcomes for Domestic Violence Tort Plaintiffs: Study Design and Results

Camille Carey, *University of New Mexico* (carey@law.unm.edu)

Is it worth it for a domestic violence victim to sue an abusive partner for assault, battery, intentional infliction of emotional distress, or other tortious conduct? Domestic violence torts claims can provide financial benefits to domestic violence victims, but they also may offer mental health and other benefits as well. We have been conducting a study of the financial, therapeutic, health, and deterrence outcomes for domestic violence tort plaintiffs. This presentation will discuss the design and results of this study. Using qualitative and quantitative instruments, the study has collected data from domestic violence tort plaintiffs from across the United States. These plaintiffs have discussed whether the litigation process made them feel empowered, vindicated, and heard or re-traumatized and dismissed. Participants have reflected on whether pursuing a claim affected their mental and physical health. Participants in the study also have explained whether litigating the legal claim has affected recidivism of abusive conduct. Participants have shared their experiences with attorneys, judges, and their abusers before, during, and after tort litigation. Initial analysis of the data reveals that domestic violence tort suits overall provide positive outcomes to plaintiffs. Study findings also have implications regarding the experiences of tort plaintiffs generally.

A Study of Financial, Therapeutic, Health and Deterrence Outcomes for Domestic Violence Tort Plaintiffs: Conducting the Study

Hannah Bell, *Exhibit A Focus Jury Specialist, Albuquerque, USA* (hannah@exhibitanm.com)

Very few domestic violence tort lawsuits have been brought in the United States. Why are so few women pursuing this avenue of relief? What can a domestic violence victim gain from being involved in a civil lawsuit against an abuser? We have been conducting a qualitative and quantitative study of the therapeutic, financial, health and deterrence outcomes derived from pursuing a lawsuit against an abusive tortfeasor. This presentation will discuss the day-to-day process of conducting such a study. Specifically, it will focus on the experience of interviewing women who filed domestic violence tort lawsuits against their abusers. These women had already endured a difficult legal process. Nonetheless, many study participants were willing to talk with us out of a desire to bring awareness to domestic violence and the civil remedies available to domestic violence victims. Although generalizing the women's experiences as tort plaintiffs is complex, there are valuable insights for lawyers, therapists, and other victims of domestic violence.

Keeping Domestic Violence Out of Tort Law: A Convoluted History

Martha Chamallas, *Ohio State University* (chamallas.1@osu.edu)

In the realm of domestic violence, tort law in the U.S. has so far proven to be a dismal failure, with scant cases filed and comparatively little attention paid to the potential of tort law to provide an additional resource for victims. Focusing in part on new historical research, my presentation will examine the various obstacles – legal and cultural – that have blocked or stymied persistent attempts by married women over the years to hold abusive husbands legally accountable for damages in tort. From interspousal immunity, to required joinder of divorce and damage claims, to exclusions for "family members" and "intentional torts" in homeowners' insurance policies, domestic violence tort plaintiffs have faced a variety of special legal restrictions that do not encumber other victims of aggression and violence. Today, as in the past, domestic violence cases have largely been steered into the criminal justice system or relegated to family law. I will explore the negative effects of this failure to regard tort law as an appropriate site for adjudicating claims of domestic violence on victims and on our conception of domestic violence as a legal harm.

Barriers to Civil Justice and Fair Compensation for Domestic Violence Victims

Lucinda M. Finley, *State Univesrsity of New York, Buffalo* (finleylu@buffalo.edu)

Despite the severe harm, physical, economic, and psychological, resulting from domestic violence, the civil justice system has long raised many barriers to domestic violence victims seeking compensation and recognition. These barriers included the historical doctrines of couverture and intra-family immunity, insurance exclusions for intentionally inflicted harm, and defenses of consent and self-defense. Traditional attitudes that failed to sufficiently recognize or value women's harms have also made the civil justice system inhospitable to domestic violence victims. Just as many of these historical barriers have been falling away, another powerful barrier has arisen: many states in the U.S. have passed laws limiting the amount of compensation that can be recovered for psychological trauma, fear, emotional distress, and pain and suffering. These damage cap laws can operate to make domestic violence and sexual assault cases – especially those where the physical injuries are less long-lasting in their effect than the psychological trauma – barely worth bringing, since the economic costs of pursuing litigation may equal or outweigh the capped amount of compensation. Damage cap laws are yet the latest manifestation of the law's long history of devaluing gendered injury, particularly injury that undermines women's autonomy, social equality, psychological health, security and well–being.

A Study of Financial, Therapeutic, Health and Deterrence Outcomes for Domestic Violence Tort Plaintiffs: Experiences Throughout the Court Process

Brandi Fink, *University of New Mexico* (bcfink@unm.edu)

Little is known about the experiences of violence or fear felt by plaintiffs who file domestic violence tort claims, and how they may compare to the broader sample of individuals who experience family violence. The experiences reported by the participants in our study coincide with the experiences of about 1% of the most extreme cases of domestic violence. It may be that the extreme nature of this violence and fear experienced is what propelled these participants to file their domestic violence tort claims. It should also be noted that these participants reported feeling confused and inconvenienced by the court processes during their domestic violence tort cases, an experience likely heightened by their recent severely negative relationship experiences. Efforts to ensure that plaintiffs receive adequate support and psychological care during their tort cases will certainly improve outcomes for these plaintiffs.

77. Domestic Violence IV: Intimate Partner Violence and Sexual Assault Issues

Intimate Partner Violence Screening Practices by Registered Nurses in the Emergency Department

Theresa Fay-Hillier, *Drexel University* (tmf28@drexel.edu)

Approximately 30% of women and 10% of men in the United States have been victims of rape, physical violence, and/or stalking by an intimate partner. Victims of intimate partner violence (IPV) are at risk for high rates of mental health consequences thus recognition is important. Victims of IPV are more likely to be seen by registered nurses in the Emergency Department (ED) than in most other health care settings. Twenty-one ED RNs who worked within a large metropolitan city were interviewed on their experiences with screening for IPV. The majority of the nurses identified lack of clinical preparedness through their formal educational experiences or by hospital in-services to address screening for IPV. Motivating factors to screen included assessment prompts of the electronic medical record, perceived role as patient advocate, and suspecting a patient might be abused. Perceived obstacles included supporting the patient's autonomy, credibility of the nurse or patient, and screening the patient alone. Key study were: nurses should be included in the development of the tools and the practice design of the environment (hospital unit) to support screening of patients for IPV and in the development of laws and policies that directly impact their role in addressing identified victims.

Chicken or Egg? Intimate Partner Violence, Mental Health and Substance Use

Robin Mason, *Women's College Research Institute, Toronto, Canada*
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Intimate partner violence (IPV) has long been associated with diverse mental health and substance abuse problems. Yet funding formulas and treatment protocols generally require identification of a single presenting issue. To promote better integration and coordination of services, we conducted 13 round table discussions and heard from more than 300 individuals about the complex intersections of IPV with mental health and substance use. In 2012 we designed a three-part intervention to engage providers across these three sectors in learning new skills, attitudes and behaviours, to improve care and treatment for women experiencing these problems. First, we developed an evidence-informed, competency-based curriculum with multiple elements including a text-based manual, highly interactive online modules, quizzes, and videos to support independent learning. Next, we focused on experiential learning and engagement and facilitated cross-sectoral, full day workshops for providers working in the three sectors. Over the next two years, approximately 1100 individuals attended one of the 52 workshops held across the province. In a final step, we developed an online reference manual and short lecture for executive directors and managers on implementing and managing

organizational change. In this presentation we briefly outline curricular content and present the results of the pre-and post-test evaluations.

The Impact of Police Involvement on Sexually Assaulted Aboriginal Women's Uptake of Health and Forensic Services

Janice Du Mont, *Women's College Research Institute, Toronto, Canada*
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Aboriginal women are more likely to be violently victimized than non-Aboriginal women, as well as to experience victimizations that are more serious in terms of physical trauma and other health-related consequences. Increasingly, specialized hospital-based responses, called sexual assault treatment centres (SATCs), collaborate closely with law enforcement services to comprehensively address the medical and legal needs of victims of sexual assault, including the collection of biological evidence and documentation of injuries for potential court use. However, many survivors present to SATCs without the police and may also choose later not to involve the police in their case. This may have negative implications for survivors, as the involvement of law enforcement services following a sexual assault can represent a women's entry into the purview and protection of the law. Little is known about the likelihood of Aboriginal survivors who seek health services involving the police following a sexual assault, and whether this affects the care they receive. In this presentation, we will examine what survivor, assailant, and assault characteristics are associated with involvement of police in a case among Aboriginal women/girls presenting to Ontario's SATCs, and whether police involvement is associated with forensic evaluation and the uptake of other important health services.

Multidisciplinary Training of Rural Professionals to Improve Sexual Assault Responses, Investigation and Prosecution

Catherine Carter-Snell, *Mount Royal University* (ccartersnell@mtroyal.ca)

Victims of sexual assault in rural and smaller communities have consistently reported reduced quality of services from police and health care. Delays in care, gaps in services, and reactions of disbelief contribute to further victimization, increased mental and physical health disorders, and reduced willingness to continue involvement with the police and legal system. Research has shown that victims treated with compassion and positive responses to disclosure are more likely to remain involved. Surveys of professionals in rural areas indicated a willingness of professionals to improve systems but limited resources, knowledge and inability to support specialized sexual assault personnel due to budget or low volume of cases. A multidisciplinary four hour training program was developed and implemented in six Canadian rural or smaller communities using participatory action and knowledge translation principles. Key elements of the program included trauma informed services, collaboration, shared understanding of roles, and

shared knowledge. Results of focus groups and surveys indicated not only increased knowledge but observed changes in services. These changes in turn are anticipated to reduce the adverse mental and physical health consequences resulting from interactions with professionals, as well as increase their willingness to report and remain involved with police and legal professionals.

Intimate Partner Homicides: Laws, Defences and Narratives of Domestic Violence

Bronwyn Naylor, *RMIT University* (bronwyn.naylor@rmit.edu.au)

Family violence is now recognized as one of the most significant community issues of our time, with major medical, social, mental health and legal implications for communities, families, women and children. Intimate partner homicides can be the extreme end of a continuum of family violence, and raise complex legal questions in addition to those already mentioned, about availability of defences, about narratives based on mental illness, and about factors relevant to sentencing, both when victims (usually women) kill their abuser, and when abusers (usually men) kill their victim. This paper will report on recent legal responses to domestic homicides in Australia, including the reformulation of defences and the introduction of new evidentiary provisions and jury directions to ensure legal decision makers better understand the dynamics of family violence. It will also discuss the findings of a study of domestic homicide prosecutions on whether, and how, a history of family violence is recognized and taken into account.

78. Domestic Violence V: Widening the Lens: What We Need to Consider About Mental Health and Well-Being in Patients, Families and Professionals Working in Violence and Abuse

How Are Victimization and Substance Misuse Histories Reflected in the Formulation of Male and Female Patients in Forensic Mental Health Populations?

Liz Gilchrist, *University of Worcester* (e.gilchrist@worc.ac.uk)

Historically there is a view that male deviance is considered to be offending and female deviance tends to result in a mental health label, i.e. we prefer to see difficult men as bad and difficult women as bad. There have been significant changes over the years in terms of our understanding of gender and of forensic mental health and criminogenic features for both men and women in offending populations but some of the old stereotypes may remain. This paper explores the formulation of male and female patients within a low secure hospital to explore whether despite similar victimisation and abuse histories we favour a formulation of risk to others and 'offender'

status in male patients and a formulation of risk to self and emphasise the patient status of female patients. data including patient histories and offender and victim accounts, particularly linked with substance misuse and mental health issues, to highlight similarities and differences in these histories and accounts, and links back to dominant theories of offending behaviour to ask what challenges these account present for these models.

Hurt Healers: The Implications for Nurses as Victims of Intimate Partner Violence in Their Care of Victims of Intimate Partner Violence

Claire M. Richards, *National Center for the Study and Prevention of Violence and Abuse, Worcester, UK* (c.richards@worc.ac.uk)

Intimate Partner Violence (IVP) will affect a significant proportion of health care staff and it is likely that its impact will not be confined to the home. The effects of IVP are likely to affect the victim in their work environment including the risk of the perpetrator's continued harassment of them at work by telephone, texting or personal visits. In 2014 in the UK, the concern of IVP was embedded in the public health agenda with recent Guidelines on Domestic Abuse published by the National Institute for Clinical Excellence, making it clear that health professionals have a duty to routinely screen and create an environment to enable the disclosure of IVP by their patients. Listening and responding to disclosures of IVP can be distressing, but particularly when the health professional has or is dealing with their own abuse. No other health body nationally is collecting data on health professionals who are or who have been victims of domestic violence and the impact on them personally and professionally. The research outlined in this Abstract is perhaps both timely and unique.

Neglecting the Most Vulnerable: A Systematic Review of Domestic Violence in Learning Disabled Populations

Erica Bowen, *National Center for the Study and Prevention of Violence and Abuse, Worcester, UK* (E.bowen@worc.ac.uk)

Learning disabilities are defined by the World Health Organization as including any set of conditions, resulting from genetic, neurological, social, traumatic or other biological or environmental factors occurring prior to birth, at birth or during childhood up to the age of brain maturity, that affect intellectual development. Research shows that individuals with learning disabilities are at a disproportionate risk of violence and abuse victimisation, including domestic violence. In addition, evidence exists that offenders convicted of domestic violence are more likely to have a learning disability diagnosis than would be expected given general population prevalence rates. However, current UK corrections policies exclude perpetrators from

rehabilitation programmes based on an IQ lower than 70. This paper presents the results of a systematic review of the literature conducted in order to consolidate the extant knowledge regarding the nature, prevalence and correlates of domestic violence experienced and perpetrated by individuals with a learning disability. The results highlight a stark gap in knowledge concerning this issue, and suggestions are therefore made for developing a field of research to fill this gap.

'So your own Health needs just… They just go out of the Window': Exploring the Health Implications of Child Sexual Exploitation on Parents

Danielle Stephens-Lewis, *University of Worcester* (d.stephens-lewis@worc.ac.uk)

Research has indicated that Child Sexual Exploitation continues to be on the rise in the UK, with ChildLine reporting to have experienced a 124% increase in referrals regarding sexual abuse and exploitation since 2013/2014, and a reported 12,000 counselling sessions having taken place. Much research has considered the direct impact CSE and the experience of abuse has on victim/survivors. Additionally, there has been some suggestion that such experiences can negatively affect those who come into direct contact with victim/survivors. For example, only recently research has highlighted the significant negative impact CSE can have on frontline staff members. However, few studies have examined the impact CSE has on the parents'. Considering the association noted between staff members in contact with CSE, the physical and mental well-being of parents, those closest to the victim/survivor, needs to be examined. As such, in 2016 Parents against Child Sexual Exploitation (PACE) commissioned research aiming to explore the possible health impact of CSE on both parents' psychological and physical health and well-being. This presentation will detail the qualitative aspect of this research and its findings. In addition to the distribution of an online survey, two isolated focus groups were run with a total of nine parents. Transcriptions from the focus groups were analyzed following Braun and Clarke's (2006) six stages of thematic analysis. Findings revealed that CSE impacted upon both the physical and psychological health of parents including their ability to manage existing illnesses. This presentation will consider the findings from both the survey and focus groups and implications for future research and multi-profession practice.

Societal Responses to Domestic Violence in Japan: Past, Current and Future

Mieko Yoshihama, *University of Michigan* (miekoy@umich.edu)

Despite its frequent occurrence, there was no specific Japanese term to refer to domestic violence in Japan prior to the 1990's. The lack of name, mirroring that of societal recognition, had left

many women suffer alone and in silence. Action research, grassroots activism, and policy advocacy efforts by women prompted changes in the denial and tolerance that had permeated the response of policymakers, governmental officials, and professionals in legal, health care, and social services. Rooted in the patriarchy, domestic violence in Japan has been supported by, while simultaneously reinforcing, the Japanese *Ie* (family) system and ideology that ascribe a range of rights and privilege to the head of household. This presentation examines the ways in which domestic violence was discovered and (re)defined as a social problem, and analyzes the development of social policies and programs designed to address this newly constructed problem. Despite notable improvements made over the last two decades, laws and policies concerning domestic violence in Japan remain limited in several important ways. In evaluating the strengths and limitations of the current societal response to domestic violence, this presentation discusses the directions and strategies for strengthening the policy framework and program infrastructure for implementation in Japan.

The Politics of Domestic Violence in Central Europe: International and Domestic Contestations

Katalin Fábián, *Lafayette College* (fabiank@lafayette.edu)

In post-communist Central Europe, the nature of domestic violence has become a hotly debated political issue. Since the regime change in early 1990s, international organizations and national NGOs have successfully introduced the term of "domestic violence" in the region but they have been much less effective at lobbying governments to pass effective legislation that criminalizes violence against women and establishes services to help victims. How, why, and when Central European governments respond to pressures to eliminate domestic violence varies widely. Some countries, like Slovenia, responded quickly by enacting legislation and attempting to implement laws effectively. Others, such as the Czech Republic, produced comprehensive legislation but the implementation continues to lag. Finally, Estonia, Latvia, Lithuania and Hungary demonstrated resistance to change, having ignored or outright rejected efforts to pass domestic violence legislation well until the early 2010s. Signing the 2011 Istanbul Convention, the first binding international legal instrument among the Council of Europe member states that requires and monitors states to establish laws and services for victims of domestic violence has become a focal point of conflict because many Central European governmental attitudes have changed direction from openness and interest to that of hostility toward domestic violence.

Sharon Portwood, *The University of North Carolina at Charlotte* (sgportwo@uncc.edu) – Discussant

79. Ethical and Legal Aspects of Life-Sustaining Technologies

Prevalence and Contents of Advance Directives in Patients with Life-Sustaining Implantable Cardiovascular Devices

Paul Mueller, *Mayo Clinic, Rochester, USA* (mueller.pauls@mayo.edu)

Implantable cardiovascular devices, such as pacemakers, implantable cardioverter-defibrillators (ICDs) and ventricular assist devices prolong life in patients with severe heart disease (e.g., potentially lethal dysrhythmias and heart failure). Over the years, the indications for device-delivered therapies have increased and now millions of patients have these devices. Hence, clinicians inevitably will encounter patients with these devices who develop terminal disease for which the device no longer provides effective therapy (e.g., end-stage heart failure) or is non-beneficial (e.g., cancer). Out of concern their device will interfere with natural death, some patients (or their surrogate) may request withdrawal of device support (e.g., deactivating a pacemaker). Such decisions can be difficult when a patient lacks decisional capacity and the patient's end-of-life values and preferences, especially about the device, are unknown. In the U.S., an advance directive (AD) is a legal document in which a decisionally capable patient records his or her values and preferences for health care in the event that he or she loses decisional capacity. Completing an AD may prevent ethical dilemmas and moral distress, particularly regarding end-of-life decisions, in the event the patient who completed the AD loses decisional capacity. In this session, the ethical and legal framework for ADs (U.S. perspective) will be described. Second, the results of empirical research regarding the prevalence and contents of ADs (e.g., whether cardiovascular device management is specifically mentioned) in patients with such devices and the clinical implications of the findings of these studies will be described. Recommendations for practice innovations that increase the use and utility of ADs in these patients will be outlined. Finally, research questions will be suggested.

Decision-Making Regarding Replacement of Implantable Cardioverter-Defibrillators in Elders

Daniel Kramer, *Harvard University* (dkramer@bidmc.harvard.edu)

Older patients with systolic heart failure are frequent recipients of implantable cardioverter-defibrillators (ICDs). These patients face important uncertainties regarding their clinical trajectories, and may be faced with difficult decisions regarding replacement of their device at the end of routine battery life or when the device malfunctions. Compared with initial implantation, there are relatively few studies evaluating outcomes following ICD replacement, and no prospective trials comparing replacement and non-replacement strategies. Several ethical and legal considerations manifest for physicians and patients confronting these clinical decisions, including difficulties for both parties in providing informed consent and promoting shared decision-making. Relatively high rates of depression, anxiety, post-traumatic stress, and cognitive dysfunction further challenge achievement of consensus when multiple stakeholders

are involved, and may weigh on establishment of patients' goals. This common clinical scenario can be made even more complicated for patients with cardiac resynchronization devices with ICD functions, whose choices including "downgrading" their devices to pacemakers to treat heart failure symptoms without defibrillation capability. An overview of the clinical, ethical, and legal aspects of these clinical scenarios will be provided.

Ethical Aspects of Withdrawing Implantable Cardioverter-Defibrillator and Ventricular Assist Device Support from Patients Approaching Death

James Kirkpatrick, *University of Washington* (kirkpatj@cardiology.washington.edu)

Patients with implantable cardioverter-defibrillators (ICD) and ventricular assist devices (VAD) may experience serious complications that limit survival. In addition, these devices are often implanted in elderly patients at risk for mortal conditions (such as metastatic cancer) or debilitating diseases (such as dementia) after device placement. Ethical and legal norms have established the right of patients to choose withdrawal of life sustaining therapies, but application to devices like ICD and VADs can be complicated. Some of the complexity lies in the nature of the devices themselves and how they are viewed by individual patients and providers, and may have an impact on depression and anxiety experienced by patients and their caregivers. Furthermore, the relationship of patients and family members to these devices can change over time. The actual process of ICD deactivation of has become less complicated, with protocols established in hospitals and hospices. VAD deactivation, however, continues to be complicated. In many cases family members must perform the deactivation in a home hospice setting, and recent research suggests that the incidence of patient self-deactivation in order to commit suicide is not uncommon. This session will: (1) Highlight the ethically, legally, psychologically and socially complex nature of deactivation of ICDs and VADs and (2) propose guidance for communication about deactivation.

Ethical Aspects of Withdrawing Total Artificial Heart and Extracorporeal Membrane Oxygenation Support from Patients Approaching Death

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Nicholas Braus, *Mayo Clinic, Rochester, USA* (Braus.Nicholas@mayo.edu)

Total artificial heart (TAH) and extracorporeal membranous oxygenation (ECMO) are used in patients experiencing severe cardiac and/or pulmonary compromise. TAH is employed as a bridge to heart transplant (BTT). ECMO may be used as a BTT, bridge to mechanical circulatory

support, or "bridge to decision," when there is hope for recovery but survival is uncertain. Given the grave condition of patient populations in whom these salvage technologies are applied, difficult decisions about end-of-life care are often faced. We will examine the cases of patients who requested, or whose surrogates requested, withdrawal of TAH support (14 patients) or ECMO support (54 patients). Management of other life-sustaining therapies, prevalence of advance directive completion, approaches to end-of-life decision making, engagement of ethics and palliative care consultation services, and causes of death were analyzed. Nearly all patients had lost decisional capacity when withdrawal of TAH or ECMO support was considered; hence patients could not participate in most of these discussions. The ethical permissibility of withdrawing a life-sustaining treatment when the patient (or surrogate) perceives the treatment no longer meets his or her health care-related goals will be discussed. We contend that it is preferable to withdraw treatment once prognosis has become clear than to withhold treatment under conditions of uncertainty.

Ventricular Assist Device Support Versus Palliative Care in Patients with Advanced Heart Failure: Promoting Shared Decision-Making

Daniel Matlock, *University of Colorado* (daniel.matlock@ucdenver.edu)

The left ventricular assist device (LVAD), is increasingly being offered to people dying of end-stage heart failure who are ineligible for heart transplantation (so-called destination therapy [DT]). The DT LVAD is a stark example of the difficult decisions created by technologies for people with end-stage illness. For eligible patients who decide not to get a DT LVAD, 2-year survival is <10%; with a DT LVAD, 2-year survival is approximately 70%. However, significant risks accompany a DT LVAD, including stroke, serious infection, severe bleeding, and reoperation; chronic conditions that make patients ineligible for a transplant persist; and significant lifestyle changes occur, including the need for patients to be connected to electricity at all times. Significant depression and anxiety are common among patients and even more common among family caregivers. Given these complex trade-offs, shared decision making with patients and family members must be employed to assure that LVAD treatment is aligned with patients' health outcome goals. This presentation will present current strategies for incorporating shared decision making into DT LVAD practice. Topics discussed will include the basic science of decision making, intervention development, implementation, and policy in relation to shared decision making and DT LVAD.

80. Ethical and Legal Considerations of Deception in Mental Health: Perspectives Across Various Case Contexts

Deception at End-of-Life: Ethical Considerations

Rosalind Abdool, *Trillium Health Partners, Mississauga, Canada* (rabdool@uwaterloo.ca)

Deception is a central issue in bioethics. In this session, I will explore how deception can cause much moral distress for healthcare providers, patients and families at end-of-life. Philosophically, deception is often considered prima facie wrong, however, there may be situations when deception is morally defensible. I will use a case-based method to discuss some of the moral parameters that we ought to consider when thinking about deception to alleviate some of this moral distress.Some of the case examples that I will consider include patients with mental health concerns, where family members believe it would cause more harm than good to tell the patient that she is actively dying. They insist on deceiving the patient to protect her. Should the team deceive the patient? Another case example includes a husband who tells the healthcare team that it is within the family's cultural values that the patient not be told her prognosis, despite being fully capable to make her own decisions. Should the team honor these cultural values? This presentation aims to critically explore and respond to these kinds of case scenarios.

The Covert Administration of Medication: Legal Issues

Tess Sheldon, *York University* (tess.sheldon@mail.utoronto.ca)

This presentation will review the legal principles that apply to the practice of the covert administration of medication, including in the long-term care (LTC) and the developmental sector. The audience will consider whether an operators' duty to protect against abuse/neglect requires the health care providers to do everything possible to deliver medication properly consented to by a substitute decision maker (SDM) to a resident. On the other hand, could it amount to abuse to treat without the incapable person's knowledge? The answer may depend on whether the SDM explicitly consented to the concealment of medication. While the SDM must consent to the medication, it is not clear whether the SDM must consent to the form of the administration of the medication. It may be that neither the resident nor the SDM would be aware of the fact of the covert administration of medication. This presentation will explore these relevant factors.

Choices and Challenges: The Use of Deception in Health Care With Children and Adolescents

Christy Simpson, *Dalhousie University* (Christy.simpson@dal.ca)

There is increasing interest in the role of deception in health care, including whether, and in what circumstances, it may be ethically defensible. Much of this discussion has focused on adults, with relatively less looking at deception with children and adolescents. Is it appropriate to use deception, for example, to ensure that children and adolescents take medication or undergo

medical procedures? Deception is often employed with children, especially younger ones, and is generally accepted. Yet, there is a need for a closer examination of the relevant arguments and values that underlie the use of deception with children and adolescents, especially as their decision-making capacity continues to develop. In this presentation, I will explore the nature of vulnerability, decision-making, trust and best interests as they relate to providing health care for children and adolescents, in light of cases in which the use of deception may be considered as part of the care plan.

Balancing Rights in the Provision of Health Care to Youth: Is Deception Justified?

Martina Munden, *Nova Scotia Health Authority, Halifax, Canada*
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The provision of health care for youth raises interesting considerations regarding consent, confidentiality, and deception. This presentation focuses on how these considerations arise in the following context: In many educational systems there are on site youth health clinics. Youth can access health care at the health clinic, and often access services with respect to sensitive matters (mental health, suicide, sexually transmitted diseases, sexual reproduction, sexual assault, and matters involving drugs, prostitution). The interaction between the patient, health care provider, school administrators and parents can often be unclear and may involve deception. It is common for youth to request that their parents and/or the school not be advised of the fact that they have accessed the school health clinic. There are legal questions around whether it is the student's right to access health care services and when doing so have a right to confidentiality. This presentation provides an overview of the origin of these duties and obligations of health care providers, review the guidelines to address student's rights with respect to confidentiality and discuss whether the particular circumstances can change how we view the health care provider's decision to engage with school administrators and parents.

81. Ethics, Legal and Social Considerations in Psychosurgery

Is That the Same Person? Case Studies in Psychosurgery and Informed Consent

Nancy Jecker, *University of Washington* (nsjecker@uw.edu)

Suppose that there is a neurosurgical procedure we could perform that would result in a patient not being identical with the individual who wakes up post-surgery in the hospital bed. If we could perform such a procedure, would the patient's informed consent to the procedure be ethically valid? If so, what is the normative force of informed consent in such cases, where two

people are affected by an action, one of which is a different person? If informed consent is not valid, how can we ethically justify performing a person-changing procedure, or justify designing an experiment to study one? This discussion offers an analysis of the persistence of persons that emphasizes narrative, rather than numerical, identity and shows its practical implications for three neurosurgical cases: cingulotomy to treat severe OCD, temporal lobotomy to control seizures in epileptic patients, and deep brain stimulation for patients with Parkinson's disease.

One Flew Over the Cuckoo's Nest: Treatment of Psychosurgery in Popular Media

Leigh Rich, *Armstrong State University* (Leigh.Rich@armstrong.edu)

ECT carries a dramatic and negative image in the public mind. The American movie industry has been fascinated with aspects of psychotherapy, and has played an important role in shaping the public mind regarding psychosurgical interventions. Over time, the portrayal of psychosurgical techniques has become progressively more negative and brutal, leaving the impression that such techniques are barbaric, cruel and offer no therapeutic benefit. Popular depictions have the potential to shape patient decisions regarding psychotherapeutic techniques. This presentation will focus on media portrayals regarding psychosurgery, their potential origins and effects.

Shadowland: Francis Farmer, Western Washington State Hospital and U.S. Ethics and Laws Concerning Involuntary Commitment and Psychosurgery

Gail A. Van Norman, *University of Washington* (gvn@uw.edu)

In the 1950s, a young actress named Francis Farmer was hospitalized in Washington State and diagnosed with paranoid schizophrenia. Her hospitalization and subsequent claims of maltreatment and involuntary submission to transorbital lobotomy have been the subject of books and movies, and controversy surrounding her hospitalization has informed the public debate regarding involuntary commitment and psychosurgery in the United States. This presentation will review the Francis Farmer story, and discuss legal and ethical issues in consent for psychosurgery in the United States.

Contemporary Neurosurgical Procedures and Personhood: Temporal Lobotomy and Deep Brain Stimulators

Andrew L. Ko, *University of Washington* (Alko00@neurosurgery.washington.edu)

A number of contemporary procedures are now available to patients suffering from a variety of neurologic diseases. Examples include temporal lobectomy and deep brain stimulators, used to treat some forms of epilepsy and Parkinsons Disease, respectively. However, neurosurgical procedures targeted to specific physiologic phenomena nevertheless have significant potential to alter personality, perceptions and responses. As such, they generate questions regarding autonomy and "personhood" and have significant ramifications on the informed consent process. This presentation will review the basics of these neurosurgical procedures, side effects and relationship to the ethical questions that are raised. Informed consent processes for such surgeries will be reviewed.

82. Expertise, Evidence and Ethics in Decisions on Involuntary Psychiatric Care

To Unpack a Patient: Evidence and Expertise in Decisions on Compulsory Psychiatric Care

Lena Eriksson, *University of Gothenburg* (lena.eriksson@gu.se)

The decision to care for somebody against their expressed will is, or should be, a difficult call to make. Here, we present results from an on-going trans-disciplinary research project focussing on court decisions regarding compulsory psychiatric care. The qualitative study encompasses some forty interviews with judges, chief psychiatrists, court-appointed psychiatrists, lawyers, jurors and, in a separate project, individuals currently under compulsory care. We examine court-proceedings and the work conducted in relation to such proceedings, as understood from the respective vantage points of these different actors. In the paper at hand, special attention is paid to the role of the individual whom the proceedings concern, that is the subject, and object, of compulsory care. Different themes are identified and analyzed: The subject as rights-holder and duty-bearer, the subject as in need of care and the subject as 'evidence' in court.

Forensic Psychiatric Patients' Views of Their Role and Their Role as Conveyed by Others in Mental Health Law Proceedings

Sven Pedersen, *University of Gothenburg* (sven.pedersen@vgregion.se)

This presentation lays out the results of a qualitative, interview-based study with sixteen forensic psychiatric patients. The interviews concern administrative court hearings regarding the continuation of forensic psychiatric care. Patients' perspectives on their own role in

administrative court hearings with respect to their power to influence the proceedings, their freedom to act within this context, their experiences of other agents' behaviour towards them, and the effect these proceedings have on their well-being are described. Some emerging themes from the on-going analyzes that will be discussed in this presentation include the role as evidence vs. the role of person and agent vs. filling a seat; the progression from taking the fight, to playing the game and using the rules to your own ends, or giving up; the patient's voice as a token feature or as a valuable perspective, and more. The results are discussed in relation to the project described in the two previous presentations, and in relation to pertinent ethical values.

Assessments of Criminal Intent vs. Legal Insanity: In Light of the Swedish Experience

Tova Bennet, *University of Gothenburg* (Tova.bennet@jur.lu.se)

In order to be convicted of a crime, a person committing an unlawful act must have fulfilled the requirement for a certain mental state (mens rea). For example, to be convicted of murder according to Swedish criminal law, the accused must have understood that the act could lead to the victims' death (a cognitive requirement) and at least be indifferent towards that outcome (a volitional requirement). The focus of this presentation is the relationship between the requirement for criminal intent and determination of legal insanity. The issue of intent is generally considered a strictly legal one, whereas legal insanity is evaluated by experts in forensic psychology and psychiatry. However, both concepts have to do with the degree to which the accused did or could understand the nature and meaning of the act in question. The presentation will explore some core questions regarding the relationship between intent and legal insanity, and the role of expert testimony; questions that are relevant in all jurisdictions but brought to a head in the Swedish criminal justice system. In Sweden, legal insanity is not a ground for excluding criminal responsibility, it can only effect the choice of sanction. However, mental disorder may negate mens rea for all offences, and forensic psychiatric expert opinion can be considered in determination of criminal intent.

The Role and Understanding of Insight in Mental Health Proceedings

Susanna Radovic, *University of Gothenburg* (susanna@filosofi.gu.se)

Lack of insight is a recurring topic both in the clinical and legal discourse but although it is frequently used in many jurisdictions, it is rarely defined in mental health proceedings. In the Swedish context the concept of insight does not form a part of the legal criteria for involuntary psychiatric care, but has been shown to play a crucial role in court decisions concerning the continuation of involuntary psychiatric treatment. Lack of insight tends, by the participants in court, e.g., to be regarded as a constituent component of the legal requisite "indispensible need of

care". In this presentation, the understanding of the role of insight in mental health law proceedings will be elaborated and discussed based on findings from interviews with participants in such proceedings. The interview study is a part of the Swedish multi-disciplinary project "Expertise, Evidence and Ethics in Decisions on Compulsory Care".

83. Exonerated: Amanda Knox and Raffaele Sollecito: Ten Years and Many Insights Later

The Multifaceted Advocacy Waged on Behalf of Amanda Knox and Raffaele Sollecito

Anne Bremner, *Stanford Unversity* (anne@annebremner.com)

One year after the murder of Meredith Kercher, Rudy Guede had been convicted for the crime. Amanda Knox and Raffaele Sollecito, however, were awaiting trial. International public interest remained strong and the real truth about what had happened was emerging gradually but inexorably. The lead prosecutor, Giuliano Mingini, had turned a straightforward murder into a fable with no precedent in the annals of crime. "My truth and my challenge" started as a small group in Amanda Knox's hometown of Seattle. We tasked ourselves with turning around "the supertanker" of false and malicious information that had been leaked to the tabloid press. To that end, we gathered the evidence and systematically released it to the press. The crime scene tapes, characterized by us as "Fellini Forensics" became " a shot heard around the world". Our forensic scientists examined the evidence and found it "compromised, contaminated and inadmissible". So did the Italian courts a decade later. Ultimately the "She Devil", "Foxy Knoxy"; became understood as "An Innocent Abroad". This presentation will cover the unique and successful media campaign conducted in an internationally high profile trial in the "Age of the Internet."

"First Do No Harm": What Forensic Professionals can Learn from this Case

Richard Adler, *University of Washington* (richadler@fcpsych.com)

Media flashbulbs produce more heat than illumination. Topics relevant to forensic professional: Interrogative Suggestibility, False Confessions, Cultural Competence/Language Barriers and Forensic Criminal Typologies will be explored and applied to the facts of this case. The presenter is a forensic psychiatrist who has been involved in Death Penalty cases in 22 US states. He will explain how he frequently makes use of the children's story "The Emperor's New Clothes." It is used as the theme (or organizing narrative) for expert testimony. This is especially poignant since prosecutors start with "Probable Cause." Probable cause, essentially a matter of first

impression, typically is maintained as the prosecution's theory of the case. The State as a general rule does not revise its approach in the context of newly discovered facts or opinions. As it relates to the subject case, the combination of its important facts and general scientific principles will hopefully bring the murky into sharper contrast. Finally, comments about the successful integration of Forensic Psychiatry and Criminology will provide a helpful transition to the presentation that follows.

What a Detailed and Competent Crime Scene Analysis Can Tell Us about the Murder of Meredith Kercher

Loren Atherley*, Seattle Police Department, Seattle, USA* (lorenatherley@gmail.com)

One cannot prove a crime without evidence and our understanding of a crime, once detected, is conjecture without a competent assessment of the scene and how it was processed. Nowhere is this more important that in a high-profile case of murder. The murder of Meredith Kercher provides a rich case study of the importance of good crime scene investigation and analysis. In this case, the integrity of the scene, handling of evidence and interpretation of offense behavior became a matter of central focus, ultimately resulting in the exoneration of Amanda Knox. This presentation will examine evidence of the crime and the investigative procedures used to process the scene. Implications for criminal prosecution and defense will be discussed.

The Role of Medical Science: Physiology and False Memories

James Douglas Bremner, *Emory University* (doug.bremner@emory.edu)

Medical sciences played an important role in the exoneration of exoneration of Amanda Knox in the murder of Meredith Kercher. One area was the physiology of digestion, specifically related to the time it takes for food to move through the stomach to the intestines. Testimony clearly fixed the time of the murder victim's last meal, and given the known time range during which food passes through the stomach and completely exits into the intestine, a narrow range of times for the murder could be established. Testimony and opinions were given that erroneously asserted a wide range of transit times, which on review of medical evidence was proven to be false. Another area is that of the effects of stress on memory, and the area of psychological science on the effects of interrogation, stress, and coercion on the statements of suspects of crime.

Looking Back and Looking Forward,: The Objective and the Subjective

Raffaele Sollecito, *Memories IT Company, Bisceglie, Italy* (raffasolaries@gmail.com)

Raffaele Sollecito was a 23-year-old student in Perugia, Italy, when he met Amanda Knox in 2007. The two had dated for only one week when Amanda's roommate, Meredith Kercher, was murdered. Amanda and Raffaele reported that they had been at Raffaele's home at the time of the murder. Despite this, and despite a lack of evidence, both of them were criminally charged. As is well known, both were ultimately definitively exonerated. Mr. Sollecito's 2012 book, "Honor Bound: My Journey to Hell and Back with Amanda Knox," provided his own account, and insights, about this surreal and life-altering experience. Concluding this IALMH panel, Mr. Sollecito will function as a discussant, commenting upon each of the presentations and providing reflections, five years after the publication of his book, explaining the personal relevance that attends the scientific content provided. Additionally, Mr. Sollecito. will make specific and meaningful recommendations to the professional audience in the interest of the pursuit of Justice.

84. Exploitation and Bullying: Developing Areas of Clinical Practice and Research

The session brings together papers focused on a number of contemporary areas. It includes exploitation, namely the sexual exploitation of ex partners through revenge pornography and our developing understanding of what child exploitation in a youth sample can comprise of, as well as capturing debated issues in the area of ADHD. This includes the use of medication with children and the role of mentorship. The session aims to stimulate interest in the more niche areas of professional and academic practice by highlighting the debates, gaps in the literature and areas where practice could improve.

'The Wolves Will Get You': The Exploitation of Ireland's Poor Children in Residential Institutions

Stephen James Minton, *Trinity College Dublin* (mintonst@tcd.ie)

Jeremiah J. Lynch, *Trinity College Dublin* (jlynch5@tcd.ie)

This presentation will present an overview of how, between 1868 and 1969, a total of over 105,000 Irish children were committed to industrial schools under laws that made it easy to detain them for up to ten years. The institutionalisation of young, vulnerable children is seen as occurring within the context of the dysfunctional relationship between the Irish State and the Roman Catholic Church. Children suffered neglect, and physical, emotional and sexual abuse, and were exploited for their labour. This paper presents new data, based on a qualitative analysis with a sample of survivors, which documents the psychological effects of such exploitation, as well as the coping strategies utilised and the long-term effects on survivors' lives. Conceptually, the industrial school system is viewed through the lens of the concept of the "total institution",

and a social cognitive understanding of the mechanisms of power that underlay the perpetration of abuse on detained children by men of the Congregation of Christian Brothers, who operated six industrial schools in Ireland, is proposed. Further, using the psychoanalytic concept of repetition compulsion, we link the effects of sexual exploitation to acting-out behaviour, especially peer sexual abuse.

The Nature and Prevalence of Sexual Exploitation in Young People

Kirsty Alderson, *University of Central Lancashire* (kirstyalderson@ccats.org.uk)

Carol A. Ireland, *University of Central Lancashire* (caireland@uclan.ac.uk)

Roxanne Khan, *University of Central Lancashire* (rkhan2@uclan.ac.uk)

Jane L. Ireland, *University of Central Lancashire* (JLIreland1@uclan.ac.uk)

This paper will present two studies, each examining the nature and extent of Child Sexual Exploitation (CSE) in young adult samples, with 198 participants in study one and 263 in study two. Around 22% of participants in study one experienced CSE and 29% in study two. Study one observed no differences in self-esteem, loneliness or attachment style when participants who experienced CSE were compared to those who did not. For some, protective factors such as resilience may potentially have buffered against the development of adverse outcomes. Study two aimed to build on these findings by examining resilience, and other factors. In study two, multiple forms of abuse and a low level of perceived care by the primary caregiver predicted lower past and current resilience and anxious and avoidant attachment style. It was observed that the difficulties in coping and attachment were associated with experiencing multiple forms of abuse including CSE, rather than CSE alone. This paper then considers how later studies will progress to develop an explanatory model of vulnerability to CSE.

The Exploitation of Ex-Partners through Engagement in Revenge Pornography

Jane L. Ireland, *University of Central Lancashire* (JLIreland1@uclan.ac.uk)

Hannah Brook, *University of Central Lancashire* (HLBrook@uclan.ac.uk)

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Carol A. Ireland, *University of Central Lancashire* (caireland@uclan.ac.uk)

This paper presents three studies using both general and student populations focused on understanding the factors that potentially contribute to revenge pornography perpetrated by an ex

partner. Revenge pornography, namely the dissemination of sexually explicit content concerning the victim without their permission, is only recently recognised and consequently research into this topic is largely absent. However, there has been increased interest in its existence, a likely product of legislation that has now recognised such behaviour as abuse. The presented studies consider victim vulnerability factors, such as personality and attachment style; individual predispositions to engage in such exploitation, including psychopathy, revenge beliefs and disgust sensitivity; and relationship quality. The studies utilised a range of approaches, incorporating vignettes as well as personal experiences. Directions for future research are indicated. These suggested directions focus on assisting with the theoretical and intervention-based contribution that can be made via future research into this important area of developing study.

The Myth of Attention Deficit as a Disorder: Is the Drugging of Our Children Unethical?

Isaac Romano, *Sedona Counselling Centre, Montreal, Canada*
(romano_program@uniserve.com)

From time to time all children exhibit challenging behaviors, including unfocused, tense, withdrawn or unkind behavior. Some individual children exhibit high degrees of such behavior. These behaviours are often responses understandable in relation to the context of their lives and their challenges. The past 35 years have shown a dramatic increase in the use of psychotropic drugs, primarily for conditions that have been labelled ADHD and ADD. It is also notable that many boys are given these diagnoses, which may be linked to the inadequate resources of educators and caregivers to attend to challenging behaviour. In this presentation, I will provide a social and stress-related explanation for this type of child behaviour and explain how it can be addressed through a social-emotional intervention. I will examine ways of restoring the child's sense of connection in their parental and other key relationships, which then leads to remarkable changes in behaviour. I will explain how the child can be restored to a sense of calm and to engage in self-initiated play/focused play and the building of cooperative relationships. This presentation focuses on working with children from two to eight years of age.

Nadine Connell, *University of Texas at Dallas* (nadine.connell@utdallas.edu) – Discussant

85. FASD I

Prevalence of Neurobehavioral Disorders Associated with Prenatal Alcohol Exposure in a Low-Income African-American Community on Chicago's Southside

Carl Bell, *Jackson Park Hospital, Chicago, USA* (bell-carl@att.net)

For the last 45 years, Dr. Bell has studied the underserved African-American population in the United States. His research has uncovered various problems of misdiagnosis in these populations. The first discovery was the Misdiagnosis of African-Americans with Bipolar Disorder. The second major observation was the high levels of childhood trauma low-income African-American children were subject to during their development. Following that epiphany, it was demonstrated that these populations also had high levels of head injury owing to a general risk suffered by low-income populations. Most recently, he has observed the problem of exposure to prenatal alcohol as many low-income communities are inundated with liquor stores resulting in a social determinant of health that lends itself to social drinking before realizing pregnancy. This presentation will highlight the prevalence of Neurodevelopmental Disorders of Childhood (the most prevalent of which may be Neurodevelopmental Disorder associated with Prenatal Alcohol Exposure). There will be emphasis on clinical practice skills to identify this common problem in all populations, not just low-income African-Americans that by nature of being in high-risk contexts often herald public health problems that will affect everyone in society.

Recognition of FASD by Canadian Criminal Courts: A Survey of Evolving Jurisprudence

Andrea Bailey, *Yukon Law Courts, Whitehorse, Canada* (abailey@yukoncourts.ca)

FASD began being recognized in Canadian criminal caselaw in the 1990s. While initially viewed as a neutral, or even aggravating factor, at sentence, appellate courts have now recognized it as significant criminogenic factor that is mitigating on sentence, and a court's failure to recognize an offender's FASD is itself a ground for appeal. Coincident with these sentencing developments in the evolution of a more sophisticated judicial understanding of FASD as a mental disorder, which in turn has led to decisions about fitness to stand trial and criminal responsibility, the admissibility of inculpatory statements, and a more thoughtful approach to evidence from witnesses with the disorder. The significance of an FASD diagnosis to an individual's treatment within the criminal justice system has led to increased demands for assessments, and a call for legislative amendments that would make such assessments more available.

The Role of Neuropsychological Assessment in Delineating Common Factors in FASD that Directly Interfere with Judicial Processes

Louise Scott, *Private Practice, Paris, Canada* (drscottassociates@execulink.com)

Historically, Neuropsychology focussed on diagnosing Traumatic/Acquired Brain Injury (T/ABI) via detailed and direct assessment of brain processes, which led to the understanding of those brain domains commonly damaged to some degree via single and multiple injuries. Applying the same techniques to those with prenatal alcohol exposure (PAE) brain injury led to the development of a list of commonly damaged processes within FASD. There are distinct differences between these groups with FASD demonstrating more difficulty in integrating various brain processes on demand. Individuals who are or would be diagnosed under FASD come into contact with judicial systems more often than peers. It is understood that when such interaction occurs that there are many opportunities for misunderstanding due to the misattributions by all parties due to a lack of understanding of how brain injury and especially prenatal brain injury changes behaviour. FASD is an invisible pervasive neuro-developmental disability displaying: lack of pattern recognition; impaired HPA axis; inability to anticipate or perceive consequences; impaired social/emotional development; development variability across brain domains; confabulation; understanding less langauge than is contextually used; sensory processing deficits; and dysregulation. Each of these can lead to misinterpretation of behaviour by those in positions of authority. FASD tends to exhibit several of these factors allowing for situations to quickly escalate which leads to more negative outcomes for the individual and increasing frustration for those trying to be of assistance. Neuropsychology's role in determining the degree to which an individual is presenting these factors will be discussed in detail with examples and specific strategies provided.

Executive Function Deficits in Children and Adolescents with Fetal Alcohol Spectrum Disorders and Remediation Strategies

Sheik Hosenbocus, *University of British Columbia* (sheik.hosenbocus@ubc.ca)

Neurocognitive impairments abound in Fetal Alcohol Spectrum Disorders (FASD) affecting many domains of the nervous system. Executive Function (EF) refers to many cognitive processes influencing goal-oriented behaviors that are necessary for the proper adaptation and functioning of the individual in his environment. A major feature of FASD is deficits in Executive Functions resulting in an inability to respond to society's expectations and demands. Some EFs have been classified as cognition based (cool EF) while others as emotion-related EF (hot EF). Children with FASD have been reported to also display hot EFs, with behavioral and emotional dysregulations. This presentation will review the available research on the correlation between the nature and severity of the various EF deficits in the subgroups of FASD (Canadian Classification) and which combination contribute to the worse negative life outcomes. Also, strategies or interventions that have shown effectiveness in the subgroups of children with FASD will be discussed.

86. FASD II: A Holistic Response to Parents and Children With FASD: Understanding and Intervention

Parenting Assessments with Forensic Populations Including Those Impacted by FASD

Ann Marie Dewhurst, *Valerian Consulting, Edmonton, Canada* (AnnMarie.Valerian@shaw.ca)

Parenting assessments are a unique form of forensic work. The reality is that the victims of sexual abuse and domestic violence are the offender's partner and/or children. Child protection workers often struggle with questions about the offender's safety for reintegration with his or her family. Does a report of "low risk" from a correctional treatment program mean that the offending parent is ready to reintegrate with his or her family? The discussion becomes more complex when the offending parent also has a developmental disability such as Fetal Alcohol Spectrum Disorder. Forensic parenting assessments need to be helpful and accessible to those doing front line work. They need to provide direction for family reintegration, safety planning and self-care for the parent "in need". The forensic parenting assessment needs to be informed by traditional offender risk assessments that identify risk and protective factors, neuropsychological assessments that guide insight into the offending parent's unique needs and trauma-informed assessments of the family system. This presentation will present an applied theoretical framework (including a case study) for creating useful parenting assessments for child protection purposes.

From Assessment to Intervention: Parenting Assessment That Bridges Rather Than Creates Gaps for Parent(s) With FASD

Jacqueline Pei, *University of Alberta* (jpei@ualberta.ca)

This session will be an extension of session one. Building on an applied theoretical framework that provides meaningful information based on unique family needs, this session will present on neurocognitive factors that can impact successful parenting, with a focus on parents with Fetal Alcohol Spectrum Disorder (FASD). An overview of the unique neurocognitive factors present in FASD will be provided, followed by an exploration of the ways in which functioning is consequently impacted. Discussion will include consideration of how this information can inform support provision that bridges areas of difficulty to create opportunities for success. The adversarial tradition of forensic parenting assessment, focused solely on capacity, will be challenged, and a new model in which a forensic assessment may be a family builder opportunity will be explored.

FASD Trauma Resolution: Child's Play

Karen M. Nielsen, *Athabasca University* (karen.valerian@shaw.ca)

Children who have experienced abuse often do not have the words or developmental capacity to engage in "talk therapy". Children, particularly young children, can resolve trauma-related issues through play therapy. Children with complex developmental needs such as Fetal Alcohol Spectrum Disorder (FASD) can also benefit from play therapy. The therapist's treatment planning needs to be informed by research on child brain development and trauma informed care. Additionally, the therapist working with an FASD-impacted youth must adapt the traditional protocols to meet the child's specific needs. When therapy occurs within a child protection environment, the child's therapist must also balance respect for the child's right to confidentiality and the need for caregivers to have a full and informed understanding of what is occurring within the therapy context. Sufficient information must be shared to allow the caregiver to support the treatment gains getting reinforced in the child's life outside the clinical play room. This presentation will use a case study approach to illustrate the use of play therapy to do trauma resolution work with an FASD-impacted child victim of familial sexual abuse.

Physical Health in Individuals with FASD

Hasu Rajani, *University of Alberta* (hrajani@ualberta.ca)

Alcohol as a teratogen expresses its effects on the fetus in several ways. The impact of prenatal alcohol exposure results in physical and neurodevelopmental challenges for the affected individual. In particular, a number of developmental physical anomalies have been described with prenatal alcohol exposure, including facial, cardiovascular and musculoskeletal impacts. To date most discussion of the needs of this population have focused on the developmental abnormalities of the brain, which have been well described with prenatal alcohol exposure. These may clinically present with obvious deficits in anatomical challenges or lead to subtle neurodevelopmental deficits and behaviours including deficits in cognitive functioning, language, working memory, adaptive functioning and executive functioning. Mental health issues are now recognized as primarily due to prenatal alcohol exposure in individuals with FASD. Living with the challenges of theses neurodevelopmental deficits can lead to secondary issues impacting physical health. The various physical issues that individuals with FASD face from birth to grave will be described.

Management of Mental Health Effect Complicating Competence to Parent in Those with FASD

Mansfield Mela, *University of Saskatchewan* (mansfieldmela@gmail.com)

Parenting competence can be affected by symptoms of mental disorder. Treatment directed at such symptoms improves a parent's capacity to parent. Fetal Alcohol Spectrum Disorder (FASD)

presents invisibly and so could be mistaken for something else including verbal competence. FASD is associated with mental disorder in the majority of those affected. It is therefore common to expect that many parents have FASD and unfortunately some have lost custody of their children. Strategies needed to improve parenting functioning will have to be tailored towards a variety of deficits ranging from common mental disorder symptoms, FASD deficits and skills below the threshold of standard regimes of treatment. In vivo approaches have added advantage. This session will describe the important clinical barriers to care and the invisible features not usually identified in an assessment. Individual and group interventions are successful if the deficits of FASD and the complications of suspiciousness, trauma response and concealed anxiety become the focus of intervention. Additionally decision makers will require multiple lens focused on the children and parents to understand each. These unique family needs in the context of societal expectations cannot be separated easily. We will explore how functioning improves with these considerations.

87. FASD III: Fetal Alcohol Spectrum Disorder (FASD) and Criminal Justice in North America

FASD: Using Screening, Diagnosis and Data to Improve Outcomes

Jocelynn Cook, *Society of Obstetricians and Gynaecologists of Canada, Ottawa, Canada* (jcook@sogc.com)

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term to describe the range of disabilities that can occur in an individual whose mother drank alcohol during pregnancy. These effects include physical, mental, behavioural, and/or learning disabilities with lifelong implications. FASD often co-occurs with other issues, and individuals affected by prenatal alcohol exposure are often over-represented in support programs and services with unsuccessful outcomes. Understanding when FASD may be an issue, screening for FASD and a comprehensive diagnosis are all critical to understanding brain function and matching treatments, programs and approaches that maximize outcomes. Methods: This presentation will amalgamate the results of three studies; it will provide information about the new Canadian Diagnostic Guidelines, present data from the Canadian database of individuals with FASD, including characteristics and brain profiles, and discuss the outcomes of a pilot study to screen for risky drinking and possible FASD in substance abuse centres. Results: Diagnostic Guidelines were updated to be more inclusive of factors relevant to the adult population, including mental health. The database suggests that individuals with FASD have significant risk for trouble with the law and mental health issues, among others. Finally, the pilot project shows that knowledge about FASD and its implications may improve outcomes by alternative approaches to treatment and intervention.

Prevalence of Fetal Alcohol Spectrum Disorder in Correctional Systems and Associated Cost in Canada

Svetlana Popova, *University of Toronto* (lana.popova@camh.ca)

Background and Purpose: The purpose of this study was 1) to conduct a systematic search of the literature for studies that estimated the prevalence of FASD in correctional systems in different countries; 2) to estimate the economic cost of corrections associated with FASD in Canada. Method: A systematic world literature review of studies concerning the frequency of FASD in correctional systems was conducted in multiple electronic bibliographic databases. Quantification methods were used to calculate the economic cost of corrections associated with FASD in Canada. Results: There were no studies estimating the prevalence/incidence of FASD in correctional systems found for any other country other than Canada and the USA. The few studies that have identified prisoners with FASD estimate that the number of undiagnosed persons in correctional facilities is high. The estimated cost of corrections associated with this population is also very high. Discussion: Awareness should be raised on the prevalence and disabilities of individuals with FASD in the criminal justice system and on appropriate responses. The criminal justice system is the area where intervention efforts must be considered for youth and adults with special needs due to FASD with the goal of rehabilitation and preventing or reducing recidivism.

Intervention with Offenders with Fetal Alcohol Spectrum Disorder

Allison McNeil, *University of Alberta* (almcneil@ualberta.ca)

Work by Risk-Need-Responsivity (RNR) experts has asserted the importance of effectively matching risk to responsivity approaches within the criminal justice system. The RNR approach helps to maximize learning potential by tailoring intervention to engage the interest of offenders with FASD. This approach is particularly relevant for this population for which neuropsychological dysfunction is documented (Andrews & Bonta, 2003). When implemented with strict fidelity, recidivism has been reduced by 35% (Bonta & Andrews, n.d.). When adhering to this model, interventions should be developed keeping in mind the individual's level of risk while also addressing specific risk factors and/or needs that are associated with his or her antisocial behaviour. Tailored interventions should then be developed that manage or address these risks and needs factors for each individual. Failure to match these criteria can lead to increased recidivism and worsened outcomes. This session will explore the neurocognitive needs in FASD as they pertain to treatment initiatives, with a specific focus on optimal intervention options that address the underlying need. In particular, consideration will be given to the neurocognitive factors that may influence treatment approaches, and suggestions for success will be explored.

Cognitive and Behavioral Difficulties Underlying Criminal Behaviour in FASD

Jacqueline Pei, *University of Alberta* (jpei@ualberta.ca)

Individuals with FASD present with cognitive and behavioural challenges that affect their ability to functional effectively on a daily basis. In particular, difficulties with executive functions, social abilities, and emotional regulation increase the likelihood of interaction with the criminal justice system for these individuals. Increasing our understanding of this population may inform alternative approaches to justice involvement, from initial police engagement though to correctional system involvement. This presentation will focus on describing these unique cognitive factors, and the way in which enhanced understanding might inform alternative responses, and in doing so mitigate risk for all involved. Current research will be reviewed and discussed to explore what it means to think responsively and consequently improve outcomes for individuals with FASD.

88. Forensic Assessment of Work Capacity: Conceptual and Practical Challenges

Examiner-Related Threats to Validity in the Assessment of Disability

Lisa Drago Piechowski, *American School of Professional Psychology* (lpiechphd@gmail.com)

Whether in the context of disability claims, workers' compensation cases, or questions of fitness for duty, there is an increased demand for forensic disability evaluations. This may encourage the participation of examiners who, although well-versed in other types of assessment, are new to the disability evaluation process. When an examiner lacks knowledge about disability evaluations or has an incomplete understanding of the nature and nuances of these evaluations, the validity of the disability evaluation may be threatened, leading to inaccurate results. Misconceptions about the nature and purpose of these evaluations (e.g. clinical versus forensic assessment; disability versus personal injury), errors in data collection (including failing to collect necessary data about functional capacity), and the use of flawed reasoning in data interpretation can result in evaluation outcomes that are questionably valid. Although many threats to validity are outside the control of the examiner, this presentation identifies eight examiner-related threats to validity in terms of conceptual errors, errors in data collection, and inferential errors; and offers six suggestions that can be implemented to reduce these threats to validity.

The Role of Neuropsychological Assessment in Predicting Work Capacity Following Brain Injury

Thomas Guilmette, *Providence College* (tguilmet@providence.edu)

Traumatic brain injuries (TBI) are the leading cause of neurologic disability in young adults. Because traumatic brain injuries generally occur in younger rather than older persons, many traumatic brain injury survivors could have years of productive work ahead of them following their injury. However, traumatic brain injury can result in substantial and varied neurobehavioral symptoms that can adversely affect work capabilities. Research has demonstrated that deficits in domains such as cognitive abilities, the regulation of behavior, and executive functioning can interfere with the ability to return to work. In addition, psychosocial impairments can create further obstacles to returning to work. Consequently, it is important to assess multiple domains of functioning in order to accurately predict work capabilities. This presentation will review the role that neuropsychological assessment can play in this process. Strengths and limitations of using neuropsychological test data in predicting return to work will be addressed, as well as the importance of considering other types of information such as age, job requirements, motivation, interpersonal skills, and performance validity. The importance of fully understanding the functional capacity of the injured person will be emphasized before conclusions about work capacity are proffered.

Is it Part of the Job? A Firefighter's PTSD Claim for Worker's Compensation

Anita Boss, *Psychologist, Alexandria, USA* (albosspsyd@comcast.net)

This is a clinical/forensic case study of a fire and rescue technician who made a worker's compensation claim of Post Traumatic Stress Disorder symptoms after responding to the scene of a fatally injured accident victim. Worker's compensation claims require both the existence of valid symptoms as well as establishing a causal connection between the symptoms and a work-related accident or injury. In this case, a complicating factor was the department's policy of not conducting psychological screening examinations as a condition of employment. This created a challenge in trying to determine the claimant's pre-injury condition and the extent to which other pre-existing factors might have played a role in the symptoms this individual claimed to be experiencing, as well as the employee's expectations of job-related and required trauma exposure. Further questions arose about the validity of the symptoms being presented. The forensic psychological evaluation for the worker's compensation claim ultimately revealed a combination of exaggeration, trauma-related symptoms, and pre-existing conditions. The case presentation will include discussion of the individual case findings, the necessity of pre-employment screening for public safety occupations, and consideration of exposure to traumatic experiences in employment settings that routinely involve such situations.

Fitness for Duty: Security-Sensitive Employees

Leigh Hagan, *Eastern Virginia Medical School* (lhagan@leighhagan.com)

Armed responders and persons with security-sensitive responsibilities (e.g. nuclear plant operators, air traffic controllers, intelligence agency employees) can pose higher risk to themselves, coworkers and the general public if not psychologically fit. This imposes a higher standard on the fitness for duty evaluator as well, given the high stakes of these evaluations. This presentation will address factors that trigger fitness for duty evaluations and clarify roles and responsibilities for the various contributors to the fitness for duty evaluation process including the employer, the evaluator, and the employee. The presentation will outline prudent procedures to undertake prior to conducting the fitness for duty evaluation that will ensure the evaluator has sufficient information regarding all aspects of the employee's behavior and the concerns that led to the referral. Suggested methods for the in-person assessment will be presented. A recommended mechanism for communicating findings and safeguarding access to protected information will be presented. This will also address concerns about respecting the privacy rights of the employee. The presentation will emphasize criterion-referenced thresholds for evaluators to consider when forming opinions about psychological fitness for security-sensitive employees.

89. Forensic Evidence and Expertise I

Fetal Alcohol Syndrome: Expert Evidence

Ian Freckelton, *University of Melbourne* (I.Freckelton@vicbar.com.au)

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term relating to a set of disorders. Each disorder is pervasive and life-long resulting from prenatal exposure to alcohol. While the incidence of FASDs remains debatable, it may well be in the region of 1% of the population in countries such as Canada, the United States, Australia and New Zealand. FASDs are disproportionately present amongst persons, including those from First Nations, who are charged with criminal offences and who are sentenced to imprisonment. Understandably, as FASDs continue to be attended by a level of diagnostic uncertainty, they have been significantly under-diagnosed. They can easily be mistaken for other disorders, especially in the context of comorbidities. However, their relevance in the forensic context in terms of reduced culpability for criminal offending and problematic capacity to respond to interviewing by persons in authority, such as police, is undeniable but in many instances subtle. In addition, the potential for FASDs to be misinterpreted on the basis of persons with FASDs appearing normal is significant. Thus, mental health professionals who assess persons charged with criminal offenders have an important role in identifying FASD symptomatology and, where necessary, referring such offenders for specialist assessment. Those who provide FASD assessments to the courts need not only to educate judicial officers about the phenomenology of FASDs but about how in the particular scenario a FASD may have forensic relevance, in the sense of having played a role in the offender's criminal offending and in relation to how the offender is likely to fare in a custodial environment. This paper reviews important and illustrative examples of FASD cases from Canada, England, New Zealand and Australia. It argues that this corpus of legal authority now provides constructive guidance for FASD cases, and that it should be utilized to enhance forensic FASD assessments and judicial decision-making about offenders with FASDs.

Current Status of Forensic Psychiatry and Future Directions

Amarenda Narayan Singh, *Queen's University* (singha@queensu.ca)

Forensic psychiatry, a subspecialty of psychiatry, has been equated to the interaction of insanity and criminal laws and deals primarily with mentally disordered offenders. The growth of this subspecialty includes criminal behavior, civil litigation including domestic relationships, family law, child abuse, juvenile crime, involuntary committal of patients, patients' rights, competency procedure, diagnosis and management of patients when disorders are associated with abnormalities of behavior including of violence and sexual deviance. The rapid growth of forensic psychiatry has resulted in a growing association with other disciplines like lawyers, criminologists, psychologists, social workers, sociologists, nurses and probation officers. Legal implications and legal decisions that appear to be out of step with psychiatric clinical practice, bring ethical and treatment dilemmas for forensic psychiatrists. The biggest hurdle in the field of forensic psychiatry is the lack of balance between the rights of a patient versus the needs of the patient. The future of forensic psychiatry depends on solidifying an ethical and scientific base and also on minimizing the difference between law and psychiatry. The goal of psychiatry should be to provide evaluation and treatment to the individual patient first, and secondly to help the law in protecting society from the illness of the individual.

The Challenge of NPS or "Legal Highs" within British Prisons

Pamela Walters, *SLAM Foundation NHS Trust, London, UK* (pmwalters@doctors.org.uk)

In the historical perspective, it is interesting to note that though the concepts of mental health and mental disorders have a long history in ancient India, but there were no known institutions to keep the insane. It is believed that the institutions of mental asylums in India were primarily a British concept. Accordingly, rules and laws in respect of the admission and discharge of mental patients at that time were greatly influenced by ideas and concepts that were prevalent in England and Europe during that time. After the British crown took over the reins of India from the East India Company in November 1858, it enacted the first Indian Lunacy Act (M 36) of 1858. This act gave guidelines for the establishment of mental asylums and also set out the procedures of admitting mental patients. The Act was modified intermittently. The last time it was drastically modified was in 1987. In addition, it also incorporates newer knowledge and recent concepts in the field of mental health. In addition, various laws that deal with criminal responsibility, human rights, marriage and testamentary capacity and suicide etc., are also influenced by this knowledge. The presentation will delineate these issues with an international perspective.

Where is the Science Behind Child Forensic Interviews?

Allan Posthuma, *Private Practice, Vancouver, Canada* (allanposthuma@gmail.com)

The hallmark of forensic practice is skepticism. We must engage in hypothesis testing in our search for plausible possibilities in explaining the evidence. We need to gather information, which will either affirm or reject the alternate hypotheses. We need to disambiguate what children tell us. To do this our procedures must be grounded in forensic scientific practice standards. This requires differentiating research, which meets the forensic criteria of the Courtroom. This paper will review the academic literature and its implications for our forensic interviewing of young children. We will examine: whether children and adults use the same cues to judge whether someone is a reliable source of information; how children differ from adults in encountering counter-intuitive claims that differ from their beliefs and perceptions; cultural differences in the ability of young children to adapt their trust in testimony in relation to the strength of their prior knowledge; and children's greater trust in spoken versus printed testimony. Finally, the paper will answer the question what progress has occurred in examining the testimony of children since the American Salem Witch Trials over 300 years ago.

90. Forensic Evidence and Expertise II

The Impact of Witness Education About Eyewitness Misidentification on Identification Accuracy and Confidence

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This study investigates whether educating witnesses on eyewitness misidentification will impact their identification accuracy and confidence, which are compared between an educated and a control group. This study attempts to create procedures that will prevent wrongful convictions by educating eyewitnesses and jurors. Individually, 200 participants first watched a simulated crime clip, then half of them received education on eyewitness misidentification and the other half on diabetes treatments. Finally, they were randomly assigned to do either a target-absent or target-present sequential lineup. Results showed that the educated group made significantly more correct responses than the control group, which occurred only in the target-absent lineup. Overall, the control group tended to be more confident, and there was no absolute relationship between confidence and identification accuracy. As a conclusion, eyewitness education is helpful in preventing false positive selections in the target-absent lineup, and the jury should be aware that eyewitness confidence is an unreliable cue for eyewitness accuracy.

Eyewitness Accuracy on Trial

Victoria Simpson Beck, *University of Wisconsin, Oshkosh* (beckv@uwosh.edu)

Chris Rose, *University of Wisconsin Oshkosh* (rosech@uwosh.edu)

Early studies have estimated that eyewitness testimony was the sole or primary evidence of defendant guilt in 77,000 criminal trials each year in the United States. More recent studies serve to confirm eyewitness identification evidence to be present more often in cases that were issued compared to cases rejected for prosecution. Such a heavy reliance on eyewitness testimony is socially alarming, in that research has long highlighted the fallibility of eyewitness memory. Indeed, eyewitness inaccuracy has been identified as the leading cause of wrongful convictions in the United States. This study adds to the growing body of literature highlighting correlates of inaccurate eyewitness accounts, by using a large sample of study participants and an experimental design to ensure robust results. After viewing a staged nonviolent crime, study participants were randomly placed in one of several experimental conditions, contributing to inaccuracies in eyewitness accounts, such as: cross-witness contamination, pre-line up instructions, culprit present/absent line-ups, distance and retention interval. Subsequently, the ability of the subjects to accurately identify the criminal was assessed. Study outcomes will be discussed in detail.

The Roles of Psychology and Psychiatry in Criminal Cases in Singapore

Kenji Gwee, *Institute of Mental Health, Singapore* (kenji_GWEE@IMH.com.sg)

Despite the increasing prevalence and involvement of mental health professionals in Singapore courts, there has been no systematic study of the role played by these expert witnesses in local courtrooms. An empirical study of all existing recorded criminal cases on Lawnet (Singapore's legal database of all court trial cases) from 1975-2014 involving psychologists and psychiatrists was conducted. Results from 338 cases revealed that psychologists were more often retained by the State, while psychiatrists were more often retained by the Defence. Psychologists usually provided mental state and pre-sentence assessments, and psychometric evaluations of intellectual functioning were often required. In terms of psychiatric diagnoses, mood disorders were most often diagnosed, followed by drug-related disorders and psychosis. Court testimony for both psychologists and psychiatrists were infrequent. Judges appeared to address psychiatric, rather than psychological opinion, more explicitly in their judgement. However, the judges' agreement with psychology's input was higher than that for psychiatry. The different contributions of psychology and psychiatry thus play complementary and increasing roles in criminal cases in Singapore.

Bias in Forensic Mental Health Evaluations

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Potentially every aspect of forensic psychiatric practice is liable to an accusation of bias. At the same time, potentially every aspect of forensic psychiatric practice is accessible to public and sceptical scrutiny. This scrutiny comes from those whose task is to achieve justice (e.g., judges, juries) and those who are advocates of the parties in conflict (i.e., litigants through their lawyers). The partisans want either to influence experts to offer helpful opinions or to disqualify the expert holding adverse opinions to their cause. Forensic psychiatric professional ethical guidelines ask for "honesty and striving for objectivity" on the part of forensic psychiatrists. Given the adversarial nature of litigation, obvious biases carry high risk for detection and subsequent disqualification of the opinions that arise from such biases. On the other hand, subtle biases caused by, for example, neglect of base rates, confirmation bias, and anchoring effects have powerful influence on experts' judgment. These biases are significantly more difficult to identify and address within the adversarial litigation process precisely because of their subtle nature. The ethical obligation for "honesty and string for objectivity" leads forensic psychiatrists to focus on forensic evaluation methods where these subtle biases tend to occur and influence forensic psychiatric conclusions.

91. Forensic Psychiatry from a Clinical and Epidemiological Perspective

Onset of Antisocial Behaviour in a High-Risk Sample of Adolescents and Comorbidity with ADHD: The iBerry Study

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Youth antisocial behavior is highly prevalent and constitutes a major problem for victims, perpetrators, their families and society. ADHD is one of the most prevalent child psychiatric disorders and a major indicator for aggressive and rule-breaking behavior in adolescence and adulthood. Whether ADHD in itself constitutes a risk-factor for adult criminality, or whether this association can be explained by shared epiphenomena such as parental psychopathology, comorbid substance abuse or social environmental factors, is less clear. Within a cohort of 1,350 adolescents, aged 13 years, drawn from the general population but oversampled for their increased levels of psychopathology, we study associations of biological, psychological and social risk factors to the onset and course of externalizing behaviours (ADHD, aggression, rule-breaking behavior, substance use and self-reported delinquent acts). In this presentation, the results of the iBerry study will be presented and their relevance to our understanding in the onset and course of disruptive disorders and delinquency will be discussed.

ADHD and Related Disorders in a Forensic Outpatient Practice: A Clinical Perspective

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ADHD is highly prevalent in the forensic psychiatric population. While in the general population ADHD occurs in 2-6% of the adults, in the population of incarcerated men, 25% of the adults meet the criteria for ADHD, as has been shown in a recent meta-analysis. The majority of forensic ADHD patients also suffer from a variety of comorbid disorders such as intellectual disabilities, autism spectrum disorders, substance abuse and personality pathology. Het Dok, the forensic outpatient mental health clinics of de Kijvelanden in the Netherlands, developed a phased, multimodular treatment program for ADHD and related disorders. In this program, the ADHD itself and the comorbid disorders of it are addressed in four phases of treatment and additional modules "on demand". The modules consist of pharmacotherapy, psychological therapy and counselling on the social environment of our patients. In this lecture, we will present the content of the treatment program. We will also present preliminary results of the research we have done on general and disorder-specific features of forensic outpatients suffering from ADHD. Finally, we will present data on the follow up of our patients in the treatment program. Our data are gathered by systematic diagnostics and follow-up, including Routine Outcome Monitoring.

ADHD and Related Disorders in Forensic Outpatient Practice: Risk Factors for No-Show

Jenny Houtepen, *De Kijvelanden, Rotterdam, The Netherlands*
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No-show is a common problem in mental health care facilities, results in high economic costs, a waste of professional time, and poorer treatment outcome. Poor treatment outcomes may lead to higher recidivism rates. Previous research on no-show has mainly focused on patients in regular mental health services. Within the forensic framework, patients with Attention-Deficit/Hyperactivity Disorder (ADHD) are thought to be at an increased risk for no-show. These patients not only have comorbidities with earlier reported risk factors for no-show, such as cluster B personality disorders and substance abuse, but are also at risk because of deficits inherent to ADHD, such as impulsivity and an inability to plan ahead. Furthermore, many patients with ADHD have neurocognitive difficulties that have an impact on their ability to commit to longer-term goals. Finally, patients with ADHD may have fewer prosocial individuals within their social networks who can provide them with social support, and motivate them to comply with treatment. In a Dutch forensic outpatient center, we are currently examining clinical and social risk factors for no-show in adult patients with ADHD. Specifically, we are interested

in the relationship between executive functioning, motivational difficulties, social support, and treatment (non)compliance. We will present the first findings of our research.

Neurodevelopmental Disorders in the Forensic Psychiatric Population: Review of Available Guidelines, Experts and Patients Opinions

Aisha Jansen, *Erasmus University* (a.m.jansen@erasmusmc.nl)

Neurodevelopmental disorders are common within the forensic psychiatric population. The prevalence of developmental disorders is higher in forensic psychiatry than in general psychiatry. Although there are treatment guidelines available for adults with developmental disorders, there a few protocols especially for these patients in forensic psychiatry. The guidelines for the general population may not necessarily be applicable to patients in the forensic setting. The aim of our project is to evaluate the current literature regarding diagnostics and treatment options for forensic psychiatric patients with attention deficit hyperactivity disorder (ADHD) and Autism Spectrum Disorders (ASD). Furthermore we will perform interviews with therapists (experts within the field of ADHD and ASD) and we will also interview patients about the current available treatment. The aim of our project is to advise the governmental department responsible for the treatment of patients with developmental disorders in the criminal justice system in the Netherlands on which topics need priority in the amelioration of the treatment of this vulnerable, and often very complex patient population. Our project is currently in progress. The outcome of our systematic review of the literature, together with the opinion of our patients and the outcome of our expert meeting will be presented.

92. Forward-Thinking Mitigation as a Part of Contextual Mitigation and a Means of Anticipating False Double-Edged Sword Arguments

Anticipating False Double-Edged Sword Arguments and Juror Concerns through Forward-Thinking Mitigation

Richard Adler, *University of Washington* (richadler@fcpsych.com)

The heightened reliability constitutionally necessary to any capital case militates against a "mandatory minimum" attitude in preparing and presenting mitigation. Effective mitigation paints a fully developed, contextual picture of the client and his/her life experience. Limiting that picture to pre-incident and incident history puts the client in stasis centered on the "worst of the worst" times in his/her life and ignores the elephant in the room: the client's future and

future dangerousness. Dr. Adler, through salient case studies, explores and provides insight on the "double-edged sword conundrum, failure to focus on the capital client's future, and makes the case for constructing the mitigation from a forward-thinking vantage point, including facing fears of just how bad the historical and current facts are, and exploring and utilizing creative solutions including medical management of conditions, all placing the capital client on the path to being the best he/she can be.

Implications of Spared or Intact Neuropsychological Functioning and Treatment for Anticipating Inevitable False Double-Edged Sword Arguments

Paul Connor, *University of Washington* (paul@connornp.com)

Effective mitigation paints a fully developed, contextual picture of the client and his/her life experience. Limiting that picture to pre-incident and incident history puts the client in stasis centered on the "worst of the worst" times in his/her life and ignores the elephant in the room: the client's future and future dangerousness. Neuropsychological assessment provides information on both the client's impairments and his/her intact functioning. The impairments are often the primary focus for the purposes of an evaluation in legal proceedings. However, discussion of the client's spared or intact functioning and treatment recommendations that could ameliorate impairments can be valuable in diminishing fears of future dangerousness. Dr. Connor will provide neuropsychological insight and implications pertinent to on the "double-edged sword" conundrum, failure to focus on the capital client's future, and makes the case for constructing the mitigation from a forward-thinking vantage point, including facing fears of just how bad the historical and current facts are, and exploring and utilizing creative solutions including medical management of conditions, all placing the capital client on the path to being the best he/she can be.

Capital Jurors' Responses to Mental Health Evidence: Context Matters Most

Elizabeth Vartkessian, *University of New York* (esv@advancechange.org)

In this presentation I will draw on intensive interview data from 48 people who served as capital jurors in Texas death penalty trials between 2008-2010. The focus of this presentation will be on juror's response to mental health evidence specifically and how they viewed it as either a reason for or against a sentence of death. Although jurors expressed a range of views on mental health evidence the type of evidence itself (*i.e.* whether it is testimony or a medical report) does not seem to be as important as the context in which the evidence is presented. Likewise, the witness through which the evidence is admitted also impacts juror's views whether the information is

used as a reason for or against a sentence of death. Thus, the findings of this study indicate that both the narrative surrounding the submission of mental health evidence and the witnesses through which the evidence is admitted does much to limit the potential double-edged nature of mental health evidence, and in fact, is what appears to give it mitigating effect.

Practical Application of Forward-Thinking Mitigation and Anticipating False Double-Edged Sword Arguments

Karen Steele, *Attorney at Law, Salem, USA* (kasteele@karenasteele.com)

The heightened reliability constitutionally necessary to capital cases militates against a "mandatory minimum" attitude in preparing and presenting mitigation. Effective mitigation requires a contextual approach. Limiting mitigation to pre-incident and incident history is the "mandatory minimum," putting the client in stasis centered on the "worst of the worst" times in his/her life and ignoring the elephant in the room: the client's future and future dangerousness. Texas and Oregon are unique in explicitly putting future dangerousness front and center by virtue of their death penalty statutes. Oregon capital attorney Steele, in a point-counterpoint exchange with Texas capital attorney Wright, explores and provides insight on: Whether the "double-edged" conundrum is real? What are the implications of centering mitigation on pre-incident and incident history to the exclusion of the capital client's future? Can a construct of forward-thinking mitigation be effective in providing jurors with relevant and persuasive information for their capital case decisions? What practical application implications are raised by a forward-thinking mitigation construct? What logistical and legal implications are raised? Is forward-thinking mitigation a part of an effective contextual mitigation presentation?

93. Gender and Sex I: Gender Issues in Forensic Psychiatry

Female Forensic Psychiatric Patients: More Psychiatric Than Forensic?

Leen Cappon, *PC Sint-Jan-Baptist, Belgium* (Leen.cappon@fracarita.org)

International literature concerning gender-specific characteristics of forensic psychiatric patients is rising. This research concludes that females have more psychiatric antecedents and less criminal antecedents compared to their male counterparts. However, in Belgium/Flanders there is a lack of background information concerning female forensic psychiatric patients despite the rising international attention for this group. Since the psychiatric centre Sint-Jan-Baptist was the only centre in Flanders for a long time that provides specific forensic psychiatric treatment to females, a research project was initiated in this centre in 2015 to first examine the characteristics of female forensic patients. All files of the females residing in the forensic psychiatric part of the

centre between 2006 and 2016 (n= 67) were coded. A coding list, based on the coding list of the multicenter study of de Vogel et al. (2014), was used. This presentation will focus on the psychiatric and criminological profile of the female forensic patients. The general picture that emerged was one of a large amount of previous psychiatric treatment experiences and of smaller criminal records. We conclude that female forensic psychiatric patients deserve further specific attention and implications of the current findings on the need for gender-specific treatment will be discussed.

Do Women Evoke Stronger Feelings in Staff Members? An Exploration of Differences in Feelings Towards Female and Male Forensic Psychiatric Patients

Vivienne de Vogel, *Van der Hoeven Kliniek, Utrecht, The Netherlands* (vdevogel@dfzs.nl)

It has been suggested that female forensic psychiatric patients evoke different or stronger feelings in their treatment staff compared to male forensic patients. More specifically, it has been stated that it can be more difficult and emotionally draining to work with women as they are seen as more manipulative and demanding than men. However, there is not much empirical research to support this suggestion. In the present paper, results will be presented on a pilot study into 146 staff members working in a gender-mixed forensic psychiatric hospital. They all filled out the Feeling Word Checklist for their most complex female and male patient. Overall, it was found that staff members felt more helpful, accepting, strong, relaxed, affectionate, sympathetic, and receptive towards their most complex female forensic patient and more anxious, threatened and overwhelmed by their most complex male forensic patient. Important differences, however, were found between more experienced and less experienced staff members as well as between female and male staff members. Overall, it was concluded that there are substantial differences in feelings towards female and male forensic patients that could possibly impact treatment and that more training and supervision with respect to working in gender-mixed settings would be valuable.

Gender Differences in Aggression Patterns on an Adolescent Forensic Treatment Unit

An de Decker, *UFC Leuven, Kortenberg, Belgium* (an.dedecker@upckuleuven.be)

Aggression is part of daily life in forensic psychiatric units for adolescents and has a severe impact on patients and staff. Effective management and prevention of aggression is a key priority in mental health settings. Since the start in 2010 of a new adolescent forensic ward in Belgium, all aggression incidents were carefully registered and monitored. Until today, more than 2000 aggressive incidents were collected and will be analyzed for gender differences in prevalence, type, severity, perceived threat and different patterns with regard to these characteristics. Earlier

analyses showed that no overall differences were found in the prevalence of aggression. However, boys significantly committed more aggression towards objects than girls, whereas a remarkable gender difference was found in the severity distribution of aggression against persons. Girls displayed less mild but more moderate and strong aggressive acts against other persons than boys. If these data are replicated, it might raise the question whether a different approach might be necessary to detect early signals of aggression against persons in girls. Or are gender differences mediated by other, not gender-related characteristics, that are even more important to take into account in the prevention of aggression?

Inpatient Aggression and the Perception of Living Group Climate on an Adolescent Forensic Treatment Unit: Differences Between Girls and Boys?

Lisa Lemmens, *University of Leuven* (lisa.lemmens@kuleuven.be)

Although common sense consider boys as more aggressive than girls, until now, no clear gender differences are reported in the prevalence of aggression in (forensic) inpatient settings. However, most of this research has been done within adult forensic populations, but little is known about adolescent aggression and gender differences. Prevalence data of aggression (type and severity) were collected during more than 5 years on a 8-bedded forensic adolescent psychiatric unit. These data includes different types of aggression (verbal aggression, aggression against objects, physical aggression against others and physical aggression against the self) and different levels of severity (mild, moderate, strong and extreme). Analyses for sex differences in aggression will be done by using a logistic regression model for correlated data. Additional, The Living Prison Group Climate Instrument (PGCI) is used to study the relation between group climate and registrated aggression incidents on the forensic ward. Based on the absence or presence of gender differences in the prevalence data of aggression, the aggression management model of the forensic psychiatric adolescent unit will be discussed. Do these empirical data fit within the idea of the staff that a different approach is necessary for girls or are other, not gender-related characteristics, more important to take into account in the prevention of aggression?

94. Gender and Sex II: Gender, Sex and Mental Health

Understanding the Experience of Shame and Guilt in Transgender and Transsexual Individuals Through the Works of Franz Kafka, the 'Poet of Shame'

Simona Giordano, *University of Manchester* (simona.giordano@manchester.ac.uk)

Anecdotal evidence suggests that feelings of shame and guilt are common among trans-people,

especially children and adolescents. Many gender nonconforming youth many to remain secretive about their gender. This can cause unbearable suffering and may lead to psychological disintegration. Shame and guilt have been extensively studied in psychoanalytic literature and in the last decades are being studied in various situations (for example domestic violence and sexual orientation). Shame and guilt also form the subject of much literary and philosophical work. The Greek tragedies are replete with heroes who, by their own deeds or misfortune, end up in unbearably shameful situations. Shakespeare, Tolstoy, Hawthorne, Sartre, Kafka, among many others, have construed complex narratives around shame and guilt. In spite of the significant interest in shame and guilt across different domains, the experience of shame and guilt in trans-people has not been studied systematically. Moreover, the contribution of narrative and philosophy to the study and understanding of shame has been so far neglected. This article argues that shame and guilt should be at the centre of clinical attention in the care and treatment of trans-people, and uses a few narrative examples, particularly some works by Franz Kafka, to shed light upon the complexities of shame. This paper wishes to begin to fill in the gap in the clinical literature on gender diversity.

Brain Sex and Intersex

Aileen Kennedy, *University of New England* (akenned5@une.edu.au)

Increasingly the role of hormones in the development of fetal brain structures is seen as providing a persuasive account of how gender identity develops as a function of neurology. It has also been claimed 'brain sex has acquired a cultural resonance and valence that goes far beyond the scientific evidence that supports it' There is an increasing body of research and literature directed to identifying neurological correlates of gender identity development. However, the orthodox medical approach to intersex in neonates is to assign children to male or female sex, often bolstering the assignment with medical and/or surgical treatment. Although there is a paucity of research on outcomes, there is evidence to suggest that the intersex child's gender identity frequently develops inconsistently with the assigned sex. This paper will assess the impact of neurological 'brain sex' research on the medicalized approach to variations of sex development, and the extent to which neurological predictions about gender identity development might direct medical and legal responses to intersex.

Gendered Depression: Vulnerability or Exposure to Work and Family Stressors?

Alain Marchand, *Université de Montréal* (alain.marchand@umontreal.ca)

Objective: This study aimed to evaluate how differences in depressive symptoms in women and men could be explained by their differential vulnerability and exposure to work and family conditions, as well as by the mediating role of work-to-family conflict (WFC) and family-to-

work conflict (FWC). Methods: Data were collected in 2009–2012 from a sample of 1,935 employees (48.9% women) nested in 63 workplaces in the province of Quebec (Canada). Data were analyzed with multilevel path analysis models to test for the differential exposure hypothesis, and stratified by gender to test for the differential vulnerability hypothesis. Results: Results supported both hypothesizes, but only WFC played a mediating role between work-family stressors and depression. The differential exposure hypothesis seemed to reach a greater empirical support. After accounting for work and family stressors as well as WFC, sex categories were no longer significantly associated with depressive symptoms. Conclusion: This study supports the sociological explanation that women higher rate of depression is intrinsically linked to their different social experiences as shaped by a gendered social structure and gendered organizations. Overall, skill utilization, psychological demands, working hours, irregular work schedule, family income and WFC appear as gendered stressors.

Sexuality and Sexual Experiences among Recovering Male Alcoholics

Sungjae Kim, *Seoul National University* (sungjae@snu.ac.kr)

Although alcohol relapses are closely related to sexual experience, sexual behaviors and experiences among male alcoholics have been rarely studied in Korea. One important factor that leads to their relapse is a negative emotional state involving sexual desire. This study explored the sexual experiences of recovering male alcoholics and aimed to inform treatment programs. Three focus group interviews were conducted with nineteen male recovering alcoholics who maintained sobriety for over six months. Thematic content analysis revealed four categories of sexual behavior: “distorted,” “wounded,” “addiction-aggravating,” and “recovering.” Distorted ideas about sex, psychological wounds related to sexual experiences, and sexual dysfunctions experienced during the recovery process triggered the impulse to drink and facilitated their relapse. On the other hand, participants in longer-term recovery reported changes in their perceptions toward sex. Whereas sex had previously been viewed as an expression of power and a method of pursuing pleasure, they now came to view sex as a means to promote emotional sharing and intimacy. Based on the findings, treatment centers need to have updated current intervention programs and used them to establish base material for the professional education that encourages recovering male alcoholics to develop healthy sex behaviors.

95. Golems, Trauma and Recovery

Rabbi Loew in a Prague synagogue in order to protect the Jewish community from discrimination and danger as well as avenge their abusers created golems, who were mythical creatures with God-like powers according to the old Jewish tradition. Are Golems still necessary today for vulnerable people who have been or are in danger of being abused? Are we, as mental health clinicians, attorneys, and courts, acting as did the mythical Golem? Can Golems help traumatized people heal? If so, how? Is a part of justice, avenging these crimes? Walker will present this as a model for helping those experiencing gender violence to heal. Other presenters in this session will deal with the modern-day traumas such as domestic violence, forced

migration and immigration, sex trafficking, rape, child sexual abuse, and the psychologists' methods of healing. Konstantinidis and Antonopoulou will discuss the unaccompanied minor children coming to Greece from Syria as refuges and their vulnerability to being sex trafficked and other forms of exploitation. Gaviria will discuss the difficulties for U.S. immigrants from South America dealing with domestic violence in a new country away from families. Seligson will discuss the high risk of trauma to transgendered people while Needle will present issues around sexuality for domestic violence survivors and how sex therapy can be helpful. Jungerson will demonstrate the efficacy of the Survivor Therapy Empowerment Program (STEP) and Shatz will show how narrative therapy can be Golem-adapted, and Silverman will discuss adapting family therapy when working with trauma survivors. Shapiro will close the session as a discussant, comparing the psychodynamic theories of Freud and others with the Golem mythology.

The Survivor Therapy Empowerment Program for Gender Violence

Tara S. Jungersen, *Nova Southeastern University* (tj290@nova.edu)

The Survivor Therapy Empowerment Program (STEP) is a 12 session, trauma-informed group psycho-educational program designed to decrease the anxiety symptoms and negative affect associated with trauma and gender-based violence. Given the high prevalence rates of trauma exposure in the U.S. population, as well as state mandates and national initiatives that community providers must utilize trauma-informed care, STEP fits a community need to decrease the impact of trauma symptoms in intimate partner violence and other gender-related traumas. Individuals with trauma histories (i.e., child abuse, domestic violence, sexual assault, accidents, etc.) often have problems with emotional regulation, aggression, social competence, and interpersonal relationships. Using a feminist therapy-informed lens, STEP promotes empowerment and self-understanding through skill building, cognitive restructuring, and an understanding of gender role socialization and other cultural stereotypes. Based on decades of research, STEP was originally designed to address the needs of female survivors of domestic violence (Walker, 1979, 1984, 2006, 2009). Since 2008, the program has been offered as a component of skill-building programs, substance abuse prevention, and domestic violence initiatives within jails, prisons, and detention centers for survivors of trauma. Current results indicate that the STEP program significantly reduces trauma-related symptoms with this forensic population.

Rebuilding Healthy Sexual Lifestyles for Gender Violence Survivors

Rachel Needle, *Independent Practice in Psychology, West Plam Beach, USA* (drrachelneedle@gmail.com)

Children and adults who experience sexual abuse often continue to experience difficulties well into their adulthood. Some have peer difficulties including reactive attachment disorders,

aggressive behavior, sexual acting out and other sexualized behaviors. They may also have intrapersonal difficulties such as withdrawal, dissociation, self-injurious behavior, PTSD, anxiety, and trauma reenactment. Sometimes the symptoms recede and do not pop up again until later in adulthood. Both child and adult survivors often have problems with intimacy and attachment, which can impact on their sexual lifestyles even after they are no longer in danger of further trauma. Often there are alternating feelings of numbness and arousal while reliving the trauma that interferes with pleasure seeking behaviors such as sexual intimacy. There can also be sexual dysfunction with sexual pain disorders, difficulty in becoming aroused, shame, guilt, and other frightening feelings. They may feel disconnected from their body experience intrusive sexual thoughts, and feeling emotionally distant or not present during sex. Treatment providers can assist survivors in overcoming these difficulties with specific techniques although first the challenges to building a therapeutic relationship must be overcome.

Narrative Therapy with Gender Violence Survivors

Karen Shatz, *Barry University* (Karen.shatz@gmail.com)

Aligning with the Narrative therapy work of Michael White (1995), there is a strong body of trauma work that stands behind the thinking that those who have been subjected to gender violence should be recognized through the documentation of their testimonies of their abuse. Taking these testimonies under a narrative framework make the retelling non re-traumatizing and have the capacity to repair the trauma effects. In these testimonies, those folks are called upon to o talk about their experiences of trauma, the consequences of this to their lives, their responses to trauma, as well as the foundation of those responses. Their responses to the abuses creates not only empowering opportunities, but encourages the telling of their initiatives against trauma, their acts of resistance and subsequent healing, along with their hopes and personal values. As Denborough (2005) points out if we create contexts where we initiate, receive and document such testimonies we are creating opportunities for provide substantial relief and comfort for individuals who have been subjected to gender violence.

Psychologists as Golems?

Lenore Walker, *Nova Southeastern University* (drlewalker@aol.com)

Psychologists are often seen as having super-powers by our clients who have experienced traumas by other people, especially those in relationships where there is a love bond in addition to violence and other forms of abuse. Trauma therapy combined with the empowerment from feminist therapy may place the psychotherapist in a God-like role as the client heals (transference). Or, alternatively, the psychotherapist may simply be engaging in counter-transference. Either way, the results of therapy may be similar to protection from a Golem. Abusers often fear psychotherapists, blaming them for their partners' growing strength and sometimes leaving the relationship. Are we similar to avenging angels here, too? Freud kept little

Golem-like figures in his office. Novelists Marge Piercy and Jonathan and Jason Kellerman have used the Golem theme in a broader context. Hopefully this presentation will provoke discussion given the proximity of this conference to the site of the Prague Golem.

Unaccompanied Refuge Children in Greece: Assessment of and Protection From Trauma and Sexual Exploitation

Christina Antonopoulou, *University of Athens* (cantonop@primedu.uoa.gr)

There has been a recent upsurge in the number of child minors arriving in Greece for many reasons but mostly fleeing the war in Syria and either resettling in Greece or going on to meet parents or relatives already living in other destinations in Europe. As many of these children have experienced trauma in their home countries they are vulnerable for further victimization while in transit or in Greece. Some are already victims of sex slavery and exploitation. Unaccompanied children may arrive clandestinely, hidden by traffickers or paid smugglers or they may attempt to migrate through normal immigration checkpoints. They may present false documents to border officials or arrive in desperation with no documents at all. They may be apprehended while trying to enter Greece or evade border patrols altogether. This part of the presentation will explore the attachment and ability to form new relationships for these children.

David L Shapiro, *Nova Southeastern University* (shapirod@nova.edu) – Discussant

96. Health Economics and Bioethics

Establishing Pandemic Influenza Vaccine Manufacturing Capacity in Developing States: Is a Knowledge Clearing House Required?

Mark Eccleston-Turner, *Keele University* (m.r.eccleston-turner@keele.ac.uk)

Problems in access to pandemic influenza vaccines are well establish. Developing states procure significantly less vaccine, and procure it later during a pandemic than their developed neighbours. One reason for such poor access is the fact that pandemic influenza vaccine manufacturing capacity is overwhelmingly concentrated in developed states - and developing states cannot be self-sufficient in their procurement of pandemic influenza vaccines. Intellectual property rights, and propiatry non-patented knowledge are a barrier to developing states establishing manufacturing capacity. In this paper I propose that an IP/knowledge Clearing House is a potential solution to this problem. The creation of this Clearing House would mean that viral samples would be provided from the WHO to established pandemic influenza vaccine manufacturers, in return for them engaging with transfer of technology with the Clearing House. This could include the transfer of patented and non-patented information required for pandemic

influenza vaccine manufacturing capacity to be established. This information would be transferred from the manufacturer to the Clearing House, and licensed in such a way that would provide full rights for the Clearing House to sub-license, and pass the information on to developing states in order for them to establish manufacturing capacity.

Ethical and Legal Issues in Technology Assisted Elderly Care

Soraj Hongladarom, *Chulalongkorn University* (hsoraj@chula.ac.th)

As many societies have become more elderly, uses of advanced technologies to assist in elderly care have become more common. These technologies include robot caregivers, internet of things, and so on. This paper discusses ethical and legal issues surrounding the use of these technologies in the context of elderly care, especially in developing countries. For example, one main concern about robot caregivers is how the robots can relate emotionally with the elderly and how well they can help the elderly avoid isolation and boredom. Internet of things, where sensors can be put on the body of the elderly to transmit her vital signs, can be of tremendous help, but could present a number of ethical and legal concerns, such as possible violation of privacy rights. I will employ insights obtained from Buddhism in my analysis of the issues here; the reason being that, in the context of a developing country such as Thailand, Buddhism provides most of the answers on ethics and by extension legal concerns.

The Role of International and Domestic Laws and Policies in Mental Health, Human Rights and Sustainable Development: A Capacity-Building Program in Indonesia

Harry Minas, *University of Melbourne* (h.minas@unimelb.edu.au)

Rapid development of the discipline of global mental health, particularly in the last decade, has focused attention on the dire situation of persons with mental disorders and disabilities in low- and middle-income countries. Among the many serious problems identified in many parts of the world has been the practice of restraining – in chains, shackles and other forms of restraint and confinement - persons with severe and persistent mental disorder in the community. This particularly egregious form of human rights abuse has been widely identified and reported in Indonesia, although it is known to occur throughout Asia, Africa and elsewhere. What distinguishes Indonesia from other countries in which the practice is also widespread is that government has acknowledged the practice and is implementing active measures to eliminate the practice. This presentation will briefly consider the development of the legal and policy foundations for more effective human rights protections for persons with mental disorder and disability and a program of capacity-building to support intersectoral governance and effective implementation of laws and policies.

Better Enough? Getting Beyond 'Do No Harm' in Product Development Partnership Sponsored Tuberculosis Clinical Trials

Susan Craddock, *University of Minnesota* (craddock@umn.edu)

Product Development Partnerships (PDPs) for Global Health rose to prominence in the early 2000s as promising mechanisms for addressing persistent global health issues, primarily infectious diseases affecting countries of the Global South. Consisting of nonprofits, research institutions, pharmaceutical companies, and philanthropic organizations, PDPs focus on developing products such as drugs, vaccines, and diagnostic technologies in their efforts to diminish malaria, tuberculosis, and other diseases. PDPs from their inception have been in favor with organizations such as the WHO, but they have at the same time been criticized for being the latest of a series of top-down, technologically-centered interventions. While these critiques have merit, this presentation argues that in their clinical trials, PDPs focused on tuberculosis are making significant strides in improving some of the fraught ethics of undertaking human subjects research in regions of extreme poverty and inequality, including rigorous community staff training, educational outreach, and robust Community Advisory Board communications. Yet some areas need further attention, including unequal relations between western sponsors and regional scientists, contradictions arising from required standardization across trial sites versus highly variable living conditions of trial communities, and the impact on community economies of the episodic nature of clinical trials.

97. Hoarding and the Law

A Specific Case Study on the Limitation of Regulations within Local Government and the Impact on the Individual Affected by Hoarding Disorder

Samantha Watts, *Catholic Healthcare Ltd, Sydney, Australia* (swatts@chcs.com.au)

A case study is presented: Mr M is an elderly man, living in his own home. He has leukaemia and Hoarding Disorder. Over the last 30 years he has accumulated a variety of items, so that now there is no access to most of the inside of his home; 95% of the floor-space is piled high, mainly with newspapers and rubbish. His home has no functioning amenities. Discussion needs to focus on individuals' rights versus the responsibilities of local government to ensure community safety and harmony. Whilst effective engagement is the key and should always be the ultimate goal, there is commonly a need to seek legal orders in order to make it possible to effect a satisfactory outcome in cases of Hoarding Disorder. Questions arise: whose interests are served by using available legal provisions? In Mr. M's case, if the local council was to seek an order to clean out

the dwelling, whose interests would be served? Mr. M's? The interests of neighbours, concerned family members, or local government's (fulfilling what they regard as their duty of care)? Such questions call for an urgent response by all parties involved, with the aim of achieving a multi-disciplinary approach.

When and How to Intervene in Cases of Domestic Squalor

John Snowdon, *Sydney Medical School* (jsnowdon@mail.usyd.edu.au)

The term 'severe domestic squalor' is applied when a person's home is so unclean, messy and unhygienic that people of similar culture and background would consider extensive clearing and cleaning to be essential. Waste material may extend throughout living areas of the dwelling. Rotting food, excrement and/or odours are likely to cause feelings of revulsion among visitors. In 'wet squalor' cases, people accumulate waste by not troubling to throw it out, and sometimes actively resist discarding. A majority of such cases are attributable to mental illness, particularly dementia, frontal lobe syndromes or schizophrenia. In other ('dry squalor') cases, excessive and disorganised hoarding leads to inability to clean; criteria for a diagnosis of Hoarding Disorder may be fulfilled, but the person may have little or no insight about potential risks to themselves and others. Whatever the type of squalor, if referral information or observation indicates it to be severe, assessment and intervention should be initiated and facilitated, engaging respectfully with the occupant(s) and ensuring effective coordination between supporting agencies, to help reduce health and safety concerns. Guidelines for such interventions have been developed, but these may need adaptation, depending on the laws, regulations and availability of services in the relevant jurisdiction.

Hoarding, Domestic Squalor and the Law

Ian Freckelton, *University of Melbourne* (i.freckelton@vicbar.com.au)

The inclusion of 'Hoarding Disorder' within DSM-5 is generating a range of clinical and research repercussions. It also has important forensic consequences. Already hoarding disorder has had outcomes in terms of the appointment of guardians and administrators in some jurisdictions, as well results by way of the imposition of involuntary status under mental health legislation. In addition, there can be consequences under criminal law for hoarders as well as those affected by their behaviour, and a range of outcomes for those whom neighbours local councils and others seek to make defendants in actions to reduce the public and private nuisance caused by hoarding. In turn this places pressure on courts and mental health assessors to be more conversant with the disorder so as both to diagnose it and treat it.

The Ethics of Intervening in Cases of Severe Domestic Squalor

Christopher Ryan, *University of Sydney* (christopher.ryan@sydney.edu.au)

The inclusion of 'Hoarding Disorder' within DSM-5 is generating a range of clinical and research repercussions. It also has important forensic consequences. Already hoarding disorder has had outcomes in terms of the appointment of guardians and administrators in some jurisdictions, as well results by way of the imposition of involuntary status under mental health legislation. In addition, there can be consequences under criminal law for hoarders as well as those affected by their behaviour, and a range of outcomes for those whom neighbours local councils and others seek to make defendants in actions to reduce the public and private nuisance caused by hoarding. In turn this places pressure on courts and mental health assessors to be more conversant with the disorder so as both to diagnose it and treat it.

Leigh Roberts, *Liverpool John Moores University* (L.E.Roberts@ljmu.ac.uk) – Discussant

98. Immigrant Integration: Settlement Houses, Social Support Networks and Public Policy

Deporting the Mentally Ill: A Case Study

Peter Golden, *Golden and Golden Law, Victoria, Canada* (petergolden@shaw.ca)

In 1958, a 6-month old boy immigrated to Canada from the Netherlands with his parents to start a new life. His parents obtained Canadian citizenship for themselves but did not apply for citizenship on behalf of their son. The boy was diagnosed with bipolar disorder at 16 years of age. He self-medicated with drugs and alcohol and amassed a lengthy criminal record related to his mental illness. With medical and community support, he has had no further criminal charges since 2013. In 2015, with changes to the law regarding deportation of non-citizens, the Canadian government, through the Canada Border Services Agency (CBSA), sought to deport the man, now 58 years old, without regard to the consequences to himself or his aged mother in Canada. On three separate occasions, stay applications before the Federal Court of Canada have been successful in rendering the deportation order unenforceable. This is a case study of the criminalization of mental illness and the community's efforts, supported by evidence from colleagues in the Netherlands, to support a man with mental illness against a state agency determined to remove him from Canada.

Individuals, Non-Governmental Organizations and Ethical Policy Communication

Anna Nikolaidis, *National and Kapodistrian University of Athens* (annanikolaidis6@gmail.com)

Ethical policy represents the code of practice that translates moral philosophy to everyday life. Bentham's act utilitarianism code is the basis of regulatory utilitarianism, the spine of contemporary ethical policy. According to that, a person's act is morally right, if and only it produces, at least, as much happiness as any other act that a person could perform at that time; happiness, defined as a pleasure in the absence of pain. Based on "the greatest good for the greatest number" idea, a mathematical code of seven elements was proposed. Here I extend this code by introducing a new element, communication, thus raising the number of Bentham's elements to eight. Communication is defined as a mechanism of transmitting messages and information between persons or group of persons. Thus, the new ethical policy communication element could not be studied better but within acts performed by individuals and non-governmental organizations determined to eliminate pain, introduced by famine, poverty and war.

Behavioral Health Needs among Burmese Refugees in Buffalo, NY

Isok Kim, *University at Buffalo* (isokkim@buffalo.edu)

The city of Buffalo, New York has been resettling a large number of Burmese refugees since the early 2000s. Despite shrinking resettlement resources coming from the federal government, Buffalo managed well with responding to needs and incorporating the new arrivals in the city. However, aside from anecdotal stories, we have had no systematic data collected about the actual needs of Burmese refugees in Buffalo. This presentation will describe the process of collecting Burmese refugee behavioral health information through a community-based participatory research (CBPR) project. Four years in the making, the Burmese Community Behavioral Health Survey has been following CBPR principles to reinforce active participation from the community members. They participated in all aspects of the project, which include project design, interviewer training, subject recruitment, interview administration, data interpretation, and information dissemination. We will also present initial findings from the project, highlighting the various dimensions (especially language barriers, trauma screening, and alcohol abuse) of behavioral health needs as indicated from the data. Based on the findings, a number of recommendations are suggested, including tweaking existing programs and calling for targeted future program development to improve the overall behavioral health of the Burmese refugees.

Barriers in Healthcare Use among Burmese Refugees

Wooksoo Kim, *University at Buffalo* (wkim5@buffalo.edu)

Refugees face many challenges and experience various forms of distress in their host county.

Inadequate healthcare access can result in a serious negative impact on the health and wellbeing of refugees. To explore the unique barriers that Burmese refugees experience when attempting to access healthcare services, in-depth interviews were conducted with eleven ethnic Burmese and Karen community leaders. Findings revealed five themes that explain reasons for Burmese refugees underutilizing available healthcare services. Theme 1 (new healthcare system) represents challenges when navigating complicated systems including extensive paper work, appointment requirements, visits to referral, and getting medication through pharmacy. Theme 2 (knowledge needs) represents health information that refugees need to know, such as differentiating major from minor symptoms, medical concepts, and learning how to live healthy lifestyles. Theme 3 (interpretation) represents unique language challenges, including the lack of medical terminology and interpreters. Theme 4 (unmet expectations) uncovers their expectations for medical professional. Finally, theme 5 (use of medication) explores the unique perception about medication, the use of alternative medication, and medication compliance. These findings will help in advocating for policy changes and development that will minimize, and ultimately remove, existing barriers to equitable healthcare service uses for this population.

Refugee Resettlement and its Correlations to Mental Health

Aida Alayarian, *Refugee Therapy Centre, London, United Kingdom*
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There is little research on the positive characteristics of immigrant populations. To examine the hypothesis that peoples positive qualities can be adversely affected during the process of immigration may influence settlement and integration. As such, this may therefore reduce the risk of developing positive capacity in their new environment. The correlation between immigration and its effects on the quality of individual's mental health is important. This presentation will elaborate on the importance of traumatic experiences such as torture and other forms of human right violations. Other eventful change needs to be considered as well and there must be a movement towards the establishment of a broader understanding of mental health. One in four people experience a mental health problem each year and suicide rates, especially among young men, are increasing. Mental health remains an important and current component in the world. Mental health provisions therefore need to be considered as an area of care; it is an important issue affecting public health at large. Governments have to invest in mental health care. Government enterprises play a significant role and need to look beyond scale and scope of economy in order to be accountable for this important aspect of public health.

99. Indigenous People and the Criminal Justice System

Culturally Appropriate Pre-Sentencing Reports: The Extent to Which They Address Mental Health Needs

Thalia Anthony, *University of Technology Sydney* (Thalia.anthony@uts.edu.au)

Elena Marchetti, *Griffith University* (e.marchetti@griffith.edu.au)

Pre-sentencing reports that have been prepared with the involvement of Indigenous community members improve the sentencing process by providing courts with a fuller set of information regarding the material facts relevant to the offender and the offence, and a broader set of community-based sentencing options. This in turn makes sentencing more relevant for Indigenous offenders, as well as makes sentencing more comprehensible to Indigenous offenders and improves their perception of the justice process. For judicial officers, lawyers and other non-Indigenous court participants, it improves their knowledge of Indigenous circumstances and enables them to promote fairer sentencing outcomes based on the principle of individualised justice. This presentation focuses on the extent to which information concerning an Indigenous offender's mental health needs is present in Australian sentencing courts that use culturally appropriate pre-sentencing reports, and whether such information differs from pre-sentencing reports that have been prepared without any community involvement. A description of the types of mental health problems, degree of mental health issues and level of custodial or community care detailed in the pre-sentencing reports will be presented.

Sentencing of Aboriginal Peoples in Canada: Colonial Trauma as Psychological Disorder

Gillian Balfour, *Trent University* (gillianbalfour@trentu.ca)

In Canada there have been various legal attempts to remedy the over-incarceration of Aboriginal peoples through community-based sentencing options, as well as a statutory framework to allow for sentencing judges to give "special consideration to Aboriginal offenders" (section 718.2e – *Criminal Code of Canada*). In sum, law appears to allow for greater judicial attention to be paid to "colonial traumas". However, in an earlier study of sentencing decisions reported between 1997 and 2004, I found that judges continued to evoke principles of deterrence and denunciation in sentencing of Aboriginal offenders, thereby reproducing a particular legal narrative that unhinges histories of violent victimization and conditions of endangerment, from offending behavior. In this paper I explore more recent sentencing decisions in cases of Aboriginal men and women criminalized for violent offences (2005-2012) to discern if the habitus of law continues to obfuscate 'colonial trauma' to justify incarceration. I compare the sentencing narratives in cases involving Aboriginal men and women to discern the gendered narrative of 'colonial trauma', and how law responds to the blurred lines between victimization and criminalization.

Justice Reinvestment for Reducing Recidivism in Remote Australian Aboriginal Communities

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The over-representation of Indigenous Australians in the criminal justice system is a major social problem linked to chronic historic adversity, entrenched social and economic disadvantage and complex issues in relation to social and emotional wellbeing at individual, family and community levels. In the state of Queensland incarceration rates have increased since 2012, with the state currently accommodating the fastest growing prison population nationally. Indigenous Queenslanders are grossly over-represented in relation to increased imprisonment, with a 51 per cent increase in Indigenous imprisonment across the state during 2014. With a quarter of Indigenous people who have been incarcerated re-offending within six months of release from prison, recidivism is a serious issue which requires new approaches based on the justice reinvestment model. Based on data from a two year study in two remote communities, this paper presents a rationale for reinvesting existing resources away from prisons to community based diversionary programmes to reduce the high incidence of recidivism. The paper will describe what Indigenous people have identified as potentially empowering programmes such as reintegration bush camps and youth justice conferencing to reduce recidivism and promote well-being among people living in remote areas of Australia.

Sentencing of Indigenous Australians with Disability: Revisiting the High Court Decision of Bugmy

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Linda Steele, *University of Technology Sydney* (linda.steele@uts.edu.au)

The recent Australian High Court decision in *Bugmy* (2013) 302 ALR 192, concerning the sentencing of an Indigenous Australian male, recognized the relevance of social deprivation in mitigation. However, the High Court was more reticent in accounting for psychiatric difficulties experienced by the defendant. Despite Bugmy's diagnosed head injuries, low-level literacy, addiction problems and psychiatric issues, the High Court refrained from specifically accounting for these conditions in sentencing. In this presentation, critical disability studies is drawn on to interrogate the significance of *disability* in Bugmy's sentencing submissions and the court's failure to engage with their relevance. It will be argued that it is not sufficient for the court to understand the impact of disability for Indigenous offenders in explaining the nature of the offending behaviour and sentencing options. The court also needs to appreciate the intersections of Indigeneity, social disadvantage and disability (including psychiatric and cognitive impairments), which are highlighted in critical disability studies, as inseparable for Indigenous Australians with disabilities. Such an appreciation provides new possibilities for sentencing courts to identify not only the role of social disadvantage and disability in creating paths for Indigenous Australians to criminal justice system, but also the role of the criminal justice system in entrenching these circumstances and limiting pathways for restoration.

100. International Perspectives on Forensic Psychiatry I: Forensic Psychiatric Issues in Greece

Serious Mental Illness in Greek Prisoners

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Introduction and methods: The prevalence of serious mental illness (SMI) varies from one country to another but is consistently higher than the prevalence found in prisons. This means that SMI remains undiscovered and untreated in prisoners. The current study presents findings from a survey in three Greek prisons where all inmates were randomly selected for assessment, initially with the GHQ-28 and then, if their scores indicated the presence of mental illness, with the SCL-90 and a psychiatric interview (MINI). A total of 200 prisoners were assessed. Results showed that inmates in Greek prisons were predominantly of a young age and single (41.5%). 57.5% had children of their own and 50% were serving their first prison sentence. In 37.7% there was no mental illness whilst 10.4% suffered from a psychotic disorder and 17.9% from depression. Addiction was diagnosed in 24% of the sample. The results underline the need for better diagnosis and treatment in Greek prisoners.

Prisoners With Personality Disorders in Greek Prisons

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Introduction: Personality disorders are a class of mental disorders characterized by enduring maladaptive patterns of behavior, cognition and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's culture. Some personality disorders, such as antisocial, are associated with delinquent behaviors and crime. Material and Method: In this research, we studied 308 prisoners in two different Greek prisons. We studied demographic data, the types of crime, and types of personality disorders. Results: We found that many prisoners have more than one personality disorder. The most common disorder was antisocial, which had the highest association with violent crimes. This was followed by borderline, narcissistic, and paranoid disorder. Conclusions: There is a high association of crimes with personality disorders, primarily with antisocial personality disorder. In more serious offences, there is increased likelihood of personality disorders and substance abuse.

S.M.I. in Female Greek Offenders

Tsopelas Christos, *Psychiatric Hospital of Attica* (tsopelas@gmail.com)

Within the prison population, women are the minority. Among the most interesting and persistent findings in the literature is that mental illness affects women and men differently. We have found the typical Greek female prisoner to be 40 years old, mainly serving a sentence for drug related offences (40%) and almost equally (20%) for murder/attempted murder, and offences relating to money with theft and sex-related offences to be rarer. She has substance abuse disorder (25%) depression/dysthymia (10%) bipolar disorder, substance abuse, or anxiety disorders (equally 10% for each). In our sample, female inmates with sentences for violent crimes had no prior criminal history (79.4%), and were suffering from psychiatric disorders (60%), mainly from depression/dysthymia (26.5%), followed by substance use (14.7%), bipolar disorder (8.8%), schizophrenia spectrum disorders (5,9%), and anxiety disorders (2.9%). The specific characteristics of women inmates are increasingly recognized in recent years, and an effort is made for a separate research focus from male prisoners, in order to highlight the special needs related to gender, motherhood, and different social roles both in the family and in society, in order to organize in a better way their care.

Law and Mental Health in Ancient Greece: The Birth of a Concept

Georgios Tzeferakos, *University of Athens* (tzefgr@yahoo.gr)

Introduction: In ancient Greece, as in all archaic civilizations, the approach to different psychic phenomena was through a cosmogonic – theocratic perception. Mental disorder was mainly explained as a divine insanity - «Ἄτη» - the result of the hubris. Through this "sacred" perception of the different phenomena, either natural/psychic or social/political, the rules of the social structure and human coexistence were forged. Thus, the primitive legal system of the ancient Greeks had also a divine origin, which made any attempted alterations very difficult. Despite this fact, a gradual change can be traced, peaking in the "classical" Athens of the 5th and the 4th century B.C. During this period, basic legal concepts were formed and so the foundations of the elaborate Roman legal system, the precursor of the modern European one, were laid down. Methods: An extensive review of the literature was done focusing on the development of the ancient Greek penal code, the evolving perceptions of mental health and disorder in the ancient Greek philosophical thinking, and how these changing concepts can be traced in the ancient theatrical plays. Conclusions: In ancient Greece, with the contribution of important scientists, artists and philosophers, a gradual shift took place in the concept of crime and criminal responsibility: the theocratic model was replaced by a more anthropocentric perception of the mental health and disease and of the laws and the justice.

101. International Perspectives on Forensic Psychiatry II: Forensic Psychiatry in Pakistan

Evolution of Forensic Psychiatry in Pakistan

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There is an urgent demand for forensic psychiatric services in Pakistan. The current meager supply of psychiatrists with a forensic interest cannot keep up with demand. Highlighting this important discipline is also met with understandable anxiety relating to public outcry for certain types of forensic cases and how to mitigate the risk to psychiatrists. Large institutions in Pakistan have mechanisms in place to address the mentally ill offender, but can still learn from the experience of the West. The presentation reports research undertaken by interviewing Heads of Departments of Psychiatry in Karachi and Lahore and faculty members in Rawalpindi. It also reports on the Pakistan Penal Code and the Mental Health Ordinance (Pakistan) 2001 and how these have been used for the mentally ill offender. There is hardly any literature that looks at forensic psychiatry in Pakistan in terms of its current context and future plans. This presentation appraises the current trends of forensic psychiatry in Pakistan. By doing so, the discipline can aim for higher standards in this field across multiple forums in Pakistan. There is an impending need to highlight this discipline within psychiatry and implement far-reaching goals. Greater education of psychiatric residents, judges and lawyers is needed to smooth the transition for patients between psychiatry and the judicial system. Greater public awareness is needed on mental illness and the forensic mentally ill. Regular sharing of forensic practices between institutions to learn from one another will allow standardizing practices across the country.

Legislation and Mental Disorder in Pakistan: Practical Challenges

Asad Nizami, *Rawalpindi Medical College* (drasad_nizami@yahoo.com)

In Pakistan, all criminal offences are charged under the Pakistan Penal Code (PPC) which drew its origin from 1860 on behalf of the Government of British India as the Indian Penal Code. Currently, the PPC is now an amalgamation of British and Islamic Law. Until 2001, the laws in Pakistan relating to the mentally ill were guided by the Lunacy Act of 1912, which was inherited from the British colonial occupiers in the Sub Continent. In collaboration with the international and national mental health fraternity, new legislation, the Mental Health Ordinance, came into effect in Pakistan in 2001. Most of the laws in the Mental Health Ordinance 2001 were adopted from the laws in the Mental Health Act 1983 of the UK. Since its promulgation and implementation, apart from administrative difficulties, civil society also posed fears and apprehension in implementing the Mental Health Ordinance. In Pakistan, Islam plays a major role in determining the value system of Pakistani society, and the treatment of individuals who are mentally ill is greatly affected by the society's strong religious and ethical values. Therefore, there are reservations while implementing and practicing the Mental Health Ordinance in Pakistan and society has reservations in categorization of mental health disorders and their definitions, treatment places that are outlined, as well as types of treatments that are limited in the ordinance. In some cases, select members of the public demand their own form of justice against the accused, which, unfortunately, can have fatal consequences.

Substance Use in Pakistan Prisons Population

M. Nadeem Mazhar, *Queen's University* (mazharm@kgh.kari.net)

Current or past use/abuse of psychoactive substances appears to be more prevalent among prison populations worldwide. There are not many studies looking at the prevalence in Pakistan prison populations. The limited evidence available suggests that a significant proportion of inmates have drug addiction issues. A majority of drug addicts still have access to psychoactive substances inside the jail. The data also supports higher prevalence of communicable diseases among substance using prisoners and inadequate treatment due to either lack or diversion of necessary funds. There is an apparent lack of harm reduction strategies and efforts for reformation. There appears to be a need for development of effective screening programs, education and treatment of substance using inmates. This is highlighted by a marked rise in HIV seropositivity among intravenous drug users in Pakistan. Models of rehabilitation in prisoners, including use of opioid agonist therapies, vocational training and education could be adopted from other countries.

Community Mental Health Services in Pakistan: Reducing Reoffending

Tariq Munshi, *Queen's University* (dtariq2000@yahoo.com)

Pakistan's mental health policy was last reviewed in 2009 in a joint collaboration with the World health Organization. According to the report, community based residential facilities and day treatment facilities are not available. The current literature shows that effective community mental healthcare can reduce the chances of violent and non-violent reoffending. Patients in Pakistan are most often looked after by their families with poor access to effective community mental health care. It is highlighted that drug dependence and abuse was on the rise and most patients were being treated by doctors who had no mental health training. The findings suggestthe need to develop feasible, cost-effective, community level interventions, which can be integrated into existing healthcare systems. A community service model in Lahore at a facility called Fountain House provides social, vocational and residential services to individuals with chronic schizophrenia. This facility has been providing important community psychiatric services since 1971. There has been increasing awareness of psychiatric illnesses on both public and professional levels in Pakistan. There has been great emphasis laid on the education and training of medical and related professionals in recent years. A community research initiative concluded that efforts to integrate mental health into primary care need to be accompanied by educational activities in order to increase awareness, reduce stigma, and draw attention to the availability of effective treatment. It is therefore imperative to develop community mental health services to provide quality care to the affected individuals with mental health issues and support

their families by possibly forming a joint partnership to reduce potential reoffending in the community.

102. International Perspectives on Policy, Prevention and Care for HIV/Sexually Transmitted Infections Among Service Users With Mental Health Disorders

Understanding the Association of Poor Sexual Health in People with Serious Mental Illness: A UK Perspective

Samantha Gascoyne, *University of York* (samantha.gascoyne@york.ac.uk)

Research suggests that people with serious mental illness are at an increased risk of contracting sexually transmitted infections and blood borne viruses. One of the explanations for this within the literature is that people with serious mental illness are more likely to engage in 'high risk' sexual behaviours. Key findings from a recent systematic review to explore this association will be presented. To enable the development of effective interventions to promote positive sexual health and relationships, reliably assessing those deemed to be at risk of contracting blood borne viruses and other sexually transmitted infections in this 'at risk' population is needed. Much of the research in this field has been undertaken in the USA and Brazil (Cournos et al., 1994; Guimarães et al., 2014; McKinnon et al., 1993; Wainberg et al., 2008). This session will also discuss the acceptability of talking about sexual health and behaviour in a UK population of people with serious mental illness.

HIV and Sexuality among Psychiatric Patients: A Three-Decade Perspective

Francine Cournos, *Columbia University* (fc15@cumc.columbia.edu)

Prior to the HIV epidemic, the mental health system largely ignored sexual activity among people with severe mental illness. What attention sexuality did receive was predominantly restrictive. For example, sexual activity on an inpatient unit was treated as an adverse event and female inpatients were routinely encouraged to accept tubal ligation to avoid pregnancy. Even today, the movement to focus on recovery from mental illness is remarkably silent on whether having intimate relationships is included as a goal. The presenter, who has worked globally at the interface of HIV infection and mental illness since 1983, will explore more than three decades of work to halt the spread of HIV infection among people with severe mental illness through a better understanding of their sexual needs, activities, risks and protective strategies. Picking up on the themes of previous presenters on this panel, this presentation will review what we know globally about the epidemiology and modes of transmission of HIV in this population; how the

mental health system has responded, or failed to respond, to the epidemic; and how stigma poses a barrier to accepting the sexuality and sexual rights of people with disabilities, including those with schizophrenia and bipolar disorders.

What Does it Take to Achieve Integrated HIV and Mental Health Care? Results from New York Over 30 Years

Karen McKinnon, *Columbia University* (kmm49@cumc.columbia.edu)

The US Affordable Care Act creates incentives to coordinate primary care, mental healthcare, and addiction services. Integration of clinical HIV and mental health services has been shown to improve quality of life and physical and mental health of people living with HIV/AIDS. However, few studies have investigated the practice of service integrationsystematically. We examined practice patterns of 623 direct-service outpatient mental health programs licensed by the New York State Office of Mental Health. We sought to identify treatment setting characteristics associated with an integrated spectrum of care. Using factor analysis and linear modeling, we found that patterns of service integration varied by service setting location (rural, suburban, urban), programs' HIV caseload, and the case rate in counties in which programs were located. Findings from this survey were compared to results from two prior surveys in the state conducted in 1997 and 2007 to understand existing and shifting capacities of programs providing psychiatric care throughout New York. Results will help to guide policy, staffing, and linkage to enhance HIV mental health service integration within and beyond New York in 2017 as significant shifts in the healthcare landscape require continuing planning.

Sexual Health Promotion for People who Experience Serious Mental Health Problems: Can it be Done?

Amanda Edmondson, *University of Huddersfield* (a.edmondson@hud.ac.uk)

Evidence shows that people with serious mental illness experience rates of exploitation and violence in sexual relationships, sexually transmitted infections, unplanned pregnancy, and blood borne viruses (hepatitis B and HIV) that are higher than those in the general population. Theories proposed to explain this include acute exacerbation of psychiatric symptoms; co-morbid drug and alcohol problems; previous experience of sexual abuse; sexual stigma and lack of social skills (assertiveness, negotiation re condoms etc.). Evidence also shows that routine discussion about sexual health with supporting staff (mental health professionals) is limited. This session will discuss the key findings of a UK survey and focus groups with mental health professionals on the subject of sexual health and relationship needs of people with serious mental illness and the role of mental health professionals in sexual health. The RESPECT study, a feasibility trial to offer an intervention to people with serious mental health problems related to sexual behaviour, will also be presented.

Listening to Adolescents in Substance Use Treatment: Perspectives on Sexuality and Substance Use

Veronica Pinho, *The George Washington University* (vpinho@gwu.edu)

Adolescence is a critical developmental period in which youth may explore their sexuality and use substances, thereby increasing their risk of contracting HIV and sexually transmitted infections (STIs). In the United States, youth account for nearly 25% of new HIV infections and half of all new STIs. Evidence shows that sexual risk behaviors for HIV/STIs among adolescents with substance use disorders are significantly higher than for youth without substance use disorders. Despite increased risk of HIV/STI among youth who use substances, few prevention interventions have been designed to address the needs of this particular treatment group. This session will discuss key findings from a New York City-based qualitative study among youth in substance use treatment, examining adolescents' perspectives on access to condoms, why they choose to use or not use condoms, and how they negotiate condom use with their partners. We will also discuss adolescents' views on the relationship between sex and drugs/alcohol, namely how substances can affect condom use and poor decision-making. Findings from these qualitative interviews may have implications for sexual risk reduction interventions to promote safer sex practices and reduce HIV/STI sexual risk behaviors among adolescents in substance use treatment.

Jorge Flores-Aranda, *University of Sherbrooke* (Jorge.flores.aranda@usherbrooke.ca) – Discussant

103. Issues in Correctional Psychiatry in USA

Issues in Correctional Psychiatry in USA: Value of Super-Max Prisons

Jagannathan Srinivasaraghavan, *Southern Illinois University* (inspirationaltraveler@gmail.com)

In the United States of America, more than a million individuals are imprisoned in the Federal and State prisons, which is the highest rate among the developed countries. Overcrowding, poor funding as well as a lack of well-trained staff members compromises safe, secure and humane conditions. With a goal of reducing gang activity and severe violence, individual segregation units within a prison or maximum-security prisons were created. Nearly 80,000 prisoners are in individual segregation units or in Super-Max prisons. Significant numbers of them stay over an extended period of time in situations wherein communication is severely curtailed and sensory

deprivation and lack of recreational activities is the norm. This presentation will focus on the relative merit of crime reduction and fostering security promised by such units against charges of human rights violation and data not supporting the recidivism among these prisoners.

Gender Dysphoria in the Correctional Settting

Abdi Tinwalla, *Wexford Health Sources, Pittsburgh, United States* (atinman1@aol.com)

Transgender is an umbrella term used to describe people with gender identities and/or expressions not traditionally associated with the sex that they were assigned at birth. *Gender dysphoria* refers to discomfort or distress caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). Transgender individuals are at risk for mental health issues, such as gender dysphoria, depression, and anxiety, if gender expression is suppressed. These issues can be exacerbated when transgender individuals are in correctional environments. Jails, prisons, and juvenile confinement facilities have a responsibility to ensure the physical and mental health and well-being of inmates in their custody, correctional health staff should manage transgender inmates in a manner that respects their biomedical and psychological needs. This presentation will discuss the special issues that arise in the management and treatment of Gender Dysphoria in the Transgendered inmate population in correctional settings.

Violence Risk Assessment

Britta Ostermeyer, *University of Oklahoma* (Britta-Ostermeyer@ouhsc.edu)

Inmate misconduct and violence in correctional facilities can create serious problems both for other inmates and prison staff, including bodily injury and death. Hence, identifying and classifying inmates who are prone to violence are important tasks within correctional settings. Inmate risk factors for violence in correctional settings are younger age, shorter prison terms, disadvantaged socioeconomic and/or psychological conditions, longer criminal histories, prior incarcerations, childhood trauma, and antisocial attitudes and behaviors. In addition, situational and institutional factors greatly influence the rate of prison misconduct and violence as well. This interactive and practical presentation will demonstrate how to perform a violence risk assessment. After presentation of an inmate case scenario, the audience will identify and discuss violence risk factors and any situational and institutional challenges. Then, the audience will participate in compiling a violence risk reduction plan. Such a plan will make note of violence risk factors and its corresponding risk reduction management steps.

A Discussion of Lesbian, Gay, Bisexual, Transgender (LGBT) Inmates and Minorities in the Corrections System

Navneet Sidhu, *Private Practice, Alexandria, United States* (navnitsidhu@gmail.com)

It is widely recognized that minority communities and LGBT populations are over represented in the corrections system and face unique challenges. As of 2016, at least 72 countries have laws that criminalize homosexuality. Members of these communities are highly vulnerable in prisons. In one study of California prisons, 67% of LGBT inmates reported being assaulted. Amnesty International reports that these people face the risk of torture, ill treatment and violence from other inmates as well as prison officials. Media attention and growing public awareness has led to protests of such treatment. Most prison systems react to these concerns by placing these vulnerable inmates in solitary confinement or administrative segregation for prolonged periods. These disparities are further heightened in LGBT inmates from minority communities. One study noted that transgender people had higher rates of incarceration in general (47% compared to 12% of white transgender people). It also found that black trans women were sexually assaulted in jail at a rate of 38%, compared to 12% of white trans women prisoners. In the US, African Americans and Hispanics face higher incarceration rates and longer sentences for similar offenses as compared to whites. In 2012, almost 3% of black male U.S. residents of all ages were imprisoned as compared to 0.5% of white males. The aim of this presentation is to highlight these disparities and the associated ethical and human rights concerns.

Punishment versus Rehabilitation: Call for Gender Specific Treatments for Incarcerated Woman with Substance Use Disorders

Ritu Chahil, *Private Practice, Salem, United States* (rchahil@outlook.com)

Incarcerated woman present a unique minority of the legal and correctional system. It is widely recognized that there has been a significant increase in the number of female inmates in the US in the last 2-3 decades. Majority of these woman are incarcerated for drug offenses or crimes related to their addiction i.e. acquisitive crimes. Although a minority of the prison population, it is important to recognize the need for gender specific initiation of substance abuse treatment programs that encompass pharmacotherapy as well as psychosocial treatments while in prison and upon release. The need to identify this subset of prison population is imperative. Incarcerated females with substance use disorders have been found to have a higher incidence of other mental health issues particularly PTSD related to trauma as well as depression. Women are also unique in their treatment response, side effect profile as well as impact of drug use on the fetus. Moreover this population is noted to have unique socioeconomic demographics including a majority of them having sole custody of their children prior to incarceration. Research indicates lower rates of recidivism for woman participating in prison programs as well as a higher motivation with those involved in the child welfare system. In this presentation we highlight the

need for individualized treatment to this marginalized subset of prison population. The rehabilitation programs will not only leads to substantial decrease in the socioeconomic burden of a nation as it pertains to the legal/ correctional system, child welfare system, and health care costs and outcome but will have transforming effects on the next generation as well.

104. Juvenile Justice I: A Careful Look at Juvenile Justice Involved Youth With Behavioral Health Issues

Edward Latessa, *University of Cincinnati* (Edward.Latessa@uc.edu) – Moderator

Researchers and practitioners recognize the challenges associated with serving youth with behavioral health issues in the juvenile justice system. One response to this challenge has been to assess for mental health problems and refer to treatment providers as appropriate. Another response has been to assess for juvenile justice risk and needs as well as mental health needs and then refer as appropriate. This panel will focus on youth in one Midwestern state and examine carefully their juvenile justice needs, whether or not they also have mental health issues, the services they receive through the court, and whether or not they reoffended. Finally, methodological considerations and challenges will be discussed.

Do Behavioral Health Youth Have Different Juvenile Justice Needs?

Kelly Pitocco, *University of Cincinnati* (Kelly.Pitocco@uc.edu)

Myrinda Schweitzer Smith, *University of Cincinnati* (Myrinda.Schweitzer@uc.edu)

Over the past several years, significant advances in research and program development have resulted in a wide array of new tools and knowledge that can assist juvenile justice and related child-serving systemsimprove their response to youth with mental health needs. This presentation will introduce evidence to show that youth with mental health issues are a growing concern within the juvenile justice system and highlight criminogenic need areas that may be pertinent to them based on study results from one Midwestern state. The study, more specifically, used a validated risk assessment tool–the Ohio Youth Assessment System (OYAS)–which will first be introduced and described. Then, to paint a picture of the youth in the juvenile justice system within the state, a comparison of OYAS profiles will be made between youth with mental health needs and youth without mental health needs. Practical and policy implications for juvenile justice agencies will be explored.

Do Behavioral Health Juvenile Justice Involved Youth Receive Services that Differ from Youth without Behavioral Health Needs?

Jodi Sleyo, *University of Cincinnati* (sleyoj@ucmail.uc.edu)

Eric Willoughby, *University of Cincinnati* (Eric.Willoughby@uc.edu)

Efforts to address the needs of juvenile-justice-involved youth, as well as youth with mental health diagnoses, has substantially increased in recent years. Many of the improvements in this area can be tied to the expanded use of standardized risk and need assessment in field. Further, funding for treatment for both populations, for example, increased significantly in the mid- to late-2000s in an attempt to improve the quality and quantity of services available to both populations. The current presentation will explore the number and type of services juvenile justice-involved youth received, compared to the number and type of services dually diagnosed youth (i.e., juvenile justice-involved *and* mental health disordered) received. Specifically, the data will be used to explore if mental health services are prioritized over criminogenic need areas. Additionally, similarities and differences between the two groups will be discussed and practical and policy implications for juvenile justice and mental health agencies will be identified.

The Impact of Juvenile Justice Programs on Behavioral Health Justice Involved Youth

Eva Kishimoto, *University of Cincinnati* (Eva.Kishimoto@uc.edu)

Carrie Sullivan, *University of Cincinnati* (Carrie.Sullivan@uc.edu)

Efforts aimed at improving the quality of available treatment and programming for youth involved in the juvenile justice system are a recent result of the cumulative body of knowledge on the principles of effective intervention. When agencies identify *who* should receive the most treatment to reduce their risk of recidivism, *what* specific factors should be targeted to change delinquent behavior, and *how* to deliver treatment in a way that matches juveniles' personalities, abilities, and motivation levels (i.e., follow the principles of risk, need, and responsivity, respectively), they are more likely to reduce recidivism and change other related behaviors (e.g., school performance, mental health problems). The current presentation discusses how cognitive behavioral interventions and treatment strategies may be used to change juvenile delinquency and behavioral health behaviors and highlights two model programs–Functional Family Therapy and Multisystemic Therapy, that show promising results. Practical and policy implications for juvenile justice and mental health agencies will be identified.

Assessing Behavioral Health Problems in Justice Involved Youth: Methodological Challenges and Possible Solutions

Jennifer Lux, *University of Cincinnati* (Jennifer.Lux@uc.edu)

Christopher Sullivan, *University of Cincinnati* (Christopher.Sullivan@uc.edu)

Over the past several years, the assessment of offenders has evolved from using intuition and clinical inference to instruments that focused on past behavior (i.e., static factors) to what are now called fourth generation instruments. Undoubtedly, risk and needs assessment plays an important role in systematizing information about justice-involved youth, as well as plays an integral role in identifying behavioral health problems juveniles' may be facing. With the advancement in risk/needs assessments over the last several years, however, effective measurement of these problems can pose significant challenges. These challenges, in turn, may affect prevalence estimates, detection of change over time, and the evaluation of the effects of general and specific juvenile justice interventions. In line with this discussion, the current paper identifies some of the key methodological obstacles in this growing area of juvenile justice assessment using an example-based approach. It then offers some solutions based on the existing literature and original data analysis before presenting a forward-looking research agenda on the topic.

Dorothy Sekhukhune, *Mental Health Review Board, Johannesburg, South Africa* (dorothy.sekhukhune@gmail.com) – Discussant

105. Juvenile Justice II: Comprehensive Health Services for Youth Entering the Justice System: An Innovative, 'Health Coach' Approach

Policy Issues Relating to Public Health Services in the Juvenile Justice System

Asha Terminello, *Agency for Community Treatment Services, Tampa, USA* (aterminello@actsfl.org)

Public safety, offender risk screening and assessment, and supervision practices and interventions designed to reduce offending behavior remain key features of the balanced and restorative justice model informing juvenile justice, especially probation services, in the U.S. Reflective of this model, recent decades have seen the development of evidence-based screening and assessment instruments to identify, and interventions to address, youth substance abuse and mental health issues. It is now time to incorporate public health issues, especially youth sexually transmitted infections, among the key concerns of juvenile justice agencies. Substantial evidence indicates justice involved youth are at heightened risk of acquiring these diseases, and, since most arrested youth are returned to the community soon after arrest, serving as core transmitters of these diseases in their communities. Female youth are at relatively greater risk of acquiring,

and bearing the personal burden resulting from them. Yet, few juvenile justice agencies—especially those at the front end of the justice system—test, or coordinate with local departments of health in identifying and treating infected, youth. A policy shift and innovative approaches, such as the Health Coach service model discussed in this panel, are needed to respond effectively to the urgent public health need justice involved youth present.

Implementing Health Services in a Juvenile Justice Intake Setting: Experiences and Successes

Jennifer Czaja, *Agency for Community Treatment Services, Tampa, USA* (Jennifer.Czaja@djj.state.fl.us)

Jessica Faber, *Agency for Community Treatment Services, Tampa, USA* (Jessica.Faber@djj.state.fl.us)

The Health Coach project, currently focusing on arrested girls, who bear the heaviest burden of sexually transmitted infections, and other public health issues such as depression, operates in the Hillsborough County, Juvenile Assessment Center (JAC). The JAC is a central intake facility for arrested youth, who undergo a number of justice related (e.g., booking) and juvenile justice required (e.g., detention risk screening) functions during the 6 hour period they, on average, are at the facility. The Health Coach project involves a multi-agency collaboration with many moving parts—e.g., the Florida Department of Health, community-based Tampa Family Health Clinics, and a local Department of Juvenile Justice detention center. We first present a detailed overview of the integrated system of services involved in this project. Next, we discuss the program design, and implementation experiences in bringing the project's services to life on a daily basis to assist youth. We discuss challenges we faced, and how we addressed them. Lastly, we share our ongoing efforts to ensure continuing, high quality services, and data collection activities so that the youth needs we identify and respond to inform policy makers, our community stakeholders, and the scientific community.

What We Have Learned and Expect to Learn from this Innovative Service Experience

Richard Dembo, *University of South Florida* (rdembo@usf.edu)

The stakeholder reports provide periodic updates on prevalence rates of behavioral health and STIs. Information includes sociodemographic data (e.g., age), UA test results for drugs (e.g., heroin, marijuana), test results for STIs (UA-test for chlamydia and gonorrhea), HIV (swab, followed by indicated blood test), HCV test for at-risk youth (e.g., IV drug use), and elevated rates of depression. A recent stakeholder report is shared and discussed. Also presented is a recent service follow-up report covering treatment outcomes for youth testing positive for any

STI, HIV or HCV; referred youth who received medical treatment at a family health clinic; and youth completing the on-line, post-JAC STI prevention intervention**.** Six months following the JAC entry, random samples of Health Coach served youth and youth not receiving these services are selected for follow-up assessment via telephone to determine: (a) alcohol/other drug use and treatment, (b) testing for STIs and HIV, and treatment for STIs or HIV, (c) assignment to a primary care physician at a family health center, and (d) completion of the on-line prevention intervention. We will also record the number of arrests during the six-month follow-up period for recidivism analysis. Research studies are planned (e.g., psychometric studies of the depression measure; multi-level analyses of the depression, STD, and HIV test results). Expansion of Health Coach Services to male youth will further improve our community's public health. We plan to continue serving as a public health monitoring station.

106. Juvenile Justice III: Considerations of Youth Perspectives in the Canadian Criminal Justice System

Parental Reactions to Their Child's Sexual Abuse Conviction: A Case Study

Roger Ogden, *iHuman Youth Society, Edmonton, Canada* (pneumaprana@gmail.com)

There are many reactions that a parent may have to their child's sexual assault conviction. Reactions may range from punitive toward the child to over-protective. Youth oriented risk assessment tools such as the ERASOR-2 include three risk factors directly connected to the parent-child relationship (i.e., high stress family relationships, problematic parent-child relationships and parents not supporting sex offender specific treatment/assessment). Therefore, attending to the parent's reaction to their child and the child's involvement in the CJS, is a critical factor in the offending child's ability to a) cope with their offending and b) reintegrate safety into their family system. A factor that is often ignored in the forensic world is the attachment of the offending child and their parent. The more complex the child's needs are the more strain is placed on the parent-child bond. A child's involvement in the criminal justice system brings with it a number of professionals who may all have a perspective of what is in the child's best interest and may further complicate the parent-child relationship. This presentation will explore these issues within a case study of a youth with complex needs, convicted of sexual abuse.

Culturally Sensitive Assessment for Youth in the Criminal Justice System

Melissa Tremblay, *University of Alberta* (mkd@ualberta.ca)

For youth in the criminal justice system, psychological assessment can function as a critical point of intervention. In order for assessments to inform interventions, however, they must be carried out with explicit sensitivity to the ways in which cultural worldview, family background, values, and beliefs can impact the behaviors and experiences of young people (Clauss-Ehlers, Serpell, & Weist, 2013). This becomes particularly important for youth involved in the criminal justice system, as these youths often present with complicating factors related to race, ethnicity, community, and family background that can add complexity to the assessment process (Denney, Ellis, & Barn, 2006). In this presentation, we will share our experiences with conducting culturally sensitive assessment with youth in the Canadian criminal justice system. We will draw on current research as well as our clinical experience to discuss the main tenets of conducting culturally sensitive assessment with this population, and will share methods for ensuring the appropriate use of assessment findings. To support our discussion, we will describe learnings from an innovative pilot project with Aboriginal offenders who received Fetal Alcohol Spectrum Disorder (FASD) assessments as part of their involvement with the criminal justice system.

Youth-Initiated Psychological Assessments

Rianne Spaans, *University of Alberta* (spaans@ualberta.ca)

iHuman, a non-for-profit organization with a mission to work with traumatized youth (ages 12 to 24) who exhibit high-risk lifestyles, offered psychological assessments as part of their mental health initiative. Several assessments were then conducted on the basis of self-referral. This was a surprising finding as less than 25 percent of young Canadians (ages 15-24) are estimated to request supports from professionals (Raviv et al., 2000). The act of seeking help and the utilization of support systems by adolescents can serve as a buffering effect for stress which in turn is linked to lower level of emotional and behavioral problems and better overall adjustment. As a result, it is important to examine the factors that made this number of self-referrals possible. Previous research suggests that individuals are more likely to seek help when they hold positive views of the professionals, the place, or event for the requested services (Leong & Zacher, 1999). In addition, individuals are more likely to request services when there is a lower threat to self. This presentation aims to outline some of the unique factors that may have contributed to the youth initiated assessments as a result of the setting and environment in which they occurred.

Supervision of Students Working with High Risk Populations: The Scientist Practitioner Model in Action

Ann Marie Dewhurst, *Valerian Consulting, Edmonton, Canada* (AnnMarie.Valerian@shaw.ca)

Jacqueline Pei, *University of Alberta* (jpei@ualberta.ca)

Advancement of the practice of psychology requires strategic and intentional approaches to student training. In addition to formal academic criteria, such training necessitates opportunities for application of principles under supervision that supports growth while also ensuring no harm comes to the public. One approach to best practice in psychology incorporates a scientist-practitioner model of practice, in which practice informs research and research informs practice. This ambitious approach is geared towards supporting students to not only become competent in basic practice, but also to simultaneously adopt an inquisitive perspective that prompts frequent queries and reference to the related research literature. From intervention strategies, to diagnostic decision making, to ethical problem solving, this approach when optimized can produce effective and evolving clinicians. At the same time this approach, can create confusion, uncertainty, tension, and unrealistic work expectations. In this session we will discuss ways to establish this supervisory balance without in a way that fosters student growth and responds to student's unique needs.

107. Juvenile Justice IV: Ethical Considerations and Judicial Reform

Ethical Concerns in the Provision of Youth Court Reports in New Zealand

Daniel Svoboda, *Consulting Psychiatrist, Christchurch, New Zealand*
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The writing of a psychiatric court report usually denotes a request for an expert opinion from the Court in a specific individual's case. However, in Youth Court, the intent of the Judge often relates more directly to the youth's needs in line with New Zealand's rehabilitative legislative emphasis. Yet when a youth (currently defined as under 17 years) when such a request ('section 333' of the Child Youth and Families Act (1989)) is made there yet can be a delay in the youth receiving appropriate clinical intervention in a timely manner. Because of delays in the provision of appropriate therapeutic intervention as well as complicated consent issues, there is significant risk of increased adverse outcomes. This also is dependent on developed clinical and therapeutic pathways being developed and directly available. These issues pose ethical dilemmas and challenges in service provision of such reports as well as optimal clinical care.

Care-Criminalization: Children in Out-of-Home Care in the NSW Criminal Justice System

Kath McFarlane, *Charles Sturt Univesity* (kmcfarlane@csu.edu.au)

The intersections between child welfare, mental health and criminal justice are examined through PhD research based on the casefiles of children in out-of-home care appearing before the criminal jurisdiction of the NSW Children's Court. Children in care come into contact with police earlier and incur their first charge at a younger age than other children. Despite their mental health needs, they are more likely to be characterized as "serious offenders", resulting in fewer referrals to diversionary options like youth justice conferencing and a rapid escalation to formal court proceedings. They are more likely to be remanded for breaching inappropriate bail and probation conditions and to spend longer in custody than other children. Behavioural issues, disrupted education and social isolation brought about by unstable placements further disadvantages them at sentence, while the absence of parental advocacy at the police station and court exposes them to harsh judicial penalties and the increased risk of incarceration. This presentation explores why children in out-of-home care have such a negative experience of the justice system and questions the appropriateness of current responses to vulnerable children involved in crime.

How are Decisions Made in Children's Care and Protection Matters in Children's Court?

Judy Cashmore, *University of Sydney* (judith.cashmore@sydney.edu.au)

Children's Courts in Australia make decisions in care proceedings–decisions that can have a profound impact on children's lives. They determine whether children are removed from their parents' homes and when, if at all, they can return home. While the best interests of the child are the foundation for much child-focused legislation, and presumably policy and practice, in this area, how "best interests" are defined in legislation and applied in care proceedings is not well understood. This presentation examines Children's Court files and judgments in New South Wales including Children's Court Clinic reports and caseworker recommendations and the alignment between them. It focuses on the role of clinical and social science evidence in court decision-making and on some key concepts such as parenting capacity, permanency and stability, and "no realistic likelihood that the child can return home".

Research Guidelines in Juvenile Justice: Dealing with Multiple Vulnerabilities

Christopher R. Thomas, *University of Texas* (crthomas@utmb.edu)

Andrew Childress, *Baylor College of Medicine* (andrew.childress@bcm.edu)

The development of ethical guidelines and regulations regarding research with human subjects has focused upon protection of specific vulnerabilities. What has not been considered is how

investigators should best protect participants with multiple vulnerabilities. This is especially true with research in juvenile justice. Participants in these studies are potentially vulnerable for being minors, delinquents, having a mental disorder, or other reasons. Research in this area is impeded by an overlapping set of guidelines that do not address how to protect individuals having two or more vulnerabilities. Some of these individuals may have social vulnerabilities that are not described in the federal guidelines. Investigators lack guidance on how to address this problem of multiple. We believe that juvenile justice research would benefit from a reconsideration of the current guidelines so that they can account for the effect of multiple vulnerabilities on participants' susceptibility to exploitation, manipulation, and undue influence. In this presentation, we offer guidance for evaluating the applicability of existing guidelines, strategies for rethinking the concept of vulnerability, and a normative framework to account for the compounding effects of multiple vulnerabilities.

Personal Adjustment in Juvenile Offenders with Trauma: A Clinical and Legal Perspective

Adrian Kunemund, *The University of Georgia* (adriank31@uga.edu)

Georgia Calhoun, *The University of Georgia* (gcalhoun@uga.edu)

Robin W. Shearer, *Athens-Clarke County Juvenile Court* (Robin.Shearer@athensclarkecounty.com)

Brian Glaser, *The University of Georgia* (bglaser@uga.edu)

Ben Edner, *The University of Georgia* (benjamin.edner25@uga.edu)

Adolescents in the United States who offend have significantly higher rates of trauma than adolescents in the general population. Despite the awareness of trauma exposure among juveniles who offend, few studies have examined the differences between adolescent offenders who have been exposed to trauma compared to those who have not. Such knowledge could inform more target-specific treatments with this population and help provide insight into the unique influences of trauma exposure among adolescents. To address the issue, we examined behavioral and personality factors of adolescent offenders as measured by the Behavior Assessment System for Children. This presentation will compared the group of those with reported trauma exposure to those without and found a key difference among issues of personal adjustment. Furthermore, the Juvenile Court Judge will speak of her perspective regarding juveniles who offend and the role of trauma in their criminal and court presentations. She will offer insights into the juveniles' personal adjustment and what the United States justice system perceives as concerning regarding adolescent offenders. She will highlight key points for intervention from a legal standpoint. The legal perspective and clinical concerns are reciprocal in nature and provide direction for future work with juveniles who offend.

Justice Robin W. Shearer, Oriana Chao, *Athens-Clarke County Juvenile Court* (Robin.Shearer@athensclarkecounty.com) – Discussant

108. Juvenile Justice V: Mental Health Among Juvenile Offenders I

Screening, Assessing and Treating Depression in the Juvenile Justice Population: Practice and Policy Challenges

Edward Byrnes, *Eastern Washington University* (ebyrnes@ewu.edu)

Combining high and low incidence rates for depression among youth in the U.S. juvenile justice system, based on prevalence studies, with juvenile justice census data, reveals that in 2009 there were between 54,053 and 82,669 youth held in detention suffering from depression, with between 92,036 and 140,762 youthful probationers also suffering from depression. Although there are reliable and valid screening and assessment tools available, such as the GAIN Short Screen, and Reynolds Adolescent Depression Scale, the paucity of outcome research on treating comorbidly depressed and delinquent youths has yet to identify a conclusively effective approach to this paradox of simultaneous internalizing and externalizing. A more recent European study identified social self-efficacy in early adolescence as an important predictor of later comorbid depression and delinquency, and when this is taken with what is known about hostile attributional bias among aggressive children, a promising direction may be refocusing cognitive-behavioral approaches to depression on delinquent youths' beliefs, particularly those around self-efficacy and attributional style. Following the presented information on prevalence, screening, assessment and treatment outcomes, audience members will be encouraged to participate in a discussion of the treatment, and procedural and policy challenges in treating depression in juvenile justice populations.

Psychosocial and Mental Health Profiles of Adolescents in Conflict with the Law

Gustavo Manoel Schier Dória, *Universidade Federal do Paraná* (gustavomsdoria@gmail.com)

The psychosocial and mental health problems among adolescents in conflict with the law are a reality. To establish the diagnosis of psychiatric disorders, the Kiddie-Sads Diagnostic Interview (K-SADS-PL) was employed with 69 male teenagers. We randomly selected teenagers who were on socio-educational reclusion, in the Teenage Misdemeanors Court, in the city of Curitiba-Paraná, Brazil. The profile of the researched adolescents revealed an average age of 15.5 years and that they belonged to the less favored strata of the society. The teenagers lived in the outskirts of the city or in small towns in the metropolitan region. Few years of school were the rule and 73.9% were not in school at all. More than half of the teenagers are the sons of single mothers and separated parents, with parents having little schooling and a history of psychiatric disorders. They also had a significant number of first degree relatives involved in problems with the law (49%). The results revealed a meaningful prevalence of psychiatric disorders (81.1%).

The most prevalent disorder was Conduct Disorder, followed by Substance Abuse, Attention Deficit Disorder/Hyperactivity, Anxiety Disorder, Mood Disorder, nocturnal enuresis and Tourette's Disorder. We found also that these children showed psychiatric comorbidities.

The Influence of Psychopathic Traits and Sensation Seeking on Aggressive Behavior among Teenagers

João Pedro Oliveira, *Universidade Lusofona* (joaopoliveira@yahoo.com)

This research focuses on the study of factors that facilitate aggressive behavior examining the relationship between psychopathy, sensation seeking and aggression styles. A total of 215 students, with ages between 15 and 17 years old (M = 16,31; SD = 1,522) were assessed. Data collection included a sociodemographic data questionnaire, the Levenson Psychopathy Scales, the Brief Sensation Seeking Scale and the Aggression Questionnaire. Correlational analysis and regression analysis were carried out to determine the extent of the relationship between LSRP scores, BSSS factors, and the various scales of the Aggression Questionnaire. In addition, a Structural Equation Model was proposed in order to better understand the influence of psychopathy dimensions and sensation seeking factors on aggression patterns. Results revealed that psychopathy traits as well as sensation seeking dimensions are positive predictors of several aggressive behavior patterns. The study of these variables allows an analysis of the way teenagers act in accordance with their personality. This information may help in designing prevention programs in order to reduce the risk of interpersonal conflict and disruptive behavior among these youths.

Young People in Juvenile Justice and Complex Support Needs

Eileen Baldry, *University of New South Wales* (e.baldry@unsw.edu.au)

This paper reports findings from the Comparative Youth Penality Project which is assessing various aspects of youth justice in Australia and the UK The project confirms that juvenile justice institutions are filled with some of the most vulnerable young people in our societies. These young people generally have low educational attainment, backgrounds of economic and social disadvantage, housing instability, drug and alcohol addiction, mental and cognitive disability, experiences of trauma and abuse, placements in out-of-home-care and are disproportionately racialized young people. We use critical disability and critical criminology theoretical orientations with analyses of a range of data and evidence including linked data from an allied research project on people with mental and cognitive impairment in criminal justice systems as well as analysis of interviews with service providers and young people in juvenile justice, to argue that these complex needs just outlined are created by social and institutional arrangements. These arrangements normalise the criminalisation of disability related behaviours

for highly disadvantaged young people and present challenges to young people themselves, as well as to policymakers and those who work in services intended to support them.

Reassessing the Role of Restorative Justice Conferences within Juvenile Justice

Chris Cunneen, *University of New South Wales* (c.cunneen@unsw.edu.au)

The paper arises from the work of the Comparative Youth Penality Project which is assessing various aspects of youth justice in Australia and the UK. The project looks at changes in youth justice from the 1980s through to the present. One aspect of the project's study is the use of police and court diversionary processes for juvenile offenders, and in particular the extent to which they have provided an alternative to more formal court interventions and sentencing outcomes. The paper specifically focuses on restorative justice conferences as an element of juvenile justice policy that emerged with great promise in the early 1990s, and became a more institutionalised process in the early 2000s. The paper examines the trajectory of conferences and restorative justice within juvenile justice over the last 25 years, and questions what the longer-term future is for formal restorative justice mechanisms within juvenile justice, particularly given what appears to be a declining interest in restorative justice at the level of government.

109. Juvenile Justice VI: Mental Health Among Juvenile Offenders II

What the MAYSI-2 Can Tell Us About Anger/Irritability and Trauma

Henrika McCoy, *University of Illinois at Chicago* (hmccoy@uic.edu)

Background: Juvenile offenders are more likely to have experienced trauma and engage in serious violent behavior. Thus, the relationship between trauma and anger/irritability can be salient. This study explores whether gender and having experienced at least one trauma are associated with a greater likelihood of obtaining a Caution/Warning on the Angry/Irritability (AI) scale of the Massachusetts Youth Screening Instrument version 2 (MAYSI-2). Methods: MAYSI-2 data were collected from all youth detained in a midwestern juvenile detention facility between May 2006 and March 2010 (N=1,348). Data were analyzed using chi-square tests and logistic regression. Results: The relationship between the traumatic experiences (TE) and the AI scales was significant ($\chi 2=252.0807$, df=5, $p<.001$). Juveniles experiencing more than one trauma were 67% more likely than those with no history. As the number of traumatic experiences increased from one to five, the odds of scoring Caution/Warning on the AI scale also increased with ORs ranging from 2.32 to 13.55. Females were 135% more likely than males to score Caution/Warning on the AI scale. Implications: Services provided to juvenile offenders who

present as angry/irritable should explore whether there is a history of trauma, and if identified, include focus on both in treatment.

Adapting Juvenile Justice Interventions to Serve Youth with Trauma Histories

Charlotte Lyn Bright, *University of Maryland* (cbright@ssw.umaryland.edu)

It is well-established in the scholarly literature that juvenile court-involved youth frequently have histories of traumatic experiences, such as witnessing or experiencing family and neighborhood violence. In response, many calls for trauma-informed models of juvenile justice practice have arisen, but best practices in trauma-informed care in juvenile justice are still misunderstood or misapplied. Some common practices, such as shackling and isolation, may re-traumatize youth, and youth acting out behaviors can at times be manifestations of trauma symptoms. It is critical for juvenile justice workers to assess, respond to, and treat trauma. This presentation focuses on elements of trauma-informed care that can be implemented in juvenile justice settings, such as teaching emotional regulation and interpersonal communication skills. The presentation will share qualitative findings from a series of interviews with service providers, describing how they employ trauma-informed care in everyday practice with court-involved youth.

The Neuropsychological Evaluation and Juvenile Life without Parole: A Case Study

Joette James, *Alina Assessment Services, PLLC, Washington, USA* (joettedj@aol.com)

Recent Supreme Court decisions in the United States have forced the re-consideration of juvenile culpability with respect to serious crimes and the review of cases of adults sentenced to life without parole as juveniles. These decisions have stemmed from extensive neuroscience research about the adolescent brain and the important ways in which adolescents differ from adults. It is now well understand that there is a neurophysiological basis for adolescent behavior, and that anatomical and functional immaturity relates to psychosocial immaturity as reflected in weaker control of impulses, poor social judgment, and a reduced appreciation of the future and consequences of action. This session will review this research and discuss, via case study, how a current neuropsychological evaluation can illuminate the functional changes in emotions and behavior that may occur over time as a result of the brain maturation process.

Traumatic Stress among Seriously Delinquent Youth: Considering the Consequences of Neighborhood Circumstance

Wesley T. Church II, *Louisiana State University* (wesleyc@lsu.edu)

Myriad factors have been found to impact delinquent behavior and traumatic stress. Prior research has demonstrated that neighborhood conditions, especially poverty, the availability and use of community resources, peers' antisocial behavior, exposure to violence, and multiple traumatic events, all play a role in delinquent behavior. While previous models have been posited show mediating and moderating effects of some of these factors on delinquency, the interrelationship between these factors and delinquency is complex and remains ambiguous. Experiencing traumatic stress in juveniles, if not properly dealt with, frequently leads to numerous developmental problems. Past research that has linked delinquency and trauma has suggested that juvenile justice programs need to assess trauma history and include it as a part of treatment for successful rehabilitation. The effects of traumatic stress on juveniles experiencing multiple traumas are cumulative, with more traumatic events increasing risk of mental and physical problems. Therefore, unless traumatic stress is assessed and treated, the consequences will continue to grow, particularly when one is reintroduced into a stressful environment. Following the presentation, audience members will be encouraged to participate in a discussion of trauma in the justice system as well as procedural and policy challenges in juvenile justice populations.

110. Juvenile Justice VII: The Cracow Instrument: Assessing the Psychometric Properties of a Developmentally Informed Risk Management Instrument for the Prevention of Serious/Violent Young Offending

A key policy challenge within liberal democratic juvenile justice systems has been the accurate identification and management of children and youth at-risk for serious and violent young offending. Current risk management instruments are too restrictive in the risk/needs factors incorporated and are not designed to identify children prior to their involvement in serious/violent offending. To account for these limitations, the Cracow Instrument (CI) was initiated in 2002. The CI is a multi-ministerial risk management instrument designed to identify children and youth at-risk of serious and violent offending. The CI consists of 5 risk/needs domains that begin within utero and aggregate across development. Thus, the CI is comprehensive allowing for a better understanding of the risk/needs profile of the child/youth, and is proactive in the prevention of serious/violent offending as it identifies risk/factors in developmental stages prior to the initiation of serious/violent offending. Given its breadth and proactive approach, the CI has important treatment intervention and policy implications. To date, while initial validity research indicates the CI has comparable predictive accuracy identifying at-risk preschoolers (2-5 years), a full psychometric assessment of its reliability and validity throughout all of childhood is required. The current panel seeks to provide this much needed psychometric assessment.

The Cracow Instrument: An Examination of its Historical Origins, Empirical Development and Objects

Jeff Mathesius, *Simon Fraser University* (jrm9@sfu.ca)

Raymond R. Corrado, *Simon Fraser University* (corrado@sfu.ca)

Several adolescent violence risk management instruments exist, however, these instruments usually: (a) examine risk in one developmental period (i.e., adolescence); typically *after* an initial violent offence has been perpetrated; and, (b) consist of a limited number of risk factors. A full understanding of the multi-domain risk profile typical of serious/violent young offenders requires an instrument that can be utilized for risk management before, during, and after incarceration. The CI identifies individuals with the most severe risk profiles for serious and violent young offending in order to provide more effective and individualized risk management. The CI consists of five risk/needs domains from the in utero developmental stage to young adulthood. The current presentation discusses key policy and empirical trends underlying the CI, its objectives, its implementation within clinical and juvenile justice settings, existing empirical validation research on the CI, and future policy challenges for child welfare and juvenile justice systems.

Examining the Psychometric Properties of the Cracow Instrument Utilizing a Prospective Longitudinal Sample of Children in British Columbia, Canada

Catherine Shaffer, *Simon Fraser University* (cshaffer@sfu.ca)

Jeff Mathesius, *Simon Fraser University* (jrm9@sfu.ca)

A study has examined the postdictive validity of the CI within early childhood (2-5 years) and found moderate-to-good predictive accuracy to identify the most physically aggressive children. The psychometric properties of the CI remain relatively unknown limiting its use in a clinical setting. Therefore, this study examines the reliability and validity of CI. Using data from the Vancouver longitudinal study on the psychosocial development of children, the psychometric properties of the CI were examined across cohort, gender, and ethnic groups. This study will be conducted using a longitudinal sample of children (n = 354) ages 3 to 9 years recruited from Vancouver and the Greater Vancouver Regional District in British Columbia, Canada. The internal consistency of the CI and each of its risk/needs subdomains will be assessed utilizing polychoric correlations.

The Cracow Instrument to Screen for Childhood-Entry into Delinquency: Data from a Prospective Longitudinal Study in British Columbia, Canada

Patrick Lussier, *Université Laval* (patrick.lussier@svs.ulaval.ca)

For the past three decades, there has been several prospective longitudinal studies examining the characteristics of childhood-onset delinquency. While the risk and protective factors are relatively well-known, this research has rarely been adapted into clinical assessment protocols or assessment for practitioners. The CI was originally developed as a risk/needs assessment instrument for multi-problem youth typically characterized by an early entry into delinquency. Therefore, using data from the Vancouver longitudinal study on the psychosocial development of children, the current study examines the predictive validity of the CI and its ability to screen for children at-risk of early entry into delinquency (prior age 12). A series of logistic and negative binomial regression analyses were conducted to determine the link between the CI score and its factor domains and early-entry into delinquency. Findings will be discussed in light of issues and challenges associated with the early screening of childhood-onset delinquency.

Identification of Childhood Precursors of Antisocial Personality Disorder and Psychopathic Traits Utilizing the Cracow Instrument

Evan McCuish, *Simon Fraser University* (ecm2@sfu.ca)

Psychopathic personality disturbance (PPD) is a key clinical indicators of a chronic and violent criminal career. Research indicates that a callous-unemotional (CU) disposition and other PPD precursors can be identified during early childhood (2-5 years). Although not all children with CU traits show symptoms of PPD in adolescence/adulthood, because the long-term behavioral ramifications associated with these traits, early identification remains important for providing opportunities for therapeutic intervention. There is an absence of empirically validated clinical assessment instruments to identify early childhood precursors to the development of these traits. The comprehensive nature of the CI and its assessment of risk from the earliest developmental stages may meet this research and clinical need. The current study utilized data from the Vancouver Longitudinal Study on the Psychosocial Development of Children to examine the link between early childhood (2-5 years) CI scores and scores on the Antisocial Process Screening Device (APSD). Multivariate analyses evaluated the association between subdomains of the CI and different facets of the APSD (i.e., CU, narcissistic, and impulsive features). Results are discussed in the context of balancing need to identify at-risk individuals at early developmental stages with the need to avoid detrimental labeling effects.

111. Kids Kill Kids: What's Next?

In Your Own Backyard: Protecting the Innocent When Children Turn Violent

Mark Burdick, *Private Practice, Los Angeles, USA* (drburdick@gmail.com)

This presentation includes the case study of evaluation of a high profile murder in California by a forensic psychologist who worked with a public defender representing the minor child accused of murdering and raping an even younger child. Review of the background of complex legal history in treating children as adults is highlighted. Panel participants will provide important insights of how developmental profiles are bypassed in favor of socio and psychopathology with certain minors viewed as 'bad seeds'. Past international cases will be reviewed in providing a backdrop of social, legal and ethical considerations from which the court has taken its lead in treating minors who commit murder as adults, and sentencing them to terms of mitigated life imprisonment. Society's insensitivity towards the history and disability of this special population raises important questions of how the judicial system can deal with disabled youth within the adult system and ability to build community liaison involvement. Panel members will share their own experiences in treating minors with abuse and psychopathic tendencies, and their experiences with juvenile courts in the regions within which they practice, including the America's Midwest, Europe, and Canada's British Columbia.

The Importance of Emotional Intelligence (EI) and Executive Function (EF) in Determining Children's Ability to Make Independent Decisions in Child Custody and Parental Capacity Assessments

Allan Posthuma, *Private Practice, Vancouver, Canada* (allanposthuma@gmail.com)

Determination of ability of children to provide objective, reliable information of their views on parenting plans, custody arrangements and welfare is multi-faceted. This presentation will focus on the research, found in the child development literature, supporting ability measures of emotional intelligence (EI) and executive function (EF) importance in the development of cognitive and emotional skills in children, for decision making and problem solving. The forensic use of EI and EF ability measures in child custody and child protection litigation will be examined. Both constructs have been validated in a number of different countries and cultures. The neurological and neuropsychological research of frontal lobe function in EF development is an important factor in the acceptability in Courts guided by Daubert standards for scientific evidence. This presentation will review the integration of EI and EF measures with other evidence from the child effecting parenting plans and child welfare in Court proceedings.

The Evaluation of Real versus False Allegation of Child Abuse in Forensic Cases

Mark Goldstein, *Private Practice, Northbrook, USA* (mlglmr@aol.com)

Each year approximately one million American children are victims of abuse and/or neglect. This presentation will present current research on child abuse, both sexual and physical abuse, as well as a methodology for assessing child abuse. Base rates of false allegations, including base rates in custody cases will be addressed, as well as pseudomemories. Child disclosure and research about denials of abuse will also be presented. Furthermore, children's suggestibility research will be explored. There will be an emphasis on appropriate interviewing techniques, methodological problems in child interviewing and the research on signs and symptoms related to child abuse. In addition, the use of psychological instruments in forensic abuse evaluations will be delineated, including the use of objective personality instruments, projective techniques and behavior rating scales. Finally, several psychological instruments specifically designed to assess child abuse, including the Child Sexual Behavior Inventory, the Trauma Symptom Checklist, the Trauma Symptom Checklist for Young Children and the the Child Abuse Potential Inventory, will be discussed.

Children's Participation in Child Custody Decisions: A Judicial Perspective

Dianna J. Gould-Saltman, *Los Angeles Superior Court, Los Angeles, USA* (dgould-saltman@lacourt.org)

In different jurisdictions the contributions of children to the decisions about their own parenting plans are treated quite differently. In some jurisdictions children's input is not considered at all. In others, children of a particular age are basically the decision-makers. In yet others, children's input may come to the Court directly, through testimony, or indirectly, through the statements of others, such as child custody evaluators. Yet other jurisdictions incorporate a system by which children participate in the negotiation of a plan along with their parents and attorneys. There is also a broad range of training and experience for judges who make child custody decisions. Frequently, these judges have limited experience in family law prior to becoming judges. Few arrive with expertise in asking questions of children and receiving meaningful responses given each child's cognitive, developmental levels and personality factors. This presentation will examine the methods by which children's input is used to craft parenting plans, how it is received by the Court, considerations for determining the weight to be given to children's input, and how the Court uses that information in crafting an appropriate parenting arrangement for children.

Overview and Evaluation of a New Training Model for Forensic Interviewers of Children

Martine Powell, *Deakin University* (martine.powell@deakin.edu.au)

This presentation provides an overview of a new model of delivering core training to large cohorts of investigative interviewers of children. The model is referred to as the Four Feature Interviewer Training Model because it is characterized by four key elements. These elements include (1) spaced skills learning implemented over several months and incorporating multiple practice opportunities and immediate feedback, (2) an individually-tailored interview protocol developed in collaboration with industry partners and that accommodates (where possible) local legislation, policies and practices, (3) genuine partnership where a member of our academic team is based inside organization(s), providing flexible and full support to industry trainers, and (4) ongoing quality improvement and evaluation. An outline of the elements, their rationale, a description of how they are implemented is provided with reference to the broader literature on interviewer training and evaluation.

112. Knowledge and Vulnerability

Aging Populations, Dementia Care and Assistive Technologies: New Issues for Global Health Law and Human Rights

Belinda Bennett, *Queensland University of Technology* (belinda.bennett@qut.edu.au)

With ageing populations in many countries around the world, dementia has emerged as a significant social and economic challenge. Increasingly, use of assistive technologies, including the use of robotic carers or companions, is being considered as an option for dementia care. This paper analyses these advances and considers the potential for new technologies to provide important supports for people living with dementia and their carers. The paper analyses the use of assistive technologies through consideration of the provisions of the Convention on the Rights of Persons with Disabilities (CRPD) in order to evaluate the extent to which assistive technologies promote the human rights of people living with dementia.

Knowledge Deficits: Prescription Drugs and the Creation of Vulnerability

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Evidence of drug promotion practices that undermined knowledge of drugs'efficacy and safetyemerged steadily in the 21st century. As was revealed in the academic literature and litigation, pharmaceutical companies had engaged in fraud and misrepresentation, under-reporting to regulators of adverse effects, and over-promotion of approved and off-label purposes through a wide variety of sales practices. Further problems were evident in the scientific literature as it became clear that only studies with positive results were being published and the comparison of neutral or negative studies was unavailable, ghost-writing of articles by companies involved academic pseudo-authors, and a variety of monetary and status means were being used to engage opinion-makers in drug promotion. Their characterization as "informational kudzu" by Avorn (2005) captured the rampantly destructive impact by analogy to the invasive plantthat overtakes each environment into which it is introduced. Its effect in a science-based discipline is to choke off the informationon which prescribing judgments are grounded and disclosure to patients is made. This paper examines the impact of such practices in enhancing vulnerability of patients and considers the effectiveness of recent legislative and professional responses to the practices.

Advancing the Ethics of Disability Arts Research: When Telling Your Story is Not Enough

Roxanne Mykitiuk, *York University* (RMykitiuk@osgoode.yorku.ca)

The use of digital story making and drama based narrative in disability health research raises conventional ethical issues of informed consent, anonymity and confidentiality. However, in this chapter I explore unique ethical issues that arise when working with research subjects with non-normative bodies in a highly collaborative way, using arts based mediums that transgress boundaries of anonymity and privacy. People with disabilities have long been the object of medical and health research and the subjects of biomedical ethical transgressions, giving rise to the need for stricter human subject protocols about consent, confidentiality and anonymity, for example. However, recent research collaborations with people with disabilities, where the participant's role as research subject and artist become blurred, present an opportunity to investigate the specificity of embodied ethical issues and practices that arise in the context of doing arts based health related research with people with disabilities where anonymity and confidentiality may not be desired by the research subject. Arts-based mediums have the potential to effect positive change and alter our perceptions of embodiment. This paper will explore the power of arts-based methods to dismantle stereotypical understandings of disability and difference that create barriers to healthcare.

Nothing Personal?: Privacy and Property in Genetic Information, a Relational Account

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23andMe is a direct to consumer genetic testing company selling a DNA Health and Ancestry kit. The research arm promotes the benefits of a larger program based on "big data", inviting consumers to consent to participate in their research and inclusion in data sets that will be of considerable value to third parties. The proliferation of genetic mapping technology portends the genomics approach to future medicine with continued exposure of the data self to dangerous diagnostics based on the scientific determinism of the "oracle of DNA". Privacy may be compromised as identity is forged on the basis of the correlatives that predictive analytics deliver between genes, associated diseases and mental health outcomes, and/or behavioural propensities. Is genetic information health information? Is it personal? What of the right of, and health impacts on, others not to know? Existing regulatory mechanisms may be largely premised on masculinised conceptions of the individual autonomous self's right to control personal information. A relational feminist account is examined for its potential to critique the law beyond traditional liberal accounts of data-self determination, or information management, to consider the larger potential impact of collection, use, and disclosure of genetic information on the data subject and her relations, as relational beings.

Vulnerability in Health Research: Operational Challenges and Recommendations

Ames Dhai, *University of Witswatersrand* (ames.dhai@wits.ac.za)

Vulnerability, a concept used very frequently in health research is perhaps the least examined from an ethical perspective. It is linked in most research ethics guidelines and codes, both international and local, to questions of justice in selection of participants, limitations of capacity to provide informed consent and unequal relationships between disadvantaged groups and researchers and sponsors. Because so many groups are now considered to be vulnerable in the context of clinical research, there are concerns that the concept has become too nebulous and hence lost its gravity resulting in it being too broad and too narrow at the same time. Using a combination of a normative, meta-ethical and historical inquiry, an operational definition of vulnerability and a Vulnerability Assessment Scale were developed for use during the research ethics review process, during research itself, after the research is over and as an adjudication tool should a dispute arise. These tools offer a guide on the moral obligations of research ethics committees and researchers on avoiding wrongs when vulnerable participants are enrolled in research. In this presentation, the process of ethical inquiry leading up to the development of these instruments will be described together with how their appropriate implementation could assist in preventing exploitation of participant vulnerabilities in the health research context.

113. Latin American Perspectives on Law and Mental Health

Soft Law and Regulation in Chilean Psychiatric Research

María Isabel Cornejo-Plaza, *University of Chile* (isabelcornejo@u.uchile.cl)

Recent Chilean legislation has established a highly deterrent regulatory framework for psychiatric research. In addition to a system of strict liability, it becomes mandatory for researchers who have used drugs in their research to continue administering them to subjects who participated in the investigations until completion of the study, and for an unlimited amount of time afterwards. Psychiatric research also imposes the obligation of high insurance policies and restricts civil liabilities to ten years after proof of damage. On the other hand, it prohibits research on persons unable to give informed consent. However, Chile has an aging population and research on diseases like Alzheimer's and other dementias is essential. We intend to suggest a coherent legislative proposal on psychiatric research, and to incorporate the Helsinki and CIOMS standards (soft law) of researcher self-regulation, which protect research subjects, but do not hinder research of persons with cognitive dysfunction. The possibility of research in Chile with the current legislation is almost nonexistent.

Psychiatry in the Work Environment

Sergio Rigonatti, *University of São Paulo* (sergioprigo@yahoo.com.br)

Our species' march to evolution has reached a notable social complexity. One face of this complexity pertains to organizations where the majority of people spend a great part of their lives, which is the workplace. Many of these organizations outlive their employees and perpetuate, becoming at times, centennial. An organization must transmit, through its workers, a sense of personal and familial protection to its employees; a guarantee that they are part of an institution that welcomes them, incentivizes them and establishes that in order for workers to remain, they must contribute in a way that the company has conditioned to keep harboring them. During periodic examinations, a routinely efficient psychological and even psychiatric evaluation may be necessary as we continue to witness suicide cases within the workplace. Sociology and social psychology studies must be conducted with groups that exist within these organizations. It must always be remembered that individuals are very important and that their support is crucial for everyone working towards a common goal. In other words an organization must have a mythical imaginary, making its workers feel not only psychologically supported, but psychically too, with the endorsement and practical involvement of directors and superintendents. A preventive medical and psychological approach is required when dealing with the work environment.

Stigma: Personal, Professional and Familiar Losses

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The process of stigmatization of the mentally ill is historical and goes back to the social conditions by which patients with mental disorders were submitted. Because of this, patients with psychiatric disorders are often caricatured, assaulted, socially and even legally excluded because of characteristics that arise from their illness. We do not have mental health care in the prison system. Much of this process occurs because of the inherent characteristics of the disease process, such as psychotic episodes, dissociative episodes, among others, that end up labeling and making life difficult for those with mental illness. Stigma is prejudice itself, causing irreparable losses to patients and their many aspects: social, professional and personal life, family and affective relationships, including social class migration. This lecture intends to delineate a historical line on stigma, bringing to the present day the concept and path of meaning and current consequences in physical and legal life. In addition, it is intended to emphasize the need to combat prejudice to the mentally ill, showing that our main weapon is correct information, since prejudice takes shape due to the ignorance that affects society in general, in relation to mental disorders, its consequences and treatments.

Enrique Sepúlveda, *Universidad de Chile* (sepu49@yahoo.com) - Discussant

114. Law and the Psychology of Legitimacy

Abraham Joshua Heschel's Account of Law, Political Authority and the Psychological Self

Ken Koltun-Fromm, *Haverford College* (kkoltunf@haverford.edu)

Abraham Joshua Heschel (1907-1972) was a charismatic and influential Jewish American theologian who maintained an ambivalent relation to law and political authority. Although an active champion of minority rights and a strong critic of the American Vietnam War, he nonetheless protected the spiritual self from material, institutional domination. The psyche, Heschel warned, could too easily be entrapped within the noise, pace, and materiality of "things in space." But that same psychological self also engaged a political world of law and institutional authority. This paper will examine Heschel's psychological account of the self, and show how that portrayal navigates between institutional harm and communal politics. Heschel protects the subject from institutional authority--arguing that the ground of personal obligations comes through commitments to religious law--but he situates that law within broader frameworks of political culture. In the end, Heschel's psychology of the self is a protective strategy against institutional and political authority, but it is also a psychology of witness to communal solidarity, for "no religion is an island."

The Affect of Illegitimacy

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Is a lack of coherence with reasonableness the only criterion for the illegitimacy of a norm, or of a social order? Is illegitimacy only something that can be *known*? Or is it something that can be *felt*? In this paper I argue that the affect of being-humiliated, being marked by political or social authority as no one or nothing, is a singular sign of illegitimacy. To show how the affect of being-humiliated works, I turn to one modern example (Ta-Nehisi Coates's recent and influential *Between The World and Me*) and one pre-modern example (a Talmudic story about the deposing of the head of the rabbinic academy on account of his humiliation of a colleague). These narratives of the affect of illegitimacy advance the discourse of legitimacy in two ways. First, they show the limits of broadly structuralist accounts of legitimacy, such as those found in Rawlsian liberalism, or in natural-law accounts of monotheist traditions. Second, they shed light on why illegitimacy perdures despite our optimistic fantasy of rationally resolving such conflicts. This mismatch between what the humiliated person wants and what authority can deliver shows that one cannot rectify illegitimacy; one can only expose it through testimony.

Holocaust Evidence: Haunted by the Law and the Psychology of Legitimacy

Laura S. Levitt, *Temple University* (llevitt@temple.edu)

This presentation explores the desires that animate the collecting practices of the United States Holocaust Memorial Museum (USHMM) and the museum's mission to "rescue Holocaust evidence." By considering how criminal law and its forensic notions of what constitute especially physical evidence inform the building of this vast American collection, I suggest that legal legitimacy has played a central role in the production of this international repository even as the evidence collected cannot actually function as such. Law justifies these efforts. By juxtaposing the labors of those who actually engage in the work of the criminal evidence room in the American context, the work of property management with the work of the conservators and collection managers at the USHMM, I complicate this analogy asking and how the justification of collecting and holding such materials might offer a different model for doing justice to those who died and those who survived the Shoah especially after there are no more trials and tribunals. I argue that appeals to the legitimacy of the law offer cover for an insatiable desire to hold this horrific past and keep it safe in this nation's capital far from the scene of those horrific crimes.

David Harrington Watt, *Haverford College* (david.watt@temple.edu) – Discussant

115. Legal and Ethical Aspects of Mental Health from the Central European Perspective

The Role of Guardians, Substitute Decision-Makers and Courts in Protecting of Personal Integrity

Tomáš Holčapek, *Charles University* (holcapek@prf.cuni.cz)

Dignity and autonomy form an essential part of the bundle of rights attached to each human being. They are inseparably connected with each individual natural person and stem from respect for the person's existence. An interference with personal integrity, medical or other, must be based on law; free and informed consent provides the typical justification. There are at least two special categories of persons which deserve special protection: children and persons whose legal capacity is limited for some other reason than age. Law often provides for a system of joint or substitute decision-making. Advanced directives, close family members, appointed guardians and, ultimately, courts have all their distinctive roles. Conflict may arise between their opinions, or between their opinion and that of the concerned person. Resolving it may pose a difficult problem. It will be discussed from the perspective of Central European law systems, including but not limited to approach taken by the Czech Civil Code, in particular sections 100 to 102. The aim will be to critically assess, which of the potential decision-makers are most suitable in various situations; and if the decision falls on a court, as may be the case, what criteria should be relevant for its decision.

Ethics between Behaviorism and Genetic Determinism: Evasion of Mental Responsibility in the Contemporary Europe

Marek Vácha, *Charles University* (marek.vacha@lf3.cuni.cz)

There was an idea in the world of ancient Greeks, that human personality is unchangeably hardwired by the predominant body fluid (sanguis, cholé, melan-cholé, or phlegma). Surprisingly, we are using in the contemporary Europe the same ancient idea, with modern phrasing. In the lawsuits of the past the barristers traditionally used the argument of poor family environment (in modern biological parlance „bad nurture" argument) that is responsible for the slipppery slope leading to the crime. In contemporary Europe advocates more and more use the argument from the opposite side, the argument of mutated or simply bad genes (in modern biological parlance „bad nature" argument) leading inevitably to the same crime. The expression „my genes made me to do it" has been till now used in more than two hundred lawsuits. Even if there is unexceptionable influence of both the environment and the genes on the human behaviour – and newly discovered epigenetic mechanisms link the nature and the nurture

inseparably together – responsibility of man (response-ability) is perhaps one of the main human characteristics that separate us from the rest of nature and make us the unique biological species.

Inpatient Suicide in the Czech Republic: Current State

Adam Žaludek, *Charles University* (adam.zaludek@bohnice.cz)

Inpatient suicide on psychiatric units is one of major risks in mental healthcare and is considered to be one of the so-called sentinel event. These events have devastating impact on the patient, his or her family, and friends, and bring many problems for the staff in the psychiatric hospital. Prevalence of such events is estimated to be 0,1 – 0,4 % in inpatients worldwide. A study performed in 2011 in the Czech Republic showed that in every psychiatric facility there was an act of inpatient suicide. Standardized approach for reduction of such events does not exist in the Czech Republic. We have collected data from psychiatric hospitals in the Czech Republic, such as inpatient suicide rates, preventive processes in clinical and non-clinical care, and facility measures focused on prevention of inpatient suicides. We have assessed the different approaches to suicide prevention and types of standardized tools used to identify suicidal risk. Based on this research, a toolkit for suicide prevention in Czech psychiatric hospitals is prepared for field testing.

Legal and Ethical Aspects of the Use of Means of Restraint in Psychiatric Facilities

Martin Šolc, *Charles University* (mart.solc@gmail.com)

The continuing use of means of restraint in Czech psychiatric facilities has been repeatedly criticised by international human rights bodies and NGOs. The most media attention gained the use of cage beds in child patients. Following a strong international criticism, the cage beds were banned and only to be replaced by very similar net-beds; furthermore, the list of the means of restraint is much longer and includes bed strapping, manacles, or solitary confinement. However strong are the voices calling to remove almost all means of restraint from modern psychiatry, the most of the Czech psychiatric professionals consider them necessary, especially in the current financial state of the Czech psychiatry. The presentation examines an applicable national legislation, the critical international documents by the United Nations Committee against Torture, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and the Mental Disability Advocacy Centre, and the stance of the European Court of Human Rights as well as the arguments in favour of the use of means of restraint in the Czech healthcare. The problem is further discussed from the ethical perspective. The paper concludes with the proposal of possible *de lege ferenda* solutions.

Psychiatric Injury Claims: Secondary Victims of Negligence in Shock Cases

Petr Šustek, *Charles University* (sustek@prf.cuni.cz)

The presentation discusses the problem of the compensation of secondary (indirect) victims. Generally, it can be said that European legal systems compensate the harm of direct victims. However, it is not possible to ignore the cases in which the harm is caused as a reflection of the primary victim's harm. This situation takes place mainly in cases of a personal tragedy or shock (e.g. in the case of a wife on the passenger seat witnessing the death of her driving husband in a car accident). Such a harm of secondary victims may consist in an emotional suffering or it may develop into a qualified harm to health with the nature of a psychiatric injury according to the International Classification of Diseases and Related Health Problems (most often, the secondary victim suffers from the posttraumatic stress disorder). The paper first assesses the basic approaches to the problem in Central European legal systems (such as in German and Austrian law). Then, these approaches are compared with the Europe's newest civil code, which is in force since the 1st January 2014 in the Czech Republic and that takes an unusually generous and open stance towards the compensation of secondary victims.

116. Legal, Structural and Technological Challenges to the Physician-Patient Relationship

Docs versus Glocks: Firearm Safety, Physician Speech and the First Amendment

Wendy E. Parmet, *Northeastern University* (w.parmet@neu.edu)

Over 30,000 Americans die each year as a result of firearms. More than half of these deaths are due to suicide. To address these public health problems, the American Medical Association and several other physician groups urge their members to counsel patients about gun-safety. In response, in 2011, Florida enacted the Firearm Owners Privacy Act (FOPA), which barred physicians from asking patients "questions concerning the ownership of a firearm or ammunition" unless the physician has a "good faith" belief that the information is "relevant to the patient's medical care or safety, or the safety or others."Shortly after FOPA was signed into law, several physicians sued the state arguing that FOPA violated theFirst Amendment. That litigation has thus far resulted in three now-vacated opinions by the U.S. Court of Appeals for the Eleventh Circuit. Each of these opinions upheld the law, but relied on different reasoning. The case, *Wollschlaeger v. Florida*, is now before the Eleventh Circuit en banc.After reviewing the evidence relating to physician speech regarding gun safety, this presentation will argue that the First Amendment questions raised by *Wollschlaeger*merit a far more careful and nuanced analysis than the panel provided in any of its decisions. At stake is not only physicians'ability to

counsel patients about gun safety, but physicians' rights to provide patients with truthful health-related information.

Brain-Themed Consumer Devices as a Threat to the Doctor-Patient Relationship

Tracy D. Gunter, *Indiana University* (tdgunter@iupui.edu)

Mental illness arises from brain dysfunction and the cause of mental illness is unknown. Neuroscience captures the imagination by exploring the relationship between mental health symptoms and the physical brain. Against a backdrop of truly exciting brain science and innovation, popular rhetoric evokes an illusion that brain-themed self-help products change the physical brain in ways similar to medical substances and devices, but without side effects and stigma. Although recent events suggest that brain-themed self-help may not be innocuous, consumers are frustrated with the lack of progress in treating mental illness. They then turn to these over the counter substances and devices to cope with their symptoms believing that they can obtain the same benefits from a vendor that they do from a physician. This paper explores novel technologies to treat mental health concerns available with and without the support of a physician and discusses implications for the doctor patient relationship.

The Concept of Choice in Regulating Sexual and Reproductive Health

Brietta R. Clark, *Loyola Law School* (brietta.clark@lls.edu)

In debates about the legal regulation of sexual and reproductive health, the concept of choice is pervasive but nebulous. Historically, the concept ofchoice has been used to advocate for expanded sexual health education and access to the full range of reproductive health services - from birth control, to abortion, to assisted reproduction. Yet the language of choice is increasingly used by groups who traditionally have been on the other side of these debates. For example, abortion foes use choice-based arguments todefend state regulation designed to influence patients to not choose abortion. Such arguments are also being used to shield SOCE practitioners (those using psychotherapeutic techniques to try to eliminate same sex attraction or gender nonconforming behavior) from government regulation. This presentation will explore the shifting meaning and function of choicein these various arenas. In particular, I will focus on two aspects ofchoice increasingly featured in these debates: one involves the relationship between choice and the psychology of health care decision-making; the other suggests that how society regulates choice can have a significant impact on patients' mental health.

When Apps Take Over Mental Health Diagnosis and Treatment

Nicolas P. Terry, *Indiana University* (npterry@iupui.edu)

There are almost 200,000 mobile health apps available for download from Apple and Android app stores. There has been a similar explosive growth in the wearables market, fitness and wellness "bands," smart watches, and smart patches. The Internet of Things market is even larger and growing exponentially. This resulting combination of mobile apps, wearables, and other connected devices, the IoHT, promises to do things no conventional health providers have been able to do (and to do it faster and cheaper). First, IoHT devices are always "on," providing 24x7 monitoring of the patient or pre-patient. Second, the multiple sensors contained in smartphones or second-generation wearables, such as the Apple watch, are professional-grade medical devices (even if they are not always regulated as such). Third, IoHT devices are highly context-aware, with knowledge of place, temperature, surrounding and, increasingly, of other connected people and things nearby. Fourth, they are smart and capable of learning, often leveraging sophisticated, cloud-based analytics. In the mental health space researchers believethatthey can identify RNA biomarkers that predict suicidal thinking, while other projects are examining whether social media posts can be similarly predictive. However, in the UK the Samaritans permanently closed their predictive "Radar" app. This presentation details the device regulation, privacy, and liability issues impacted by these technological developments.

Taming Behavioral Health's Long Tail: Painkillers, Policy and the Pitfalls and Promise of Integrated Care

Ross D. Silverman, *Indiana University* (rdsilver@iu.edu)

Three-fourths of all lifetime mental and substance abuse disorders arise in individuals before the age of twenty-five. Unfortunately, this timing coincides with when most people take their preliminary steps toward independent engagement with the world: first apartments, serious relationships, new careers and credit lines. Without early identification and treatment, young adults suffering with the onset of significant behavioral health concerns can find themselves facing not only near-term negative social and economic effects – such as eviction, job loss, breakdown of personal relationships, and involvement with the criminal justice system – but also significant, long-term adverse consequences and stigmatization that follow them well beyond their receipt of stabilizing care. For example, landlord-tenant screening tools and criminal background checks mean problems that arise during untreated mental disorder onset in an individual's early twenties can perpetually create economic instability and barriers to quality housing and employment. The Affordable Care Act and Medicaid expansion offer the promise of improved continuity of, and access to, behavioral health care and support services, as well as more comprehensive health information exchanges and electronic health records. Innovative care systems integrating legal services with mental health and substance abuse care also hold great promise. However, as policymakers in the United States concomitantly implement solutions to combat a national opioid abuse epidemic, the health care systems that offer improved access to

care may also be creating new, stigmatizing barriers for individuals facing behavioral health and substance abuse concerns.

117. LGBT Bioethics

Transgender Patients

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Transgender patients in both North American and European contexts face difficulty accessing compassionate, professional health care due to a variety of factors. These include health care providers with discriminatory beliefs, misapplication of conscientious objection, well-intentioned health care providers with impoverished conceptions of gender generally and of transgender in particular, and inability to access health care generally in the U.S. and particular kinds of health care in both North American and European settings. Some of these share in common a kind of stigma about trans people that manifests in enacted stigma, patients' fear of stigma, and providers' ignorance. Whether this ignorance of trans patients is due to lack of coverage during medical education and continuing medical education or due to willful ignorance on the part of the provider, the effect on trans patients seeking compassionate, professional health care is the same. This presentation will provide a survey of these issues in North America and the E.U. While the U.S. is unique within this group of nations in its haphazard method of providing access to health care, many of these difficulties are commonly experienced by trans patients across health care systems. The presenter will close by arguing that this state of affairs undermines the fundamental patient-provider relationship, whether the provider is a physician, nurse, or mental health professional. Thus, providers have professional duties to become informed about how to treat trans patients effectively and respectfully, and to follow through in clinical practice.

Queer Bioethics

Tiia Sudenkaarne, *University of Turku* (tiijun@utu.fi)

Queer bioethics is a latterly explicated field of bioethics focusing on LGBTQI questions. Queer bioethics discusses issues such as gender reassignment or sex affirmation of trans and intersex people, or reproduction justice for same-sex couples with assisted reproduction technology. Further, however, queer bioethics interrogates the basis on which socio-medicalized views on gender and sexuality are produced and reproduced, by critically deconstructing these concepts with the analytical tools of gender binary system and heteronormativity. I wish to develop queer bioethics as a moral theory. it not only wishes to detect but also rise against unjust practices that stem from ideological heteronormativity, by deeming gender and sexuality is diverse phenomena. As Western history of psychiatric fascination and legal practices of gender and sexuality grimly demonstrate, refusal to acknowledge the cornucopia of human possibility by

deeming certain lived identities as alien or impossible ultimately is to control how to be human, and furthermore ─ who gets to be one. I discuss what queer bioethics is and what it could be. I offer case examples utilizing queer bioethical analysis, introduce the Queer Bioethical Inventory list and suggest topics for future queer bioethical research.

Ethical Treatment of LGBTQ+ Patients

Laura Guidry-Grimes, *University of Arkansas for Medical Sciences* (laura.k.guidry-grimes@medstar.net)

Research illustrates that the LGBTQ+ patient population has been rendered vulnerable in many spheres of life, including clinical settings. While some of forms of discrimination and mistreatment are overt, subtler and insidious forms affect these patients' experiences as well. Health care spaces and providers often convey unintentional microaggressions against this population, which can damage the therapeutic relationship and discourage patients from seeking treatment at all. In order to protect these patients and ensure equitable care and access to services, concrete steps need to be taken. I will discuss the ethics education that my hospital currently has, which consists of scheduled programming for nurses and ad hoc talks as needed for specific cases. Providing education on this topic in clinical settings will face challenges: a) push back from some health care providers (HCPs) based on their cultural or religious background, b) problematic conceptions of conscientious objection, and c) lack of institutional support in trying to overcome heteronormativity and cisnormativity. Nursing directors might struggle to respond to nurses who do not understand or respect a patient's self- identified gender. Some HCPs might even attempt to invoke conscientious objection (CO) in providing care to these patients. Unless there is a clear policy on the meaning and constraints of CO, these refusals by HCPs can pose significant obstacles to excellent patient care. Moreover, sensitivity or diversity training will prove to be insufficient. This training can result in a backlash, increasing tensions in clinical relationships and providers' avoidance of these patients. Despite efforts to eliminate discriminatory practices and homophobic behavior, heteronormative ideals remain concretized in multiple ways, including small talk, healthcare forms, posters, brochures, and intake procedures. These institutional issues have to be addressed for a hospital to achieve its aims of equitable care for all patients, regardless of sexual orientation or gender identity.

Defining Gender Identity in the Law: Evaluating the Scientific Basis for Legislative Definitions

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In the United States, enacting new state nondiscrimination protections for the full lesbian, gay, bisexual and transgender ("LGBT") community have stalled around the question of gender

identity. Many have raised safety issues if transgender individuals are given equal access to public facilities, like bathrooms—giving rise to a spate of "bathroom bills" like the law now repealed by North Carolina. Legislators working to enact nondiscrimination protections see strong definitions of who is in the protected class as essential. Clear definitions give employers and members of the protected class, as well as the public, clarity about who will be treated as a transgender and about when duties apply. This presentation will compare existing medical and legal definitions of gender identity, including those from the DSM-5, arraying them against a continuum from early steps in the process of transitioning to later junctures. It will examine the emerging brain science about gender identity in an attempt to assist lawmakers to draft definitions that are clear but also reflect the reality of transitioning genders (e.g., how late or early in the medical process should be a requisite to being treated as a member of the class). Having a better grasp of the science surrounding gender identity also humanizes the experience of transitioning for members of the public who may have never encountered a transgender person.

118. Linkages Between Serious Mental Illness, Violence and Guns: Distinguishing Fact from Myth

Competing Narratives: American Struggles with Violence and Mental Illness

Reena Kapoor, *Yale School of Medicine* (Reena.kapoor@yale.edu)

Much of the public attention on mass shootings in the U.S. has focused on the relationship between mental illness and gun violence. Two competing narratives have emerged in the national discourse. One narrative suggests that there is very little correlation between mental illness and violence, that individuals with mental illness are more likely to be victims of crimes than perpetrators, and that access to guns is the root cause of mass shootings. A second narrative suggests that, since gun ownership has been relatively steady in the U.S. while overall homicide rates have decreased, mental illness must the substantial contributor to mass shootings. This presentation will review available data in support of these two competing narratives, examining the complex relationship between mental illness and gun violence in the U.S. We also place the U.S. experience in an international context, comparing it with other countries' responses to similar tragedies involving mental illness and firearms.

Legislative Responses to Mass Violence

Maya Prabhu, *Yale School of Medicine* (Maya.prabhu@yale.edu)

In response to high-profile episodes of violence, many jurisdictions have developed a variety of legislative and policy responses including gun restrictions and reporting requirements which target the mentally ill. This presentation will review the strengths and weaknesses of regulatory responses in the US and elsewhere, including so-called "relief" processes by which an individual's firearm rights can be restored; emerging outcome data from those responses; and alternatives to targeting the mentally ill. This presentation will also consider ethical and civil liberty concerns about the growing use of government database information in the adjudications of those with a history of mental illness.

Understanding the Harm in Access to Guns: A Study of a Clinical Sample of People with Mental Illness

Miranda Lynne Baumann, *Georgia State University* (mbaumann1@student.gsu.edu)

After recent mass shootings, national debate over the root of America's gun violence epidemic has centered on mental illness. Consequently, calls have been made to legislatively restrict firearm access among individuals with mental illness to reduce gun violence. A dearth of empirical evidence exists to inform public policy on the link between firearm access and mental illness. We address this gap by exploring the nature of firearm-related risk among disordered individuals as compared to others from the same communities. Through examination of a subsample of the MacArthur Violence Risk Assessment Study, we conducted binomial logistic regressions to explore the impact of firearm access and patient status on violence and suicidality. Results indicate that, in the context of firearm access, patients were no more likely to perpetrate violence but were significantly more likely to report suicidality. In other words, firearms constitute a serious risk factor for suicide, not violence, for disordered individuals. Thus, legislative efforts to reduce firearm-related risk among disordered individuals should focus on self-harm, not violence. Moreover, claims that mental illness is a principal cause of gun violence may reduce help-seeking among individuals at high risk for suicide. Researchers should devote attention to further addressing these claims empirically.

Murder at the Dinner Table: Family Narratives of Forensic Professionals

Kaitlyn Regehr, *Independent Researcher* (kaitlyn@kaitlynregehr.com)

Cheryl Regehr, *University of Toronto* (cheryl.regehr@utoronto.ca)

A vast body of literature now documents the impact of work-related trauma exposure on emergency service professionals, and social workers and other mental health professionals working with victims of violence. Stemming from work on professionals directly affected, attention turned to the impact of work related trauma on families of emergency responders and

war veterans affected by trauma exposure. That research describes the negative impact of media and public attention, trauma contagion, and tendencies to be over-protective towards their own children. In the context of the criminal justice system, some limited focus has been directed toward lawyers working with assault victims, and very recently a renowned forensic psychiatrist began speaking publicly about his reactions to case-related trauma exposure. As a result, colleagues in forensic mental health and the criminal justice system are beginning to speak anecdotally not only about the personal impact of exposure to suffering imposed by one human on others, but also the impact of this work on their families. Nevertheless, research in this area is strikingly absent. In this study interviews were conducted with adult offspring of forensic mental health and criminal justice professionals to develop an understanding of the extent of exposure to disturbing material regarding human violence, the impact of exposure, and mechanisms employed by parents in attempting to mitigate risk and exposure. This research discusses broader questions surrounding implications for professionals working in criminal justice and forensic mental health, including implications for their children.

119. London Prison Psychiatry Network (LPPN)

Violence in Prison Settings

Katherine Bartlett, *Consultant Forensic Psychiatrist, London, UK* (Katherine.Bartlett@beh-mht.nhs.uk)

International literature from the US, Latin America, South Africa, Australia and New Zealand has looked into the phenomenon of physical and sexual violence in prison establishments. Researchers and clinicians have argued that with regards to physical violence, inmate behaviors and institutional violence may be a result of "importing" their general attitudes, street belief system and violent behaviours with them into prison settings. The phenomenon is found to be more pronounced in those who lack family support, get or are involved in gangs and undergo disciplinary sanctions. In the UK respective literature is sparse and the extend of the problem is yet to be established. However there is evidence that prison violence is on the increase. Here, we discuss the phenomenon of institutional violence in London prisons focusing on the contributing effects of mental disorder and use of psychoactive substances as well as antisocial attitudes and gang membership.

Prison Suicide in England and Wales: A Human Rights Perspective

Harriet Hunt-Grubbe, *Consultant Forensic Psychiatrist, London, UK* (harriet.hunt-grubbe@nhs.net)

The rate of prisoners ending their lives in custody in England and Wales has increased significantly in recent years. Latest figures show that in the twelve months to the end of June

2016 there were 105 apparent self-inflicted deaths, up from 82 in the previous 12 months (28%). This is despite all efforts and plan implementations to prevent and reduce deaths in custody. In this paper we will examine the current situation in prison establishments in England and Wales and we will consider the implications of self-harming behaviours, suicidal acts and suicide from a human rights perspective.

Psychiatric Morbidity in Prisons in England and Wales

Artemis Igoumenou, *Consultant Forensic Psychiatrist, London, UK* (a.igoumenou@qmul.ac.uk)

With research showing a high prevalence of severe mental illness in prisons, its early recognition and management is of paramount importance. The worldwide pooled prevalence of psychosis in male prisoners is 3.6% and in females 3.9%. Studies comparing community and prison samples in the UK with regards to the prevalence of psychosis, found that the weighted prevalence of psychosis in prisons is 10 times greater than that of the general population. Apart from psychotic illness, depression and personality disorders are overrepresented in prison populations. To add to the problem, mental disorders are quite often comorbid with substance use disorders (20.4 - 43.5%). In this paper we are discussing the psychiatric morbidity in prisons in England and Wales, including psychotic disorders, substance use disorders and personality disorders. We are also discussing the use of new psychoactive substances in London prisons, such as synthetic cannabinoids and synthetic cathinones. We focus on the medical, legal and ethical concerns that the use of synthetic cannabinoids raises.

LPPN and the Mandela Rules

Andrew Forrester, *Consultant Forensic Psychiatrist, London, UK* (andrew.forrester1@nhs.net)

This concluding workshop paper sets the developments described within London prison psychiatry within a national, regional and global context. There have been many changes in the nature and scope of mental health provision in London's prisons over the last 20-years, and to some extent these changes mirror developments in some other parts of the world. Yet despite these advances, there is still too large a gap between policy intention and real-time delivery, with wide variations in service provision. In order to enable a wider discussion in this area, mental health services within London prisons are assessed against the nine themed areas of the revised standard minimum rules for the treatment of prisoners (the Mandela Rules, 2015). Developmental priorities for the next decade are then presented and discussed.

Oriana Chao, *Consultant Forensic Psychiatrist, London, UK* (oriana.chao@nhs.net)

– Discussant

120. Longitudinal Follow-Up Studies in Swedish Forensic Psychiatry: Patterns of Outcome in Different Offender Types

The Impact of Character Maturity on Recidivism in Young Violent Offenders

Thomas Nilsson, *University of Gothenburg* (thomas.nilsson@neuro.gu.se)

The aim of this ongoing study is to investigate whether character maturity is protective with regards to criminal recidivism in young men imprisoned for violent criminality. *The Development of Aggressive Antisocial Behavior Study* was used to identify 148 Swedish imprisoned young males. Data covering character maturity as measured by the Temperament and Character Inventory were used to divide these offenders into low, medium, and high character maturity. They were also followed for approximately three years and criminal recidivism, both violent and general criminality, was noted in the form of new sentences. The three different character maturity groups were then compared with regard to both frequency of and time to reoffending. Differences and similarities between the three character maturity groups with regard to recidivism will be summarized and presented. The overall predictive validity of character maturity will also be presented as the Area Under the Curve of a ROC analysis, as will risk and protective factors identified in a logistic regression analysis. Here, character maturity will be discussed with regard to its relation to criminal recidivism, and its protective ability will be valued as its potential role as a target for interventions aiming to reduce the risk of reoffending.

A 15-Year Follow-Up Study of Forensic Psychiatric Patients in Sweden: Risk Factors for Recidivism in Crime

Hedvig Krona, *Lund University* (hedvig.krona@med.lu.se)

In this study we aim to; (1) assess follow up data of reconviction in crime in a 15-year follow up; (2) analyze risk factors associated with recidivism, (3) and test the predictive validity of risk factors for general and violent criminality. Detailed information on all offenders (n=125) from the Malmö University Hospital catchment area sentenced to forensic psychiatric in-patient treatment between 1999 and 2005 was collected. Court decisions covering all new sentences for criminal acts were retrieved from the Swedish National Council for Crime Prevention up until the end of 2013. During follow up 35% (n=43) were reconvicted at least once, and out of these, 16% (n=20) were reconvicted for a violent crime. Time until the first new conviction, deportation, death or endpoint (whichever came first), was 3140 days or approximately 103 months. The reconviction rate for the total cohort corresponds very well to former studies (e.g., 15%-38%). The amount of reconviction in violent crime is also comparable to former studies

(e.g., 6%-20%), while some with longer follow-up periods have reported higher rates of reconviction (up to 46%). The implications of individual risk factors will be discussed in terms of future challenges for our forensic health care services.

Perpetrators of Severe/Lethal Violence Against an Intimate Partner: Results from a 15-Year Follow-Up

Anna-Kari Sjödin, *University of Gothenburg* (anna-kari.sjodin@neuro.gu.se)

Our aim is to compare offenders of intimate partner homicide (IPH) to homicide offenders of known victims in order to validate previous findings and to further contribute to the knowledge field of IPH offenders by comparing recidivism rates between the IPH offenders and other homicide offenders, in a time period of 15 years. The material was retrieved from the Gothenburg Forensic Neuropsychiatry Project, which was carried out at the National Board of Forensic Medicines forensic psychiatric clinic between the years 1997 and 2001. To meet the aim of the present study, comparing offenders of homicide and attempted homicide, data of the 28 homicide (or attempted homicide) offenders in the GNP material, were investigated. Information on recidivism in form of new sentences was collected from The Swedish National Council for Crime Prevention. Data are currently being processed and analyzed. However, preliminary results implicate that there is a consistency with previous findings of IPH offender characteristics, and that there are several signs indicating that the studied groups differ from each other. Results will be discussed with regard to factors characterizing IPH offenders, how these factors are related to the actual crime and to recidivism.

A Follow-Up Study of Child Sexual Abusers: Type of Crime and Victim Preference

Christian Baudin, *University of Gothenburg* (christian.baudin@neuro.gu.se)

The present study set out to examine stability in type of crime and victim preference in recidivistic child sexual abusers (CSA). A group of 34 reconvicted CSA that were referred for a pre-trial forensic psychiatric investigation at the index offence was examined. Recidivism data covering a follow-up period of 10-15 years were used and the group was investigated with respect to crime characteristics including type of crime, relationship to victim (i.e., intra- or extra-familial), and gender and age of victim. Variables covering background information and psychiatric health status were also taken into account. Among these reconvicted CSA, about half relapsed into sexual crimes, while the other half relapsed into violent crimes. A significant association was found between victim-preference at the index offence and at reconviction with respect to victim-offender relationship and gender of victim, but not with respect to age of victim. The specialization hypothesis (i.e., that perpetrators tend to stick to a specific type of

crime) could not be confirmed, even though some of the CSA showed some stability with respect to victim preference. Overall, these results may have important implications for treatment and risk assessment.

Women that Kill: Mental Health and Patterns of Risk Factors

Karin Trägårdh, *Sahlgrenska University Hospital, Gothenburg, Sweden* (karin.tragardh@rmv.se)

The aim of this study is to characterize female perpetrators of severe violent crimes and compare those sentenced to forensic psychiatric compulsory care with those sentenced to correctional treatment in terms of mental health, risk factors, criminal behavior, victim relation, and number of as well as type of recidivistic crimes due to a longitudinal register based follow-up. All Swedish forensic psychiatric investigations (FPI) from the year 2000 to 2014 of females who were charged for actual or attempted homicide, manslaughter, or involuntary manslaughter, will be scrutinized according to the above presented type of variables. Approximately 180 females underwent a court ordered FPI during this time period, where roughly 60% received compulsory forensic psychiatric treatment and the remaining 40% correctional treatment. This is an ongoing project currently collecting and scrutinizing the FPIs. The next step will be to request register information from The Swedish National Council for Crime Prevention for new sentences during the study period. This project will be described and discussed in terms of its possible contributions to the knowledge about female perpetrators of severe violence. Finally, these points will be illustrated by some preliminary data.

121. Mad, Bad or in Need of God?

Spirituality and Mental Health of Prisoners: Examining the Myths and the Facts

Anne Aboaja, *University of Edinburgh* (Anne.Aboaja@ed.ac.uk)

Throughout the centuries, religion and spirituality (RS) have played a role of varying importance in the development of both mental healthcare services and prisons as beliefs have changed about their relationship with mental illness and crime. This paper will address three important questions for forensic psychiatrists, prison chaplains, and all health and justice professionals working with prisoners: Is religion bad for your mental health? Are prisoners who "find religion" while detained less likely to experience mental ill-health and reoffend? How do we make sense of the relevant findings from scientific literature and of the stories of individual prisoners? The paper will begin with an overview of the historical perspectives on RS which have shaped understandings of mental illness in society. The recent increase in empirical research into the association between RS and mental illness provides data which will be critically discussed and

compared with current guidance for professional practice, findings from qualitative studies, media reports and a case study from clinical practice. Implications for clinical practice, prison service development and future research will be highlighted.

Religious Paternalism versus Autonomy within Forensic Settings

Kalpana Dein, *University College London* (kalthomas@yahoo.co.uk)

A century after Freud, the influence of atheism casts its long shadow on psychiatric practice. This is especially true of forensic settings where patients receive treatment having lost their liberty, and struggle to keep the faith. Religious paternalism is highly prevalent where as a consequence of limited understanding, or resources as well religious prejudices, clinicians impose their beliefs onto their patients, often subconsciously. For religious patients who find themselves detained, having committed serious offences, questions about divine forgiveness, and existential hope may be all-important. The author offers examples from her own practice of patients' beliefs being mocked, misunderstood and often neglected. She also cites examples of good practice and offers a framework from which professionals can support their forensic patients in practicing their faith (or none), irrespective of their own religious affiliations.

Belief in Change: A Faith-Informed CBT-based Program for Prisoners

Liz Bird, *National Offender Management Service, London, UK* (liz.bird@noms.gsi.gov.uk)

Equality and diversity concerns had been raised about the nature of faith-based prison interventions delivered by external providers. The National Offender Management Service (NOMS) Chaplaincy was commissioned to design its own Accredited Faith-Informed program for high-risk offenders, to address concerns and provide a specification for other providers. The multi-faith Belief in Change program focused on reintegration, included faith beliefs as a protective factor, used similar components and intensity to a hybrid Therapeutic Community using some CBT techniques. It also tackled some of the issues related to extremism such as identity, community belonging and religious tolerance. The program was piloted over three years in two British prisons. The program was found to have a low attrition rate and high engagement by prolific offenders. There was been a marked improvement in institution coping by participants. As a direct result of participation, for those who have been released a good proportion of their resettlement needs have been met, for example: accommodation, mentoring, work experience. Belief in Change has attracted support from a wide range of faith communities who have supported participants on release.

Sexual Abuse of Minors within the Catholic Church and Other Institutions: Introduction to a Research Project and Results of a Meta-Analysis

Harald Dreßing, *University Heidelberg* (Harald.Dressing@zi-mannheim.de)

Sexual violence against children remains a global public health problem. The health sector has an opportunity and responsibility to be part of the multi-sector collaboration to prevent and respond to sexual abuse of minors. Child sexual abuse has been increasingly recognized as a problem not limited to a familial context. Research that examines the role of institutions in sexual abuse of minors and psychological distress following these experiences has become an important public health topic. The presentation outlines a research project on the sexual abuse of minors in the context of the Catholic Church in Germany. The study design and preliminary results of a critical analysis of hitherto published empirical studies that examine the extent and variety of sexual abuse of minors within the Catholic Church and other institutions will be presented. The analysis consists of 40 studies concerning the Catholic Church and 13 studies concerning other institutions not belonging to the Catholic Church. We report the characteristics of the offenders, the victims and the offenses.

122. Misremembering, Feigning, Alternate Universe?: Evaluation and Treatment of Malingering in Forensic Settings

Assessment of Feigning or Malingering of Cognitive Impairment in Forensic Settings

Cheryl Paradis, *Marymount Manhattan College* (cparadis@mmm.edu)

Research has shown the advantages of using symptom validity testing (SVT) to detect feigning of psychiatric illness and/or cognitive impairment in forensic assessments. Reported rates of malingering in forensic populations range from 3.5% to 56%. This presentation will review the most commonly used tests of cognitive malingering and discuss the advantages and limitations of these tests. It will review the presenter's study that evaluated the usefulness of tests of cognitive malingering. She and her colleagues found that, in those defendants referred for competency to stand trial evaluations who reported memory problems, almost half failed both the Rey 15-Item Test (RFI) and the Test of Memory Malingering (TOMM). Seven of the eight suspected malingerers diagnosed with psychotic disorders failed both the RFT and TOMM. These defendants likely scored below the recommended cutoff scores because of intellectual limitations or concentration problems stemming from their psychotic illness. The paper will emphasize the importance of exercising caution when using these tests with defendants with known or suspected psychotic illness, evidence of significant concentration problems, intellectual

disability, or low educational level. Case examples will be presented to illustrate how to determine whether defendants are malingering or exaggerating cognitive impairments.

Assessment of Malingering of Potential Zolpidem-Induced or Contributed Conduct

Stuart Kleinman, *Columbia University* (stuartkleinmanmd@gmail.com)

Assessment of dissociative or dissociative-like delirious states, including related 'automatisms', is particularly challenging. Genuine or feigned amnesia of offense conduct may be present. Although, ultimately, assessment of malingering of these states is case specific, thorough review of appropriate collateral data is generally particularly important in such instances. These data include, but are not limited to: reports of others regarding an individual's mental state; records of all mental health and medical providers; medical records immediately subsequent to the offense conduct. Evaluator expertise regarding dynamics, e.g., time of onset, of potential zolpidem-altered mental state changes is a requisite for these assessments. Further central to assessment of malingering of these states are: Thorough evaluation of an individual's personality style. Investigation of potential rational motivation for the offense conduct, Evaluation of the presence of non-zolpidem based mechanisms of 'automatism.' Ancillary evaluation methods to consider include: Hair analysis, Polysomnography Collaboration with a sleep specialist may in some instances be quite helpful. Limits upon the reliability of findings regarding the presence of malingering should be carefully considered and communicated.

Sovereign Citizens and Common Law: Malingering and Competency to Stand Trial Issues

Elizabeth Owen, *King's County Hospital, New York, USA* (Elizabeth.Owen@nychhc.org)

Cheryl Paradis, *Marymount Manhattan College* (cparadis@mmm.edu)

In the United States, defendants use various legal justifications based on historical matters. In Sovereign Citizen cases, they argue that courts have no jurisdiction over them. At an Indiana Judicial Conference, all agreed that their sovereign citizen cases had presented significant challenges to their courts. Some defendants are members of anti-government groups. The Southern Poverty Law Center identified 856 American active anti-government groups. Increasingly, these groups are influential within jails; defendants take up these beliefs for various reasons. There is often confusion in competency to stand trial (CST) evaluations about whether a defendant's statements involving sovereignty issues reflect political beliefs, practical legal strategizing, delusional thinking or a combination of these three factors. These cases are complicated in terms of CST and are often lengthy and expensive, as defendants prolong the resolution of their criminal cases by raising these issues and engaging in what has been termed

paper terrorism in an effort to thwart the criminal justice system (in part through civil suits against attorneys, judges, court clerks, forensic examiners, etc.). Being able to recognize these cases for what they are will aid justice workers in appropriately navigating these difficult waters.

Malingering as a Treatment Issue in Forensic Settings

Erica Weissman, *Touro College* (ericaweissman@verizon.net)

Malingering threatens the integrity of the legal process and represents a challenge to clinical skill, so in forensic mental health contexts there tends to be considerable effort expended in detecting it. However, malingering may also represent an offender's efforts to cope with the stresses of incarceration or trial. Once an offender is found to be feigning, he or she is often dismissed as a "mere malingerer" without regard to any underlying psychological problems that may be driving the behavior. As a result, someone who could potentially participate more constructively in his or her defense or adjust much better to a correctional setting may receive no treatment at all – just a stigmatizing label. Likewise, an offender who successfully feigns a psychiatric illness may never be appropriately treated for his or her real psychological problems, but may instead receive unnecessary medications that can have serious side effects. If it is difficult to assess the actual mental health needs of a suspected malingerer, it may be even more difficult to treat someone who is perceived as untruthful and manipulative. This presentation will address some of the diagnostic, countertransferential, and systemic issues involved in treating these defenders in various correctional settings.

Assessment of Malingering, Somatoform Disorders and Factitious Disorders in Forensic Mental Health Evaluations

Eileen A. Kohutis, *Consulting Psychologist, Livingston, USA* (eakohutis@gmail.com)

In a personal injury case, the mental health expert needs to consider the extent that a claimant's presentation may be affected by the conscious intention to deceive other people for material gain or by some other motive that leads to fabricated or exaggerated claims of mental disorder. Conscious and deliberate claims of non-existent disorder is malingering. However, somatoform disorders and factitious disorders all manifest with symptoms that are not directly linked to specific medical conditions but are not deliberately malingered. This paper addresses some of the differences in symptom presentations between malingering, somatoform disorders and factitious disorders, focusing on the types of evidence needed to form a trustworthy expert opinion about the reliability of the litigant's injury claim. Emphasis is given to the importance of symptom validity testing and performance validity testing, within the context of other relevant evidence, as methods of helping the expert distinguish between a truthful claimant and one who has attempted to malinger or seriously exaggerate his/her case.

123. Meeting Points of Forensic Research and Law in Norway

Working Together to End Domestic Violence

Kåre Nonstad, *St. Olavs Hospital, Brøset, Norway* (kare.nonstad@stolav.no)

Lethal violence from an intimate partner constitutes a serious health problem worldwide with more than one third of female homicides being perpetrated by an intimate partner. Intimate partner violence often happens repeatedly and can go on for years. Victims often stay in the abusive relationship or return after a while. Also, victims tend to move from one abusive relationship to another despite interventions. Evidence for effective treatment and risk management for perpetrators is still limited. In this study, all cases of domestic violence reported to the police and assessed as high risk for new violence are included. Subsequently, a coordinated response is given to both the alleged perpetrator and the victim, by the police, specialist health service and community health and social service. A specialist risk assessment of imminent risk and long term risk for domestic violence is performed using the Spousal Assault Risk Assessment guide, version 3 (SARA-V3) (Kropp & Hart, 2015). The victim receives advocacy intervention while the alleged perpetrator is offered a short (7 sessions) treatment approach based on Motivational Interviewing and psychoeducation. The goal is to enhance the perpetrator's motivation to seek further help and enable the victim to protect herself in the future.

Offenders with Intellectual Disability in Norway: Past and Present Perspectives

Erik Søndenaa, *St. Olavs Hospital, Brøset, Norway* (Erik.sondenaa@ntnu.no)

This presentation will emphasize the rules and the consequences for the legal rights and the living conditions of the small proportion of people with ID and offending behavior who is not served in the regular community services or in the regular CJS. The changes have been studied over three periods. The forensic mental health era 1915-1982: A large proportion of the inpatients in the forensic hospitals (15%). These patients (N=272) have been studied both on their background criteriaand based on the inpatient casebooks. Preventive supervision 1972-2002: People with ID were separated from the regular correctional services as part of decisions in 1972 and placed in community-based secure caring facilities. Somewhere between 20 and 30 people were covered by these services. Mandatory care 2002-2016: As part of a renewal of the penalty law, some adjustments were implemented. Several limitations of expelling people with ID from the regular criminal justice services (CJS) were introduced, and the number of people covered by the services decreased. The treatment paradigm of these services has been described in detail.

The Ontario Mental Health Act: Emergency Psychiatric Services

Marie Gold, *St. Joseph's Hospital, Hamilton, Canada* (goldm@stjosham.on.ca)

The Ontario Mental Health Act (OMHA) is an Ontario law, which regulates the administration of Mental Health Care. The main purpose of the law is to regulate the involuntary admission of people into a psychiatric hospital. Under certain criteria, the act allows the police to apprehend someone in custody to a designated psychiatric facility for examination by a physician. Once assessed by a physician, a patient may be placed under a Form 1, which is a 72-hour detainment for purpose of assessment. This may be based on risk that considers harm to self, harm to others, or inability to care for self, which are presumed to be the result of a mental illness or mental health issue. Form 1 completion indicates that all other reasonable options (other than hospitalization) have been considered. Factors influencing a decision to apply the Ontario Mental Health act are complex, as Police and the physician must balance risk assessment with the human rights of a patient. This discussion will describe its elements and application, explore case studies of its utilization, contrast and compare similar protocol in countries around the globe, and examine the implications it has for police, physicians and patients.

Lie to Me: Effective Deception Detection Techniques in Legal and Forensic Interviews

Mike Logue, *Brock University* (logue.m99@gmail.com)

Deception detection is extremely important in legal and forensic interviews, where many high stakes decisions are often based on personal statements. Deception detection is further complicated by certain personality types such as psychopathy who are both consistently rated as more convincing liars and are over-represented in forensic populations. Despite the importance of statement accuracy in legal fields, volumes of research have indicated that deception detection is extremely poor under controlled experimental conditions. Many popular and widely accepted body language cues lead to chance levels of deception detection accuracy. Furthermore, although verbal statement analysis has demonstrated greater success than body language cues, these methods do not approach levels that would be deemed reliable in legal proceedings. Recent studies that have combined the cognitive interview and an actuarial scale of linguistic analysis have provided a promising method of accurate deception detection. This method demonstrated 86.7 % accuracy under controlled experimental conditions. Further, this method is equally effective in detecting deceptive statements provided by psychopaths. This presentation will explain the protocol of deception detection and the underlying principles that may be tailored to interviewing practices to improve deception detection in legal and forensic contexts.

124. Mental Fitness for Duty in Safety Sensitive Work Context: Medicolegal Challenges and Advances

Towards Mental Fitness for Duty Assessment Model

Izabela Z. Schultz, *University of British Columbia* (ischultz@telus.net)

Despite increasing public, legislative and policy attention to fitness for duty evaluations of safety sensitive professionals such as physicians or pilots, there has been no consensus in mental health literature with respect to a conceptual and methodological model for such evaluations. There are a number of measurement challenges present, including the need to understand both the workplace and individual factors, and the degree of match between the two in highly specific legislative, policy and professional standards environments. Psychiatric, psychological and neuropsychological fitness for duty evaluations must identify and assess not only those cognitive, emotional, social and behavioural factors that are inherent in safe and competent performance of job duties but also job factors: specific demands, controls and supports of one's occupational environment. Moreover, due to high stakes of these evaluations, significant validity questions may arise due to evaluated professionals' defensiveness and the use of sophisticated compensatory strategies concealing difficulties. This presentation will propose an evidence-informed conceptual model of mental fitness for duty evaluation for safety sensitive professionals and provide scientific and clinical practice implications for maximizing validity, reliability and fairness of such evaluations.

Strategies for Assessing Violence Risk in Fitness for Duty Evaluations

Lisa Drago Piechowski, *American School of Professional Psychology, Washington, USA* (lpiechphd@gmail.com)

The potential for workplace violence is often a central concern in a fitness for duty evaluation, and a very challenging issue for the evaluator. When an employee's behavior is disruptive or threatening in the form of harassment, aggression, inappropriate behavior, or threats to harm others, the employer needs to understand the degree of risk involved so as to maintain a safe workplace for all employees without unduly interfering with the problem employee's right to work and right to privacy. The relatively low base rate of serious employee-perpetrated workplace violence combined with the lack of actuarial instruments designed for this population makes risk assessment quite difficult. This presentation will discuss research and recommended approaches to fitness for duty evaluations with an emphasis on addressing questions of risk assessment and risk management of potentially violent employees including the identification of factors associated with increased risk of workplace violence, assessment methodologies, and strategies for the management of potentially violent employees in the workplace.

Fitness for Duty in Late-Career Professionals

Darcy Cox, *University of British Columbia* (darcycoxpsyd@gmail.com)

Cognitive and physical abilities decline in the course of normal aging. These declines impact job performance. While experience and knowledge increase over the course of a career, advancing age results in reductions in physical capabilities, physical stamina, reaction time, motor speed, attention span, processing speed, memory, word-finding, mental flexibility, and reasoning. These declines begin at midlife and are progressive in nature. Older individuals and/or their employers may develop concerns about whether they remain fit to work, particularly in challenging and safety sensitive professions. While some professionals in safety-sensitive professions can continue to practice successfully into their eighties, most will not be able to do so. Employers are often tasked with assessing the fitness and competency of older employees. In this presentation, we will review the scientific literature addressing the impact of age-related changes on fitness for work in safety-sensitive professions and discuss both screening approaches that organizations can take to screen and assess their older safety-sensitive professionals and the tools available to assess individuals in a more in-depth manner when concerns about an individual's work performance have already been identified. We will also review current and proposed public policy models attempting to address this complex issue.

Fitness for Duty Evaluations in Law Enforcement: Empirical Argument for Electronic Recording

Mark Zelig, *Independent Practice, Anchorage, USA* (forensicalaska@gmail.com)

Despite the high stakes nature of fitness for duty evaluations, fitness evaluators rarely make audio or video recordings of their evaluations. This presentation will provide argument based on empirical research, that the advantages of electronic recording outweigh the disadvantages. This argument is as follows: (1) Electronic recordings provide better records than the examiner's notes. Research indicates that experienced forensic investigators fail to record a large quantity of relevant data. (2) Electronic records create transparency that allows work to be scrutinized by others. A psychologist can make a more compelling argument to bar an attorney or other third-party presence by providing assurance that the examination will be electronically recorded. (3) Recordings may facilitate detection of deception. compared the lie-detection accuracy of interviewers with non-participant observers who reviewed either an audio recording or a transcript of an interview in which the interviewee had posted deceptive statements in their resume. The third-party observers out-performed the interviewers in detecting false statements. (4) Electronic recording facilitates professional growth in the practitioner. An extensive literature exists that sharing video recordings of one's work with a trusted colleague can help expose blind spots and facilitate professional growth.

Mental Health and Legal Considerations in the Selection of Aviation Personnel

Macy Lai, *Consulting Psychologist, Vancouver, Canada* (macylai@doctor.com)

Mental health and legal issues in aviation personnel (including pilots and air traffic controllers) selection include: complying with applicable laws and industry regulations, effective use of validity scales in objective personality testing, development and use of occupational psychometric norms, and addressing barriers that may unfairly discriminate against women and minorities. While there is obviously a need to identify individuals with disqualifying psychiatric illnesses, applicable privacy rights must be respected. Affording a certain degree of patient confidentiality, in addition to being the right thing to do, may ensure that potentially treatable illnesses do not go unreported (and untreated) due to fear of permanent medical disqualification. Flight surgeons are often the first line of defense in identifying unsafe applicants and thus must be able to effectively screen them. Individuals who are drawn to aviation careers typically have distinct personalities, to include elevated narcissistic, histrionic, and compulsive traits. These characteristics are often more striking in women because of the contrast to their peers who are more traditional in their occupational interests. The ability to distinguish healthy potential aviation practitioners from individuals with personality disorders that would render them unsafe is a challenge for mental health practitioners and flight surgeons

125. Mental Health, Autonomy and Relationships: Ethical and Legal Dilemmas

Impeded Patient Autonomy and Relationship Choices: Ethical Responsibilities of Healthcare Providers

Rosalind Abdool, *Hôtel-Dieu Grace Healthcare, Windsor, Canada* (rabdool@uwaterloo.ca)

Healthcare providers are often faced with difficult decisions when considering how far their professional and ethical duties extend to protect vulnerable clients and support their decisions and choices. Most recently, when considering person-centered holistic care, further questions arise with regards to the kinds of decisions that healthcare providers are involved in – relationship questions are just one of these kinds. The types of questions that are raised include, but are not limited to, the following: What are the moral duties of healthcare providers when their patient/ client has impeded autonomy to make choices about relationships with other patients? Is a relationship considered personal health information to be kept confidential/private? Should the provider disclose this information to a substitute decision-maker? What limitations/ restrictions can a healthcare provider place on a patient in these circumstances, if any? These presentations will explore these pertinent questions with regards to a healthcare provider's ethical duties and responsibilities using a case-based approach.

Access to Non-Therapeutic Contraceptive Sterilization in Canada

Tess Sheldon, *ARCH Disability Law Centre, Toronto, Canada* (tess.sheldon@mail.utoronto.ca)

This presentation explores the availability of contraceptive sterilization in Canada to persons found to lack decisional capacity. The underlying legal questions are reminiscent of public health law's dark history. In Buck v Bell (1927), the US Supreme Court upheld a Virginia law that authorized the involuntary sterilization of "feeble minded" persons. The law was found to serve public health because "three generations of imbeciles are enough." Eugenic legislation existed in Canada well into the twentieth century. The Eugenics Board of Alberta approved Leilani Muir's non-consensual sterilization in 1957 for which she was awarded damages in 1996. The legacy of Canada's eugenical history lingers: there are recent reports of Aboriginal women subject to coerced sterilization. This presentation considers the implications of the Supreme Court of Canada's ruling in Re Eve (1986) for persons found decisionally capable, including whether it failed to consider their interest in sexual freedom. The field remains under-theorized and under-litigated, and there is no consensus on the definition of "sexual competence" or "procreative capacity". Drawing on international law and therapeutic jurisprudence, the presentation closes with legislative recommendations to resolve the sometimes-conflicting values of autonomy, freedom from sexual violence and sexual freedom.

Sexual Decision-Making and Relational Theories of Autonomy

Patricia Marino, *University of Waterloo* (pmarino@uwaterloo.ca)

This paper explores relational theories of autonomy, drawing particularly on examples from sexuality, love, and intimacy. Relational theories of autonomy have their roots in the feminist idea that traditional views of autonomy are inadequate to lived experience: they incorrectly model us as individuals disconnected from social and cultural bonds, and fail to capture what is problematic about internalized oppression and self-abnegation. Given that sexuality is deeply social, there are ways in which relational theories are apt for use in understanding sexual decision-making. But sex is also deeply personal, in ways that can make love and intimacy hinder, rather than promote, a person's ability to decide what choice best reflects their own sense of self. For example, sex is a domain where partners are very eager to please, so that the bonds of love can make it difficult to please one's self. In addition, sex is often a situation where a person's individual sense of their "best interests" diverges from what family members see as that person's "best interests." Considerations in favor of, and challenging, relational approaches are particularly relevant for bioethics, since they have to do with the appropriate scope for family involvement in decision-making.

Dementia, Decision-Making and Relationships

Andria Bianchi, *University of Waterloo* (a3bianch@uwaterloo.ca)

Given Canada's aging population, the number of individuals diagnosed with dementia is expected to rise. This increase will lead to concerns regarding consent and decision-making, specifically when individuals are unable to provide informed consent. Many of these concerns will pertain to individuals' treatment options. However, the development and maintenance of certain relationships (both sexual and non-sexual) are also relevant and often undiscussed topics. How do we know whether certain relationship choices are genuinely acceptable to the individual when they cannot provide informed consent? Considering relationships contribute to individuals' well-being, should health-care providers educate their patients about safe relationships? If so, how should this information be disseminated? This seems to be an important, yet challenging component to providing adequate care for incapable patients. In order to respond to this concern, this presentation will address the following questions: How do patients with dementia contribute to making decisions about their care when they are incapable of providing informed consent? More importantly, how should we include persons with dementia in their decisions when they are incapable of consenting, specifically about matters involving relationships? The conclusions from this presentation will draw from qualitative data that has been gained through in-person interviews with health-care professionals.

126. Mental Health Care and the Criminal Justice System I: Acute Criminal Justice Mental Health Care Pathways in England and Northern Ireland

Offender Health Pathways Developments

Andrew Forrester, *South London and Maudsley NHS Foundation Trust, London, UK* (andrew.forrester1@nhs.net)

Prison mental health services have developed considerably over the last 2 decades in England and Wales, and more recently this has also been accompanied by developments in other parts of the offender health pathway (including courts and police stations). This introductory talk reviews these developments and discusses some of the advantages of these services, along with some of the barriers they face. Although these 'liaison and diversion' services are generally thought to introduce local improvements, wider evidence of their effectiveness in improving outcomes has been harder to find, and the 'diversion' that was part of the original vision has proved difficult to ensure. There are also particular, and longstanding, difficulties in the interface between prisons and hospitals, with lengthy days in transferring acutely mentally ill prisoners to hospital when they require treatment. Recent literature in this area is reviewed, and aspects of prison-hospital liaison and transfer are further explored.

Pathways Through the Criminal Justice System for Prisoners with Acute and Serious Mental Illness

Karen Slade, *Nottingham Trent University* (karen.slade@ntu.ac.uk)

This presentation discusses a mapping study that was done in one South London prison. Mapping had previously been identified within the literature as a useful tool to improve the understanding of healthcare journeys within criminal justice systems, and this project mapped the journeys of 63 men on the prison's mental health in-reach caseload. We found a low rate of acute mental illness on reception into prison custody, although a third of the sample later went on to develop acute symptoms. People who had been identified as presenting with suicidal ideas in police custody were at increased risk of later acute deterioration, and were more likely to be overlooked at other stages in the pathway. A lack of standardisation of clinical records, particularly at the court stage, meant that there were difficulties in prioritising needs upon subsequent arrival in prison – and there were serious problems with information transfer across the pathway.

A Qualitative Examination of Criminal Justice System Healthcare Pathways

Chiara Samele, *King's College London* (informedthinking@gmail.com)

In 2009, the Bradley report presented a plan to reduce reoffending and improve the well-being of offenders with mental health problems or learning disabilities by establishing mental health teams in courts and police stations. Since the development of these Liaison and Diversion services in England, high numbers of prisoners with acute mental illness persist. This study aimed to explore information pathways, communication between agencies and the amount of information recorded and exchanged. Purposive sampling was used to recruit prison/healthcare staff and prisoners. 16 depth interviews were conducted. Information transferred from police/court to the prison was very limited. Information about risk, index offence and offending history represented a key information gap. Mental health staff spent much time collecting background information, previous contact with mental health services and history of mental health issues. Information gathered directly from prisoners required verification, particularly where medication was concerned. A more streamlined system is required.

Psychiatric Intensive Care Unit (PICU) Interface

Aileen O'Brien, *St George's University of London* (Aileen.obrien@nhs.net)

In England and Wales, approximately 700 patients a year are transferred from prison to hospital. Most are transferred into forensic settings, but a proportion are transferred to psychiatric intensive care. There is limited research into this group, although anecdotally the interface between PICU and prison can be a tense one; boundary disputes and arguments about clinical threshold abound. Method: We describe characteristics of prisoners transferred to one South London PICU over a 6-year period. We also describe a new model of working between the PICU and local prison. Results: Over 6-years there were 18 admissions from prison to the PICU. Average length of stay in the PICU was 77.83 days for prisoners, and 16.46 for non-offenders; small numbers but significant bed days. Discussion: The offender pathway between prisons and PICU warrants further exploration. We discuss possible recommendations to reduce the length of stay of prisoners based on our model.

Conflict, Prison Psychiatry and the Secure Hospital Interface: A Northern Irish Perspective

Phil Anderson, *Northern Ireland Deanery* (Philip.Anderson@setrust.hscni.net)

Historically, prison psychiatry in Northern Ireland has sat in a difficult position of addressing significant clinical need in a deeply divided society, across the complexities of a precarious criminal justice interface. The Northern Irish 'Troubles' was a 30-year ethno-nationalist conflict that started in the late 1960s, in which 3500 people died and over 50,000 were inured. The prison service has been at the heart of this strife: 32 prison officers have been killed and many others injured. Although the Troubles were widely understood to have ended with the 1998 Good Friday Agreement, the legacy of the conflict lives on in the operational and clinical life of the prisons. In keeping with wider society, large numbers of prisoners are understood to suffer from conflict-related psychological trauma. Assessment and management of mentally ill prisoners takes place within this context, and the provision of forensic psychiatry within this prison-hospital interface is discussed.

Edward Kane, *University of Nottingham* (eddie.kane2@btinternet.com) - Discussant

127. Mental Health Care and the Criminal Justice System II: Challenging Patient Issues in Forensic and Correctional Settings

Managing Sexually Inappropriate Behaviours in Correctional and Forensic Settings

Brad D. Booth, *University of Ottawa* (brad.booth@theroyal.ca)

Work in both correctional and forensic settings can involve direct care of those with sexual offences. Usually individuals do this with specialized training in the field. However, outside of this specific population, clinicians are often faced with other non-sexual offenders displaying inappropriate or disturbing sexual behaviours. This might include lower-level issues such as public or excessive masturbation, use of legal but institutionally prohibited pornography, grabbing co-patients and staff and voyeurism of copatients. At times, the behaviour may become severe, invasive and criminal in nature, such as sexual assaults or similar issues. Regardless, these issues universally cause distress in multidisciplinary staff and co-patients. The session will focus on reviewing the extent of the issue and approaches to managing these behaviours in both forensic and correctional settings.

Managing Antisocial Behaviours in a Forensic Setting: When the Psychosis is Gone

Michelle Mathias, *University of Ottawa* (michelle.mathias@theroyal.ca)

Psychiatric comorbidities are often the norm in forensics. Antisocial personality disorders are quite prevalent in an inpatient forensic setting and can prove to be quite challenging from a management perspective. This is particularly the case once any existing psychotic symptoms have been treated. Individuals with ASPD can present with impulsivity, aggressiveness, deceitfulness and disregard for others while on an inpatient unit. This can impact both the safety of staff members, as well as the quality of care provided to other patients. This session will review common presentations of antisocial behaviours and the potential clinical impacts on an inpatient forensic unit. Discussion will focus on behavioural interventions that are needed to minimize such behaviour as well as the interdisciplinary collaboration that are of benefit in enacting such behavioural plans. Examples of various collaborative and behavioural intervention strategies will be reviewed and discussed. Medico-legal implications for such interventions will also be highlighted.

Hostage Takings in Forensic and Correctional Settings

Joel Watts, *University of Ottawa* (joel.watts@theroyal.ca)

Managing risk in secure forensic and correctional settings is a difficult but necessary and active task. This can be particularly challenging when engaging high risk offenders in different kinds of correctional programming or therapeutic activities. Offenders serving long sentences and clients deemed too high risk to be able to rejoin the community pose particular risks when accepted into specialized programs. A high stakes setting is created when such programs represent a client's

last resort or opportunity to show that their risk can be mitigated and that they should have their liberties increased. The risk of a hostage taking must be carefully considered and managed when such programming provides such a physical and psychological possibility for an offender. Unfortunately, when such incidents do occur, the effect on correctional and clinical staff can be devastating. Rates of occupational stress and mental disorders developing in staff after such incidents will be discussed, in addition to the effect on the ability of institutions to continue to provide such programming. Best practices for institutional management of the aftermath of such incidents will also be discussed.

Trauma Informed Care: Recognition and Treatment of Trauma Disorders in Correctional and Forensic Settings

Colin Cameron, *University of Ottawa* (colin.cameron@theroyal.ca)

Trauma disorders are known to be several times more prevalent in both correctional and forensic populations compared to what is seen in the general population, and knowledge of these disorders can aide greatly in both the assessment and treatment of correctional and forensic patients. This presentation will review evidence that points to trauma as an important criminogenic risk factor which using a Risk Needs Responsivity model can be targeted both as a criminogenic need and as a responsivity factor. Phenomenological similarities and differences between complex PTSD and dissociative disorders on the one hand versus psychotic disorders on the other will also be discussed. Finally, the three-phase best practice model for the assessment and treatment of trauma disorders will also be reviewed and discussed in the context of correctional and forensic settings.

Managing Substance and Medication Diversion in a Correctional Treatment Centre

Paul Sedge, *University of Ottawa* (paul.sedge@theroyal.ca)

Epidemiological studies have identified high rates of mental health problems within the incarcerated population including substance use disorders (65-85%), ADHD (20-45%), and depression/anxiety disorders (25%). Although the correctional setting provides an opportunity for enhanced observation and control, effective treatment of mental disorders remains a challenge as many of the medications prescribed to treat these conditions carry significant potential for abuse and/or diversion. Descriptive studies report that treatment is further complicated by the ongoing use of illicit drugs and alcohol (12-60%) in this population. This presentation will provide an overview of the scope of substance use and medication abuse in a correctional setting, a review of medications at high risk of misuse, and a discussion of several clinician and facility based management techniques that may reduce the impact of these issues.

128. Mental Health Care and the Criminal Justice System III: Evidence-Based Practice in Federal Probation and Pretrial Services: Results from Evaluation of Initiatives in United States Probation and Pretrial Services Western District

Evidence-Based Practice in Federal Probation and Pretrial Services: Research Considerations

Jacqueline B. Helfgott, *Seattle University* (jhelfgot@seattleu.edu)

Elaine Gunnison, *Seattle University* (gunnisone@seattleu.edu)

Over the past two decades, the field of corrections has recognized the need for thoughtful decision-making based on empirical evidence. Given this focus, both state and federal criminal justice agencies have been exploring evidence-based practices (EBP) in an effort to reduce offender recidivism and enhance public safety. At the federal level, the implementation of EBP has had a slower start. In Western Washington, U.S. Probation and Pretrial Services (USPPS) is only one of three districts that have sought full implementation of EBP into their practices. This research reports on the efforts of USPPS to implement EBP into their jurisdiction through academic-practitioner partnership. The development of a long-term collaborative research plan, the use of graduate student research assistants, as embedded researchers, research designs and considerations for current and future EBP implementation as well as potential obstacles will be discussed. Further, future rollout plans for EBP implementation in this jurisdiction as well as the policy implications for EBP implementation and best practices and recommendations for criminal justice agencies seeking academic partners will also be addressed.

Evaluating the Moral Reconation Therapy (MRT) with U.S. Probation and Pretrial Services, Western District

Caitlin Healing, *U.S. Probation and Pretrial Services, Seattle, USA* (healingc@seattleu.edu)

Moral Reconation Therapy (MRT) was created by Dr. Gregory Little and Dr. Kenneth Robinson out of Correctional Counseling, Inc. in Memphis, Tennessee and was first implemented at the Shelby County Correction Center in Memphis in 1985. They built upon Wood and Sweet's (1974) reconation therapy, initially used for narcotic addicts. Although reconation therapy had been fairly successful, it lacked participation by minorities, had a high dropout rate, and had a short duration of positive behavioral changes after release. MRT was created as an answer to these issues (Little & Robinson, 1988). In 2001, the United States Probation and Pretrial Services (USPPS), Western District of Washington implemented Moral Reconation Therapy (MRT), a cognitive-behavioral therapy program designed to raise moral reasoning and reduce recidivism.

MRT is well-supported and widely accepted in many correctional environments; however, the MRT program implementation in USPPS had never been evaluated. Using a pre-post quasi-experimental design, the Moral ReconationTherapy program at USPPS is evaluated. The sample in this study consists of federal offenders under supervision under United States Probation and Pretrial Services. Results and policy implications will be presented.

Seattle Women's Second Chance Project

Kim Bogucki, *Seattle Police Department, Seattle, USA* (kim.bogucki@seattle.gov)

This paper presents an overview of the development and implementation of the IF Project's Seattle Women's Reentry initiative – a comprehensive, gender responsive, police-led reentry program for women in Seattle addressing needs including housing, employment, substance use, trauma care, mentorship, child care, and social support. SWR is an outgrowth and extension the IF Project, a crime reduction and crime prevention program that involves multiple components that bridge law enforcement, corrections, juvenile justice, schools, and community agencies. The benefits of police-led reentry programs have been studied by criminal justice researchers and practitioners who have concluded that urban police departments need to be involved in prisoner reentry due to high recidivism rates among returning offenders and because reentrants often return to some of the poorest, highest crime neighborhoods. Greater involvement of police in reentry can promote public safety through focused problem-oriented policing efforts that increase police legitimacy. Women coming out of prison do not receive the same reentry services as men and women's reentry needs reentry differ from their male counterparts in many ways including responsibility for children, history of physical and sexual assault, and social support. The development and implementation of Seattle Women's Reentry is discussed.

Seattle Women's Reentry: Research Evaluation and Data Collection

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This paper presents the research design and in-progress data collection of the IF Project's Seattle Women's Reentry (SWR) initiative operated by the Seattle Police Department in collaboration with the Washington State Department of Corrections. SWR is a gender responsive reentry initiative rooted in core IF principles with focus on self-Inventory to build awareness and coping skills. A mixed–method quasi-experimental design inclusive of gender responsive measures is

employed to evaluate the impact of SWR, participant risk-need-responsivity, and life events on recidivism, individual change, reentry trajectory, experience, and success. Subjects include an experimental group of women released from the Washington Corrections Center for Women to King County and comparison group of women released to Skagit, Whatcom, and Snohomish Counties between January 1, 2017 and December 31, 2017. Data is collected prior to program participation, at monthly intervals post-release, and one-year post-release. Pre-release data collection includes interview, institutional file review including health/mental health history, Psychopathy Checklist-Revised (PCL-R) and Level of Service-Case Management Inventory (LS/CMI) assessments, and administration of a self-report survey designed to measure self-esteem, self-efficacy, and trauma experiences. The research design, data collection, hypotheses, initial results, and future data collection efforts are presented and discussed.

129. Mental Health Care and the Criminal Justice System IV: Loss, Dying, Death and Bereavement Support in the English Criminal Justice System and its Impact on Health and Wellbeing

Loss, Dying, Death and Bereavement Support in the English Criminal Justice System: A Qualitative Perspective

Sotirios Santatzoglou, *Keele University* (s.santatzoglou@keele.ac.uk)

Sue Read, *Keele University* (s.c.read@keele.ac.uk)

There is growing awareness that loss and bereavement is a significant problem for prisoners coping with general loss (e.g. transition) the loss or death of others, or when facing their own impending death. Support within the criminal justice system appears inconsistent, and loss and grief is frequently not addressed in any constructive way. This can result in disenfranchised grief, and can lead to complicated grief, which will impact on the individual's health and wellbeing. Following funding from the Seedcorn Fund, and ethical approval, semi-structured interviews (n=12) were conducted with local criminal justice professionals; care professionals employed in the prison service; and those specifically supporting loss and bereavement in restricted environments. One focus group (n=10) involving palliative care healthcare professionals (nurses and doctors) was conducted. All data was thematically analysed. There is significant interest in loss and bereavement from professionals across the criminal justice system However support remains inconsistent and fragmented. The concept of disenfranchised dying and grief, was thought prevalent. Education was an inherent theme woven throughout, and the implications to nurse education were highlighted, particularly in relation to inter-professional practice and the scope of compassion within criminal justice systems.

Loss, Dying, Death and Bereavement Support in the English Criminal Justice System: Listening to Previous Voices

Katie Hunt, *Keele University* (k.hunt1@keele.ac.uk)

This presentation reviews the literature on the experience of bereavement behind bars, and the existing mechanisms to facilitate the mourning process and support the mental health of grieving prisoners. The confinement of prisoners and their separation from loved ones impedes their ability to accept the reality of the death, mourn their loss, adapt to the absence of the deceased and begin to move on. 'Tough' prison culture forces inmates, especially men, to suppress their pain to avoid emotional displays. All of this may lead the bereaved to suffer disenfranchised grief, which, if not addressed, can have serious mental and physical health implications, and lead to reoffending. All prisons in England and Wales provide a chaplaincy, but this service is not appropriate for all inmates, and many settings offer no alternative. This presentation explores several proposed reforms of pastoral care to improve prisoner well-being. Research in this area is limited and a general lack of understanding was emphasised by many authors, who identify the need for further study.

Loss, Dying, Death and Bereavement Support in the English Criminal Justice System: 'All You Did was Listen...'

Sue Read, *Keele University* (s.c.read@keele.ac.uk)

Sotirios Santatzoglou, *Keele University* (s.santatzoglou@keele.ac.uk)

This presentation examines the bereavement support and end of life care by professionals to offenders who are imprisoned or live in the community. In particular, the presentation analyses the relatively different findings with respect to professional perceptions about the need, the success and the scope of their interventions. Furthermore this presentation attempts (through the analysis of those different accounts) to explore and define the meaning of compassionate practice towards this marginalized, which is perceived of as a 'less deserving' group, the criminal justice offenders. This presentation will argue that the different contexts wherein those groups operate is the critical element in defining the scope of compassionate practice and, as a result, the critical element in having an impact on the health and well-being of the bereaved offenders.

Loss, Dying, Death and Bereavement Support in the English Criminal Justice System: Working With the Bereaved in Custody, Reflections on Intersecting Disciplinary Perspectives

Mary Corcoran, *Keele University* (m.corcoran@keele.ac.uk)

Kate Lillie, *Keele University* (a.k.lillie@keele.ac.uk)

This presentation examines the phenomenon of bereavement in relation to penal custody. We start by examining the very different conceptions of 'loss' as deployed by scholars of bereavement studies and of criminologists. Because the study of bereavement in custody is an emerging area of research in the UK, the different disciplinary approaches have rarely been examined in conjunction. Yet, in actuality, prisoners (and significant others) experience death, bereavement and penal losses, simultaneously.Drawing on interviews with bereavement support professionals (n=22), we explore how supporters apprehend these composite losses in the course of their work with the bereaved in custody. Participants commented on the complex negotiations they made in order to conduct their clinical practice in prisons and how their clinical demeanor, attitudes and practice frequently conflicted with the security requirements of that environment. They thought their ability to support individuals was constrained by overarching security priorities. It is proposed that the individual effect of bereavement is compounded by the social losses of imprisonment. A better understand the constellation of losses experienced by the bereaved in custodial settings is needed. We conclude with some tentative observations about professional understanding and negotiations of working with people living with bereavement and imprisonment.

130. Mental Health Care and the Criminal Justice System V: Mental Health in Prisons

Ubiquitous Risks: Self-Injury, Mental Health and Prison Segregation

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Alexandra Hunter, *University of Toronto* (alex.hunter@mail.utoronto.ca)

Forms of segregation are used by prison officials to revaluate a wide range of behaviors that are characterized as threats to the institutional order. International scholars, commissions of injury and human rights advocates are calling for strict limits on the use of segregation for mentally ill and self-injuring prisoners. It is argued that segregation can cause a variety of mental health problems and exacerbate pre-existing conditions. This paper examines how the framing of the 'mentally ill prisoner' fails to limit the use of segregation and obscures how institutions manage and classify high need prisoners. Further, we argue that the call for limiting the use of segregations for this particular group leaves the general practice of segregation intact, limits the ability to critique how institutions use fluid categorizations of the 'mentally ill prisoner' and risk, and obscures the structural factors that perpetuate and justify extreme interventions.

Resources and Mental Health Problems of Imprisoned Women in Switzerland

Sandy Krammer, *University of Bern* (sandy.krammer@fpd.unibe.ch)

For many years, forensic-psychological research mainly focused on men, neglecting women. As a result and until recently, there was little knowledge about the needs of incarcerated women. This neglect prompted the United Nations Organization to call for research on this group. So, gradually, empirical evidence is emerging pointing to the fact that there indeed are gender-specific needs, for example regarding a series of mental health problems. However, this evidence mostly stems from outside Europe. It has previously been shown that results from abroad cannot be transferred without further testing. Furthermore, there is hardly any knowledge about resources. Here, results will be presented from a series of studies that assessed specific needs of imprisoned women in the German-speaking part of Switzerland. The extent of resources, namely interpersonal strengths, social support, emotion regulation and self-efficacy, as well as the extent of mental health problems such as PTSD will be discussed. Furthermore, these data will be compared with data stemming from male prisoners, so gender-differences will be presented. Finally, mediation models will be shown whereby the above-mentioned resources act as mediators between traumatization and mental health. Results may enhance the understanding of factors and mechanisms relevant for incarcerated women and may stimulate future research. Ideally, these results promote an increased sensitivity within the criminal justice system to gender related issues.

Optimization of Standardized Risk Assessment in the Penal System of Lower Saxony

Eberhard Heering, *Forensic Institute for Forensic Psychiatry, Berlin, Germany* (eberhard.heering@charite.de)

Nine years ago, the penal system of Lower Saxony established a specialized department, being responsible for risk assessment on all prison inmates of the state. The department is estimated to do about 200 risk assessments a year, mainly on questions as the inmates' aptitude for social therapy, loosening or transfer to an open prison. The Institute for Forensic Psychiatry of Berlin Charité has been accompanying the work of this department scientifically since 2010 by reviewing random samples of the risk assessments, verifying the application of current standards. It was of particular interest which methods were used and which topics were discussed with the inmates during the exploration for risk assessment, whether or not standardized risk scales were applied, and finally which conclusions were drawn from the results of the exploration and the information which could be taken from court and prison files. Meanwhile, samples of these risk assessments could be evaluated three times (2010, 2012, 2015) in order to find out how quality standards developed over the years. The results of the study will be presented at the congress.

Rattling Assumptions: Lived Experience, Critical Analysis and Collaborative Learning in a Women's Prison

Shoshana Pollack, *Wilfrid Laurier University* (spollack@wlu.ca)

Dominant narratives about women in prison are riddled with psychological discourses about instability, poor decisions, victimization, low self-esteem and riskiness. Correctional facilities encourage female prisoners to self-define using these narrative frameworks to illustrate their reform-ability. The psychologized correctional framing of incarcerated women automatically disqualifies them as legitimate knowers of their own experiences and with that disqualification comes the erasure of social context as a factor in their involvement in the criminal justice system. Judith Butler writes that transformation occurs when norms are unsettled and rattled; a process that brings people into being. Drawing upon Butler's notion of 'rattling' norms, this paper discusses the impact of a Canadian university program that brings together incarcerated women and students from a Faculty of Social Work to take semester long for-credit classes. The basic premise of the teaching model is that all aspects of the student; emotional, physical, spiritual, and intellectual; are considered legitimate sources of knowledge. Research on the impact of taking these classes found that incarcerated students reported a sense of finding their own 'voice' and identity outside correctional discursive frameworks, an increase in their self-confidence in pursuing higher education, and fostered a critical social analysis.

131. Mental Health Care and the Criminal Justice System VI: Multidisciplinary and Strength-Based Strategies for Mentally Ill Offenders

A Strengths-Based Approach in Working with Mentally Ill Offenders?

Freya Vander Laenen, *Ghent University* (Freya.VanderLaenen@UGent.be)

Strengths-based approaches for offenders with mental illness are getting more attention in various professional disciplines: law, e.g. human rights; criminology, e.g. desistance; mental health care, e.g. recovery; forensic psychology, e.g. the Good Lives Model; and family studies, e.g. family recovery. In strengths-based approaches, the focus is not on one's deficits, incapacities or problems; these approaches focus on capabilities, qualities and assets. In this presentation, first, we present the central ingredients of a strengths-based approach. Second, we give an overview of available scientific knowledge with regard to strengths-based approaches for offenders with mental illness, in relation to these different disciplines. Third, we discuss the communalities between the different disciplines as well as important differences in the objectives and professional values of these disciplines. To conclude, we highlight challenges related to applying strengths-based approach in a forensic treatment context. Starting from a strengths-based approach challenges professionals. The question is: how can we employ the ideas from a strengths-based approach to adopt strengths-based practices?

An International Human Rights Approach in Working with Mentally Ill Offenders in Detention

Vincent Eechaudt, *Ghent University* (Vincent.Eechaudt@UGent.be)

"*All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person*". Although this might be true in theory, international courts and monitoring bodies reveal that the management and treatment of detainees with mental illnesses remain a real challenge. However, the need for an adequate therapeutic environment and proper rehabilitation programs has received increased recognition at the international policy level and amongst legal practitioners and scholars. As such, the last two decades have been characterized by an ever developing framework of international human rights standards which should ensure human dignity and specialized treatment in adapted facilities for mentally ill detainees. This presentation aims at exploring the international legal standards and jurisprudence on the detention of mentally ill offenders. As such it offers insight in the case-law of the European Court of Human Rights, the applicable binding international minimum standards and the non-binding recommendations of the Council of Europe and the European Committee against Torture. Furthermore, this presentation will illustrate whether international legal standards underpin a strengths-based approach for mentally ill offenders.

Procedural Justice and Mentally Ill Offenders: A Qualitative Study

Ciska Wittouck, *Ghent University* (Ciska.Wittouck@UGent.be)

When persons with symptoms of mental illness encounter police and/or judicial authorities due to offending, they are often subjected to quasi-compulsory or compulsory treatment. According to procedural (in)justice theory, persons value interpersonal aspects, such as being heard and being treated with respect during social interactions (such as interactions with police, judges and treatment providers). Experiencing procedural injustice during these interactions affects the attitudinal, emotional and behavioral reactions of people towards these interactions. When applying procedural justice theory to mentally ill offenders, experiencing procedural justice can be regarded as a promotion of change processes, such as recovery and desistance, true underlying psychological mechanisms, such as social identity and legitimacy, and therapeutic process variables, such as the therapeutic alliance and perceived coercion. For the present study, in depth interviews were administered to mentally ill offenders in order to determine the influence of experiencing procedural (in)justice. The presentation will report the results of these interviews and discuss the implications of these results for theory, practice, policy and future research.

Desistance in Mentally Ill Offenders Hypothesized by the Internment

Sofie Van Roeyen, *Ghent University* (Sofie.VanRoeyen@UGent.be)

Traditionally criminal career research focused on the start and duration of the criminal career. It takes up to the 1980s for desistance to receive formal attention (e.g. Shover, 1983). Nowadays, researchers interpret desistance as a gradual process in which people stop committing crimes, or reduce the frequency, seriousness or diversity of their offending. Previous desistance research mainly focused on the general offender population. Although there is desistance research available on some specific groups, such as drug users and sex offenders, mentally ill offenders are mainly neglected. This research is a qualitative mentally-ill-offender-centred study, consisting of exploratory focus groups and in-depth interviews. The desistance process in mentally ill offenders seems to show differences compared to the desistance process in the general offender population. Their change process seems to be hypothesised by their legal status, namely the internment.

Venus versus Mars? Experiences of Female and Male Detainees

Anouk Mertens, *Ghent University* (Anouk.Mertens@UGent.be)

Freya Vander Laenen, *Ghent University* (Freya.VanderLaenen@UGent.be)

The literature on responses to imprisonment is dominated by two theoretical models: the deprivation and the importation model. Sykes' deprivation model views prisoner behaviour as the result of characteristics specific to prison. The importation model by Irwin and Cressey states that the pre-prison experiences and the traits of prisoners are important to their reactions to imprisonment. Studies of these two models are rarely made in a population of mentally ill offenders. The existing empirical research on these two models is dominated by research on male prisoners, while research on female detainees is limited. Moreover, the research on mentally ill offenders is mainly quantitative in nature and focusses on the importation model. The study aims to examine the prison experiences of female prisoners with mental health problems. A qualitative study, consisting of in-depth interviews with 50 female mentally ill detainees is executed. This research highlights the prisoners' subjective experiences. This presentation will explore the results of the interviews. A presentation of female mentally ill detainees' experiences, both with regard to deprivation and importation elements, will be made.

132. Mental Health Care and the Criminal Justice System VII: Prisons, Mental Health and Deinstitutionalization: Historical and Contemporary Perspectives

From Asylum to Prison: Deinstitutionalization in the United States

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Today, some of the largest mental-health centers in the United States operate in prisons and jails. The roots of this crisis run far deeper than many people realize. Policymakers and scholars have thoroughly documented the exponential rise of the carceral state in the twentieth century, which has disproportionately affected African Americans, Latinos, and Native Americans. Less well known, however, is the history of custodial mental hospitals and how they comprised another type of carceral system that grew alongside prisons. Society has long excluded individuals with psychiatric disorders from their communities. While these institutions that predominated in the early to mid-twentieth century had systems of confinement distinct from prisons, they shared a similar logic of removing classes of people from society based on notions of social deviance, informed by social constructions of race, class, gender, disability, and sexuality. What goes unheeded is the way that another form of confinement emerged that particularly affected individuals with psychiatric disorders: prisons.

Unfit on Mental Grounds: Prison Regimes, the Management of Mental Disorder and the 'Criminal Mind' in Late Nineteenth-Century England and Ireland

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Hilary Marland, *University of Warwick* (hilary.marland@warwick.ac.uk)

Since the inception of the 'modern' prison system in the 1840s, the relationship between mental breakdown and the prison has been fiercely debated, with regard to why so many prisons came to contain large numbers of mentally ill people as well as their potency as institutions to produce or exacerbate mental disease. In the late nineteenth century, penologists, prison governors and prison inspectors defended the prison system against accusations that their regimes of separate confinement and heavy labour were driving prisoners insane, while struggling to manage high incidences of mental breakdown in their prison populations. The period is also associated with international attempts to define, recognise and classify the 'criminal type' and 'criminal mind'. Drawing on the records of English and Irish prisons from the 1860s onwards, this paper explores the tensions and collusions between theories of criminal anthropology and institutional practices. We explore how far concerns of management dovetailed with or deviated from explanations of criminality associated with groups of criminals prone through environment and heredity to crime and mental instability. We test the contention that knowledge of the mentally deficient criminal was a product of prison procedures for observing, classifying and segregating prisoners that developed distinctly from theories of criminal anthropology.

A Dumping Ground for the Most Difficult and Disturbed Type of Young Offenders: Feltham, the Psychiatric Borstal, 1945–1973

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From its establishment as a borstal in 1910, Feltham had been used to house those borstal inmates considered either physically or mentally inadequate. By the immediate post-war period, it was one of only four significant specialised psychiatric centres within the English and Welsh penal system, and the only 'psychiatric borstal'. Based on previously unused institutional records from Feltham, this paper will explore the imperfect and stuttering progress of Feltham towards a psychotherapeutic and psychiatric model of care from 1945 down to the early 1970s. This covers an era when the category of mental deficiency and its linkage to social pathology was declining in salience. Looking at the changing role of key figures and occupational groups within the borstal – the Chaplain, medical staff and prison officers – this study will examine the fitful emergence of a would-be therapeutic community at Feltham and the tensions that this new treatment model created between therepeutic and disciplinary staff. Through a study of the chaplain's journals, it will also focus upon the transformation of the chaplain's significant if vaguely delimited ritual and pastoral institutional presence in the 1940s and 1950s to that of his burgeoning and increasingly interventionist spiritual-therapeutic function during the 1960s.

The Penrose Hypothesis Reconsidered as a Moral Argument

Ian Cummins, *University of Salford* (i.d.cummins@salford.ac.uk)

Penrose (1939 and 1943) put forward the intriguing hypothesis that there is a fluid relationship between the use of psychiatric inpatient beds and the use of custodial sentences. Later in his work, he argued that a measurable index of the state of development of a country could be obtained by dividing the total number of people in mental hospitals and similar institutions by the number of people in prison. Penrose's work in this areaIt is possible to explore Penrose's hypothesis as a statistical argument about the use of two distinct institutional processes – prison custody and psychiatric care – and the investigation of the relationship between the two. I would argue that there are a number of dangers in this approach. It equates, however unintentionally, crime and mental illness. In addition, it fails to explore the reasons behind the changes in patterns of use of the two institutions. An alternative view, presented here, is to view Penrose's argument as a moral one that seeks to challenge wider punitive attitudes.

133. Mental Health Care and the Criminal Justice System VIII: Specialized Therapeutic Approaches for Offenders With Mental Disorders

Treatments in Prison and in Hospital for Offenders with Schizophrenia

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With research showing a high prevalence of schizophrenia in prisons, its early recognition and management is of great importance. Although hospital secure care is three to four times the cost of incarcerating the same individual in prison, one can argue various reasons in preference of the former. Here we will discuss, apart from the clinical need and the humanitarian argument, the evidence suggesting that the prognosis for individuals treated in secure hospitals is superior thereafter, both in terms of their mental wellbeing and a reduction in future recidivism. Research has indicated that mentally disordered offenders who are managed in hospital have shorter duration of incarceration subject to recurrent hospitalisation and less offending after discharge than a comparison group of prisoners. Reconviction after discharge in those treated in hospital is associated with the same criminological factors (past criminal record and age) as if managed by the prison system. We will present a study from the UK investigating whether there is a difference on likelihood of reoffending and on time to reoffending (first reconviction) between released prisoners with a diagnosis of psychosis and a matched sample of discharged hospitalized patients with a diagnosis of psychosis. Demonstrating a reduction in future recidivism would be particularly telling because of the high societal costs of crime.

Therapeutic Community for Offenders with DSPD

Artemis Igoumenou, *Queen Mary University of London* (a.igoumenou@qmul.ac.uk)

Here we present how the approach of therapeutic community (TC) has been adopted for the treatment of offenders with severe personality disorders. Millfields unit is a TC in East London that houses 16 male patients. The treatment model of the Millfields unit is an adapted TC. The TC is based on what is called the four pillars: reality confrontation, communalism, permissiveness and democratization. The underlying philosophy is the need for patients to take responsibility for themselves, and the damage done as a result of their offending and antisocial behavior and also how their interpersonal dynamics reflect in the here and now of the unit. There is an expectation that offending behavior, including that for which there have been no convictions, is disclosed and explored in some depth. There are specific groups and treatments available such as substance misuse, art therapy, orientation to therapy, self-change program and individual psychotherapy of a psychodynamic or cognitive behavioral type. Patients are actively encouraged to participate in community activities such as sports, gym, music, cooking etc. There are community jobs and roles of varying responsibility, which patients are expected to apply for, some of which are paid. There is an expectation that patients participate in treatment in an active way and all activities are considered therapeutic. The emphasis on psychological and social

intervention means that the stress on staff can be somewhat different to that associated with other settings.

The National Problem Gambling Clinic in London, UK

Matthew King, *Specialist Registrar in Forensic Psychiatry, London, UK*
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Gambling disorder is a recognized mental disorder. In the UK it is present in 0.9% of the general population with approximately 50% of those affected reporting some form of illegal activity. This is reflected in prison populations which have much higher rates of gambling disorder. Historically, those who have committed crimes related to their gambling have been dealt with by means of a custodial sentence or some form of punishment which does not always allow for effective treatment to be delivered. As a result, there is a cohort of patients who are punished for their crime, but remain at high risk of re-offending because of their untreated disorder. At The National Problem Gambling Clinic, London, we have a data base of over 1,600 people who have been assessed for gambling disorder in the past 5 years. From this data it has been possible to 'profile' the forensic gambler. The purpose of this presentation is to share experiences of working within a gambling clinic, in particular working with those who have committed illegal acts, and to present the findings of our research. It is anticipated that this will generate discussion on how offenders with gambling disorder are dealt with by different criminal justice systems and how we could reduce future gambling related offending.

Interventions for Offenders with Intellectual Disabilities

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People with intellectual disabilities present to the criminal justice system more frequently than expected for the general population. Studies have shown greater rates of people with intellectual disabilities in police stations and in the prison population. In some ways they are a distinct group; patterns of offending are often different and offences such as arson and sexual offending are known to be more prevalent. Additionally, comorbidities associated with intellectual disabilities such as Autistic Spectrum Disorder are associated with different patterns of offending in themselves, and disorders such as Attention Deficit Hyperactivity Disorder (ADHD) are known to be associated with higher rates of offending. Learning difficulties amongst the prison population are more rife and therefore it is difficult to distinguish prisoners with intellectual disabilities from the general prison population. Furthermore, when people with intellectual disabilities are transferred to hospital they often require a specialist approach in order to treat and rehabilitate them, encompassing approaches from different disciplines, such as Psychology, Speech and Language Therapy and Occupational Therapy. Intellectual Disabilities amongst the

offending population defines a complex group requiring a bespoke and adapted approach in order to optimize prognosis and reduce re-offending.

134. Mental Health Care and the Criminal Justice System IX: Vulnerable Non-Psychotic Offenders: Between the Treatment and Correctional System

Forensic Psychiatric Evaluations Concerning Non-Psychotic but Otherwise Mentally Disturbed Offenders in Denmark

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The Danish Penal Code comprises two paragraphs (§§16 and 69) about the legal status of mentally ill or retarded offenders and one concerning the associated judicial measures (§69). The §16 states that persons who at the time of the criminal act were irresponsible due to psychosis or quite similar conditions or a pronounced mental retardation are not punishable. §69 concerns persons with a less severe degree of mental illness or retardation. A forensic psychiatric evaluation should be requested by the judicial system, if there are reasons to assume that the offender suffers from any of the conditions comprised in §16 - and often also for the more heterogeneous conditions comprised in §69. Two key questions must be dealt with in the conclusion of the forensic psychiatric report: which of the §§16 or 69 is relevant in the specific case and the kind of judicial measure suggested to the court. This study selected forensic psychiatric evaluations from 4 centers concerning §69 cases. The study focused on age, ethnicity, diagnosis, the offence, substance abuse, suggested sanction, the final sentence etc. Pattern changes over time and differences between the centers are discussed. The study is ongoing.

Differences in Personality Assessment in Violent Men and Women: Are Violent Women Perceived as More Vulnerable?

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Research has shown that female non-psychotic, but otherwise mentally disturbed offenders are sentenced to treatment rather than prison twice as often as male offenders. We are therefore undertaking a quantitative and qualitative study to understand more about this significant difference, specifically whether other factors than gender are in play. First we want to explore the presence of different diagnostic practice with regard to non-psychotic, but otherwise mentally disturbed male and female offenders respectively. One hypothesis is that male offenders more often than female offenders are diagnosed with antisocial personality disorder and/or psychopathy. Secondly, we want to focus on the violent offenders (homicide, violence,

coercion) and examine whether this group shows the same significant gender differences regarding the type of sanction to which they are sentenced. Third, we aim to examine whether male and female offenders with the same diagnosis (e.g. Borderline Personality Disorder) are receiving different sanctions, when charged with the same type of violent crimes. The method will consist of a statistical and qualitative analysis of all pre-trial Court Reports from Clinic of Forensic Psychiatry in Copenhagen from 2010-2015, in which the offender was deemed to be non-psychotic, but otherwise mentally disturbed. The findings will be outlined and discussed..

Which Sanctions Can We Recommend for Persons with Autism Spectrum Disorders?

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Persons with Autism Spectrum Disorders do not seem to fit into the normal sanctions in the penal or in the treatment system. According to Danish law, persons with psychiatric diseases other than insanity can be sentenced to treatment, if treatment is supposed to be best to prevent future crimes. In The Clinic of Forensic Psychiatry, we see an increasing number of persons with Autism Spectrum Disorders. Is this increase real or can it be explained by an increased focus on the diagnosis of Autism Spectrum Disorders or some other external factors. I will start my presentation with a literature review trying to solve the questions: Is the crime rate among persons with Autism Spectrum Disorders higher, lower or the same than in the general population?Is there a difference in the crimes committed by persons with Autism Spectrum Disorders with normal intelligence than in persons with low intellectual capacity? Afterwards I will present data from our sample and discuss the frequency of the diagnosis and probable factors that can affect the number. Lastly, I will describe and discuss possible sanctions we can recommend within the Danish penal system.

When Things Are Not as They Seem… Female Serial Killers: An Update and Two Cases

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Serial killings committed by a female are a very rare offence, and when it happens the case is often spectacular and gets overwhelming public attention. Lots of questions are raised: Who are we dealing with? How could she do it? Why does she do it? Why didn't anybody close to her get suspicious before? Why was she so difficult to catch? This presentation will focus on gender similarities and differences between serial killers, different types of female serial killers with a focus on motives and psychopathology, and finally a discussion of what has been learned and what can be done to prevent this type of offence in the future. The update will be illustrated with

two Danish cases characterized with different motives and different modus, although the offenders were the caretakers of the victims in both cases

135. Mental Health Care and the Criminal Justice System X: Women's Mental Health and Criminal Justice Systems: Assessment, Interventions and Education

Women Offenders' Criminogenic Risks and Needs: Examining the Utility of a Gender-Responsive Risk Assessment in the Czech Republic

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The Women's Risk and Needs Assessment (WRNA) is a fourth-generation, gender-responsive risk assessment instrument that was specifically designed to address the criminogenic needs of women offenders in the United States, and has been implemented in various jurisdictions across the U.S. (representing 22 states) and Singapore. Prior validation research investigating the WRNA has demonstrated that additional gender-responsive needs for women are predictive of recidivism. These include such needs as Unhealthy Relationships, Physical and Sexual Trauma, Mental Illness symptomatology (depression, anxiety, psychosis, and PTSD) and Parental Stress. This study is an initial step toward investigating the utility of adopting the WRNA in the Czech Republic by administering the WRNA with a sample of women prisoners from Světlá nad Sázavou prison. Women were administered the WRNA assessment in the Czech language using a face-to-face interview and survey method. Results from the study have implications for the adequate measurement of risk and programming needs of women prisoners in the Czech Republic.

Understanding the Influence of Childhood Victimization with Women Prisoners and Beginning to Assess the Effectiveness of Seeking Safety

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Women are the fastest growing prison population in the United States. The majority of these women have experienced childhood victimization and eventual substance abuse and mental health problems. We interviewed 230 incarcerated women and found frequency of victimization and poly-victimization were related to psychosis, psychiatric hospitalization, substance abuse, suicidality, and PTSD. We also found an indirect relationship between childhood victimization and recidivism through mental health problems. Thus, we found it important to intervene with incarcerated women who experienced trauma, mental health problems, and substance abuse. My research team conducted a pilot randomized controlled trial (RCT) in a North Carolina prison (N-40) to evaluate the feasibility of implementing Seeking Safety (SS) and begin to understand its effectiveness on mental health and substance abuse outcomes. SS is an empirically supported, cognitive-behavioral intervention that treats trauma, mental health issues, and substance abuse. We chose SS because it focuses on coping and is both present-focused and flexible, all important attributes when choosing an intervention for incarcerated women. Results from this pilot RCT indicate SS is a promising intervention in terms of decreasing PTSD and depression symptoms. The third phase will be a multi-stage RCT with long-term and short-term outcomes.

Women's Accounts of Serious Mental Illness and Criminal Justice Involvement: A Narrative Analysis

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While debates persist about the relative influence of serious mental illness (SMI) on criminal justice involvement, women's trajectories are largely ignored or assumed to be similar to those of men. This presentation focuses on a narrative analysis of in-depth interview with six women who have SMI and varying criminal justice involvement. Women (all in their mid-40's and 50's and black) were recruited from a community-based mental health treatment agency, and in-depth interviews centered on women's understanding of factors leading to their criminal justice involvement, and the role of SMI. Common elements of women's narratives include unstable or insecure early attachment relationships and significant trauma and victimization which directly or indirectly resulted in loss of personal efficacy, symptoms of SMI, substance abuse and criminal behavior and criminal justice involvement. For most, intimate partner violence victimization in adult life reinforced existing destructive patterns, and these intimate relationships are viewed as a central mediator of criminal risk. The role of SMI and mental health treatment varied among the women, and typical risk factors such as employment and education rarely emerged as prominent themes. These narratives generate questions and implications for future gender-specific research on etiology of criminal justice involvement among women with SMI.

Development of a Training Curriculum for Correctional Officers on Inmate Mental Health

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Women incarcerated in U.S. prisons have experienced long histories of trauma and suffer from serious mental illness or co-occurring disorders. In order to prevent recapitulation of such trauma in the prison system, the correctional workforce can benefit from training on trauma-informed practices, basics of mental health, and how correctional officers can work collaboratively with clinicians to improve responses to inmates with mental disorders. This presentation describes a university-agency partnership to assess educational needs and develop a comprehensive statewide training institute on correctional mental health. Based on research literature and interviews with correctional staff, including wardens, frontline officers, clinicians, nurses, and trainers, we drafted competencies for training professionals who work in jails and prisons. We developed a blended-learning curriculum with open-access products including curricula, online learning modules, instructional supports, promotional materials, and a "how-to" toolkit to assist adaptation in other states. These products have implications for preparing a competent workforce of professionals equipped to meet the rehabilitative needs of offenders who have experienced trauma or suffer from mental illness or co-occurring disorders.

136. Mental Health Courts I: Alternative Approaches to the Criminal Justice System for Offenders with Mental Health Disorders

Managing the Risk of Offenders with Mental Health and Complex Needs in Specialized Courts

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Specialized courts have emerged as a legal alternative to conventional courts, which can be ineffective in addressing chronic and recurring forms of criminal involvement. These courts combine legal, therapeutic and social service strategies to manage individual risk of recidivism and to break cycle of persistent offending and repeated incarceration. They attempt to address the specific needs of clients by using a more collaborative, responsive and holistic approach. This paper draws on a study of mental health and community or wellness courts in Canada to address the following questions: How do the courts construct and understand the legal subject with multidimensional needs? How do the courts attempt to intervene upon the multiple axes of an

offender's social, health and cultural needs? What are the effects of the courts efforts to holistically address 'complex intersecting needs'?

The Role and Challenge of Psychiatric Review Board for People with Mental Disabilities in Japan

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In Japan, the Psychiatric Review Board is established under the Act on Mental Health and Welfare for people with mental disability. It consists of psychiatric doctors, legal professionals, and others, such as academic professors or social workers. It is in charge of examining report documents about involuntary hospitalizations which hospitals must make, according to the act. Also it reviews claims of discharge from people under involuntary hospitalizations. In the process of each review, the Board is required to hear opinions of people and their psychiatric doctors, and in some cases it conducts interviews with their families and social workers as well. Under these proceedings, people with mental disabilities themselves should be focused as human rights holders, however in practice, most of the cases are rejected simply because a person needs to be cured. Additionally, it is likely to be merely routine work in terms of report examinations. Consequently, both the number of institutionalized people and the amount of days in institutions are still maintained. Japan ratified CRPD in 2012 and it is time to reconsider the substantive role of Psychiatric Review with cooperation of all stakeholders to ensure that people with mental disabilities receive access to justice under CRPD.

Impact of the New "Medical Treatment and Supervision Act": A Forensic Mental Health Legislation in Japan

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Japan had no particular forensic mental health systems for a long time. A decade ago, the Medical Treatment and Supervision Act was enacted, to address the issue of mentally disordered offenders. In this new scheme, people who committed a serious crime in the state of insanity are to be examined by a committee composed of a judge and a forensic psychiatrist. The court makes a decision; hospitalization order, community treatment order, or no-treatment. Subjects under a treatment order are supervised by a rehabilitation coordinator in a probation office. This scheme dramatically changed the situation of mental health in Japan. Currently, few incidents caused by the subjects have been reported. On the other hand, the installation of the new system unveiled continuing problems among mental health in Japan. Clozapine treatment is provided in only limited hospitals. Social resources in community mental health remain poor. Psychiatric treatment in correctional facilities is still challenging. Discriminative attitudes against mentally

disordered people may still be present. Forensic mental health systems in the next generation should address these problems for better outcome and cost-effectiveness.

Envisaging New Generation Mental Health Courts for Australia

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Mental health courts have operated in Australia, the United States and Canada since the late 1990s. In Australia there are four mental health courts that use the problem-solving court model and evaluations tentatively suggest positive results in terms of recidivism. However, there has been little critical reflection on whether there have been unintended consequences or anti-therapeutic impacts such as net-widening arising from these courts. This paper considers the ways in which net-widening can occur in mental health courts using the theoretical framework of wider, denser and different nets to analyze the policies and procedures of mental health courts. To address these concerns, the paper outlines the model for next generation mental health courts In Australia including recommendations to re-conceptualize the rationale, objectives and target group of these courts and to address the problematic policies and practices of mental health courts by way of legislation, procedural manuals, and evaluation.

137. Mental Health Courts II: Participant Experiences in Mental Health Court

An Analysis of Readmissions and Time to Readmission of Participants of a Mental Health Court

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Mental health courts are designed to help prevent incarceration or re-incarceration of persons with mental illness in prison/jail. Studies suggest that mental health courts are successful at reducing recidivism and re-offending. Past research suggests that a subset of persons with serious mental illness(SMI) do have multiple admissions to mental health court. This research helps in understanding who is readmitted. Using data from a sample of participants in one mental health court, we explored factors associated with time to readmission to mental health courts. Further, we explored the disposition of those with a second admission. Consistent with past research, we found that about 80% of our sample did not have a readmission. Factors associated with readmission were arrests while under court supervisor and termination from the mental health court. Of those participants with a second admission, 16.3% decided not to participant and 25.9% did not show up to court. Slightly more than half (51.9%) had a negative termination (e.g., referred back to originating court). Our research suggests that additional interventions are needed

to help individuals who qualify for a second admission. Policy and practice implications will be discussed.

"It is a Different Kind of Thing:" Treatment Issues and Gender in an Emerging Mental Health Court

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Mental health courts are emerging as an alternative to incarceration for individuals with mental health issues who come before the courts. They are yet another resource in the tool kit, related to specialty police training, jail diversion, and court clinics, offering mental health services in non-traditional settings. While each of these tools appears to be theoretically sound, they are also last resort measures that require empirical evidence of effectiveness and efficacy not just in general, but specifically across the populations they convene and serve. We know very little about the participants of mental health courts, particularly related to their clinical, criminal history, and background characteristics. This paper examines all the first year referrals and participants (N=57) in a start-up (July 2011) mental health court in Massachusetts with an eye towards treatment issues and gender. There exists a vast literature on gender variation across the criminal justice system, from crime commission to the mechanisms through which females come into contact with the criminal justice system (reasons for committing crime, types of crime) and are subsequently processed. Attention to gender-sensitive programming across criminal justice jail diversion tools has been lacking. This paper examines the literature and uses a mixed method approach to explore early trends in gender related treatment issues for mental health court participants.

To Participate or Not: A Consumer Perspective of Mental Health Courts and Reasons for Participation

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Research on mental health courts has consistently demonstrated that recidivism is reduced for people who are eligible and volunteer for mental health court. There is now a growing body of research on why mental health court participants experience reductions in recidivism (e.g., procedural justice). There is much less research on individual-level characteristics and perspectives of mental health court participants. In particular, it is unclear how mental health court participants choose to take part in mental health courts and why they ultimately make the choice to participate. The research presented aimed to answer the questions: How do mental health court participants describe mental health court and why do participants choose to take part in the court program? Research questions are addressed using data from in-depth interviews with 26 mental health court participants from two well-established MHCs in the Midwestern United

States. Both mental health courts included the essential elements. Maximum variation, purposive sampling was used to obtain a sample of men and women with varying mental illness diagnoses, substance use severities, and criminal histories. Thematic analysis was used to analyze data. Research and policy recommendations are discussed.

Case Management Plans for Mental Health Court Clients: Are They Consistent with the Principles of Risk, Need and Responsivity?

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The Risk-Need-Responsivity (RNR) model is a well-established approach for effective case management and risk reduction in correctional contexts (Andrews & Bonta, 2010), but has been less studied in the context of mental health courts (MHC). Only two studies have examined the capacity of MHCs to fulfill the principles of risk, need, and responsivity, with both finding less than ideal adherence to these principles. The purpose of the current study was to examine the nature of case management plans for 22 MHC clients in comparison to a matched group of 22 offenders in the traditional criminal justice and correctional system treatment-as-usual(TAU) during the 12-month post-admission period. Results indicated that most MHC and TAU cases were placed on community supervision at disposition, but MHC clients received a higher number of supervision conditions and a greater variety of intervention services than TAU cases during the subsequent 12-month period. However, RNR relevant criminogenic-focused interventions (e.g., employment counseling, educational upgrading, criminal behavior, relapse prevention) were uncommon in both the MHC and TAU contexts. Implications for case management and risk reduction practices in MHC will be discussed.

Examining Mental Health Court Team Approaches to Identifying and Addressing Criminogenic Risk and Behavioral Health Needs of People with Severe Mental Illness

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Abstract: The criminalization hypothesis attributes the over-representation of people with mental illness in the justice system to untreated mental illness. Mental health courts were developed to address this issue, and research has shown them to be effective at reducing recidivism. However, emerging research also suggests that factors other than symptomatic mental illness may affect criminal activity for the majority of individuals with mental illness, and that many offenders with and without mental illness share common explanations for criminal behavior. Thus, research is shifting to better understand how mental health courts can effectively address clients' needs across multiple risk factors, including criminogenic, substance use, and clinical needs. This study examines how mental health court program administrators identify clients' criminogenic and

clinical needs, and how these program administrators implement effective treatment strategies to address these needs. We present results from interviews conducted with 16 mental health court team personnel, focusing on team members' perceptions of the responsiveness and ability of the court program to meet clients' multiple areas of risk and need. We also discuss challenges that mental health court team members face in working across the mental health and criminal justice systems to address criminogenic risk and clinical service needs of clients.

Bradley Ray, *Indiana University-Purdue University Indianapolis* (bradray@iupui.edu)

– Discussant

138. Mental Health Courts III: Theoretical Coherence, Processes and Efficiency

Are Mental Health Courts Target Efficient?

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Mental health courts have been in operation for well over two decades. The evidence suggests that they are modestly effective (measured as a reduction in recidivism) for those individuals who agree, once selected, to participate in the court. Their target efficiency, however, remains unclear. Target efficiency is a concept used in economics to evaluate whether an intervention achieves its goal (target) at the lowest cost. In the case of mental health courts, the target is to identify and reroute justice-involved persons with mental illnesses who have committed certain types of offenses to mental health treatment through a specialized court. The presumption here is that untreated mental health symptoms cause offending behavior. To determine target efficiency, the emphasis is on comparing the (a) target population to the recipient population (internal target efficiency) or (b) population in need to the recipient population (external target efficiency). This paper explores, theoretically, whether mental health courts are likely to meet the conditions of internal or external efficiency, and what design features an intervention would be required to have to satisfy conditions of internal and external target efficiency.

The Micro-Politics of Mental Health Court Referrals

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Mental health courts (MHCs) represent a fundamental departure from the traditional way of adjudicating criminal cases. Under the banner of therapeutic jurisprudence, MHC professionals bring together the practices and symbols of the criminal justice and mental health care systems to treat offenders with psychiatric disabilities in lieu of prosecution. Research on MHCs is

dominated by evaluation studies but there are major gaps in our understanding of the everyday decision making practices that inform how and why MHC actors classify offenders as potential clients. This paper reports on findings from an ethnographic study of four MHCs and focuses on how actors evaluate new referrals. Drawing on institutional theory and the micro-politics of trouble (Emerson and Messinger 1977), I investigate MHC actors' strategic use of treatment and legal logics to solve referral problems. The findings illuminate that MHC actors' gatekeeping decisions are influenced by inter-professional dynamics of the new court organization as well as pressure to maintain external legitimacy. I conclude that MHC actors construct new categories of treatable troubles and untreatable troublemakers.

Constructions of Self-Transformation by Mental Health Court Participants: The Route to Personal and Programmatic Success

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Mental health court (MHC) clients are faced with intensive expectations for successfully completing the court program. We engaged 31 participants in a well-established urban MHC in the Midwestern U.S., who participated in in-depth interviews describing their experiences in navigating program requirements and expectations. Although the supervision and treatment compliance demands of MHC are great and may cause personal stress, probationers also view the treatment services and supports that they receive as responding to their needs, and helping them to become a better person. This meaning making of mental health court participation and resolving this dissonance, for some, fosters a sense of self-transformation, in which participants view the court requirements as a means to overall improvement and personal growth. The construction of self-transformation, then, helps to mitigate the perceived burdens of full participation in mental health court, as probationers develop ownership and responsibility for striving toward individual change. For those not willing or able to construct such a narrative, successful completion of the MHC becomes an arduous task. We examine how the structure and socialization of the MHC directly and indirectly imply demands for self-transformation, and whether resulting constructions are indeed authentic or merely sophisticated expressions of tactical compliance.

Mental Health Courts and Proportionate Punishment

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Despite their proliferation, mental health courts are woefully under-theorized. To date, no commentator has investigated the legitimacy of mental health courts as instruments of

punishment or their congruence with important criminal justice norms. This paper explores the coherence between mental health courts and proportionate punishment, a tenet central to retributive theories of justice and of instrumental value to utilitarian theories such as deterrence. The paper first establishes that mental health courts exemplify criminal punishment. It then draws upon state sentencing data to assess whether mental health courts that accept misdemeanors or felonies mete out more or less punishment than traditional criminal courts. Next the paper examines whether any eligibility criteria may justify a lack of parity, such as relative culpability in offending population. The paper concludes by considering what version of mental health courts would be most compatible with proportionality principles and the science concerning mental disorder and criminal behavior.

Risk-Needs-Responsivity and Mental Health Courts: Reconsidering Policy and Practice

Carol Fisler, *Center for Court Innovation, New York, USA* (fislerc@courtinnovation.org)

A growing body of research is challenging two fundamental tenets of mental health courts: that criminal justice involvement is the result of inadequately treated mental illness and that linking offenders to court-supervised mental health treatment will reduce recidivism. A new framework posits that mental illness is not itself a risk factor for criminal behavior, that re-offending among mental health court participants is driven by general criminogenic risk factors, and that mental health courts should incorporate principles and practices from Bonta and Andrew's Risk-Needs-Responsivity model. This session will provide findings from two recent studies, one showing that re-arrests of participants in a felony mental health court are predicted by criminal history and co-occurring substance abuse, not by any indicators unique to a mental health court population, and the second demonstrating that the COMPAS (a validated and widely used risk-needs assessment) effectively predicts recidivism in a sample drawn from three felony mental health courts. Implications for policy and practice will be drawn.

What We Know About the Functioning of Mental Health Courts

Virginia Aldigé Hiday, *North Carolina State University* (Ginnie_aldige@ncsu.edu)

Drawing from this session's presentations and the larger research literature, we will review what is known about Mental Health Court treatments and services; how they are provided; how they, along with court structure and processes, affect compliance; how court participation affects participant recidivism and other aspects of participants' lives; and the mechanisms of those effects.

139. Mental Health in the Workplace

Mental Illness Stigma and Police Culture

Heather Stuart, *Queen's University* (hstuart@me.com)

Objective: (a) To describe mental health related stigma within a police culture using a newly developed 11-item Police Officer Stigma Scale developed for this purpose, and (b) to provide a preliminary assessment of the scale's psychometric properties. Method: Data were collected from officers attending a mandatory workshop (90.5% response). Exploratory factor analysis showed the scale to be unidimensional and it was internally reliable (Cronbach's alpha was 0.82). Results: Officers were less likely to endorse items that reflected devaluation (such as taking someone's opinions less seriously). Findings highlight that (a) police officers work in a culture that is highly stigmatizing toward mental illnesses (b) stigma is a key barrier to a creating a healthy workplace for police officers, and (c) anti-stigma programs focusing on police are needed. Psychometric results showed that the items loaded on a single factor and showed good internal consistency (alpha = 0.82). Conclusions: This police culture was highly stigmatizing, particularly pertaining to behavioural items such as disclosure of a mental illness to a supervisor or colleague and the expectation that someone who had a mental illness would be discriminated against at work.

Practical Strategies for the Implementation of a New Canadian Standard for Psychological Health and Safety in the Workplace

Keith S. Dobson, *University of Calgary* (ksdobson@ucalgary.ca)

The Canadian Standards Association, in partnership with the Mental Health Commission of Canada (MHCC), has recently released a set of standards for psychological health and safety in the workplace. While voluntary at present, it is broadly expected that these standards will become legally enforceable over time, and companies are already discussing the optimal strategies to meet these standards. In the current presentation the standards are reviewed, and mental health promotion programs that have been developed and evaluated by the Opening Minds Program of the MHCC will be presented. These programs include *theRoad to Mental Readiness* (R2MR), which is based on work of the Department of National Defense and was designed for various first responder groups, and *the Working Mind*, which is a variant of the R2MR for the civilian workforce. It is argued that these programs can serve as a vital part of the legal requirement to provide psychologically healthy workplaces. Avenues for the future development of these programs, and potential internationalization will be discussed.

Promoting Success for Employees with Mental Impairments

Annette Torres, *University of Miami* (atorres@law.miami.edu)

This presentation will explore key concepts for optimizing the productivity of employees with mental impairments. The Americans with Disabilities Act ("ADA") and similar civil rights laws prohibit employment discrimination against qualified individuals with disabilities. The ADA provides that the term "disability," which encompasses mental impairments that substantially limit one or more major life activities, is to be construed in favor of broad coverage. Many prevalent illnesses—including depression, anxiety, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia—constitute protected conditions for which employers must provide reasonable accommodations. Despite this legislative mandate, many barriers prevent individuals with mental disorders from securing or maintaining productive employment. Exclusion from competitive employment not only causes material deprivation but also exacerbates the isolation and marginalization of impacted individuals. Through the lens of interpretive regulations, case law, and studies, this presentation analyzes best practices for employers to eliminate workplace barriers, engage in constructive communications, and explore effective accommodations for employees with mental disabilities.

Alison Morantz, *Stanford Law School* (amorantz@law.stanford.edu) – Discussant

140. Mental Health Law and Public Policy: Challenging Essentialist Legal Constructions

The Mental Capacity Bar to Admission and Citizenship

Leticia Saucedo, *University of California, Davis* (lmsaucedo@ucdavis.edu)

The U.S. immigration system is woefully inadequate in its treatment of noncitizens with mental disabilities. The statute deems inadmissible anyone "who is determined (I) to have a physical or mental disorder and behavior associated with the disorder that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others, or (II) to have had a physical or mental disorder and a history of behavior associated with the disorder, which behavior has posed a threat to the property, safety, or welfare of the alien or others and which behavior is likely to recur or to lead to other harmful behavior, or (iv) who is determined to be a drug abuser or addict." Using the lens of critical race theory, Leticia Saucedo will explore the development of the bar to admission in the U.S. immigration statute based on mental capacity, its relationship to race and national origin, and its current effects.

Judging Legal Capacity

Jasmine Harris, *University of California, Davis* (jeharris@ucdavis.edu)

The balance between an individual's decisional agency and state regulation of private decisionmaking turns on normative conceptions and legal determinations of mental capacity. Questions of legal capacity (or legal personhood) arise in the context of criminal and civil adjudication, e.g., capacity to stand trial, receive the death penalty, make health care and financial decisions, marry, become (and remain) a parent. Yet the law of capacity is disjointed, in part, a function of its illusive and dual nature as both descriptive and normative. Is it fundamentally a medical inquiry focused on cognitive limitations? Or, iscapacity a functional concept, context specific and fluctuating over time? Jasmine E. Harris will discuss the ways in which courts adjudicate questions of legal capacity for persons with mental disabilities. Professor Harris will explore the interdisciplinary nature of legal capacity and, drawing on the literature in the fields of bioethics and philosophy, articulate a normative view of legal capacity reflective of the relational aspects of decision-making. Prescriptively, Professor Harris draws upon rules of evidence as a tool of institutional design that can support determinations of legal capacity that grant decisional agency to greater numbers of people with mental disabilities.

Women, the Suffrage and Mental Capacity

Rabia Belt, *Stanford University* (rabiabelt@gmail.com)

In the late nineteenth and early twentieth century, activists for women's suffrage fought to gain enfranchisement, in part by appealing to socially prominent women, to politically influential women, to a growing professional and college-educated class of women. This strategy led to a narrative of women's able-mindedness, and at the same time, the marginalization of people labeled as lunatics and idiots. The notions of mental capacity for political citizenship became part of the contested narrative as black and women suffrage activists implemented their strategies. Rabia Belt will explore how black and woman suffrage activists they marginalized people labeled as lunatics and idiots as they asserted their own able-mindedness and how they complicated ideas about mental capacity for political citizenship as they tried to gain the vote.

Aggressive Encounters and White Fragility: Deconstructing the Trope of the Angry Black Woman

Trina Jones, *Duke University* (tjones@law.duke.edu)

Black women in the United States are the frequent targets of aggressive encounters. Aggressive encounters are bias-filled interactions in which aggressors (usually White men): (1) denigrate Black women; and (2) blame those women who elect to challenge the aggressors' acts and the bias that fuels them. This presentation seeks to raise awareness of aggressive encounters and to

change the narrative surrounding Black women and anger. It begins by examining the myriad circumstances (both professional and social) in which aggressive encounters occur and the ways in which these encounters expose gendered and racial hierarchies. It then explores how the intersectional nature of Black women's identities triggers a particularized stereotype or trope of the "Angry Black Woman" and explains how this trope is often invoked in aggressive encounters to deflect attention from the aggressor and project blame onto the target. The presentation concludes with discussion of the harmful effects of aggressive encounters and the absence of effective mechanisms to address them.

Defining "Mental Disorder" in Legal Contexts

Jamie Walvisch, *Monash University* (jamie.walvisch@monash.edu)

Despite its widespread use, the term "mental disorder" has proven remarkably difficult to define. This is of grave concern in those legal contexts which crucially depend on the classification of an individual's mental health condition as a "mental disorder". It creates a likelihood that individuals will be treated in an inconsistent and unprincipled fashion, which is unacceptable in a legal system which purports to operate under the rule of law. This presentation examines the way in which the term "mental disorder" should be defined in legal contexts. It critiques the approach taken by the two main psychiatric manuals currently in use (the DSM-5 and the ICD-10), as well as four suggested alternatives: Boorse's biostatistical theory; Wakefield's harmful dysfunction theory; Jaspers' lack of meaningful connections approach; and the psychological view of mental disorder as maladaptive behavior. It recommends the adoption of a context-specific, purpose-based approach that focuses on the normative concerns of the law.

141. Mental Health Law Reform I: Changing the Law and Mental Health Landscape: Contemporary Indian Challenges

Surreptitious Drug Administration: Collective Decision Making Overriding Personal Autonomy

Venu Gopal Jhanwar, *Clinical Psychiatrist, Varanasi, India* (venugj@hotmail.com)

A quaint problem indeed, this is an issue where ethical and practical management locks horns. An individual on a rampage is a threat to self and others and cannot be given medicine without consent, except in an indoor facility and admitted under a specific provision of the current statute. Contrary to the law, the mental health policy envisages community care of the individual. For certain period of time, surreptitious medication can be administered to provide much needed relief to caregivers and to calm the recipient. Surreptitious medication can of course be an instrument of control, and hence would necessitate a system of checks and balances.Surreptitious

medication tests legal and ethical boundaries. It offers relief to care givers but can be an instrument of abuse. The act of administering a drug without the individual's consent is prima facie wrong but if context is taken into consideration, a whole new dimension arises.

Informed Consent: Pitfalls in a Patriarchal and Poorly Literate Society

E. Mohan Das, *Clinical Psychiatrist, Kerala, India* (Emohandas53@gmail.com)

The suo motu judiciary enquiries into deaths following an oncology trial in central India opened a can of worms. Investigations suggested that informed consent was only a cosmetic exercise. Victims were usually illiterate, poor, uninformed of the consequences of the intervention, and subjected to a drug trial. Further, the process of informed consent was dispensed with and 'patients' were asked to sign at the bottom of the document, no questions asked. The 'patients' in these trials usually were from the urban poor or deeply patriarchal hinterland. This led to a media outcry with indictments, penal action and the regulatory body now insisting on a video filmed informed consent. The regulators are seeking idealistic regulation seem to live in a utopian world. The patriarchal and illiterate populace of rural India is far removed from the rarefied world of videotaped informed consent and presents an ethically quixotic situation.

Microanalysis: The Ethical Minefield

Anu Kant Mital, *Clinical Psychiatrist, Mumbai, India* (akmital@gmail.com)

Mental health professionals had always yearned for an intervention, which was restricted to them alone, was safe and had a commercial potential. Narco -Analysis or chemical hypnosis with or without the supervision of an anesthetist presented such an opportunity in India's largely poorly regulated medical practice. The turning point however was the unrestricted use of narco - analysis for forensic reasons often against the will of the recipient that caught the attention of the judiciary. Professionals in candid confessions spoke of the tool replacing normal polite enquiries and unnecessary voyeuristic information being fettered out. Anecdotal evidence suggested police resorting to this tool without client consent or judicial permission. A series of fiats after searching enquiry on the statute has led to complete disarray. The legal issues have relegated the ethical issues of consent, the usefulness of 'forced' information, the aftermath of 'forced' information to the backburner. Currently the tool is regulated by the judiciary and selectively applied with consent. In the clinical setting it is fast disappearing.

IECs, Drug Trials and Regulators: Hounds Barking up the Wrong Tree

Rajesh Nagpal, *Clinical Psychiatrist, Delhi, India* (drnagpalrajesh23@gmail.com)

As India hurtles into the 21st century with dizzying speed, the constantly evolving ethics, law and their interpretations fall behind. The cut and paste policy makers constantly impose regulations out of sync with the geo political realities. The Mental Health Care Bill currently awaiting approval came to be because we signed first at a global body convention and are now forced to comply. The family, a ubiquitous feature of our patient support system is slowly losing its recognition. Instead NGOs are the newly approved caregivers. Our patriarchal society, earlier a repository of warmth and security is now jeered at. The mental health professional, the last mile delivery of mental health is in a quixotic position and some of the tantalizing issues of surreptitious drug administration, informed consent, the newer laws enacted or being enacted, narcoanalysis and drug trials will be discussed with pragmatic solutions offered to a disinterested regulator.

142. Mental Health Law Reform II: Contemporary Issues in Canadian Mental Health Law

Incapability as a Committal Criterion: Prevalence, Promise and Perils

John E. Gray, *Western University* (jegray@shaw.ca)

Satish Shrikhande, *University of British Columbia* (Shrikhande.satish@viha.ca)

In 3 of the 13 Canadian jurisdictions, a person who is fully capable of making an informed decision regarding his or her need for psychiatric treatment or care and supervision cannot be involuntarily admitted no matter that they meet all the other criteria and no matter how potentially dangerous they are. We will review the prevalence of similar statutes in international jurisdictions. The potential advantages of excluding capable people from involuntary admission include: people will not be able to refuse treatment which can lead to unnecessary incarceration, it "respects human rights" and it creates "equality" with non-psychiatric patients. It may also move toward the "fusion" of mental health and capacity legislation. The potential perils are that people who otherwise would qualify and benefit under laws without this restriction will be denied admission and treatment. If these people are dangerous to themselves or others, the implications are obvious. In order to limit the numbers of capable people who will be rejected, some jurisdictions have established a high level of capability (fully). In Canada the implications of a recommendation to reduce this to the "ordinary" level of capability and the possibility of advance directives prohibiting involuntary admission will be discussed.

Does Italy Really Have Less "Psychiatric Beds" Than Canada?

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Jerry Shum, *Western University* (Jshum9@uwo.ca)

Applebaum proposed that decreases "in the number of public sector psychiatric beds, rather than changes in the law, accounts for the limitations most often faced by mental health professionals in attempting to hospitalize patients in need of care." While most European, American and Australasian countries have undergone a progressive reduction in the number of inpatient psychiatric beds, the Organization of Economic Cooperation and Development (OECD) reports large differences in the number of beds available in these countries from a low of 10 per 100,000 population in Italy to 86/100,000 in Germany. Canada has 35/100,000 psychiatric beds, but many Canadian psychiatrists believe that it is often impossible to provide inpatient care, either voluntary or involuntary, when needed. How then does Italy manage with less than one third of the beds available in Canada? One possibility is that the OECD numbers are inaccurate or non-comparable. To test this hypothesis, we examined the accuracy of the Canadian data in two jurisdictions. Subsequently, one of us (ROR) visited two Italian regions to determine if reporting of bed data is comparable between Canada and Italy. We conclude that reported bed numbers are misleading, with variation in the types of inpatient/residential services included in the numerator. Based on our calculations, the number of "residential" services are similar in Canada and Italy.

Establishing CTOs in the Last Hold-Out Province

Nachiketa Sinha, *Dalhousie University* (nachiketa.sinha@gmail.com)

Richard L. O'Reilly, *Western University* (jroreilly@uwo.ca)

New Brunswick, a province in the eastern part of Canada, is the only province in Canada that does not have provisions for community treatment orders or any equivalent provisions. This is now in the process of being changed. An unprecedented co-operation between psychiatrists, mental health clinicians, families, patients, law enforcement agencies and the provincial government was sought and these various stakeholders have worked together towards a common goal of creating and implementing an evidence-based model of CTOs in New Brunswick. In this presentation, I will discuss how the experiences of other Canadian provinces helped shape the New Brunswick legislation. One example is the requirement in several provinces that a person must have significant prior hospitalization to be eligible to be placed on a CTO. This type of provision inappropriately excludes people for using CTO such as patients in the early stages of a psychotic illness who lack capacity or individuals who are being released from jail who require ongoing psychiatric treatment. It is notable that Saskatchewan, the first Canadian province to legislate CTOs, amended its legislation in 2015 and made it possible to initiate CTOs during an initial admission.

Changes to Ontario Review Tribunals' Composition and Powers: Canadian and International Comparisons

Tom J. Hastings, *McMaster University* (thastings@haltonhealthcare.com)

We will describe recent changes to the composition and powers of review tribunals in Ontario, compare these new provisions with other Canadian and international tribunals and discuss their relevance to patient care and rights. Canadian, Australian, UK and Swedish mental heath act provisions on review tribunals will be compared and contrasted. Previous Ontario tribunal composition included a lawyer, physician and a person who was neither. For the vast majority of hearings, the amendments allow for the replacement of a psychiatrist by any physician or nurse practitioner. All other jurisdictions in Canada only permit physicians and most require psychiatrists. We argue that the amendments erode the authority of tribunals and the right of patients to the highest level of expertise given the significance of the matters being adjudicated. Prior Ontario legislation only empowered tribunals to review decisions relating to involuntary detention, treatment and financial incapacity. The amendments continue these powers but add the ability to order transfers, passes, and other services (e.g. vocational services) but do not grant authority to order treatment. Although these types of powers are in the Canadian Criminal Code review boards, no jurisdictions we studied had comparable powers in civil mental health acts. Implications will be discussed.

Euthanasia Requests in a Canadian Psychiatric Emergency Room: A Case Series

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Antoine Perreault, *McGill University* (antoine.perreault@mail.mcgill.ca)

Euthanasia became legal in Quebec in December 2015, and Canada-wide in June 2016. Both the Provincial and Federal legislation have limited the right to medical assistance in dying (MAID) to end-of-life cases; that is, the laws do not extend the right to die to those suffering exclusively from psychiatric illness, even in cases of protracted illness course with poor response to treatment. This is in contradistinction to other jurisdictions, such asBelgium and the Netherlands. In this work, three cases of patients who presented to a psychiatric emergency department and requested MAID for psychiatric reasons are analyzed. While none of the patients were eligible for MAID under Canadian law, it is demonstrated that their demographics match closely that of patients granted MAID for psychiatric reasons in jurisdictions where that practice is legal. Based on these cases, comment is made on potentially negative consequences that may come from legalizing MAID for psychiatric reasons (such as an increased assessment burden on ED staff) and potentially positive consequences (such as encouraging suffering patients who had not consulted to seek care). While it is by no means the authors' intention to take a political or moral

stand on this important issue, or to conclusively weigh the negatives and positives of allowing MAID for psychiatric reasons, emphasis is made on the importance of an active voice for psychiatry in this ongoing public debate.

143. Mental Health Law Reform III: Law, Reform and Psychiatric Care in Sweden

Governing Mental Health: 100 Years Of Mental Health Legislation and Organization of Care in Sweden

Katarina Piuva, *Stockholm University* (katarina.piuva@socarb.su.se)

The care of the mentally ill in Sweden have since the beginning of the 20th century undergone several organizational changes. The aim of the first reform of 1901 was to increase the possibility to control and professionalize. In 1958, the next reform was launched. This time, the medical professions, through the County Councils (the regional administrations of medical care) became primary responsible for the organization of in-hospital and out-hospital care. In 1992 the third and latest reform of the care was launched. Medical care, e. g. psychiatric care, was still in charge of in-hospital and out-hospital care and the responsibility of daily living, work and housing became the responsibility of the communities. This order required collaboration between Municipalities and County Councils. In this paper, the aim is to analyse the arguments preceding the changes. How was the criticism of the former care formulated? What new challenges made it necessary to reform the care? How was the position of the patient/care user described? In conclusion, the paper aims to highlight both ideas of mental illness and ideas of normality and reveal how the discourse of mental illness is intertwined with discourses of contemporary social policy.

Body Size, Mental Health and Stigma

Christina Fleetwood, *European Association for the Study of Obesity, Täby, Sweden* (christina.fleetwood@gmail.com)

There are strong correlations between body size and mental health relating to stigmatization and to side effects of medication. Obesity, defined as a body size above BMI 30, is a newly constructed concept and recently classified by the WHO as a disease. There is great uncertainty about what this change will entail, but it can be expected to have significant impact on the lives of persons with obesity, specifically on-going care within both the medical and the social sphere. This might change the legal status, as persons with a BMI above 35 likely will be classified as disabled, with special rights. Stigmatization within the Mental Health field becomes even more problematic when it occurs in combination with stigma relating to body size. A considerable

amount of research shows that stigmatization against obese individuals is intense and increasing, not only in the society at large, but also within the health care system. A re-evaluation of methods is needed, which may demand development and re-training for personnel. Shifting focus from the body to the individual might shift some of the responsibility for care-giving from the medical field to the social field.

Legislating Complex Needs: Organizations and the Individual, the Swedish Experience

David Matscheck, *Stockholm University* (david.matscheck@socarb.su.se)

Individuals with serious mental health problems can be described as having complex needs. They have seldom-regular employment and have low incomes, which results in difficulty finding housing. Many have additional problems with alcohol or other substance abuse. Many have physical illnesses, some are involved in crime or prostitution, and many are socially isolated. Often, problems affect each other, such as when homelessness increases anxiety, making recovery more difficult and encouraging relapses in substance abuse. Besides psychiatric care, these persons need treatment for substance abuse, medical care, social insurance and help from social workers. But care and assistance is also complex, being organized in separate sectors and organizations, a phenomenon termed "fragmentation". The policy and the suggested solution is "collaboration". In Sweden, state investigations have shown that help for individuals with complex needs is insufficient. Attempts to remedy the problem include legislation requiring local collaboration agreements between sectors, "coordinated care plans" for individuals, economic incitements to stimulate local collaboration and national guidelines. This presentation will relate preliminary results from a study of the Swedish experience of legislation on collaboration, based on documentation from national, regional, local and individual levels.

Individual Cooperation Plan: A Tool for Reducing the Use of Coercive Care

Eva Andreasson, *Sahlgrenska University Hospital* (eva.andreasson@vgregion.se)

Maria Genberg, *Sahlgrenska University Hospital* (maria.genberg@vgregion.se)

Background: To be treated with coercive measures is often experienced as traumatizing. An Individual Cooperation Plan (ICP) has been developed based on a study. *Aim*: To enhance the participation of the patients and to improve the care by reducing the use of coercive measures. *Method*: Descriptive study aiming at assessing the patients' experiences of ICP. ICP contains an assessment of the coercive care the patient has been submitted to, an Early Warning Sign's Action Plan and Participation in Coercive Care. The collection of data is done in a psychiatric

clinic in Sweden between September 2015 and February 2017. *Results*: At present the study is ongoing. 73 patients have assessed the coercive care and that 30 of them (41 %) thought that it would have been possible to avoid coercion. 33 patients have worked out a Participation in Coercive Care. 151 patients made an agreement based on the Early Warning Sign's Plan. It has been activated 12 times. It has been possible to avoid coercive care 9 times. *Conclusion*: The results suggest that by making the patient into a co-worker the ICP contributes to less coercive care.

144. Mental Health Law Reform IV: Issues and Limitations

Capacity of Understanding versus the Capacity to Act in Accordance with the Understanding of Civil Law

Júlio César Fontana-Rosa, *University of São Paulo* (fontanarosa@usp.br)

All people over the age of 18 years old are considered capable of all acts of civil life in Brazil. However, the law recognizes that those with mental illnesses do not possess the understanding and are incapable of some actions (e.g.: the management of their assets and the ability to care for themselves). As such, they are prevented, in whole or in part, from participating in these spheres of civil life. Many people are not deprived of understanding, but are very vulnerable due to the difficulty of acting in accordance to that understanding, such as those dependent on alcohol and drugs, the elderly, and easily led personalities, etc. At this point the following problem arises: If these people do not have the ability to understand reduced, then are their actions validated? We believe not, because in most cases it is not compromising of understanding, but the ability to act in according to this understanding. This fact is not recognized in the Civil Code of Brazil. Due to this difficulty many people do business at a loss and yet are considered capable from a judicial standpoint. The authors understand that these people are vulnerable, despite their ability to understand, and should be considered partially or totally incapable.

Trials and Tribulations in Reforming Mental Health Services in Israel

Uri Aviram, *Hebrew University of Jerusalem* (uri.aviram@mail.huji.ac.il)

This presentation is on efforts to reform mental health (MH) services in Israel, transferring the locus of treatment and care from psychiatric hospitals to communities. The objective was to understand hindering and facilitating factors of implementing the policy objectives, focusing on the last leg of the reform efforts, integrating ambulatory and inpatient MH services into the general medical system as required by the National Health Insurance Act (1994). The study used quantitative and qualitative methods to assess trends of the population served, budgets, personnel and programs, as well as major issues and interest groups. Findings indicated significant

reductions in the number of psychiatric beds, changes in budget allocations, and an increase in psychiatric rehabilitation services over the last fifteen years. Strong opposition attempted to block the reform. Finally, in June 2012, the Government passed a decision to implement the reform as of July 2015. Current efforts focus on expanding ambulatory services. Less attention has been given to evidence based programs, evaluation, and identifying populations at risk. Factors endangering the success of the reform are discussed, referring to major issues that should be addressed in order to provide better MH services, integrating them into the general healthcare system, and improving quality of life for people in need.

Mental Health Care Act (MHCA): 2016 Implications for India

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The Mental Health Care Act (MHCA) has been enacted in 2016 and passed by the Rajya Sabha and waiting to be cleared by the Lok Sabha of Indian Parliament. The Indian government in the process has also consulted the professionals and the other stakeholders. During this presentation, it has been proposed to critically evaluate the Mental Healthcare Act (MHCA). This Act emphasizes the rights of the mentally ill but limited to only 'During Treatment'. It marginalizes the families who in India bear the major burden of care of the SMI. It also seeks to segregate the treatment of the mentally ill from the mainstream medical establishment thereby increasing the stigma. Major decisions relating to treatment of mental illnesses are proposed to be taken by judiciary or non-mental health professionals. The concept of advance directive is alien to Indian systems and detrimental to SMI. This Act is passed with 134 amendments but still inadequate in the cause of the mentally ill.

Mental Health Law of China

Shen Yifeng, *Shanghai Mental Health Center, Shanghai, China* (shenyifeng@yahoo.com)

The Mental Health Law of the People's Republic of China was finally passed by the Standing Committee of the National People's Congress in 26 October 2012 and has been in effect since May 2013. The intent of this law is "to develop the field of mental health, to standardize mental health services and to guarantee the legal rights and interests of persons with mental disorders." Compared to situations in many high-income countries, China still has a long way to go to improve the provision of mental health services and to reduce the discrimination experienced by individuals with mental disorders. This new national law, however, represents a big step forward. It confirms the rights of persons with mental disorders to participate in treatment decisions, to informed consent for treatment, to education and to work. Moreover, in order to prevent the "abuse of psychiatry", the law states that "inpatient treatment shall generally be voluntary" and categorically prohibits the use of involuntary treatment as a means of punishment. This

presentation will focus on the rights and interests of persons with mental disorders, comprehensive management of mental health work, and the role of the guardians.

145. Mental Health Law Reform V: Systemic Issues in Mental Health Care Delivery at the State Government Level

Coordination of Mental Health Law where Civil Commitment and the Criminal Justice System Meet

Tyler G. Jones, *Oregon Health and Science University* (jonety@ohsu.edu)

Various pressures on the Oregon state system are seen in the increased utilization of emergency room beds by psychiatrically ill patients, increased arrests of mentally ill persons, decreased utilization of civil commitment across the state, and a significant increase in the number of pretrial defendants sent to the state hospital for competency to stand trial evaluations. One of the more recent examples highlighting the need for a coordinated mental health policy came in 2013 when Oregon legislature passed a bill allowing civil commitment to be initiated by a district attorney for "an extremely dangerous mentally ill person" for an individual that has been associated with a list of "heinous acts" without any trial, evidence, or conviction. This type of commitment extended the length of usual civil commitment, and placed responsibility on the Oregon Psychiatric Security Review Board, which is an independent state agency assigned to the supervision and monitoring of insanity acquitees. Oregon has undergone significant transformations in the delivery of treatment. The presentation will focus on the need for an organized sense of mental health policy to guide transformation.

Expanding Mental Health Care in the Wake of the Aurora Theater Shooting: The Colorado Experience

Patrick Fox, *University of Colorado* (Patrick.fox@state.co.us)

While the administration and provision of behavioral health services would appear rather straightforward, there are particular aspects of working in a public sector governmental system that create challenges to rapid and comprehensive implementation of solutions to problems such as hospital overcrowding, psychiatric boarding, wait lists for forensic evaluations and adverse events involving persons adjudicated not guilty by reason of insanity. My presentation will focus on the current challenges that Colorado faces in addressing the expanding behavioral health needs of the state, as this state has in place a Taxpayer Bill of Rights (TABOR) that limits governmental growth and spending. I will describe how the revenue generated from recreational marijuana was not able to be spent on mental health services as initially intended. Additionally, I will discuss the state's efforts to expand mental health crisis services in the wake of the shooting

in Aurora, Colorado and its efforts to comply with forensic evaluation wait lists and the challenges each presents.

The Last Stop: Providing Care to Those Deemed Mentally Ill and Dangerous in Minnesota

KyleeAnn Stevens, *University of Minnesota* (Kyleeann.S.Stevens@state.mn.us)

There exist a number of challenges in providing mental health care within the public sector in the United States. Each state within the country handles treatment of the mentally ill differently which makes for a unique perspective depending upon where one practices. As Forensic Medical Director for the state of Minnesota, my presentation will focus on a number of challenges experienced by patients who are adjudicated as Mentally Ill and Dangerous as well as the challenges we as treatment providers and forensic evaluators routinely experience. For example, the law governing civil commitment is applied inconsistently and discharge criteria from commitment does not mirror the admission criteria. Additionally, due to bed shortages, like many other states we routinely face legal action for violation of time-sensitive court orders, particularly for those currently residing within the Department of Corrections. Underfunding of the state hospitals coupled by shortages of professional staff to serve seriously and persistently mentally ill patients makes for a unique perspective of providing health care to some of the most vulnerable yet dangerous people within the state.

Civil Commitment in the United States: How We Got There and Where We Are Going

Stephanie Wilson, *Forensic Psychiatrist, Alexandria, USA* (stephdwilson@gmail.com)

Over the past 50 years civil commitment has changed dramatically in the United States. Prior to the 1960s patients lacked procedural due process rights where physicians, without Court oversight, were the gatekeepers for lengthy hospitalizations in mental institutions. The civil rights act, public beliefs related to the lack of effectiveness of mental institutions, and federal legislature lead to the deinstitutionalization of the mentally ill and stricter criteria for involuntary hospitalization. Individual states, with oversight by the federal government, have the autonomy to determine these criteria and the substantive and procedural due process of civil commitment. This presentation will provide the historical framework of the current civil commitment practice, the system challenges related to deinstitutionalization, and the nuances of state autonomy in determining mental health laws. As the Medical Director of an acute inpatient psychiatric unit in San Francisco, California, I will focus on state laws including the Laterman-Petrus-Short Act, related to civil commitment, and the systemic issues related to mental health care delivery in San Francisco. This presentation will also discuss current trends toward the expansion of civil

commitment laws, which can be seen in California's, Laura's Law, an assisted outpatient treatment program.

146. Mental Health Professionals I: Compassion and Mental Health Services

Moral Challenges of Family Involvement in Psychiatry: What is at Stake?

Elleke Landeweer, *University of Oslo* (e.g.m.landeweer@medisin.uio.no)

Family and important others can play a pivotal role in the coping and recovery of services users with severe mental illness. Although various interventions have been proven effective, family involvement is not commonly practiced. Qualitative and quantitative studies have tried to locate barriers and formulate strategies to bridge the gap between science and practice. Reviewing these studies systematically with a focus on ethical issues illustrates challenging issues regarding 1) balancing between confidentiality needs and 2) prioritising wellbeing of service users versus family, and 3) searching for a justified and effective division of responsibilities between professionals, family and services users. We will discuss that these underlying moral issues are barriers that prohibit family involvement. These moral issues are not easy to solve as they address different and conflicting moral logics, aligned with different values. Confidentiality for example, can have a different meaning within families than within a professional-patient relationship. Also assigned moral care responsibilities within families can be taken-for-granted and not negotiated within families or by professionals. We will present suggestions on how to improve family involvement and criteria for mental health services to involve family and important others in care.

Workplace Mental Health: Assessment and Accommodation

Shannon L. Wagner, *University of Northern British Columbia* (wagners@unbc.ca)

Employers generally report feeling competent with respect to disability management and workplace accommodation of physical illnesses and injuries. In contrast, they report much less confidence when faced with mental illness. Employers report that they are unsure of where to access mental health assessment and intervention. Similarly, they indicate that even when assessment and intervention is available, clear and practical workplace accommodations are not provided to guide stay-at-work or return-to-work efforts. Mental health professionals have typically been trained from the perspective of patient treatment, not from the perspective of occupational intervention. However, given increasing human rights requirements in the workplace, professionals with knowledge and experience in mental health intervention and

assessment as well as occupational health and disability management, are becoming increasingly more important to well-informed and meaningful disability management efforts. Consequently, this presentation will discuss psychological assessment and report preparation from the perspective of disability management principles, and will review basic accommodations related to a variety of mental health issues common in workplace environments.

Exogenous Criminal Justice Factors that Impact Professional Attitudes in a State Psychiatric Hospital

Renée Mack, *University of California* (reneemack@berkeley.edu)

The twentieth century saw a dramatic shift in societal attitudes towards crime and punishment as well as the appropriate environment for the treatment of persons with severe mental illness. These shifts in attitude spurred changes in social policy that resulted in *Deinstitutionalization* and *Mass Incarceration.* Although separate in their origins, both policy shifts have influenced and shaped one another and the administration of treatment. In essence, the simultaneous transformation of the criminal justice and mental health systems created a network of legal and forensic checkpoints to mental health treatment that act as one-way entrances to a formal and restrictive institution of care and has since ignored the experiences of the individuals that are still confined within state hospitals and the professions charged with their care. This presentation will use qualitative data from clinical professionals working at a 1,200 bed state psychiatric facility to examine the critical relationship between the criminal justice and mental health systems within this particular space, and elucidate exogenous criminal justice factors that influence professional attitudes and levels of compassion.

The Role of ECT in Contemporary Psychiatry

Dusan Kolar, *Queen's University* (kolard@providencecare.ca)

ECT (electroconvulsive therapy) still remains a powerful therapeutic option in the treatment of patients with severe and treatment resistant mood disorders. ECT is usually very effective in depression with psychotic symptoms, catatonia, and the melancholic type of treatment resistant depression. Severe depressive episode with active suicidal ideation is also an appropriate indication for acute series of ECT. Most psychiatrists will not have qualms about providing ECT for patients with the aforementioned treatment resistant conditions. However, the duration of ECT treatment is a subject of much controversy. It is well known that a longer duration of acute series of ECT with frequent sessions (three sessions a week) is associated with more cognitive side effects of treatment. On the other hand, the premature termination of treatment may increase the frequency of relapse. Sometimes it is very difficult to find a balance of optimal treatment effects and cognitive side effects. Memory impairment associated with ECT is the main reason for the negative public opinion of this treatment. Another important consideration is maintenance

ECT for patients with frequent and resistant depressive episodes who responded very well to an acute series of ECT. There is no any clear guidance for maintenance ECT. Pros and cons for maintenance ECT and its optimal duration will be discussed. Medico-legal aspects of ECT are particularly important when treating patients with schizophrenia spectrum disorders, patients with involuntary status or elderly patients with dementia. Clinical vignettes will illustrate some of these practical problems with prescribing and administering ECT.

Alison Morantz, *Stanford Law School* (amorantz@law.stanford.edu) – Discussant

147. Mental Health Professionals II: Exploring the Role and Experiences of Approved Mental Health Professionals (AMHPs)

Emotional Management and Approved Mental Health Professionals

Sarah Vicary, *Open University* (Sarah.matthews@open.ac.uk)

England's legal context for social work has, for some decades, mandated specially trained social workers to play a significant role in assessing people for compulsory detention. Eligibility to undertake this role changed significantly in 2007, allowing other professions, specifically Nurses, Occupational Therapists and Psychologists to become approved as Approved Mental Health Professionals (AMHPs). Understanding how this role is currently being undertaken is of interest not just in England but to the international mental health community. This paper discusses a current doctoral study which is exploring the role and experiences of AMHPs. In particular the paper will discuss one aspect namely the emotional and psychological experiences of practitioners when undertaking this role, in order to explore any similarities or differences. Based on the qualitative methodology Interpretative Phenomenological Analysis and using semi-structured interviews including the drawing and description of a rich picture this paper discusses the finding that practitioners, regardless of their professional background experience a range of emotions. This will be illustrated by drawings produced by the participants. The author will reflect upon this finding in relation to their own experience as both practitioner and researcher.

Approved Mental Health Professionals Researching Their Own Profession: The Benefits, Pitfalls and Limitations

Kevin Stone, *University of the West of England* (Kevin2.stone@uwe.ac.uk)

This paper considers a research study into the widening of the AMHP role to other professionals and the challenge for the researchers own reflexivity. It will focus on the strengths and limitations of practitioner research including the difficulties in recruiting participants from this,

now, diverse AMHP workforce which meant that the researcher had to negotiate interviewing professional groups other than their own and to manage the tensions that arose because of this. The research was based on interviews and a vignette as a way of gathering data on decision making, drawing on a methodology first undertaken by Peay. Participants in the research study were aware that the researcher was a practicing AMHP as this knowledge was needed in order to encourage recruitment. It also promoted the importance of practitioner led research. The method of the research study rested on the participants reaching a decision about a provided vignette and what they would do next as the AMHP. It might have been anticipated that differences between professional groups practise would have been found. This was not evidenced by this study and this finding will be discussed. The author will also reflect upon his experience as a practitioner researcher.

Using Observational Methods to Explore Approved Mental Health Professionals' Practice

Charlotte Scott, *University of Leeds* (ss12cas@leeds.ac.uk)

Exploring what it is that practitioners actually do when carrying out their roles can be ethically and methodologically challenging, particularly when that role requires them to operate under the Mental Health Act 1983 (as amended by Mental Health Act 2007), making decisions that can lead to an individual being deprived of their liberty. This presentation will outline a research project that undertook this task, using observational methods and interviews to explore how AMHPs make decisions. The researcher spent time 'out in the field' with these practitioners, observing them carrying out Mental Health Act assessments that often led to compulsory admission to psychiatric wards. The researcher has worked as an AMHP herself. She will reflect on how the dual role of researcher and practitioner both helped and hindered the research process and how these tensions were managed. The paper will also reflect on the use of observational methods and, with a rationale for developing this research method to explore values-based practice being offered, advocating its use when exploring ethically sensitive areas of practice. It will be argued that the method used enabled data to be gathered that elicited some understanding of the value-base of the participants.

Empathy and Shared Decision-Making in Mental Health Act Assessments

Phil O'Hare, *University Central Lancashire* (PO-hare@uclan.ac.uk)

AMHPs undertake Mental Health Act assessments from a social perspective and have overall responsibility to independently decide the outcome. They are bound by the 'Empowerment and Involvement' principle, which says they should 'fully involve' people in decisions about their

care, support and treatment. Yet decision-making and outcomes are ambiguous and inconsistent, worsened by systems that prioritise technical or legalistic approaches and efficiency over relationships and compassion. Can decision-making be shared? Can all involved make meaning together? How does the AMHP understand others' feelings and experiences? Within an assessment scenario, there are several voices, sometimes conflicting perspectives and no 'one truth'. What about language: the way we speak about people, how we understand power relationships? Something happens, at the point of assessment, *between* those involved – and this even goes beyond verbal communication. The relationship, how we communicate, engage, and relate emotionally with each other is crucial. Outcomes can depend on these interpersonal exchanges, communication styles and attitudes. Empathy is key. There is no explicit training requirement for AMHPs to reflect on their methods of dialogue and how to truly 'fully involve' others; however, if this directly influences whether a person is detained or not, it is crucial that they do.

148. Mental Health Professionals III: Health Disciplinary Law

Problem and Impaired Doctors in Disciplinary Tribunals: Rehabilitation and Risk

Helen Kiel, *Legal Academic, Sydney, Australia* (hkiel@ozemail.com.au)

This presentation explores the tension between discipline and rehabilitation when doctors are found guilty of professional misconduct in disciplinary tribunals in Australia. It argues that professional misconduct by doctors, which may involve sexual misconduct or inappropriate medical care, is often seen as a medical or psychiatric problem, irrespective of whether or not the doctor suffers from an impairment, such as drug addiction or a psychiatric condition. The paper briefly reviews the different pathways for complaints under the Australian Health Practitioner Regulation National Law and critically examines the definition of impairment under the Law. It suggests that the medicalization of professional misconduct involves the suspension of judgment about a doctor's moral culpability, unless the misconduct is extreme or repeated. The paper refers to a number of cases which demonstrate that the medical model of misconduct leads to less severe disciplinary sanctions which focus on the rehabilitation of the doctor, but may place the public at risk.

The HCCC's Role as Statutory Prosecutor in the Health Disciplinary Field and Recent Cases Involving Boundary Violations in the Nursing Profession

Sarah Connors, *Health Care Complaints Commission, Sydney, Australia* (sconnors@hccc.nsw.gov.au)

In 2010, a system of national registration for the health professions was introduced in Australia. In New South Wales, unlike the other states and territories (apart from Queensland), the health complaints body, the Health Care Complaints Commission (HCCC) not only receives and investigates complaints, it prosecutes complaints against health professionals before the relevant disciplinary tribunals. This paper explains how the New South Wales model operates in practice and examines some recent nursing cases involving a range of boundary violation cases from "friending" patients on Facebook to improper sexual relationships.

Impaired Doctors and Nurses: Support Structures Both Internal and External to the National Regulatory Scheme

Joanne Muller, *Barrister-at-law, Sydney, Australia* (jomuller@bigpond.net.au)

The law establishing the National Registration and Accreditation Scheme (NRAS) in Australia provides a mechanism to support impaired health practitioners. This paper provides details of the impairment program within NRAS and explores how the health practitioner may be supported whilst safety of the public remains the paramount consideration. Suitability of a practitioner for this pathway is examined. The role of other health professionals in the initial identification of an impaired practitioner is explained. Other health practitioners also play a role in monitoring and reporting on the treatment and progress of impaired practitioners both within the health program and in the disciplinary pathway. This monitoring and reporting role is considered. The Drug and Alcohol Screening Protocol is detailed. The paper also looks at the development of health support services external to NRAS for doctors and nurses and associated matters.

Impaired Doctors: Issues Surrounding the Taking of Interim Urgent Action and Acting for the Practitioners Concerned

Stephen Barnes, *Barrister-at-Law, Sydney, Australia* (sbarnes@16wardell.com.au)

The legislation which regulates the medical profession in Australia imposes a positive obligation upon practitioners to notify the registration authority of certain conduct by other practitioners. That conduct includes practising while intoxicated by alcohol or drugs and with a physical or mental impairment. The registration authority has power to take urgent action to suspend the practitioner concerned or to impose conditions upon registration pending an investigation of the matter and any consequent disciplinary hearing. This paper considers the circumstances in which urgent action can be taken; the difficulties faced by the practitioner concerned and the issues confronting those who represent the practitioner in both the urgent action and ultimate disciplinary proceedings.

149. Monitoring Mental Health through the Lens of the United Nations OPCAT and CRPD: A UK NPM Perspective

Monitoring Mental Health Care within an International Human Rights Framework: Introduction and Overview

Judy Laing, *University of Bristol* (J.M.Laing@bristol.ac.uk)

Colin McKay, *Mental Welfare Commission for Scotland, Edinburgh, UK* (colin.mckay@mwcscot.org.uk)

This presentation will briefly explore the obligations imposed by key international human rights treaties; the United Nations OPCAT & the CRPD; on national monitoring of mental health facilities/institutions. The UN Sub-Committee on the Prevention of Torture has issued guidance for national inspectors on implementing the OPCAT and this will be presented, with a view to analyzing what effective human rights monitoring in the context of mental health care entails. The additional obligations imposed on health & social care monitor/inspectors by the CRPD will also be considered, with a view to presenting an international human rights monitoring framework.

The UK NPM: Applying International Standards to Monitoring and Detention

Louise Finer, *Senior Policy Officer, London, UK* (Louise.finer@hmiprisons.gsi.gov.uk)

The UK National Preventive Mechanism has 20 institutional members monitoring all types of detention in the UK. Four of its members have a specific remit to monitor mental health detention, and as part of the NPM they are expected apply international standards to how and what they monitor. This paper focuses on the NPM's current approach to monitoring, its efforts to strengthen this to meet international standards for 'preventive monitoring' (OPCAT's founding principle is that independent monitoring plays an essential role in *preventing* torture and ill treatment), and the opportunities and challenges of the broader requirements of CRPD to this.

Empowerment and Decision-Making in a Context of Compulsion: Small Steps towards Squaring the Circle

Mat Kinton, *National Mental Health Act Policy Advisor, Nottingham, UK* (Mat.kinton@cqc.org.uk)

Mental health practitioners in England are told by official guidance that they should operate powers of compulsory admission and treatment according to an overarching principle of involvement and empowerment of patients. The CRPD, and the user movement whose values it reflects, set out a challenging vision of empowerment. It will be argued that there is a cultural shift-taking place in mental health services in England that reflects, however imperfectly, the approach of CRPD. Two areas that have been championed by the UK NPM monitoring body will be briefly explored: the empowerment of patients (and staff) to challenge institutional practices and 'blanket rules'; and the slower progress towards achieving co-production between patients and professionals of individual care plans.

Defending the Dignity and Rights of Patients with Dementia in Mental Health Settings

Theresa Nixon, *Mental Health, Learning Disability and Social Work, Regulatory and Quality Improvement Authority* (Theresa.nixon@rqia.org.uk)

Currently there is growing interest, if not fascination, with indicators and measurement in the field of human rights. This session looks at how RQIA, as part of the UK NPM has anchored the European Convention of Human Rights (ECHR) and the CRPD in their mental health inspection framework and practice. A case example will be presented that demonstrates how RQIA's inspection framework has helped to improve the dignity and rights of patients and the challenges this presents for both inspectors and providers.

150. Neurolaw and Forensic Psychiatry

Deep Brain Stimulation in Forensic Psychiatry: A Precautionary Approach

Farah Focquaert, *Ghent University* (farah.focquaert@ugent.be)

Imagine that deep brain stimulation can successfully reduce severe, medication-refractory aggressive behavior, and further imagine that such medical therapy provides a better long-term risk minimizing strategy compared to imprisonment for violent offenders. Would it be ethical to offer such invasive neurointervention as an alternative sanction or condition of early prison release? Some and perhaps many will argue that offenders will feel pressured into accepting the intervention out of fear of serving a lengthy prison sentence. If prisoners feel unduly pressured

into accepting a specific intervention, offering it would threaten their autonomy and invalidate their informed consent. The element of coercion in judicial settings in combination with the requirement that the intervention be in the best interests of the incarcerated individual, urges us to be extremely cautious when offering neurointerventions to offenders. In this paper, I will argue that it can be ethical to offer effective, invasive neurointerventions to offenders as an alternative sanction or condition of early prison release provided that the fulfillment of five minimal conditions is verified on a case by case basis.

Neural Connectivity During Reward Expectation Dissociates Psychopathic Criminals from Noncriminal Individuals with High Impulsive-Antisocial Psychopathic Traits

Robbert-Jan Verkes, *Radboud University* (robbert-jan.verkes@radboudumc.nl)

Understanding the neurobiological mechanisms underlying an enduring pattern of antisocial behavior can be used to optimize prevention and management strategies for individual offenders. Recently, it has been proposed that aberrant neural mechanisms underpinning reward expectation might be pivotal to understanding impulsive-antisocial behavior. To test this hypothesis, we assessed the neurobiological mechanisms of reward expectation in incarcerated male offenders meeting the criteria for psychopathy according to the Psychopathy Checklist-Revised. We focused on impulsive-antisocial traits, because these traits best predict future violence. We compared this group (n=14) to two groups of non-criminal male individuals: one with high levels of impulsive-antisocial traits (n=10)and another with low levels of these traits (n=10). Functional magnetic resonance imaging (fMRI) was used to quantify neural responses to reward expectancy in these three groups. Psychophysiological interaction analyses were performed to examine differences in functional connectivity patterns of reward-related regions. The data suggest thatincarcerated psychopathic offenders can be dissociated from noncriminal individuals with comparable impulsive-antisocial personality tendencies based on the degree to which reward-related brain regions interact with brain regions that control behavior. We will discuss how these results may be helpfulto improve interventions to decrease the risk of future criminal behavior.

Neurolaw and Legal Insanity

Gerben Meynen, *Tilburg University* (g.meynen@uvt.nl)

Neuroscience produces an enormous amount of data on brain functioning and human behavior, including legally relevant behavior. The new research domain studying the possible and actual impact of neuroscience on the law and legal practices is called neurolaw. One of the areas of neurolawinvestigation is the insanity defense. Presently, there is a lack of empirical data that can support or supplement psychiatric evaluations of a defendant's insanity. It is often hoped and

expected that, in the near future, neuroscience will provide more empirical support and guidance for these evaluations. In addition, perhaps, neuroscience could help solve problems on a more theoretical level, in particular those regarding the very criteria for legal insanity. For instance, it has been argued that neuroscience findings support including a control element in the legal standard for insanity. In this talk I will explore and critically examine the ways in which neuroscience could contribute to defining and evaluating legal insanity.

Explanations in Neurolaw: A Philosophical Perspective

Alva Stråge, *University of Gothenburg* (alva.strage@gu.se)

There are two main concerns around which most of the neurolaw debate is centered. The first is an epistemological enquiry: what can we know about mental states through the study of neural activity in the brain? The second concerns the justification of responsibility practices in general in the light of discoveries within neuroscience. A number of thinkers argue that neural activities say little, if anything, about mental states and responsibility practices. The reason is that our mental states are defined in a way that cannot be reduced to neurological terms. If we consider the concept of "knowing", this concept does not, according to this view, refer to having a brain in a particular neural state. Rather, it refers to an ability to do certain things in certain contexts. This argument (which I call the ability argument) implies that neuroscientific evidence can neither explain what it means to have a certain mental state nor give us reason for changing our responsibility practices (such as criminal law). I will analyze the ability argument in view of different kinds of scientific explanations.

Prison Brain? Cross-Sectional and Longitudinal Data from Neuropsychological Research in a Dutch Prison

Jesse Meijers, *Vrije Universiteit Amsterdam* (j.meijers@vu.nl)

One of the main goals of imprisonment is rehabilitation, i.e. to reduce recidivism. The prison environment, however, is often impoverished: prisoners tend to live a sedentary life, face few cognitive challenges, and they are deprived of their normal social relations. Furthermore, offenders can be described as a "vulnerable" population: a relatively high percentage have psychiatric disorders, and large meta-analyses have shown that offenders have worse executive functions than non-offending controls, and have lower volume and activation in the prefrontal cortex, a brain region important for self-control and goal-directed behavior. Our research has focused on the possible influence of the impoverished prison environment on the neuropsychological functioning (specifically executive functions) of its inhabitants. Furthermore, we have studied differences in executive functioning between various groups that can be identified in prison, such as violent versus non-violent prisoners, and first offenders versus repeat offenders. We discuss the implications of the theory and results for the prison environment.

Federico Pizzetti, *University of Milan* (federicogustavopizzetti@gmail.com) – Discussant

151. Neurological Ethics

The Minimally Conscious State, Disability Bias and the Moral Authority of Advance Directives

Stephen Napier, *Villanova University* (stephen.napier@villanova.edu)

It is widely assumed that if a patient provides an informed and reasonable refusal of a life-saving modality, her or his wishes should be respected. A closely related cousin of this assumption is the idea that if a person refuses some life-sustaining modality in the past (via an advance directive whether oral or written) that wish is normatively binding for the present as well. I argue against the latter idea as it applies to patients in a minimally conscious state (MCS) who are dependent upon tube feeding. I present two streams of empirical research which challenge the inference from 'S did refuse x' to 'S would refuse x'. The two streams of research are research on the disability bias, and research showing how labile a patient's advance directives are. MCS patients are unique in so far as they still manifest some level of cognitive and motor function. I argue that they are alike enough to the subjects involved in the empirical research. Furthermore, I focus on tube feeding MCS patients given its limited burdens to the patient. The typical argument used to justify respecting a patient's refusal of tube feeding in MCS is inert.

Implementing the Rights of Persons with Psychosocial Disabilities: A Legal Capacity Approach

Oh-Yong Kweon, *Seongsan Bioethics Research Institute* (ilogos_oyong@msn.com)

Concluding observations of the CRPD monitoring committee on the initial report of the Republic of Korea were made on the 30th of September 2014 and have eight important concerns and recommendations related to persons with psychosocial disabilities. But the Korean government, national assembly and the court have not been recognizing the right to legal capacity of the persons with psychosocial disabilities until presently. It is difficult to implement the additional rights of persons with psychosocial disabilities as long as the current discrimination on the legal capacity exists. The Korean laws and practices of legal guardianship and involuntary hospitalization as substitute decision-making should be reviewed to take action to develop laws and practices to replace as new ways of supported decision-making for the persons with psychosocial disabilities. A few practices of supported decision-making system in other countries are listed as a model of good practice.

Would Head Transplantation be Legal?

Kristof Van Assche, *University of Antwerp* (Kristof.VanAssche@uantwerpen.be)

In May 2016, an international medical team announced plans to perform the first human head transplant around Christmas 2017. In their eagerness to cross "the final frontier in transplant surgery", team leaders Sergio Canavero and Xiaoping Ren, brush aside all ethical and legal concerns, emphasizing instead the (alleged) medical prospects for hitherto incurable diseases, such as progressive muscular disease and intractable cancer without brain metastases. After briefly going into the formidable, and likely insurmountable, surgical challenges, this presentation will consider some of the major ethical issues involved, including issues of allocation, justice, prioritization and reproduction. Subsequently, attention will be paid to the important legal issues raised. In this context, an assessment will be made as to whether human head transplantation performed under the current state of medical knowledge is allowed under international regulations and guidelines. This will be followed by an analysis of the conditions to be fulfilled in accordance with national legal frameworks before such an experimental and high-risk intervention may be undertaken. Finally, the presentation will focus on possible criminal, civil (medical malpractice) and disciplinary sanctions that surgeons attempting human head transplantation may run.

Anterior Cingulate Hyper-Activations during Negative Emotion Processing among Men With Schizophrenia and a History of Violent Behavior

Alexandre Dumais, *Université de Montréal* (alexandre.dumais@umontreal.ca)

Background: There is robust evidence suggesting an increased risk of violent behavior in schizophrenia compared to the general population. Current theories propose that the processing of negative emotions is defective in violent individuals, and accordingly that dysfunctions within the neural circuits involved in emotion processing are implicated in violence. Although schizophrenia patients show enhanced sensitivity to negative stimuli, there are only few functional neuroimaging studies that have examined emotion processing among men with schizophrenia and a history of violence. Objective: To identify the brain regions with greater neuro-functional alterations of men with schizophrenia who had engaged in violent behavior. Methods: Sixty men were studied, 20 with schizophrenia and a history of violence, 19 with schizophrenia and no violence, and 21 healthy men were scanned while viewing positive, negative, and neutral images. Results: Negative images elicited hyper-activation in the anterior cingulate cortex, left and right lingual gyrus, and the left precentral gyrus in violent men with schizophrenia, compared to non-violent men with schizophrenia and healthy men. Discussion: Violent men with schizophrenia displayed specific increases in anterior cingulate cortex in

response to negative images. These results indicate a specific dysfunction in the processing of negative emotions, which may trigger violent behavior in men with schizophrenia.

Epistemology: A Likely Key for Opening Neuroscience in Legal Contexts

John Young, *Yale University* (john.young@yale.edu)

Most experts in law and mental health agree on the existence of correlations between states of mind we know from everyday experience and the brain images that neuroscience presents to us. In response to this awareness entire new fields of expertise are emerging with such labels as neurolaw and neuroethics. So far there is also agreementthat correlations between images of the brain and states of mind indicate association but not causality. Where experts can and do disagree, sometimes sharply, is on the implications of current advances in neuroscience for such clinically and legally important issues as diagnostic nosology and criminal responsibility. As we accumulate extensive and refined information on the possible relevance to criminality of brain imaging abnormalities, genetic and epigenetic differences, and the varieties of social context, we seem to lose our grasp of the accused individuals themselves and those affected by their (alleged) crimes. To strengthen our appreciation of these important linkages, we would do well to examine the work, so far largely ignored in neuroscience, of epistemologists, the practitioners of the ancient and still active study of human knowing and perceiving.

152. Neuroscience, Ethics and Law

Moral Enhancement, Coercion and Criminal Rehabilitation

Elizabeth Shaw, *University of Aberdeen* (eshaw@abdn.ac.uk)

Researchers in the field of neuroethics have become increasingly interested in the topic of "Moral enhancement": the idea that we could use biomedical means to improve moral motivations, deliberation and behaviour. Recently, a number of theorists have specifically focused on the issue of morally enhancing *criminal offenders*, given that these individuals' actions arguably indicate that they stand in particular need of such interventions. The dominant position among bioethicists is that administering biomedical interventions to offenders would only be permissible if offenders give valid consent. However, a minority of ethicists, such as Thomas Douglas and Jesper Ryberg, have challenged this consensus, arguing that mandatory moral enhancement of offenders could be justifiable. The first part of this presentation, will point out that (despite the popularity of the "consent requirement" among bioethicists) some jurisdictions are already drifting towards coercive moral enhancement of offenders. For example, in Scotland, mandatory biomedical interventions may be imposed upon offenders, in order to

reduce the likelihood that they will engage in harmful behaviour (behaviour which would also typically be considered as morally wrong), if this would be necessary for the protection of others. Such interventions can be forced on offenders who have sufficient mental capacity to give or withhold consent and who have been judged criminally responsible for their offences. It might be thought that such interventions should be classed as "treatments" rather than "enhancements", since they can only be imposed on offenders who have a mental disorder. However, I will argue that, given the broad legislative definition of "mental disorder", the distinction between treatment and enhancement in this context is becoming blurred. In the second part of this paper, I will argue that the drift towards mandatory moral enhancement is troubling. I will recommend a number of legal constraints that should be placed on the moral enhancement of offenders, to ensure that this only takes place on a voluntary basis and does not violate offenders' human rights.

Forensic Psychiatry and Neurolaw: Description, Developments and Debates

Gerben Meynen, *Vrije University* (g.meynen@vu.nl)

Neuroscience produces an immense amount of data on the relationship between brain and behavior, including criminal behavior. The research field studying the possible and actual impact of neuroscience on the law and legal practices, is called neurolaw. It is a new and rapidly developing domain of interdisciplinary research. Since forensic psychiatry has to do with both neuroscience and the law, neurolaw is of specific relevance for this psychiatric specialty. In this presentation, I will describe this area of investigation, and explain its overlap with neuroethics. More specifically, I will identify three main research areas in neurolaw – revision, assessment, and intervention – and explore their relevance for forensic psychiatry. I will identify some valuable opportunities as well as some notable challenges for forensic psychiatry regarding neurolaw developments and debates. Finally, I will emphasize that the active participation of psychiatrists in neurolaw developments is required.

Shifting Boundaries: What is Conceptual and Empirical in Neuroscientific Research?

Gerrit Glas, *Vrije University* (g.glas@vu.nl)

Philosophical questions about neuroscientific research typically arise at the intersection between neuroscience and clinical practice and between neuroscience and lay people's understanding of brain processes. These questions are a side-effect of the translation of neuroscientific research findings to other domains than science proper. In this lecture, I will discuss case examples of how such questions are dealt with in the work of well-known neuroscientist. I will particularly

focus on the work on learning and memory by Eric Kandel and on empathy by Jean Decety. One question will especially be addressed, i.e., the question how the distinction between conceptual and empirical issues is dealt with in these discussions. Both authors withstand straightforward reductionism in the exposition of what their findings mean for psychological phenomena like learning, memory and social cognition. I will show that, in spite of this overt contention, the underlying conceptual framework that guides the presentation of research findings is either ambiguous and, consequently, unclear (Kandel) or in contradiction with the message at the clinical and everyday level of understanding (Decety). This does not mean, however, that the underlying conceptual frameworks themselves are immune for empirical revision. I will discuss examples of the shifting boundaries (and overlap) between empirical and conceptual questions in neuroscience and in the translation of neuroscientific findings to other domains.

Andreas Frei, *Consulting Psychiatrist, Baselland, Switzerland* (Andreas.frei@pbl.ch) – Discussant

153. New Faces of Old Challenges in Forensic Psychiatry

Thinking about the Future of Forensic Psychiatry

Vivian Day, *Forensic Psychiatrist, Porto Alegre, Brazil* (vivianday@brturbo.com.br)

During the last century, society faced the most extraordinary improvement concerning tecnology and good ways to preserve health. Mental illness till the fifties was a sinonym of pain and exclusion. After the pharmacological revolution patients found a way to live in community with their conditions under control. Psychodynamic theories and psychotherapies were world spread and achieved popularity. Respect to psychic suffering changed the way society behave. The old alternatives to social control were gradually changed and the big psychiatric facilities were substituted by outpatient alternatives. This process in Brazil, however, suffered a huge pressure from different and sometimes opposite groups in society bringing excess, pain, and much stress for all professionals that deal with forensic psychiatric patients in daily work. This work using the profile of the individuals under examination in the Instituto Psiquiátrico Forense de Porto Alegre intends to discuss persepctives of this kind of institution in the next century. What´s the future of forensic psychiatric patients?

Simulation of Mental Illness by Convicts to Obtain Penalty Exchange by Security Measure

Patricia Goldfeld, *Sociedade Psicanalítica de Porto Alegre, Porto Alegre, Brazil* (pgoldfeld21@gmail.com)

For subjects sentenced to long sentences, the simulation of mental illness is being considered as a means of abbreviating in this much time, by obtaining a Security Measure for treatment in houses of custody. The experience in the screening service of the Forensic Psychiatric Institute Mauricio Cardoso, with the assistance to the prisoners of the prison system of the State of Rio Grande do Sul, demonstrates the resources that these distressed have used to simulate mental illness. The objective of this work is to bring this experience as a way of emphasizing the importance of simulation evaluation in a forensic context, which differs from the care context.

Prevalence of Personality Disorders among Subjects Evaluated at a Forensic Hospital in Brazil

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Lisieux Telles, *Federal University of Rio Grande do Sul* (lisieux@telles.med.br)

Objectives: To assess the prevalence of personality disorders among subjects submitted to forensic psychiatric evaluation at a forensic psychiatric institution located in southern Brazil. Methods: We conducted a transversal, descriptive study and analyzed the prevalence of personality disorders among subjects who committed different types of crimes and were submitted to forensic psychiatric evaluation from 2012 to 2015 at Instituto Psiquiátrico Forense Mauricio Cardoso, a forensic psychiatric institution responsible for all forensic psychiatric evaluations and custody treatments in the state of Rio Grande do Sul. Results: From 2012 to 2015, 1,933 evaluations were carried out. 48 subjects, 2,48% of this total sample, were diagnosed with personality disorder, and 33 of these were men (68,75%). There were 24 crimes of aggression/physical violence (50%), 18 crimes against property (37,5%) and 6 crimes not belonging to either of these categories, such as drug trafficking and illegal firearm possession (12,5%). The most prevalent diagnosis was Bordeline Personality Disorder, with a total of 20 subjects (41,66%), followed by Antisocial Personality Disorder in 17 subjects (35,41%). Conclusion: This study will be further developed in the near future, since personality disorders seem to be associated with violence and criminality.

Professional Liability: Do Defensive Practices Reduce the Likelihood of Being Sued?

Gabriela de Moraes Costa, *Federal University of Santa Maria* (gabrielademc@gmail.com)

The paradigm for the doctor–patient relationship has undergone significant change given the enormous technological advances, exceeding the ability of an individual doctor to account for the

explosion of medical information, as well as the increasing demands for accountability about treatment options and outcomes. Since the likelihood of being named in a lawsuit is reasonably high, doctors should focus on risk management. This scenario gave rise to defensive practices, but not without controversy. Defensive Medicine may be defined as the ordering of tests/procedures for the main purpose of protecting the doctor from criticism rather than diagnosing or treating the patient. It can be classified in "positive and negative". Negative practices include under-prescribing and the avoidance of certain treatments (e.g. ECT), patients (e.g angry, defensive or manipulative) or diagnoses (e.g borderline personality disorder). Positive defensive practice occurs when doctors prescribe excessive/unnecessary drugs/tests, or increase referral rate and hospitalization. While some defensive practices will have adverse effects on both patient care and resource allocation, others may be beneficial, e.g. providing patient-centered care, taking detailed notes, offering more explanation of procedures to patients, developing audits within practice, avoiding telephone or social media prescription, avoiding seclusion and performing continuous monitoring of suicidal or mechanically restrained patients.

Criminal Responsability and Psychopathy

Stefan Denise, *Associação Brasileira de Psiquiatria, Salvador, Brazil* (deniserstefan@gmail.com)

Psychopathy represents a major challenge for forensic psychiatrists, agents of law and for criminal justice system. There are controversies about its criminal liability and immutability, as well as on the most appropriate place for them to comply with their criminal sentences or commitment. Countries differ in the way they approach psychopathy in conflict with the law. This presentation will review the legal approach for psychopaths in conflict with law in the Latin American countries, the United States, Canada and Europe. Similarities and divergences between these nations will be discussed, and it will be concluded that there is no consensus about the best place to detain a psychopath if convicted, as there are different positions between psychiatrists and agents of law. These controversies will be overviewed, beginning with questioning if psychopaths are even treatable. The solutions adopted in these different countries with their successes and failures will be discussed with the intention of presenting the current situation regarding this matter.

154. New Perspectives in the Evaluation and Treatment of Sex Offenders

Sex Offender Programs: The Scope of the Problem and Policy Implications

Antony Fernandez, *Virginia Commonwealth University* (drtonyfernandez@hotmail.com)

This workshop will address the scope of the problem in North America, and the pressures experienced by those who manage or supervise sex offender treatment programs. The workshop's aim is to leave attendees feeling motivated and empowered in the role of sex offender treatment managers. It is designed primarily for practitioners new to the field, but can also serve as a refresher for more experienced clinicians. By examining the existing sex offender public policy experiences, there are vital lessons to be learned about engaging policymakers and the media in advancing sound sex offender treatment and management policy. Presenters representing USA and Canada will share their experiences in understanding sex offender-related legislation and policy. Opportunities and challenges in improving current policies will be addressed.

Assessment and Treatment of Sex Offenders: A Multidimensional Approach

Julian Gojer, *Forensic Psychiatrist, Toronto, Canada* (juliangojer@gmail.com)

This will provide an introduction to multidimensional approaches to conducting interviews and evaluating and managing sex offenders. It will therefore be of interest to mental health professionals, probation officers, parole officers, and other criminal justice professionals who work with sex offenders. Emphasis is also placed on a therapeutic process involving client's perspective, group climate, and the therapeutic alliance. This workshop will provide the attendees with the knowledge and skills necessary to evaluate Sex Offenders and provide recommendations for appropriate treatment and management.

Use of Special Diagnostic Techniques and Psychological Testing of Sex Offenders

Monik Kalia, *College of Psychologists of Ontario, Toronto, Canada* (kaliamonik@rogers.com)

This workshop will provide the attendees with the knowledge and skills necessary to conduct psychological assessments including the use of PPG, VRT, Polygraph, and the PCL-R and how to effectively defend the use of these instruments in court. Differential diagnosis and how to effectively testify as to assessment results will be reviewed using examples from actual cases. Role play of direct and cross–examination will assist participants in preparing for court testimony. Interactive opportunities will be provided for group discussion and feedback among participants.Static-99R is an actuarial risk assessment scale for adult male sex offenders that predicts sexual and violent recidivism with moderate accuracy. It can be scored based on criminal history and demographic information. This workshop is appropriate for anyone involved

in risk assessment with sexual offenders and will cover the background, scoring, and interpretation of the scale.

Assessment and Treatment of Sex Offenders: Legal and Ethical Issues

Pratap Narayan, *Forensic Psychiatrist, Sacramento, USA* (pratbs@hotmail.com)

Through an overview of the current literature and case law, participants will develop an understanding of relevant ethical and legal issues and the various roles the expert can serve. This section of the workshop will focus on the interface between science and law as it pertains to Sex Offender Legislation; attendees will get an appreciation of how politics and the media often impede the application of scientific principles in the development of laws and policies. The potential detrimental impact on families and friends of perpetrators will also be highlighted.

Assessment and Treatment of Sex Offenders: Directions for the Future

Julian Gojer, *Forensic Psychiatrist, Toronto, Canada* (juliangojer@gmail.com)

Practical information and strategies for treating adult male sex offenders in community, residential and correctional settings will be discussed, and a phased model of treatment will be described. Topics include designing a treatment model, enhancing treatment engagement, selecting treatment assignments, working collaboratively with probation and parole officers, measuring treatment progress, and ending treatment successfully. Directions for the future, especially with reference to developing countries will be outlined.

155. "Ours is Not to Reason Why": Mental Capacity, Mental Health, and the Uneasy Relationship With Legal Rights

The Criminal Law of Slavery, Juvenile Justice and Mental Capacity: A Nexus

Raymond T. Diamond, *Louisiana State University* (ray.diamond@law.lsu.edu)

Mental capacity is a factor that influences how law treats individuals. This is so across a variety of areas, not excluding criminal law, torts, and familial and personal rights. Juveniles in the United States have been subject to treatment disparate from that of adults, for as a group it had

been presumed - not without reason - that juveniles have lesser mental capacity than or at least different from that of adults. This presumption has made for a recognition not only of lesser substantive rights for juveniles, but also different procedural rights, and even different procedural regimes in criminal law. This treatment of juveniles in the U.S. finds its concomitant, perhaps even its precedent, in the legal treatment of slaves before universal emancipation in 1865 under the 13th Amendment to the U.S. Constitution. Slaves, of African descent, were deemed lesser human beings with lesser capacity than whites. As with juveniles, this presumption of lesser capacity made for a different procedural regime in criminal law. Unlike the legal treatment of juveniles, it made for a failure of law to provide entirely for rights for slaves. This paper examines the treatment of juveniles and of slaves, and makes suggestions about whether the law of slavery has normative content for juvenile law.

The Right of Redemption

Katherine Hunt Federle, *Ohio State University* (federle.1@osu.edu)

The punishment of juveniles remains a troubling yet undertheorized aspect of the criminal and juvenile justice systems. As a practical matter, these systems emphasize accountability, victim restoration, and retribution as reasons to punish underage offenders. In fact, American juvenile systems will remove the most egregious offenders to criminal courts for trial and sentencing. The United States Supreme Court in recent years, however, has issued a number of opinions emphasizing that the Eighth Amendment requires that the punishment of children must account for their lesser moral culpability, developmental immaturity, and potential for rehabilitation. Some state courts, too, have begun to reconsider their own dispositional and sentencing schemes in light of the Supreme Court's jurisprudence. The reality of youth militates in favor of a right of redemption. This paper will discuss the theoretical, jurisprudential, and constitutional implications of juvenile sentencing and the challenge of constructing rights for children when mental capacity informs our construction of rights.

Homicide among Pregnant and Postpartum Women: A Review of the Literature

Charlotte Cliffe, *St. Mary's Hospital, London, UK* (charlotte.cliffe@nhs.net)

Maddalena Miele, *Imperial College* (Maddalena.miele@nhs.net)

Access to better care and advances in obstetric medicine have led to a global reduction in the maternal mortality rate. Although obstetric-related causes of death have decreased, the numbers of deaths relating to injuries have remained static. Suicide has been recognised as a significant cause of overall perinatal mortality; however there has been less consideration of the role of

maternal homicide as a contributor to pregnancy-associated mortality. We undertook a systematic review of the international literature on maternal homicide. We found rates from 0.97 to 10.6 per 100 000 live births. Pregnancy-associated homicide rates were higher in the United States compared with other countries. Women were younger, more likely to be from black and minority ethnic groups and unmarried. Domestic violence was a significant risk factor for attempted and completed homicide. This review has found that pregnancy–associated homicide is an important contributor to maternal mortality with rates comparable to suicide in the perinatal period. In addition the question as to whether once brought to court such cases should be also considered under the Infant Life Preservation Act remains open. Improved means of reporting and undertaking case-reviews of pregnancy-associated homicides will be key to developing better strategies for prevention.

Bjorn Hofvander, *University of Gothenburg* (bjorn.hofvander@med.lu.se) – Discussant

156. Paraphilias and Sexual Preferences I: Evaluating Pornography Consumption, Sexual Fantasies, Sexting and Zoophilia in Brazil

Invariance across Genders for a Measure of Pornography Consumption

Danilo Baltieri, *ABC Medical School* (dbaltieri@uol.com.br)

There are only a few instruments available to measure pornography consumption-related constructs, which can compromise the validity of research findings. The Pornography Consumption Inventory (PCI) assesses four motivations for pornography consumption, and it has been validated in hypersexual men and medical students. However, whether the psychometric properties of this instrument are comparable across genders remains unclear. Multi-group confirmatory factor analysis (MGCFA) was used to verify the invariance of the structure of the PCI across male (100) and female (105) university students. The confirmatory factor analysis (CFA) for each group showed a reasonably good fit of the data to the four-factor model. The MGCFA model included only factor loadings constrained to be equal between both genders ($\Delta CFI < 0.01$ and $p > 0.05$). However, the ΔCFI did not support a strong and strict factorial invariance, $\Delta CFI > 0.01$. The analyses indicate that the PCI cannot be considered fully measurement invariant across genders. Without scalar invariance, the means of the factors cannot be compared across the groups. The implications of these findings regarding the measurement of motivations for pornography use are outlined.

Sexual Fantasies in a Sample of Brazilian University Students – Considering Gender-Invariance Properties

Juliana Izukawa, *ABC Medical School* (ju_izukawa@yahoo.com.br)

Sexual fantasies are universally experienced and can affect later sexual behavior. They can be an elaborate story, a brief thought of some romantic or sexual activity, and even a bizarre scene in nature. Although it is very difficult to have access to the sexual fantasies of a person, some self-report instruments have been developed to investigate them, and the Sex Fantasy Questionnaire (by Prof. Gleen Wilson) is one of them. Considering that sexual fantasies are a common and frequently healthy aspect of sexuality, different measures should be validated throughout diverse cultures and their psychometric and invariance properties should be adequately evaluated. The Sexual Fantasy Questionnaire was validated in a sample of Brazilian University students and gender-invariance has been investigated. When using an instrument, it is essential to consider if it can be applied in a same sample with men and women. If such an instrument is not gender-invariant, for example, it is probable that the results will be not reliable. Implications for this statement must be taken in consideration.

Sexting, Empathy and Depression in a Sample of Brazilian University Students

Tomaz Eugênio De Abreu Silva, *ABM Medical School* (tomazeugenio@hotmail.com)

The exchange of sexually suggestive pictures and/or messages via mobile phones or social networking sites has stimulated debate over its negative effects on people who partake in this behavior. However, few researchers have investigated possible connections between sexting and psychological problems. In Brazil it is estimated that 64% of men send erotic photos either of themselves or of others, while 72% of women prefer sending text messages. In fact, sexting has been associated with casual sex, unprotected sexual activities, pornography consumption, earlier beginning of sexual practices, higher number of sexual partners, and intimacy deficits. Studies on sexting should use validated instruments to measure diverse psychosocial aspects and not only restricted questionnaires on a local basis; thus, other authors from other cultures will be able to confirm or even contest some findings. From a legal perspective, there is no specific law for sexting in Brazil yet. Our study aims to propose a correlational modeling involving practice of sexting, depressive symptoms, empathy, and substance consumption in a sample of Brazilian University Students. We believe that the findings can shed some light on this problem.

157. Paraphilias and Sexual Preferences II: Heavy Petting: A Forensic Guide to Understanding Bestiality

Etiology of Zoophilia

Renee Sorrentino, *Insititute for Sexual Wellness, Weymouth, USA* (rsorrentino@partners.org)

The etiology of zoophilia, like all of the paraphilic disorders, is not well understood. Speculation of the pathophysiology of such disorders may be gleaned from medical conditions shown to cause such behaviors. Interventions used to address bestiality interests have included avoidance techniques, therapy, psychoeducation and training, drugs and electric shock therapy (ECT), and incarceration. There is a paucity of literature on the pharmacological treatment of individuals with bestiality. As a result, treatment recommendations are made based on the general literature of pharmacological treatments used to decrease an individual's general level of sexual arousal. There are obvious limitations to such treatment recommendations as the majority of studies evaluating pharmacological agents include a heterogeneous sample of paraphiliacs. This presentation will discuss the medical comorbidity of medical and psychiatric illnesses and treatment course of those patients seeking and/or mandated to treatment.

Forensic Applications of Bestiality

Susan Hatters-Freidman, *Case Western Reserve University* (susanhfmd@hotmail.com)

This presentation will focus on the forensic application of individuals who have engaged in bestial acts. A specific tool has not been developed to address bestial sexual interests though such a tool would be beneficial in forensic applications. Sexual questionnaires can be helpful in obtaining the sexual interests of individuals, however this can be difficult as people may be unwilling to disclose bestial behaviors or interests due to stigmas. Results of a polygraph with questions intended to obtain an individual's sexual history can provide information if questions about sexual relations with animals are asked. The ABEL Assessment tool and penile plethysmography (PPG) can also be used to determine bestial interests. An examination of the classification system, testing, and risk assessment as it applies to forensic assessments will be explored. Given that international responses to bestiality are varied, this presentation will also provide an international perspective through forensic case examples.

Bestiality and the Law

Brian Holoyda, *Saint Louis University* (holoyda@gmail.com)

Human-animal sexual intercourse, also known as bestiality, has been of interest to the psychiatric community since the mid-20th century when sex researcher Alfred Kinsey first published findings suggesting that bestiality was a relatively common phenomenon. Since that time research on bestiality has been polarized. Studies on human-animal sex within correctional samples suggest that a history of childhood bestiality, similar to a history of childhood animal abuse, predicts future violent offending in adulthood. At the same time, there is a body of research on community samples that identifies a group of self-identified "zoophiles," or

individuals who engage in sex with animals as a means of demonstrating love and/or having a relationship with the animal. There has been no concerted effort to synthesize these disparate findings or categorize bestiality in a method that identifies individuals' motivations for engaging in the behavior. I therefore review current existing classification schemes of bestiality, highlighting their strengths and weaknesses. I then present a novel classification of bestiality to explain differences in recent research findings. This classification scheme may be utilized by the court and forensic psychiatric evaluators to identify those individuals whose engagement in sex with animals may pose a risk for future interpersonal offending.

Forensic Pathology and Bestial Acts

Carl Wigren, *Wigren Forensic PLLC, Seattle, USA* (carl@wigrenforensic.com)

The Washington State Enumclaw horse sex case (2005) resulted in widespread public awareness of bestiality because the case was highly publicized and a documentary depicting the case, "Zoo," debuted at the Sundance Film Festival. The 2007 documentary is based on the life and death of Kenneth Pinyan, an American man who died of a perforated colon after engaging in sexual intercourse with a horse. Prior to this incident, bestiality was legal in the state of Washington. The Enumclaw case resulted in Washington State enacting a law prohibiting sex with animals. Thirty-four states in the U.S. have laws that criminalize sexual conduct with animals. In 17 states it is categorized as a misdemeanor while the others categorize it as a felony. Some places have no ban in bestiality so long as the animal is unharmed. This presentation will discuss forensic pathology correlates of bestial acts. The presenter will share his experience as a forensic pathologist in the Enumclaw case.

Epidemiology and Bestiality Today

Sara Moore, *William James College* (Sara_moore@williamjames.edu)

Miletski's (2002) research dates the practice of sex between human and animal to at least 40,000 to 25,000 years ago during the Fourth Glacial Age. Although sex with animals is believed to be relatively uncommon, the study conducted on the sexual behaviors of 5,300 men by Kinsey, Pomeroy, and Martin (1948) found that one in 13 men had engaged in bestiality. If this number were true today then the prevalence bestiality would be in the millions based on the US population. In a study of 5,793 American women by Kinsey, Pomeroy, Martin, and Gebhard (1953) only 1.5 percent of the total female sample had sexual contact with animals. Later research conducted by Hunt (1974) found a bestiality rate of 4.9% among men and 1.9% among women. This presentation will provide a historical and epidemiological review of bestiality. The presentation will also discuss its known prevalence and present day practices of bestiality.

Hani Miletski, *Psychotherapist, Bethesda, USA* (hani@drmiletski.com) - Discussant

158. Personality Disorders and Responsibility

Personality Disorder and Moral Responsibility

John Callender, *University of Aberdeen* (john.callender@nhs.net)

The question of psychopathic personality and moral responsibility rests on assumptions about the nature of these concepts. In particular, it assumes that they have a substantive or 'mind-independent', reality. I will argue that psychopathic personality is a concept of uncertain validity; that there is no non-arbitrary distinction from normality; that it may not be a unitary entity; that reliability of diagnosis is inadequate and that its practical utility has not been demonstrated. The concept of moral responsibility rests on assumptions about the nature of morality. I will argue for non-realism in relation to morality and, by extension, to moral responsibility and that attribution of moral responsibility is an indicator of a range of more pragmatic assumptions e.g. that the offending behavior will be modified by censure or punishment. If the central aim of a criminal justice system is the control and reduction of crime, concepts such as psychopathic personality and moral responsibility may have out-lived their usefulness and may be getting in the way of a clear view of this problem. I will close with some thoughts based on recent research on how we might develop systems in ways that will improve the efficacy of criminal justice.

Agency and Responsibility in Personality Disorder: Some Findings and Clinical Implications from Recent Studies

Andrew Shepherd, *University of Manchester* (andrew.shepherd3@nhs.net)

The concept of personality disorder is complex, problematic and stigmatizing. I will describe a study, which adopts a qualitative approach to explore the experiences of individuals who receive a personality disorder diagnosis and access mental health care in either community or forensic settings. A significant theme emerging from interviews with patients was the "moral" manner in which participants made sense of their experience; especially in relation to understandings of "bad behaviour" and "illness". A second theme was stigmatization with participants perceiving themselves as being poorly regarded in comparison with individuals with diagnoses such as schizophrenia. Clinical staff focus groups expanded on these themes with clinicians identifying a range of factors that may impact on the care provided. These include: clinician beliefs in relation to the autonomy of acts carried out by individuals with a personality disorder diagnosis; perceptions of treatment efficacy; and the emotional work demanded of clinicians and its attendant impact on professional attitudes. In constructing their understanding of individual experience in relation to personality disorder both service users and clinicians appear to strongly

rely on ideas of morality and autonomy. This finding resonates with wider discussions in the literature relating to both clinical practice and criminal proceedings.

A Social Perspective on Personality Disorder; Enhancing Responsibility and Resilience

Julia Warrener, *University of Hertfordshire* (j.warrener@herts.ac.uk)

The presentation will suggest the value of a social perspective on personality disorder both for those diagnosed and mental health professionals alike. A rationale will be offered, suggesting a relationship between particular forms of social experience and certain antecedents for the development of the disorder in adolescence/early adulthood. Outlining the perspective's key components the presentation will propose that a social perspective can help focus attention on the content of distress and the experience of people living with personality disorder. Suggesting therefore that the perspective can enhance the efficacy of modern, multidisciplinary mental health services in this area to encourage responsibility and resilience in both services users and mental health professionals. The presentation will conclude with some recommendations, from a social perspective, for practice and service organization to help ensure the efficacy of interventions and outcomes for people living with personality disorder.

Agency and Responsibility in Personality Disorder

Alexandra Getz, *Clinical Fellow, Northampton, UK* (AGetz@standrew.co.uk)

This presentation is based on my work as a psychiatrist in a large female forensic service. I work in the medium secure pathway where the average length of stay is 18 months. Most patients have a diagnosis of Emotionally Unstable Personality Disorder with a number having additional personality disorders or other psychiatric conditions. Treatment comprises three elements, namely psychiatric care, skills acquisition and insight development. The most striking feature of almost all of these women is the extreme deprivation and abuse that have characterized their early lives. Sexual abuse from a young age appears to be a major causal factor. Personality disorder appears to be an illness like any other in the sense that it has a cause, a typical course, exacerbations and remissions and often there is a point of maturation which brings with it insight and some recovery. Patients often respond very well to medications such as clozapine. There is a widespread assumption that agency can be lost in psychotic disorders such as schizophrenia, but that it is retained in patients with personality disorders. In fact, patients with the latter conditions can show variable levels of self-control and this can have clear implications for moral and legal responsibility.

159. Perspectives on Quality of Care in Psychiatric Intensive Care Units

Description of the Chance of Aggressive Incidents and the Use of Coercive Measures by Examining PICU's Nursing Staff

Paul Doedens, *Academic Medical Centre, Amsterdam, The Netherlands* (p.doedens@amc.uva.nl)

Background: One of the great challenges of today's mental health care is to create a safe environment in psychiatric hospitals for both patients and staff members. Violence and aggression can emerge due to interactional problems with staff member and can result in the use of coercion. In our previous research, we found a correlation between seclusion and the nurses' sex and stature. We explore the influence of staff members on aggression and coercion in further research. Objectives: 1) Explore predictors in the nursing staff on aggressive incidents and the use of seclusion. 2) Investigate the association of nursing team dynamics and individual personality traits of nurses with aggressive incidents and the use of seclusion. Method: We use a highly detailed naturalistic cohort study to collect data on a closed admission ward for two years. We collect data on nurses, patients, unit factors, aggressive incidents and the use of coercion. We also measure group dynamics in the nursing team in a prospective manner. We analyse the association between nurses' personality traits and seclusion in a web based cross sectional design. Analysis and results: We use multiple and multilevel logistic regression analysis and expect our results in the spring of 2017

High Care Unit Aggressive Incidents Translated into Advice

Jentien Vermeulen, *Academic Medical Centre, Amsterdam, The Netherlands* (j.m.vermeulen@amc.uva.nl)

Background: The Dutch government aims to abolish seclusion of psychiatric inpatients by 2018. Since the main reason to opt for seclusion is violent behaviour, there is a need for understanding aggressive behaviour. We conduct a qualitative study to explore the complex phenomena of aggression in psychiatric inpatients from a multidimensional point of view. Objectives: 1) Explore similarities and differences in perspectives on aggressive incidents of patients and involved professionals; 2) Describe suggestions from all directly involved stakeholders in an incident to prevent aggression; 3) Assess feasibility and priority of suggestions. Design: This study consisted of a qualitative study using a phenomenological approach with open-ended focused interview questions. Two researchers expressed all interviews by open coding and these concepts were transformed into categories by axial coding. All suggestions were listed and ranked for feasibility and priority by patients admitted to the closed ward and the nursing staff. Setting and respondents: A convenience sample of 30 patients, admitted on a closed admission ward of an academic hospital, who had recently been an actor in an aggressive incident and

nurses that were directly involved in this incident. Analysis: Interviews were digitally recorded, electronically transcribed and coded electronically in MAXQDA by two researchers.

Towards a High Care Unit for Young People

Hiske Becker, *Academic Medical Centre, Amsterdam, The Netherlands* (h.e.becker@amc.uva.nl)

Jeroen Steenmeijer, *Academic Centre for Child and Adolescent Psychiatry, Amsterdam, The Netherlands* (j.steenmeijer@debascule.nl)

The incidence of severe mental illness is at its peak between the age of 15 and 25. Despite all efforts to intervene early, in young people, first contact with mental health services is often through involuntary admission. Being admitted to a psychiatric hospital is a frightening and in some cases traumatising experience for both the patients and their family. In Amsterdam, we aim to open a secluded ward dedicated to patients in the early phase of developing a serious mental disorder, which will be a cooperation between the departments of child psychiatry and adult psychiatry. In this presentation theoretical backgrounds and implementation will be discussed and first experiences will be shared.

Verbal and Physical Training to Prevent Aggression, Violence and Coercion in Mental Health Care

Panos Tamtakos, *Academic Medical Centre, Amsterdam, The Netherlands* (p.tamtakos@amc.uva.nl)

Sascha da Silva Curiel, *Academic Medical Centre, Amsterdam, The Netherlands* (s.dasilvacuriel@amc.uva.nl)

Remco Niewold, *Academic Medical Centre, Amsterdam, The Netherlands* (r.niewold@amc.uva.nl)

Until the 1990's, there was no model for nurses' behaviour in treating aggression and violence of psychiatric inpatients. The DIM training (De-escalation Intervention Method) is a combination of verbal and physical interventions and was adopted from the United Kingdom. The nature of the DIM training is to prevent agitation to grow into violence by early detection and verbal de-escalation. DIM training is developed to the most important used method in preventing aggression and violenceof inpatients inthe mental health facilities in Amsterdam. All nurses, physicians and security staff of the psychiatric department of the Academic Medical Centre are trained in the DIM. The program is a four-day basic training and (obligatory) annual refresher courses. Together they form a team that is united against aggression and violence, which is capable to form an alliance with the patient to maintain wards safety and prevent coercive

measures. This presentation contains a summary of the development of the DIM-training and a demonstration of the content.

The Importance of Establishing Therapeutic Relationships in the Reduction of Aggression in Forensic Psychiatric Care by Nurses and Other Caregivers

Petra Schaftenaar, *Inforsa, Amsterdam, The Netherlands* (petra.schaftenaar@inforsa.nl)

In this presentation the author will present the results of a review of the literature to the key elements of forensic mental health nursing. The study answered the question which key elements we can distinguish in forensic mental health nursing. The therapeutic relationships, meaningful activities, characteristics of the ward and recovery principles were shown as important factors. Specific characteristics of these elements are revealed. The research also showed certain aspects (mainly in the way we manage relationships) that do not contribute to treatment outcomes. Furthermore the study cleared the contribution of these key elements in inpatient care on the wards to the diminishment of aggression. Research of both worker and patients' views were included. The study also answers the question what the role of organizational factors is.

160. Philosophical Foundations of Bioethics

Procedures, Principles and the Deflation of the Good in Bioethics

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The four principles (respect for persons/autonomy, beneficence, non-maleficence, and justice) first articulated in 1979, took hold of medical ethics and has become the dominate approach to doing bioethics in the US and the UK. Claiming that the mid-level principles are the ground for common morality over meta-ethical or metaphysical commitments, Beauchamp and Childress claim to avoid the pitfalls of pluralism, by offering guidelines for balancing *interests*. In other words, principlism acts as the ground to create policies and procedures for solving any ethical problem. Principlism assumes that its approach to solving ethical dilemmas can be applied to any problem that it encounters, that its values can be mapped onto any particular body or any particular psyche. However, bodies and psyches don't just have values and interests invested in them after the fact, but bodies and psyches are themselves the origin of those values. In this presentation, I will briefly show that principlism is underwritten by a deflationary theory of the good and is indebted to Kantianism: giving us respect for person/autonomy and justice. And it is indebted to utilitarianism: giving us beneficence and non-maleficence, and that it cannot do justice to the meanings, purposes, and goods of real bodies of persons and thus fails as a theoretical foundation for bioethics.

Adjectival and Non-Adjectival Bioethics

Paweł Łuków, *University of Warsaw* (p.w.lukow@uw.edu.pl)

Bioethical literature is replete with many kinds of bioethics: consequentialist, Kantian bioethics, feminist, Christian, etc. This presentation will disentangle various meanings of those "adjectival bioethics" to offer a view of bioethics as a public practice of a democratic society. Two distinctions are relevant: (a) between bioethics as an academic field of research and bioethics as a practice of public debate, and (b) between a normative-theoretical and a doctrinal perspective on bioethical issues. The normative-theoretical perspective is usually informed by a particular normative ethical theory. The doctrinal perspective is shaped by a comprehensive doctrine. Bioethics is not a modern-day version of medical ethics but an academic discipline and public practice defined by the specific values and ideals of a democratic society. The role of adjectival bioethics in a public debate of a democratic society is not to inform regulatory solutions or official decisions, but rather to serve as a reservoir of considerations and arguments that can be used in arriving at those regulations or decisions. To enter the public debate these arguments and considerations must be detached from their metaphysical and axiological underpinnings and articulated in terms of democratic ideals and values.

The Role of Autonomy in Bioethics

Louise Campbell, *National University of Ireland, Galway* (louise.campbell@nuigalway.ie)

Autonomy is fundamentally important in attributing human rights to individuals and in ascribing to them responsibility for their actions. Recognition of the importance of autonomy has led to a seismic shift in the way healthcare is delivered to patients, irrevocably changing the face of medical decision-making over the course of the past five decades, and underpinning developments in health policy and regulation. Yet the meaning of the concept of autonomy in the bioethics literature is poorly understood. The endlessly reiterated 'principlist' definition of autonomy provided in the seminal *Principles of Biomedical Ethics* – understood as self-rule free from the controlling influences of others and from internal limitations such as inadequate understanding - ultimately collapses back into the concept of informed choice. Construing autonomy as a basis for the ascription of human rights in healthcare, however, requires a more philosophically robust account of what we mean when we refer to the capacity for autonomous decision-making. The purpose of this presentation is to enquire whether more recent philosophical accounts of autonomy, which focus on the need for reflection and on the role played by authenticity in autonomous decision-making may ultimately be of more service to bioethics.

161. Physician-Assisted Death and Euthanasia I: Investigating Conceptions of Dignity and Identity in End of Life Care

The Rhetoric of Dignity in the Campaign for Legalizing Assistance in Dying: California as a Case Study

Michelle Oberman, *Santa Clara University* (moberman@scu.edu)

Buoyed by testimonials from dying patients seeking to end their lives with "dignity," U.S. jurisdictions are slowly adopting laws permitting doctors to prescribe lethal medication. This paper explores the rhetoric of dignity, considering its role in California's embrace of physician assistance in dying. To date, the U.S. has confined its lethal prescription policies to dying patients, thus permitting the dignity-based discourse to unfold against a backdrop of terminal illness. Elsewhere, lethal prescriptions are more broadly available. In all cases, though, the pursuit of "dignity" plays a central role in justifying physician assistance in dying. This paper interrogates the meaning of "dignity" in this context. What exactly is meant by "dignity" in the health care setting? Does the fear of "lost dignity" serve in part as a proxy for a fear of death? And if so, how does the dignity discourse shape the provision of palliative care? Finally, this paper considers the relationship between disability (both in terms of disability-rights discourse and in terms of lived experience) and ideas about dignity.

Identity, Alzheimer's and End-of-Life Care

Françoise Baylis, *Dalhousie University* (Francoise.baylis@dal.ca)

Fear of Alzheimer's disease causes many to reflect on the benefits of physician-assisted death. Many of these same individuals, however, will not choose to end their lives in this manner. They will require considerable supportive care, as they slowly lose their mind. In past work, I have outlined and defended a relational narrative account of personal identity that describes the ways in which persons "are constituted in and through their personal relationships and public interactions." This account of identity as deeply relational permits us to recognize and valorize the social, political and cultural embeddedness and interdependence of persons, and makes transparent the many ways in which past and present, private and public relationships shape a person's identity. Building on this work, I explore my personal journey with my mother, who has been living with, and dying from, Alzheimer's disease for the past decade. In it, I demonstrate the inadequacies of conventional, static and autonomous notions of identity, illustrating instead the way in which identity is fluid, and informed by relationships. Ultimately, this vision of personal identity serves not only to make sense of my mother, as a person who is changing before my eyes, but also to provide a bulwark against the notion of "lost identity," which is typically seen as the hallmark of Alzheimer's disease.

A Psychiatrist's Perspective on the Concepts of Dignity and Identity in the Context of Assisted Dying

Justine Dembo, *Reconnect Integrative Trauma Center, Los Angeles, USA*
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Canada and some U.S. states have recently introduced legislation to permit assisted dying, in specific circumstances. Unlike in parts of Europe, mental illness is listed as an exclusion. I ask why this is the case, and explore the following questions: Is there a valid distinction between mental and physical suffering? Is there such thing as "pure physical illness" and "pure mental illness?" Why do we assume that hopelessness is just a "symptom" of depression rather than a realistic appraisal of one's future in the case of truly refractory depression? What constitutes "dignity" and "loss of dignity" for those with refractory mental illness? How are self and identity altered by mental illness? I posit that often legislators, physicians, and the public show bias in their assessment of psychiatric anguish, and I explore how individuals with truly resistant depression might learn to express their pain in ways that may be more clearly understood by the public. I aim to explore the discrepancies in treatment, including access to assisted dying, of the so-called physically ill versus the so-called mentally ill. Ultimately I argue that there are situations in which individuals with severe, refractory mental illness should be permitted to access aid in dying.

Concepts of Health and the Ethics of Shared Decision Making toward the End of Life

Lauris Christopher Kaldjian, *University of Iowa* (lauris-kaldjian@uiowa.edu)

Shared decision making requires dialogue so patients and clinicians can achieve a shared understanding of medical and/or psychiatric problems and agree on the most appropriate means to remedy them. This understanding must address the dimensions of diagnosis, prognosis, goals of care, interventions, probabilities, burdens, and costs. Each dimension is open to interpretation, assessment, and prioritization, and decisions need to integrate patient preferences (patient autonomy) and the patient's best interests (beneficence). This entails consideration of the ends toward which decision-making is directed, which requires practical wisdom. Ends-based reasoning focuses most immediately on goals of care, but also on the further ends of health and flourishing. Sometimes concepts of health may need to be clarified, especially when "objective" concepts (based on biological and statistical norms) appear to be in tension with "subjective" concepts (based on individual well-being). Contrasting concepts of health may lead to different understandings of healthcare that are also influenced by competing ethical frameworks, creating challenges for the patient-clinician relationship. These challenges are relevant to decision making toward the end of life, as illustrated by sliding thresholds to assess

decision making capacity and by variable beliefs regarding acceptable means for alleviating suffering.

162. Physician-Assisted Death and Euthanasia II

Physician-Assisted Death for Psychological Suffering: Evidence, Criteria and Therapeutic Responsibility

Duff R. Waring, *York University* (dwaring@yorku.ca)

The Canadian Supreme Court's decision in *R. V. Carter* conceivably allows depressed persons to claim that they meet the criteria for physician-assisted dying (PAD). If PAD is not to be a service provided merely on a depressed person's demand, then the eligibility criteria are safeguards that have to be met. Ensuring that safeguards are met is a necessary exercise in verification. If they are not found to be met, then physicians must refuse a person's request for PAD. This presentation will explore the efforts that physician/psychiatrists and depressed persons should make to verify an irremediable medical condition that causes enduring and intolerable suffering. As a symptom of depression, suicidality raises questions of therapeutic responsibility for physician/psychiatrists. I argue that they should avoid an exclusive focus on whether depression is resistant to pharmacological treatments. Persons who refuse antidepressants might accept supportive, exploratory interventions that do not pathologize their reasons for requesting PAD. Psychotherapy and peer-group support might better enable depressed persons to tolerate their suffering. Addressing suicidality as an existential issue might also afford us better evidence as to whether depressed persons are vulnerable, or whether their request for PAD is competent, voluntary, non-ambivalent, and free from coercion or duress.

Physician-Assisted Death in Canada: Implications for Practice, Education and Advocacy

Ben McCutchen, *McMaster University* (ben.mccutchen@medportal.ca)

In February 2015, the Supreme Court of Canada unanimously overturned a ban on physician-assisted suicide, which placed Canada on a short list of countries that allow some form of assisted dying. This presentation will review the terms "euthanasia", "physician-assisted suicide" and "assisted death" as they pertain to patients suffering with mental illness, including their implications, possible stigma, and relation to conceptual models of suicide. The responsibilities of psychiatrists in this matter are multiple and conflicting, as both advocates for suicide prevention and now potentially prescribers of assisted-suicide. This ethical tension is heightened when access to optimal and timely psychiatric care is scarce in particular regions or vulnerable populations, and may obscure the interpretation of patients' suitability for physician-assisted suicide. This presentation will also explore the implications of this new Canadian legislation on

postgraduate medical training and highlight the need for continuing education for physicians and other medical providers involved in this practice.

Physician \-Assisted Death in Canada: The Implications for Mental Health Patients

Brian Furlong, *Homewood Health Centre, Guelph, Canada* (bfurlong@homewoodhealth.com)

Canada has initiated a major social change for the country with the initiation of physician-assisted death. In 2015 the Supreme Court of Canada, utilized the principles contained in our Charter of Rights and Freedoms, providing citizens the right to physician assisted death where a "grievous and irremediable condition" exists. Legislation is currently being drafted by the Canadian Parliament while will provide national laws and policies to implement physician assisted death commencing in June 2016. This presentation will provide an overview of the Canadian legislation for physician assisted death and examine policies, implications and controversies for those suffering from severe mental illness. An examination of the ethical issues involved in applying physician assisted death principles to the vulnerable psychiatric population will be a core aspect of the session. The presentation will also explore issues of capacity, consent and identification of what constitutes a "grievous and irremediable" condition in mental health together with an understanding of the medical, legal and social challenges of implementing physician assisted death in Canadian hospitals.

Assisted Suicide and Euthanasia

Carter Snead, *University of Notre Dame* (osnead@nd.edu)

Arguments supporting and opposing physician assisted suicide and euthanasia have roiled the public square in nations around the world. This presentation will focus on one particularly grave risk of legalizing these practices, namely, the likelihood that the mentally ill will end their lives (or have them terminated by others) on a nonvoluntary or even involuntary basis. The talk will begin by situating the debate over assisted suicide and euthanasia in its Anglo-American cultural, historical, and legal context. It will offer a descriptive taxonomy of the various terms in this domain (e.g., "assisted suicide," "termination of life sustaining measures," "voluntary euthanasia," "non-voluntary euthanasia," and "involuntary euthanasia"). It will briefly note the strongest arguments in favor of assisted suicide and euthanasia, namely, arguments based on (i) autonomy/self-determination and (ii) compassion. The presentation will conclude by showing that present and proposed laws are inadequate to protect the mentally ill from fraud, mistake, abuse, or duress. More deeply, it will be argued that the underlying logic of assisted suicide and euthanasia make such protections impossible in principle.

Solidarity with the Suffering: Why Physicians, as Physicians, Must Oppose Assisted Suicide

Farr Curlin, *Duke University* (farr.curlin@duke.edu)

In the Hippocratic Oath, physicians have for centuries promised, "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." This proscription seems anachronistic to many today, particularly insofar as it seems to rule out physicians cooperating in a patient's suicide—even if the patient, who may be suffering grievously, sincerely asks the physician to help. In this brief paper, I will argue that the refusal to assist in suicide embodies a form of solidarity with those who are sick—and even those who are despairing—that makes the practice of medicine possible. In particular, I will argue that assisting in suicide for those who suffer chronic mental illness only alleviates suffering by getting rid of the sufferer. This contradicts the solidarity with those who are sick and diminished that should universally characterize those who put themselves forward as physicians.

G. Kevin Donovan, *Georgetown University* (donovangk@georgetown.edu) – Discussant

163. Place and Mental Health

Making a Case for the Value of Place and its Relevance to Mental Health Policy

Christy Simpson, *Dalhousie University* (christy.simpson@dal.ca)

Fiona McDonald, *Queensland University of Technology* (fiona.mcdonald@qut.cedu.au)

If we are to provide person-centred care and care that meets the needs of people living in different places, we need to recognize and specifically account for place as one of the many considerations at micro, meso and macro levels of decision-making. In this presentation we argue that there is an ethical value of place and we delineate this value. We then focus specifically on mental health policy, and how the ethical value of place should and could inform the development of mental health policy at the macro level of nations, states, provinces and territories. Much mental health policy deals with place primarily in terms of geography in relation to access and resource limitations. We argue that this is an incomplete account and that the value of place is an important mediating factor in assessing the health care needs of those persons experiencing mental health illness.

Variation in Decision-Making on Involuntary Care in Urban and Rural Settings: Consequence or Response?

William Lahey, *Dalhousie University* (william.lahey@dal.ca)

In 2013, a review of Nova Scotia's Involuntary Psychiatric Treatment Actrevealed considerable variation in how the provisions of the Act were being interpreted and applied in relation to care in hospital and to care in the community, including in the use of community treatment orders. Variation in the availability and accessibility of the broad range of services, supports and life opportunities which can both reduce the incidence of involuntary care and contribute to its success emerged as another of the major themes of the review. Many review participants focused on how both kinds of variation could be reduced or eliminated. But others suggested that differences in the between urban and rural settings of clinical decision-making not only explained but required variation in how legislatively specified criteria for involuntary care should be interpreted and applied. This presentation will explore the issue of how practice variation between rural and urban settings in this field of health care should be viewed: as a consequence of, or as a response to, the differences urban and rural settings.

Community Treatment Orders: Challenges in Rural Settings

Martina Munden, *Nova Scotia Health Authority, Halifax, Canada*
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In the area of mental health, there has been a move from treating mental illness in psychiatric institutions to treating mental illness in psychiatric units within general hospitals, followed by a move to community based-care. Reflecting this shift, Community Treatment Orders (CTOs) have become a part of the continuum of mental health services as these have evolved over time. As such, CTOs have become a legislative mechanism that provides a regime whereby a person with a significant mental illness receives treatment in the community as an alternative to treatment in an institution. The use of CTOs has been controversial, both nationally and internationally. While there are debates on the ethics, constitutionality, political, and legal aspects of using CTOs, the focus of this presentation is to look more closely at some of the empirical questions that have been raised with respect to this form of mental health care. Specifically, the operation of CTO schemes and what, if any, are the differences in experience in rural and urban settings will be the primary focus. This includes consideration of whether the use of CTOs in rural settings raises particular questions of access, fairness and equity and if so, what are the mechanisms available to address these issues.

Developing Health Policies: Valuing Both People and Place

Fiona McDonald, *Queensland University of Technology* (fiona.mcdonald@qut.cedu.au)

Christy Simpson, *Dalhousie University* (christy.simpson@dal.ca)

In a study of persons with dementia, and their carers, Blackstock et al (2006) demonstrate both the opportunities and challenges associated with living with this progressive illness in rural and remote Scotland. Their results suggest that a more nuanced approach to the development of health policy, one that is based on an understanding of the value of place, could result in better care for persons with dementia. This presentation builds on this work by exploring whether, and if so how, ageist and neoliberal perspectives may operate so as to minimize the importance of the value of place when developing health policies. For example, ageist and neoliberal perspectives tend to discount past contributions as a basis for what may be "owed" to others and place limits on the relevance of contextual information about individuals. Taking the value of place seriously provides an important counter-narrative to these perspectives. Accordingly, this presentation will focus on ways in which to develop health policies for dementia care that are both person (patient) and place centred.

Rural Residents with Cognitive Decline: Access to Services, Access to Justice

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Fiona McDonald, *Queensland University of Technology* (fiona.mcdonald@qut.cedu.au)

Rural residents with cognitive decline face numerous challenges when accessing medical and legal services which can compound difficulties with, for example, future planning (advance health directives, enduring powers of attorney and wills) and the management of current needs such as driving and accommodation. Being able to appropriately assess and address current needs and to plan for future needs is essential for people to retain their dignity and independence for as long as possible. Many rural residents have a limited ability to access specialised diagnosis and treatment services that are not available in their communities, or which have long wait times or which, in some cases, are not financially affordable. In addition, many may face, either because of a lack of services or financial constraints, limited access to appropriate legal services. In this paper we explore how these issues impact on rural resident's personal and relational autonomy, well-being, familial relationships and ability to access justice.

164. Police and Mental Health I

Police-Mental Health Crisis Co-Response Teams: Outcomes and Experiences in a Large Urban Centre

Vicky Stergiopoulos, *University of Toronto* (stergiopoulosv@smh.ca)

Toronto's Mobile Crisis Intervention Teams (MCITs), including police officers and mental health nurses working together, act as secondary responders when Toronto Police Service officers attend crisis situations in the community. This presentation will share the findings of a mixed methods program evaluation, including comparison of MCIT process data with administrative databases of police-only responders, and qualitative interviews with service users, program and system stakeholders. Evaluation results suggest that MCITs achieve faster transfers to hospital Emergency Department care, infrequent laying of criminal charges, and generally more positive service user experiences, compared to Police Service only responders. Service users value responders with a supportive and empowering approach, knowledge of mental health challenges and resources, and measured, non-criminalizing responses. Additional attention to training and supervision of responders, and the language and culture of response teams are areas for future growth. Both MCIT responders and Police Service responders identify that lack of accessible, responsive, and high quality community mental health services, and limited information sharing among diverse service providers and sectors, are barriers to crisis prevention, management and recovery from mental health crises.

V-RISK-POL: A Study of Police Officers' Predictive Accuracy Using a Screening Tool for Violence

John Olav Roaldset, *The Norwegian University of Science and Technology* (johnolr@gmail.com)

V-RISK-POL is a 7-item violence risk checklist for use by police. It is based on the "Violence risk checklist-10" (V-RISK-10), which was developed for the screening of risk for violence among emergency psychiatric patients. Police stations and psychiatric emergency units have some characteristics in common; periods with high turnover of clients, high time pressure for evaluation and assessments, and the obligation to receive "clients" 24 hours a day all year round. More comprehensive police instruments have been developed for identification of risk for intimate partner violence, but no shorter screening checklists for general violence exist. An observational prospective study was conducted in a Norwegian police district, with a catchment area of 240,000 inhabitants living in a semirural and small-town area. Violence risk assessed at baseline was compared with convictions for violent crimes during 24-40 months follow-up.During baseline, 118 persons, arrested and suspected of a violent crime, were included. Seventeen persons were convicted for a new violent crime during follow-up, including two for murder and one for arson. The ROC-AUC value of V-RISK-POL for violent convictions was 0.75, p=0.001, and the ROC-AUC of the four dynamic items of the V-RISK-POL was 0.70, p=0.009; a promising result for a police screening tool.

Police/Nurse Mobile Crisis Intervention Teams: Research Informed Implementation of a City-Wide Model

Linda Young, *Michael Garron Hospital, Toronto, Canada* (lyoun@tegh.on.ca)

Mike Federico, *Toronto Police Services, Toronto, Canada* (mike.federico@torontopolice.on.ca)

Kristina Niedra, *Michael Garron Hospital, Toronto, Canada* (knied@tegh.on.ca)

Chris Boddy, *Toronto Police Services, Toronto, Canada* (chris.boddy@torontopolics.on.ca)

Mobile crisis intervention teams based on nurse/police co-responders are becoming a valued component of mental health services for assisting individuals experiencing a mental health crisis. However the development of a unified program to cover 17 police divisions in a large North American city can be a daunting undertaking requiring strong inter-sectoral collaboration and shared leadership. To inform this work, an implementation evaluation using qualitative methods was undertaken to understand the processes of MCIT service delivery, key facilitators and challenges in implementation, and levels of satisfaction among stakeholders. This session will describe the design, development and implementation of the MCIT program for Toronto. Key findings from the implementation study and how these have been used to shape the program will be included. In addition, learnings from a more recent focus on data collection and monitoring processes and associated challenges will also be discussed.

Mental Health and Firefighters

Shannon Wagner, *University of Northern British Columbia* (wagners@unbc.ca)

Workplace mental health has increasingly been a topic of interest for both researchers and practitioners. This interest has been magnified by the workplace traumatic exposure experienced by emergency responders in a global environment increasingly impacted by horrific events. This presentation will review a series of projects considering mental health for firefighters, projects that have taken place over the previous decade and will continue into the future. Our previous results suggest that firefighters are at increased risk for a variety of mental health concerns, including traumatic stress. We have also identified risk and protective factors for this population and are in the hostility process of completing a longitudinal study that will provide evidence of service-related changes, and impacts of increased hostility (e.g., cardiac health, spousal relationships, etc.). This presentation will provide an overview of our past findings and will highlight our upcoming work as well as other areas of proposed future research with this specialized population.

The Use of a Mental Health Screener to Enhance The Ability of Police Officers to Identify Persons with Serious Mental Disorders

Ron Hoffman, *Nipissing University* (ronhoffman@nipissingu.ca)

Daniel Pearson Hirdes, *McMaster University* (danielpearsonhirdes@gmail.com)

Police are often the first point of contact for persons with serious mental health problems. Although police officers may be a helpful source of information during the clinical assessment process, communication between the police and clinicians is often hampered by the lack of a common language in describing the needs of persons with serious mental illness. The interRAI Brief Mental Health Screener (BMHS) was designed as a means to enhance the ability of police officers to identify persons with serious mental disorders. Core items were obtained from an analysis of data obtained from a comprehensive psychiatric assessment system mandated by the health system. Statistical models were developed to predict characteristics of persons most likely to be apprehended by police and those persons most likely to be admitted into hospital care and to estimate costs associated with police encounters. The BMHS enhances the ability of police officers to identify persons with serious mental disorders while providing an evidence-based framework to standardize police officer observations. It supports police officer and ED decision-making and because it is based on health system data and written in health language it has the potential to help synchronize the criminal justice and mental health care systems.

165. Police and Mental Health II: Public Interactions and Personal Resilience

Service-User Led Development, Delivery and Evaluation of a Contact-Based Mental Health Training Program for Police

Sarah Gordon, *University of Otago* (sarah.e.gordon@otago.ac.nz)

Consistent with international trends, New Zealand Police have seen a rapid growth in the number of mental health (IM) and attempted or threatened suicide (1X) events. In response, in 2013 the New Zealand Police established a dedicated team and committed resource to the aim of improving the police response to people with mental distress. This included an overhaul of the existing training programme. In contrast to previous training which had always been delivered by clinicians with a strong biomedical focus (based on symptomatology and diagnoses), the New Zealand Police commissioned the development, delivery and evaluation of a service-user led contact-based mental health training program in the form of 3 half-hour eLearning modules. The focus of these modules is on enabling Police to recognise, engage and respond to people experiencing mental distress in a way that is understanding, communicative, compassionate and respectful in order to facilitate prompt access to appropriate support at a place of comfort and safety in the least restrictive manner. Through this paper we will profile the modules and present the preliminary evaluation data.

Young People's Experience of Mental Health and Well-Being in the Youth Justice System (YJS): A Qualitative Systematic Review and Meta-Ethnography

Melissa Girling, *Newcastle University* (melissa.girling@newcastle.ac.uk)

Research into the early identification and intervention of the mental health of young people who offend is vast, but largely concerned with the incidence and treatment outcomes of young people with mental health problems in secure settings. However, little is understood about how mental health and wellbeing is experienced by young people who offend. A clearer understanding of experiences and trajectories towards offending and what 'vulnerability' means for this group is needed in order to identify problems and formulate more appropriate and timely interventions. This paper reports the findings from a qualitative systematic review and synthesis of studies using an adapted meta-ethnography approach developed by Noblit & Hare (1988). A strategy developed from combinations of key terms representing young people, offending and mental health was applied to PsycINFO; MEDLINE; Web of Science; Sociological Abstracts; Social Service Abstracts; International Bibliography of the Social Sciences and CINHAL databases to identify studies in which qualitative methods were used to understand the experiences of young people (10-18 years old). 14 studies were included in the review. The paper explores themes identified from these studies and uses those themes to inform the development of new insight into how mental health and well-being are experienced by young people who engage in criminal behaviours. The findings from this paper inform a broader innovative UK study of young people in the community who offend to better understand and meet their health and wellbeing needs using an Experience Based Co-Design (EBCD) methodology.

Exploring the Potential of Evidence-Based Use of Force and De-escalation Training as a Strategy for Preventing Operational Stress Injury and PTSD

Judith P. Andersen, *University of Toronto Mississauga* (judith.andersen@uotoronto.ca)

The rates of Operational Stress Injury (OSI) and Post Traumatic Stress Disorder (PTSD) are elevated among first responders when compared to the general population. Longitudinal studies examining the impact of OSI and PTSD indicate concerning physical health problems and reduced quality of life among police officers suffering from these conditions. PTSD and OSI are directly correlated with dysregulated stress response physiology; specifically, maladaptive cardiovascular and stress hormone (e.g., cortisol). An extreme level of psychophysiological arousal during a critical incident places the officer at risk of dissociation and PTSD following the incident. Multiple studies demonstrate maladaptive cortisol and cardiovascular reactivity during use of force (UOF) training and real world critical incidents. Traditional UOF training may not prepare officers to manage extreme physiological arousal – thus putting them at risk of PTSD following UOF encounters. Thus, we hypothesize that resilience interventions targeted to reduce maladaptive psychophysiological responses during use of force training may aid in the prevention of OSI and PTSD. We are currently conducting such resilience training with longitudinal follow up in order to test hypothesis.

Resilience: Understanding from the Inside

Teun-Pieter de Snoo, *Netherlands Police Academy* (teun-pieter.de.snoo@politieacademie.nl)

Goal of this session is to sniffle on some findings from seven years of research on resilience among Dutch police officers, and to start with the inner exploration: 'Resilience? Understanding from the inside'. The Dutch approach is characterized by the focus on craftsmanship. The definition 'Ability to function successfully under challenging circumstances' contains not only the physical and mental aspects of resilience, but also the spiritual or moral aspects. This holistic approach of resilience is the starting point for a journey full of wonder. During this session we will discuss questions like: How are the physical, mental and spiritual aspects of resilience related to each other? How can resilience be applied in terms of practice and education? What makes a group resilient?

Police Changes After Implementation of Online De-escalation Training and the link to our Online Resiliency Training

Yasmeen I. Krameddine, *University of Alberta* (Yasmeen.Krameddine@ualberta.ca)

Almost on a weekly basis, international news features police encounters that end in violence. Unfortunately, many of these incidents involve individuals who are, or appear to be, experiencing mental health concerns. Many police officers feel they lack adequate training to interact with persons who have mental illness, resulting in frequent arrests and use of force. We have developed a 90-minute online program that contributes to filling a large gap in current police training opportunities. It is based on empirical research in police training, conducted over a five-year period. The online version incorporates realistic scenarios with a focus on contributing to more positive outcomes. It uses well-established and innovative methodologies in addition to being affordable, manageable, engaging, and skills based. The online de-escalation training outcomes will be discussed. In addition, if we can prevent negative use-of-force outcomes, we can prevent instances of PTSD in the officer. We have also developed an online police resiliency program, aimed at helping police to thrive in a stressful environment. The creation of our online resiliency program will be discussed, created to address mental health issues in police organizations.

"Attitude is a Little Thing that Makes a Big Difference": Mental Health Training and Police Attitudes toward Persons with Mental Illness

Matt Ireland, *University of New South Wales* (mattgireland@gmail.com)

Mental health training for police in the Australasian region is in its relative infancy. Taking lead from the Crisis Intervention Team model from the United States and adapting it to the very different operational environment in Australia, this training represents an extraordinary shift in the police culture and focus in this area. This presentation will outline the recent history of mental health education for police in the Australasian region and more specifically in the NSW jurisdiction. It will then detail the findings of a study completed as part of a PhD thesis into the area of police attitudes towards people with a mental illness. The effect of mental health training upon these attitudes and their effect over a 12-month period will be outlined. This is one of the largest such studies in this area (approximately 1,200 individual responses), and the only substantial exploration of a CIT training program outside the USA/Canada. Additionally, it is one of the few that examine attitudinal shift longitudinally. Whilst police attitudes prior to training are broadly similar to those of the general community, results provide evidence of significant improvement in police attitudes following training. Interestingly, those attitudes appear to be broadly stable over the 12 months following training, providing support for the notion that a long term change has occurred. The relative benefits and challenges of this training will also be discussed.

166. Police and Mental Health III: Mental Health/Illness Education Initiatives for Police: Successful Cross-Sector Collaboration

Evaluating the Durham Regional Police Service Mental Health Response Unit

Bruce Townley, *Durham Regional Police Service, Whitby, Canada* (btownley@drps.ca)

Darren Nesbitt , *Durham Regional Police Service, Whitby, Canada* (dnesbitt@drps.ca)

In 2008 Durham Regional Police Service (DRPS) created a Mental Health Support Unit in collaboration with community mental health services. Plain-clothes police officers team up with mental health professionals to address the mental health needs of individuals living in the Durham Region in Ontario, Canada. The Durham Region is located within the Greater Toronto Area (GTA) and is home to more than 600,000 people. In 2016, Inspector Bruce Townley requested a review of DRPS' mental health initiatives. This presentation will focus on the findings from this review and the action plan DRPS developed in response to the recommendations.

"Mindsight": Promoting Mental Illness Awareness as a Required Life Skill

Wendy Stanyon, *University of Ontario Institute of Technology* (wendy.stanyon@uoit.ca)

Mental illness is now considered the leading cause of disability in Canada. However, stigma often prevents individuals from seeking help. This presentation will provide a demonstration of Mindsight, an online mental illness awareness resource. Created to reduce stigma by promoting mental illness awareness and facilitating a greater understanding of some of the basic strategies and resources for supporting individuals experiencing a mental health challenge, Mindsight highlights eight common mental illnesses. Each section includes: a brief description of the illness including common signs and symptoms; a video clip of an individual living with the illness; self-help strategies; strategies for assisting a friend, colleague, or family member; possible treatment options; and available community services and support. By answering a series of multiple choice questions based on the information in this educational resource, individuals may apply for a Certificate of Completion from UOIT's Faculty of Health Sciences. To date over 6,000 Certificates have been issued. Mindsight can also be customized; the video clips can be changed to represent individuals within an organization who want to share their own personal experiences living with mental health challenges; and the services and supports can be changed to reflect a particular geographical location.

Addressing Mental Health: The Royal Military College of Canada (RMC) Experience

Daniel Legace-Roy, *Royal Military College of Canada* (Daniel.Lagace-Roy@rmc.ca)

Since its opening in 1870, the Royal Military College of Canada (RMC) has shaped generations of Canadian Officer Cadets (OCdts) who served in the Canadian Armed Forces (CAF) at home and abroad. The main mission of this prestigious institution was to develop young male OCdts intellectually and physically with the skills and competencies required to "lead with distinction" in the CAF. Like other institutions of its kind around the world, RMC has faced over the years changes such as the integration of women in the workplace. In recent years, a challenge began to take more and more importance at this institution, the welfare of its members (officer cadets, professors, and staff) especially concerning mental health. Therefore, the aim of this talk is to present the contribution of RMC in terms of mental health awareness in its institution. The first part will briefly introduce RMC to provide a contextual background to this topic. The second part will elaborate on the challenges RMC faces in terms of mental health. The third part will talk about the work being done at RMC to cope with this issue. Finally, this presentation will address how RMC will deal with mental health in the years to come.

New Police Recruits: Perceptions and Use of Emotional Intelligence

Jennifer Laffier, *University of Ontario Institute of Technology* (jennifer.laffier@uoit.ca)

In this presentation the role and importance of emotional intelligence (EI) in policing will be discussed. EI has been described as more important than IQ and especially important to policing. In order to explore how EI can benefit police officers the author of this paper conducted a study was conducted with 12 new police recruits in Ontario, Canada. A pre-survey was delivered to the new recruits during their initial training in order to evaluate their knowledge and views of EI and in particular on the importance of EI in policing. The new recruits were then interviewed after their police college training and one year after their hire to re-evaluate their views of EI and how they experienced or witnessed EI in the field. The results of these pre and post surveys along with testimonials from interviees will be presented.

Creating an Online Mindfulness Module to Address the UOIT Campus and Broader Community's Desire to Learn More About Mindfulness

Diana Petrarca, *University of Ontario Institute of Technology* (diana.petrarca@uoit.ca)

Bridgette Atkins, *University of Ontario Institute of Technology* (bridgette.atkins@uoit.ca)

Jon Kabat Zinn defines mindfulness as: "Paying attention, on purpose, in the present moment, and non-judgmentally." Mindfulness enables individuals to develop greater awareness of their thoughts and feelings and to recognize thoughts as mental events and not necessarily the reality, which can facilitate their ability to let go and not allow their thoughts to control them. Ultimately, this can lead to individuals recognizing the signs of stress and anxiety earlier and being better able to manage the challenges they will undoubtedly experience in their life. The primary focus of this presentation will be on demonstrating an online mindfulness module created by two University of Ontario Institute of Technology faculty members, and an educational developer from the University's Teaching and Learning Centre, along with multimedia support. This presentation will also include an overview of the key stages in the development process, the challenges experienced and the evaluation component of this project.

Laurie Wells, *Waypoint Centre for Mental Health, Penetanguishere, Canada* (lwells@waypointcentre.ca) - Discussant

167. Prevention of Medical Errors and Malpractice: Is Creating Resiliency in Physicians Part of the Answer?

The State of Medical Malpractice in the United States

Shaun Huband, *Virginia Independent Defense Counsel, Petersburgh, USA*
(Shuband@Pet.IDC.Virgina.gov)

Medical malpractice in the United States includes alleged patient injury related to surgical malpractice, misdiagnosis, robotic surgery malpractice, anesthesia malpractice, medication errors, and hospital malpractice. It is estimated that that 1 in 14 physicians practicing in the United States face malpractice suits each year. In many cases, the alleged injury involved the provision of care by more than one physician and other allied health care professionals. It is further estimated that 210,000 and 400,000 people die each year from hospital related medical error. This presenter will provide a brief overview of medical malpractice law in the United States, describe how medical malpractice law functions, and its relation to Tort Law in the United States. Medical malpractice components including the physician-patient relationship, standard of care, relationship of standard of care provided to the actual alleged injury and, if malpractice is determined, the awards to the injured party will be defined and discussed.

What Do We Know about the Relationship between Physician Errors and Resiliency?

Linda Archer, *Eastern Virginia Medical School* (Archerlr@evms.edu)

Physicians work in a complicated and stressful environment. There is abundant medical literature relating physician burn-out with lowered quality of care, medical errors, medical malpractice suites, lowered patient compliance and satisfaction. It appears that burnout emerges as early as medical school and continues across the trajectory from training to practice. In 2012, Shanafelt reported that 45% of study physicians reported feeling at least one of the three principal symptoms of burnout which include emotional exhaustion, depersonalization, and a reduce sense of personal accomplishment. In a 2010 study involving 7900 physician, Shanafelt and colleagues found that major medical errors were strongly related to physicians' degree of burnout. Stelfox and colleagues (2005) found that physicians with higher patient satisfaction scores had lower malpractice rates than physicians with lower patient satisfaction scores. In addition to the criticality of caring for patients, physicians must engage in lifelong learning strategies to stay abreast of an ever increasing knowledge base and increased skills related to technological innovation. This presentation will review causes and status of physician burnout and the relationship of burnout to patient safety, medical errors, and medical malpractice cases.

National Interest in Physician Resiliency: ACGME

Agatha Parks-Savage, *Eastern Virginia Medical School* (Parksac@evms.edu)

The Accreditation Council for Graduate Medical Education (ACGME) is an organization that establishes standards for graduate medical education residency and fellowship programs in the United States. The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through an accreditation process. In light of a reported national physician burnout rate exceeding 54% and substantial evidence that behaviors indicative of burnout are seen as early as medical school, the ACGME determined that physician well-being should be included in the curriculum and oversight of accredited programs. In 2016, it was announced that the ACGME Clinical Learning Environment Reviews would expand its current focus on Fatigue Management/Mitigation to Resident Wellness. As board certification in medical and surgical specialties requires completion of an ACGME accredited program, the actions by the ACGME will have a substantial effect on the residency and fellowship educational programs and, hopefully, on the wellness of the next generation of physicians.

Assessing Resiliency among Physicians

Elizabeth Wheeler, *Central State Hospital, Petersburg, USA*
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Over the past several decades, the measurement of resiliency, particularly among residents and physicians, has received increasing research attention. Different approaches to measuring resilience across research studies has led to substantial differences in estimates of the prevalence of individuals found resilient across studies. Based on their methodical review of 271 research studies, Windle and colleagues (2011), for example, found 15 widely used measures of resilience among adults. A literature search conducted by Ishak and his colleagues (2009) of studies published between 1974 and 2009 identified 51 studies that examined resiliency and burnout specifically during medical training or among practicing physicians. This latter survey found that the 22 item Maslach Burnout Inventory (MBI) is the most commonly used questionnaire to measure resiliency in these research studies of physicians. The 26 item Resilience Scale is another widely used self-report measure of individual's (including physicians) ability to respond to adversity. The scale reflects five core characteristics of resilience: perseverance, equanimity, meaningfulness, self-reliance and existential aloneness (Wagnild, 2009). This presentation will provide a broad overview of the available scales and measures of resiliency currently available, and discuss the reliability and validity of these scales when applied to physicians.

Helping to Create a More Resilient Physician

Heather Newton, *Eastern Virginia Medical School* (NewtonHL@evms.edu)

Eastern Virginia Medical School sponsors 26 Accreditation Council for Graduate Medical Education (ACGME) residency and fellowship programs which train over 350 residents and

fellows. In recognition of a growing body of literature related to physician burn-out, the ACGME and the American Association of Medical Colleges have increased awareness to the medical community of the need to address stressors which contribute to burnout and the need to address developing resiliency as a critical component of a physician's professional development. In response to this awareness, the Office of Graduate Medical Education developed a Resident Wellness Program (RWP). The development of the RWP included residents and fellows in the identification and implementation of new programs aimed at providing them with opportunities to learn stress reduction skills as well as a social component to assist in the development of social networks. This presenter will describe the components of the RWP and provide data regarding the effects of the program.

168. Prisoner Release I: Findings from Community Supervision Studies

Community Supervision and Mental Health Needs among a Community-Based Sample of Women Who Use Drugs in California, USA

Jennifer Lorvick, *RTI International, San Francisco, USA* (jlorvick@rti.org)

Megan L. Comfort, *RTI International, San Francisco, USA* (mcomfort@rti.org)

Barrot H. Lambdin, *RTI International, San Francisco, USA* (blambdin@rti.org)

Women who use drugs and have criminal justice involvement (CJI) are a vulnerable population. Contact with the criminal justice system could present opportunities for linkage to substance use and other forms of mental health treatment. We examined the interface between mental health needs and community supervision among women who use drugs in Oakland, CA (USA), using cross-sectional quantitative interviews conducted from 2014-2015 with a community-recruited sample of women who used crack/cocaine, heroin or methamphetamine in (N=624). Results suggest that 85% of participants had a history of CJI and half reported having a mental health issue in the past year. Among these, only 42% received treatment. A quarter of women reported being involuntarily hospitalized for psychiatric reasons during their lifetime. Women with a history of community supervision had even more severe mental health needs. Compared to women without community supervision experience, they were more likely to perceive their mental health as 'fair' or 'poor' (61% vs 49%; $p<.01$); more likely to report having a diagnosed mental health condition (51% vs 37%; $p<.01$); and more likely to have an unmet need for mental health care in the past year (55% vs. 38%; $p<.01$). Findings suggest that further efforts are needed to provide women who come into contact with the criminal justice system access to mental health assessments, linkages to treatment, and support for retention in care.

Examining the Interplay between Family, Mental Health and Criminality

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Teresa May, *Harris County CSCD, Houston, USA* (Teresa.may@csc.hctx.net)

As the criminal justice system continues to flesh out the impact of mental health on future recidivism, research has begun to suggest that there may be some protective factors that are associated with lower recidivism rates. Specifically, family and social support can often mitigate the impact that mental illness has on successful engagement in community supervision by assisting in reducing external barriers such as transportation and medicine compliance, and identifying reoccurring symptomology earlier. This paper will explore the impact that a strong family network and social system has on community-supervised individuals identified as mentally ill. A comparison will be drawn between those that have an identified mental illness with those probationers that do not have an identified mental illness to determine any differences as well as to identify treatment targets. The results of this study will provide community supervision departments, as well as agencies serving individuals identified with a mental illness direct practice and policy considerations.

Impact of an Integrated Treatment Model to Treat Mental Health, Substance Abuse and Criminogenic Needs in a Sample of Higher Risk Probationers with Mental Illness

Lori Brusman Lovins, *University of Houston Downtown* (lovinsl@uhd.edu)

In the United States of America, the population of justice-involved individuals with chronic and persistent mental illness continues to grow. The rate of substance use disorders within this population is also high. Evidence suggests that an integrated model is needed to treat individuals with co-occurring mental illness and substance use problems. Research also suggests that for justice-involved individuals with mental illness, targeting mental health alone has limited impact on recidivism. Criminogenic needs must also be addressed to reduce likelihood of recidivism. This paper examines the criminal justice outcomes of probationers who are treated with a treatment model that addresses three key need areas: mental health, substance abuse and criminogenic needs within a residential community corrections environment. Recidivism rates as well as other intermediate measures of effectiveness, such as completion rate, substance use and probation success, will be examined. Results contribute to the literature on effective treatment practices for this growing population in America's prisons, jails and communities.

Findings from a Multisite Randomized Control Trial of the HOPE Probation Model

Pamela K. Lattimore, *RTI International, Research Triangle Park, USA* (lattimore@rti.org)

This presentation will present findings from interview and administrative recidivism data collected in a four-site randomized control trial (RCT) experiment to evaluate the effectiveness of four programs replicating Hawaii's Opportunity Probation with Enforcement (HOPE) program. The model, developed in Hawaii in 2004 for supervising high-risk probationers, emphasizes close monitoring; frequent drug testing; and certain, swift, and consistent sanctioning by HOPE judges. The initial examinations of the Hawaii program suggested that the approach was promising if not yet proven. The goal of the current evaluation is to determine whether the program—now called Honest Opportunity with Enforcement (HOPE)—can be replicated with fidelity on the United States mainland and to determine whether the program results in improvements in appointment compliance, urine test results, rearrest rates, revocations rates, jail days served, and prison days sentenced. The HOPE model, which is being widely replicated in the United States and elsewhere, is now subsumed into a broader category of "Swift, Certain, and Fair" supervision approaches. In 2012, the RCT began random assignment of probationers to either the HOPE program or probation as usual (PAU); enrollment into the DFE concluded in all sites in September 2015, with approximately 1550 study participants.

169. Prisoner Release II: Health and Prisoner Reentry

Stigma and Management among Formerly Incarcerated Women in Recovery for Substance Use

Alana Gunn, *Binghamton University* (agunn@binghamton.edu)

Previous research has found that family and peer support can be critical to overcoming experiences of substance use and/or incarceration, however much less research attention has looked at the ways these relationships impose recovery threats of stigmatization. This grounded theory study explored how women with histories of addiction and incarceration manage stigma. In-depth interviews were conducted with 30 women participating in a residential drug treatment center. The findings from this study extend existing literature indicating that familial and peer relationships can be supportive, however they can also be perceived as imposing not just one but multiple intersecting stigmas. For example, women perceive stigma due to peers' beliefs about what different types of drug use indicate about a woman's ability to meet societal expectations of womanhood. Familial members also communicated stigmas due to the permanence of women's "addict" identity and how their intersecting drug use and incarceration experiences violated norms of motherhood. As a result women employed varying strategies to protect their burgeoning recovery identities. This presentation explores the factors that may contribute to

stigmatization amongst populations who potentially face multiple forms of marginalization from their larger societal contexts as well. Implications for treatment and group work are discussed.

Release is Hazardous to Your Health: Violent Death Rates and Risks for Released Prisoners

Ursula Castellano, *Ohio University* (castella@ohio.edu)

Anna Scheyett, *University of Georgia* (amscheye@mailbox.sc.edu)

Released prisoners face high risk of early mortality. Research on rates of violent deaths in prison releasees exists, however little work has gone into examining their associated contexts and circumstances. In this mixed-methods study, data on inmates released from the North Carolina Division of Adult Corrections (N=5476) matched to the Violent Death Reporting System were analyzed to estimate rates, demographic, and criminal justice–related predictors. Qualitative analyses of medical examiner report summaries and police reports summaries were completed to identify causes and context of violent death. Violent death rates for persons released from prison were more than 7 times higher than for the general adult population. Results from multinomial logistic regression indicated decreased homicide risk with age, whereas male gender and minority race increased risk. For suicide, minority races, release without supervision, and substance abuse treatment in prison decreased fatality risk. By contrast, a history of mental illness increased suicide risk. Findings revealed that homicides (64% of deaths) were associated with violence as a result of argument and with criminal activity. Suicides (30%) were in response to threat of re-incarceration, relationship problems, depression, and situational difficulties. Legal intervention caused 6% of deaths. Implications for practice and research are discussed.

Impact of Health Factors on Mental Health Court Participants Retention and Recidivism

Kathi Trawver, *University of Alaska* (krtrawver@uaa.alaska.edu)

Research has established a link between complex trauma and future criminal offending. Additionally, criminal offenders with complex trauma histories experience higher rates of Posttraumatic Stress Disorder (PTSD) and severity of symptoms when compared to the general population. However, the prevalence of trauma events and the impact on offenders with serious mental illness involved in mental health court (MHC) remain unexplored. This presentation will report the results of research identifying the prevalence and type(s) of adverse childhood experiences and complex trauma, as well as presence and severity of PTSD and co-morbid substance use disorders among a sample of MHC participants. The results of this study informs MHC programs regarding the trauma-related treatment needs of their participants and provides

the rationale for development of more specific and targeted linkage with appropriate trauma-informed treatments, interventions, and supportive services.

Health, Mental Health and Trauma Histories: Similarities and Differences between Veterans and Civilians

Kelli Canada, *University of Missouri* (Canadake@missouri.edu)

Recent reports support the high prevalence of mental health, substance use difficulties, and trauma exposure among justice-involved military veterans in the United States. In fact, the needs among veterans in the criminal justice system are so complex that targeted interventions for veterans have emerged across the criminal justice system including veterans treatment courts and reentry programs for veterans exiting jail and prison. The high rate of mental health and substance use problems is documented among populations involved in the criminal justice system generally, regardless of military involvement. It remains unclear, however, if the justice-involved veteran population is particularly unique in their health and mental health needs. The current study aimed to compare the health, mental health, and trauma histories of three populations: (1) veterans who have been arrested; (2) civilians who have been arrested; and (3) veterans without arrest histories. One-way ANOVA and independent sample t-tests are used to analyze data. Results of the study will inform targeted interventions to prevent military veterans' criminal justice involvement and better serve the needs of justice-involved veterans.

Illness and Turning Points among the Formerly Incarcerated

Stacey Barrenger, *New York University* (stacey.barrenger@nyu.edu)

A diagnosis of a potentially terminal illness has a profound affect on those who receive them. These diagnoses often require that individuals engage in life reappraisal. This life-changing event is the impetus to re-evaluate priorities and have a new focus in day-to-day experiences and goals. However, little is known about how persons with mental illness who are incarcerated receive and interpret serious medical diagnoses and how their experiences affect their future orientation. Combining a narrative analysis and life course framework, this paper seeks to understand how the formerly incarcerated use personal narratives in incorporating a new illness diagnosis within their previous mental illness diagnosis and criminal justice history and how this new diagnosis influences their life course trajectory. Data analyzed are from phenomenological life history interviews with individuals with mental illnesses and incarceration histories. Findings show that personal narratives around new medical diagnoses were linked to individuals' other identities of mental illness and criminal offending. However, positive experiences with medical professionals allowed individuals to experience a non-stigmatized patient identity. This positive identity experience stemming from a serious medical diagnosis became a turning point in

addressing their other stigmatized identities leading to a recovery orientation and desistance from criminal activity.

170. Prisoner Release III: Probation and Mental Health Services

Implementation of Medication Assisted Treatment in a US Drug Treatment Court

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Thomas P. LeBel, *University of Wisconsin-Milwaukee* (lebel@uwm.edu)

Drug treatment courts (DTCs) have rapidly spread throughout the US as a criminal justice intervention designed to reduce the high rates of recidivism among drug-involved non-violent offenders by focusing on treatment instead of punishment. This paper describes the implementation of Medication Assisted Treatment (MAT) in one DTC over a more than three-year period spanning late 2012 to early 2016 in one Midwestern US county. Out of 185 clients self-reporting opioids as their primary drug of choice, 84 received MAT while in the program. We describe the type of MAT received (methadone, Suboxone, Vivitrol, or some combination of the above) while in the program, and the elapsed time after entry to the program before receiving MAT for the first time. Analyses suggested that those receiving MAT were significantly younger, more likely to be white, non-Latino, and more likely to have both a history of IV drug use and overdoses at admission. Findings suggested that although MAT did not result in a greater probability of DTC success, it did appear that receiving methadone and having more shots of Vivitrol were associated with a greater probability of program completion. We discuss qualitative observations regarding MAT implementation and make suggestions for future research.

The Theater and Socio-Emotional Skills

Patrizia Spagnoli, *University of Cassino* (pattispagnoli@alice.it)

The art of theater is becoming an instrument for personal growth: a way to express feelings emotions and sensations that cannot be easily and counsciously expressed through words. This presentation will discuss a work which is both individual and group based, and helps in constructing the “everyone-self”: improving everyone's ability to communicate. This is accomplished through connecting the mind and body in an armonic way, improving relationships with others, and helping to overlook and accept differences. Theatre at least improves all of these abilities and life skills, which are necessary to be involved in personal relationships and to endure the problems, pressures and stresses of everyday life (even for The OMS). When

referencing these abilities, we include: problem solving and creative thinking, decision making, empathy, autocounsciousness, managing stress and emotions, and learning to communicate in an efficient way. The absence of these vital skills could cause negative behaviours expecially in young people.

Improving Reentry for Justice-Involved Individuals with a History of Substance Use

Kevin Knight, *Texas Christian University* (k.knight@tcu.edu)

Left untreated, criminal justice-involved individuals with a history of alcohol and/or substance use pose an austere threat to public health as well as public safety. As a result of continued drug use, the risk of acquiring and spreading infectious diseases (e.g., HIV and Hepatitis C via injection drug use and risky sex practices) and engaging in criminal activity (e.g., theft to support the purchase of drugs) remains high. Particularly among those being released from prison to the community, the need for a comprehensive continuum of services as part of a "seek, test, treat, and retain" strategy is essential. This presentation will highlight research findings supporting the critical need for a coordinated linkage to care that begins prior to and continues after release. The need to include services that address mental health as well as infectious diseases will be highlighted as being essential to an effective reentry approach. The added value of using innovative technological approaches to complement traditional service delivery also will be addressed.

Risk and Protective Factors Associated with Post-Incarceration and Recidivism

Michel A. Philippe, *Veteran Affairs North Texas Healthcare System, Dallas, USA* (Michel.Philippe@va.gov)

The focus of this presentation is to identify the risk and protective factors offenders face upon or after release. Risk factors are identified as elements that could lead to recidivism, and protective factors were identified as elements that could lead to a lifestyle free of criminal activity. This presentation looks into factors from a bio-psychosocial standpoint, addressing dynamics such as developmental history. Developmenal history includes family, academic, and social factors (with an emphasis on gangs, religion, and culture). Legal history includes factors related to an inmate's re-entry to society. Health history looks at medical health and accents, the findings of mental health (with an emphasis on predictive assessments for juvenile and adult off). Although no formal hypothesis is identified, this presentation aims to answer the following question: What dynamics contribute to convicted felons going back to prison and staying away from being imprisoned? Findings categorize a variety of risk and protective factors for juvenile and adult

offenders (some of which were specified by sex) that play in the role in the aforementioned histories. Finally, the discussion section incorporates restriction to services.

171. Prisoner Release IV: Recidivism

The Hoeven Outcome Monitor (HOM): Measuring Recidivism is the First Step Towards a More Evidence Based Medicine in Forensic Mental Health

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To comply with the need for a more evidence based approach in Forensic Mental Health (FMH), an outcome monitor is being developed in a Dutch forensic psychiatric centre, the Hoeven Outcome Monitor (HOM). Conform Evidence Based Medicine (EBM), the HOM is subdivided into three consecutive stages, the (1) evaluation stage, (2) aetiology stage and (3) implementation stage. With the completion of the evaluation stage, a macro-, meso- and micro-outcome measurement instrument conform EBM and best practice guidelines is designed that provides for an empirically sound evaluation framework into treatment effectiveness and an impetus for the development of effective interventions to generate a solid evidence based groundwork in FMH. Five types of recidivism during treatment, after treatment and overall were charted for forensic psychiatric patients discharged from 1999-2008 (N=164). Re-conviction data was obtained from the official Criminal Records System and the mean follow-up time was 116.2 months. The results show that (1) the macro-measurements provide for comparative outcome measures, (2) the meso-measurements for a more complete view into treatment effectiveness in comparison with previous evaluation studies, and (3) the micro-measurements for detailed intervention and effectiveness data to conduct aetiological research into the prediction and control of high-risk re-offending behaviour.

Predicting Violence and Recidivism in a Large Sample of Males on Probation or Parole

Lettie Prell, *Iowa Department of Corrections, Des Moines, USA* (Lettie.Prell@iowa.gov)

This study evaluated the utility items from the Iowa Violence and Victimization Instrument in a sample of 1,961 males from the state of Iowa who were on probation or released from prison to parole supervision. This is the first study to examine the potential of the Iowa Violence and Victimization Instrument to predict criminal offenses in a community-based corrections population; the instrument was originally developed and empirically validated for prison releases. The males were followed for 30-months immediately following their admission to probation or parole. AUC analyses indicated fair to good predictive power for the Iowa Violence

and Victimization Instrument for charges of violence and victimization, but poor predictive power for drug offenses. Notably, both scales of the instrument performed equally well throughout the 30-month follow-up. Items like "security group (gang) membership" and "current age" predicted violence and are relatively straightforward to score. Violence management strategies are discussed as they relate to the current findings.

The Moderating Role of Emotion Regulation in the Relationship between Risk Factors and Recidivism

Julie Wershler, *University of New Brunswick* (julie.wershler@unb.ca)

Protective factors are individual or situational characteristics that reduce risk for future criminal behaviour, theoretically by moderating the relationship between youth risk level and recidivism. One specific factor that has been highlighted as a potential protective factor for justice-involved youth is emotion regulation abilities. However, no studies have specifically examined the moderating role of emotional regulation in a justice-involved youth sample. Thus, the current study will investigate whether emotional reactivity, measured using the Resiliency Scales for Children and Adolescents, exerts a moderating effect on the relationship between youth risk level, assessed using the Youth Level of Service/Case Management Inventory and recidivism in the form of new criminal charges. The sample consists of 150 Atlantic-Canadian justice-involved youth (*M* age= 16 years, 80% male) between the ages of 12 and 18 years who received court-ordered psychological risk assessments. Recidivism data will be collected over a maximum follow-up period of 6 years. This study has implications in regards to better understanding the importance of assessing and targeting emotion regulation abilities in justice-involved youth populations.

Characteristics of Patients with Violent Recidivism in Japanese Forensic Mental Health System

Junko Koike, *International University of Health and Welfare* (koike@iuhw.ac.jp)

Aim: To clarify the characteristics of patients of violent recidivism in Japan, and examine effective support measures. Method: A retrospective study was conducted with patients involuntarily admitted to mental hospitals through the Japanese forensic mental health system over a period of 2 years. Comparison focused on the occurrence of violent recidivism and timing of the occurrence of symptoms, and characteristics were elicited. Result: Participants comprised 163 people, with the most common diagnosis being schizophrenia. The group exhibiting violent recidivism had a high frequency of past stays and involuntary admission in mental hospitals. In terms of life situation, they had meagre work experience, and poor support from family or a key person. The group exhibiting violent recidivism was split into two, with one type having engaged

in violent crime and drug crime before occurrence of symptoms, and the other type showing violent tendencies after occurrence of symptoms. Conclusion: The study suggests that the few linkspatients of violent recidivism have with society and significant others and the difficulties in building treatment relationships have an influence on violent recidivism. In the case of injury to others triggered by the occurrence of symptoms, psychiatric symptoms seem to be serious. Therefore, early identification of psychological changes and early medical intervention is recommended.

Strategic Approaches to Recidivism Reduction

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The justice system does not have any patient placement criteria that serves as guidelines for assigning individuals to programming. This study developed a set of criteria based on using data from over 20,000 individual profiles and exploring the latent class factors that affect client level outcomes. The use of these criteria improves program outcomes by ensuring that the programs address more homogenous client factors. The patient placement criteria incorporates the risk, need, and responsivity criteria as well as factors that affect client stability. In this study, the results from the analysis of client data will be presented, as well as the latent class structures. The class structure identify five programming areas: substance dependence, criminal lifestyle, self-management, interpersonal skills, and life skills. The paper will highlight how correctional and service agencies can use these programming areas to improve client level outcomes.

Program Quality: What are the Implementation Needs of Programs?

Amy Murphy, *George Mason University* (amurph10@gmu.edu)

A major challenge that justice and treatment agencies confront is the implementation of quality programming that addresses the clinical and criminogenic needs of individuals with criminal justice involvement. Through the RNR Simulation Tool, an online survey for treatment providers who work with justice-involved clients, we collected data from over 500 programs that treat or address factors that affect involvement in the justice system. The online survey collects data on and rates the quality of programs in terms of their implementation of evidence-based treatment programming. This presentation will review the findings for programs that address substance abuse, cognitive restructuring, life skills, educational or vocational skills, and social skill development. Findings from the survey reveal challenges in terms of staff training and qualifications, integrating care with the justice system, and failure to adhere to the Risk Principle, as identified by Andrews and Bonta in the Risk-Need-Responsivity framework. The presentation will also address how the survey can be used to develop a plan to improve

programming, both at the program level and the system level. Case studies from three jurisdictions will be presented to illustrate how the survey findings were used to improve the delivery of quality programming.

172. Prisoner Release V: Risk and Reentry in the Context of Institutional and Social Dynamics

The Impact of Mindfulness on Prisoner Reentry

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Carl Fulwiler, *UMass Medical School* (Carl.fulwiler@umassmed.edu)

There is no research to date on how mindfulness practices impact prisoner reentry experiences. Ex-inmates have disproportionate rates of chronic co-morbid mental and physical conditions compared to the general population. Mental health conditions are the most common reason for hospitalization in the 30 days following release, suggesting that the acute stress of re-entry may be a significant factor in the increase in health disparities post-release. Research on mindfulness in trauma-exposed adults suggests that it improves distress tolerance and is associated with improved mental and physical health outcomes. This study presents our preliminary findings after introducing a culturally adapted mindfulness curriculum to ex-inmates coping with reentry in partnership with Span Inc., a program that provides post-release services to approximately 400 ex-inmates annually in the Boston area.

Recidivism Risk in Formerly Incarcerated Persons With Mental Illness

Beth Angell, *Rutgers University* (angell@ssw.rutgers.edu)

Research suggests that people with serious psychiatric disorders who are incarcerated are uniquely at risk for recidivism upon release. An understanding of the factors that contribute to this "revolving prison door" is critically needed. This presentation will review existing studies that have examined reincarceration risk among former prisoners with mental illness and will draw upon qualitative and quantitative data from two reentry studies to examine the role of individual-level risk factors as well as ecological factors (such as social support and social capital) in recidivism risk. Each of the studies focuses on a sample of adults with mental illness leaving prison who are receiving some type of reentry intervention (Forensic Assertive Community Treatment, Critical Time Intervention, or Enhanced Reentry Planning) and provides follow up quantitative data for 9 months post-release as well as qualitative interviews and field observations.

Traumatic Brain Injury and Criminal Recidivism

Bradley Ray, *Indiana University-Purdue University Indianapolis* (bradray@iupui.edu)

Nicholas Richardson, *RTI International, Research Triangle Park, USA* (njrichar@ncsu.edu)

A traumatic brain injury (TBI) is defined as any damage to living brain tissue, caused by an external force, that disrupts normal brain functioning. In the United States, an estimated 1.7 million people sustain a traumatic brain injury each year. While researchers hypothesize an association between TBI and criminal behavior, the literature focuses largely on comparing rates of TBI among offenders to the general incarcerated population; not on the association between TBI and criminal justice outcomes in the community. The present study used the OSU TBI-ID—a structured survey instrument that captures lifetime occurrence of TBI—to screen all male inmates consecutively admitted into Indiana prisons over a one-month period. From this screening, we collected follow-up data on a subset of offenders who were released from prison and returned to the same county to examine recidivism outcomes (N=151). Results indicate that 35.8% of the sample screened positive for a TBI and that, controlling for sociodemographic characteristics and criminal history, those with a TBI were significantly more likely to have been rearrested than those without. While this study finds an association between TBIs and crime, it also highlights that the TBI can be successfully screened in prison so offenders can be diverted into needed treatment.

Forging New Identities in the Process of Desistance

Stacey Barrenger, *New York University* (stacey.barrenger@nyu.edu)

Theories about desistance from crime have rarely been examined for persons with both mental illnesses and criminal histories. This study examined pathways of desistance for individuals with criminal justice and mental health histories who were also working as peer providers. Purposive sampling was used to recruit 13 participants who were graduates of a peer training program, had an Axis I diagnosis, spent at least 6 months incarcerated in jail or prison, and were working as a peer provider. Phenomenological life history interviewswere conducted consisting of 1) a life history interview, 2) a phenomenological interview about their work experiences, and 3) a final interview about the process of desistance with each participant, resulting in 39 interviews. Interviews were transcribed verbatim, entered into HyperResearch qualitative software, and coded thematically using grounded theory and phenomenological techniques. Participating in peer training and working as a peer provider was important for desistance, contributing to a new sense of self and identity. Using past criminal and mental health experiences in their work allowed individuals to recast previous negative experiences as tools for helping others and as something to be valued, resulting in a shift from their past stigmatized identities. Using their criminal and illness narratives in their work allowed individuals to form new identities and reclaim a positive role in society. Providing opportunities for individuals to reframe negative

experiences for those with mental illnesses and criminal justice histories may be a critical part of desistance from criminal activity and should be utilized outside of peer training.

173. Prisoner Release VI: Transitions in Care: Prison Discharge and Discharge from Police Custody

Critical Time Intervention for People With Serious Mental Illness Discharged from Prison: A Randomised Controlled Trial

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Jane Senior, *University of Manchester* (jane.senior@manchester.ac.uk)

People with serious mental illness discharged from prison have poor outcomes. They often do not engage with mental health services and are likely to relapse; they may be re-hospitalised and more likely to re-offend. I will describe the adaptation of Critical time intervention for discharged prisoners and the randomised controlled trial methodology. The intervention is transitional case management, focusing not only on delivering mental health care but ensuring engagement with primary care, substance misuse services and assisting with housing, finance and social networks. The results showed better engagement with mental health services both in the short and medium term.

"Because it isn't Just a Criminal…Saying They Need Help": Participants' and Professionals' Views and Experiences of CTI

Charlotte Lennox, *University of Manchester* (Charlotte.lennox@manchester.ac.uk)

Background: Although still relatively uncommon, qualitative studies are increasingly used to complement RCTs of complex healthcare interventions. Method: Fifteen participants, three CTI Managers and two other health professionals were interviewed. Data were analysed within a qualitative methodological framework using five key stages: Familiarisation, Identifying a thematic framework, Indexing, Charting and Mapping and interpretation. Results: Interviews with participants identified five main themes of: uncertainty, accommodation, support, mental health and medication and stigma. Interviews with staff identified two main themes of liaison and transition. Summary: Participants in the CTI arm reported: reduced anxiety; the value of the CTI manager's role linking with community services and advocacy; emotional support and having someone they knew and trusted; and a continuing increase in self-confidence and self-reliance. Staff reported: information sharing and a lack of suitable housing was a barrier; increasingly limited resources led to raising of thresholds for gaining access; spending more time

with the men established rapport and facilitated engagement; and time-limited nature of CTI was seen as a positive, but needed some flexibility to account for individual need.

Managing the Interface Between Mental Health, Social Care and the Criminal Justice System

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Jenny Shaw, *Manchester University* (jen@jenshaw.net)

Background: Exploration of participants' experiences of continuity of care at transitional points in the criminal justice system. The availability and functionality of social support networks were explored in relation to resources available to support transitions. Method: Forty-two interviews were conducted, with five participant groups; service users, families, mental health and criminal justice staff and commissioners. This was supported by the construction of 11 sociograms for service users, in both arrest (n=5) and remand (n=6) situations. Data was analysed using Constructive Grounded Theory Methods. Results: The over-arching constructed grounded theory was a need to refocus on transitional care rather than discharge planning to optimise continuous care pathways. Service users' social networks are diminished lacking essential support at times of transitions. Associated themes included 'lack of practical assistance', 'lack of crisis support', 'returning to the security of prison' and 'poor transition planning'. Summary: Entry into and release from the police station or prison are particular vulnerable points in offender care pathways. Transitions are problematic in relation to linking offenders with appropriate community-based services, particularly those with compromised social networks. Transitional case management contains all the components of service identified by participants as important to support transitions from short-term custody to the community.

Engager: Developing and Evaluating a Collaborative Care Intervention for Offenders with Common Mental Health Problems, Near to and After Release

Roxanne Todd, *University of Manchester* (Roxanne.todd@manchester.ac.uk)

Prison healthcare has improved in the last decade however mental health care is minimal except for those with the severest problems; care after leaving prison is particularly lacking for those with short sentences. Addressing mental health problems would lead to considerable gains: to the individuals own health; to the wellbeing of their families and communities; along with wider economic and social benefits due to reductions in reoffending. This project will develop and evaluate a complex clinical and organisational intervention for people with mental health problems who are near to release. It will ensure a collaborative approach between health and

criminal justice services. Phase one will see researchers working closely with people who have previously been in prison, the prison service and community care providers, to develop the model for an integrated approach to identify and engage prisoners before release and then set up and deliver care after release. The approach will be tested, and elements of it 'road tested', to ensure the best chance of benefitting prisoners. The second phase will be a randomised control trial. This presentation will cover the findings from Phase 1 of the study and inform of any updates from phase 2.

174. Privacy and Liberty in Mental Health Policy: Electronic GPS Monitoring and Other State Intrusions

An Expressive Theory of Privacy Intrusions

Craig Konnoth, *University of Colorado* (ckonnoth@law.upenn.edu)

Expressive theories of law have fruitfully been applied to numerous legal fields from property and tax to contracts and torts. This Article applies this theory to privacy law for the first time. Much like installing a crèche in the public square or segregating minorities sends a message about the state's attitudes to religion and minorities, state privacy intrusions send negative messages about the victims of the intrusion. They can help reinforce or create anew hierarchies in various contexts and institutions with searchers at the top and the searched at the bottom. Not only do they insult individuals, they can shift norms that affect the respect and social standing of entire groups. The nature of the message depends in part on the intensity of the intrusion and whether the intrusion serves any valid purpose. Individuals observe and internalize these hierarchies, which in turn affect their sense of identity and causes psychological harm. Addressing the phenomenon depends on context, with strategies varying from ending the intrusion to making the intrusion routine or secret.

Electronic GPS Monitoring of Forensic Patients: International Empirical Evidence

Elaine Gibson, *Dalhousie University* (elaine.gibson@dal.ca)

This is one of three papers on the panel jointly addressing the legality and ethics of using GPS bracelets to electronically monitor forensic mental health patients when exercising community leave. Electronic monitoring has recently been utilized as a potential condition for granting community leave in the forensic hospital context in Australia, the UK, the Netherlands and the US. Limited empirical data has been generated, and the use of GPS in this context has been the subject of litigation. In Canada, electronic monitoring has not yet been used in this context. Individuals who have been declared not criminally responsible by reason of mental disorder (NCR) may be detained in a forensic mental health hospital, with the objectives of

protecting the public and promoting mental health and community reintegration. The law relating to NCR dispositions was reformed in 2014, removing the requirement that dispositions and conditions be least restrictive on liberty, to instead require that they be "necessary and appropriate," with public safety being "paramount". The change reflected a "tough-on-crime" agenda, which capitalized on public sentiment concerning NCR accused. This paper introduces the Canadian legal framework for NCR dispositions and the empirical evidence arising from pilot and new electronic monitoring programs internationally.

Electronic Monitoring of Forensic Hospital Patients: Analyzing Deprivation of Liberty in Light of Equality

Sheila Wildeman, *Dalhousie University* (sheila.wildeman@dal.ca)

This is one of three papers on the panel jointly addressing the legality and ethics of using GPS bracelets to electronically monitor forensic mental health patients when exercising community leave. The paper focuses on the importance of attending to the *interaction* of liberty and equality in determining the human rights compliance of such policies. It draws in particular on Canadian case law and commentary relating to ss.7 and 15 of the *Canadian Charter of Rights and Freedoms* – although the argument is also informed by attention to the *Convention on the Rights of Persons with Disabilities*. In sum, the argument is that where those targeted by liberty-restrictive state action are already subject to prejudice and social exclusion (as is the case with forensic mental health patients), this intensifies the impact of the restriction, and moreover, diminishes the rationale for deference to government. This argument informs but does not necessarily resolve the challenges of proportionality analysis in this context, wherein deference to government's risk sensitivity and public safety rationales is in deep tension with concerns to protect the rights of a highly stigmatized and marginalized population.

Electronic GPS Monitoring of Forensic Patients: Reflections on the Case for Government Justification

Constance MacIntosh, *Dalhousie University* (constance.macintosh@dal.ca)

This is one of three papers on the panel jointly addressing the legality and ethics of using GPS bracelets to electronically monitor forensic mental health patients when exercising community leave. This paper acknowledges and engages with government interests. In particular, that government often faces the challenge, in many areas of law and social policy, of needing to make decisions about managing risk in the face of empirical uncertainty. In the context of forensic mental health, this challenge is accompanied by that of dealing with public perceptions and experiences of risk. In the case of both government and the public, risk assessment may be polluted by stereotyping. It may also be influenced by high-profile cases involving persons deemed not criminally responsible for reasons of mental disorder (NCR). Indeed, high profile

cases precipitated the introduction of GPS monitoring, or considerations of using GPS monitoring, in several jurisdictions. The question raised in this paper, which builds on its two companion presentations, is how government justifications for the use of electronic monitoring of forensic hospital patients should be dealt with in law.

Persons with Disabilities Act (PDA): 2016 Amendments

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The highlights of this act are that disabilities have been increased from 7 to 21. Responsibility has been cast upon the appropriate governments to take effective measures to ensure that the persons with disabilities enjoy their rights equally with others. Reservation in vacancies in government establishments has been increased from 3% to 4% for certain persons or class of persons with benchmark disability. It provides for grant of guardianship by District Court under which there will be joint decision – making between the guardian and the persons with disabilities. It provides penalties for violations. This Act dilutes the rights of the persons with disabilities. It denies people with psychosocial disabilities the right to make their own life decisions, by permitting plenary guardianship. The unresolved questions are: How will the interest of the doubly disadvantaged women with disabilities be taken on board? How does the constitutional mandate of life, liberty, mental and bodily integrity become real for persons with intellectual, psychosocial and developmental disabilities? The other necessary ramification of this law is that, for the interpretation of such legislation, persons with disabilities will have to knock at the doors of the judiciary endlessly; a process that is both expensive and enormously time consuming.

175. Psychopathy

Identifying the Prototypical Symptoms of Psychopathy within Adolescent Offenders

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The Comprehensive Assessment of Psychopathic Personality-Institutional Rating Scale (CAPP-IRS) is a relatively new instrument designed to measure adolescent symptoms of psychopathic personality disturbance (PPD). The Canadian-based Incarcerated Serious and Violent Young Offender Study (n = 271) is a longitudinal study and one of the first projects to implement this instrument. Recent findings from this study are discussed, with attention given to (a) the evidence for unique symptom clusters (e.g., subtypes) of PPD, (b) whether CAPP-IRS scores correlate with the Psychopathy Checklist: Youth Version, and (c) whether CAPP-IRS scores are associated with offending outcomes measured in adolescence and adulthood. New findings from

this study are then presented regarding which of the 33 symptoms measured using the CAPP-IRS appear to be most prototypical of PPD, and whether these prototypical symptoms are informative of involvement in crime during adolescence and adulthood. The assessment of psychopathy in adolescence and challenges with the implementation of the CAPP-IRS within institutional settings are discussed.

Hannibal Revisited: Antisocial Personality Disorder versus Psychopathy and Medico-legal Perspectives from South Africa

Philip Stevens, *University of Pretoria* (Philip.stevens@up.ac.za)

William Oosthuizen, *University of Pretoria* (William.Oosthuizen@up.ac.za)

Psychopathy and its relation to criminal behaviour has been the focus of clinical research for many years. Within the context of South African criminal law, the impact of psychopathy on criminal liability has been addressed in numerous decisions with varying outcomes all indicative of the reality that psychopathy will at most serve as a factor in mitigation of sentence, but will not exonerate an accused of criminal responsibility. In this presentation the speakers reflect on the diagnostic entities of psychopathy and antisocial personality disorder against the backdrop of South African criminal law cases in terms of which either of these entities were raised in support of mitigation of sentence and/or as extenuating circumstances. A conceptual analysis of the defence of pathological criminal incapacity and its application within the context of psychopathy and APD will further be provided. Within the South African context the defence of pathological criminal incapacity is embodied and as such defined in Section 78(1) of the Criminal Procedure Act 51 of 1977. In this presentation the authors will reflect on the possibility of raising psychopathy or antisocial personality disorder in support of a defence of pathological criminal incapacity and the various controversial aspects related to it with specific reference to the definition of mental illness provided for in the Mental Health Care Act 17 of 2002. The interface between law and medicine n terms of assessment of psychopathy will, in addition, be a central theme.

The Evolution of Psychopathy

William Richie, *Meharry Medical College* (wrichie@mmc.edu)

Although the evolution of psychopathy as a formal clinical disorder began more than a century ago, it is only recently that scientifically sound psychometric procedures for its assessment have become available. The result has been a sharp increase in theoretically meaningful and replicable research findings, both in applied settings and in the laboratory. The author reviews perspectives on psychopathy utilizing updates on its philosophical opposite, empathy, to distinguish between

the two and to more actively and hopefully accurately identify those biological substrates of psychopathy.

Panteleimon Giannakopoulos, *University Hospitals of Geneva* (Panteleimon.Giannakopoulos@hcuge.ch) – Discussant

176. Psychosocial Problems And Their Legal Consequences

Notes from Psychiatrist's Responsibility Assessment

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Simona Napoletano, *Sapienza Università di Roma* (guido.napoletano@uniroma1.it)

Negligence liability of a psychiatrist is among high-complexity fields, for both the judge and his or her technical consultants. In most instances, is impossible to ascribe with reasonable certainty liability to medical personnel and nursing staff, but often the judges believe that the psychiatrist should stop all the consequences that the potential of causing mental suffering to the patient. In fact, the courts tend to condemn professionals despite the lack of evidence. The examination of the sentences shows that the general rules apply to all cases of professional liability do not fit the characteristics of psychiatry. The authors consider it necessary to reform the matter by providing clear rules of behavior. Failure to comply with these rules should be a penalty for the psichiatra even in the absence of patient suicide.

Information and Communication in Psychiatry

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N. Bosco, *Sapienza Università di Roma* (annarita.bosco@uniroma1.it)

The information in psychiatry is an issue, which still has not clarified many aspects, for example, what information the psychiatrist must provide to get the patient's consent. The situations can be very different because between the absolute inability and normality, there are a number of intermediate degrees, where cognitive deficits and affective alterations may determine the decrease, but not the absence of the capacity. That does not mean you have to give information, but you have to assess in each case whether, how and when to provide it and, above all, find a size appropriate to the individual patient in reference to his situation and to his bio-psycho-social and existential context. In giving the information, the psychiatrist must consider the cognitive and cultural level of the patient, the difficulty of the problem to be addressed, and the patient's emotional state. In other words, it must adapt to its capacity. In this way the doctor moves from impersonal information to an authentic communication. The authors argue the physician should

inform the patient of the features of the proposed treatment, the benefits and side effects, but it must be certain that the patient has understood the information.

Serial Killers: Psychological Assessment from Handwriting

Monica Calderaro, *Sapienza Università di Roma* (monica.calderaro@unitelmasapienza.it)

Following a research undertaken at the Chair of Forensic Psychopathology (Director Prof. V. Mastronardi) of La Sapienza Rome University and in the framework of Psychographology teaching at MS in Criminology, attention focused on research about the psychographological assessment on Serial Killer (subject on this article), Sex Offenders, Classic Mass Murder, Family Mass Murder, Maternal Filicides and other criminal phenomenology with the aim of pointing out features and handwriting indexes, wherever they exist, comparable to various people liable for the same type of crime and then possible distinctive marks to highlight. Moving forward with the graphological comparison, particular aspects have been observed, albeit among distinct personality types, such as marks leading to aggression, a hallmark, among all, of Serial Killers. Considering the Psychographology is an effective indicator of personality structure and therefore is a suitable instrument for uncovering the deepest dynamics of the person, both at intrapsychic and interpersonal level, free of any diagnostic hyphothesis, the handwriting can be regarded as graphics impression of "individual psychism" and the reliability degree is about 80%, being also not possible to simulate or disguise as a result of particular factors. The research on Serial Killers has been leading to tangible manifestation of aggressive requests, important problems connected with the sexual sphere as well as a narcissistic feature particularly marked.

Psychosocial Examination and Social Dangers: Psycho-graphology and Social Dangerousness Expressed and Detectable from Handwriting

Massimo Alessandro, *Medico U.O.M.L ASL Avellino* (alessandromassimo@yahoo.it)

The subject of the report will be to discuss the contribution that the modern psychographology, aided also by the recent computing technologies, can give to the concept of the new social dangerousness of the author of the crime. This will be a dissertation on topics in the light of recent judgments of the Constitutional Court, which are waiting to be transposed by the criminal codes and the Italian Penitentiary. We will talk about R.E.M.S., new social dangerousness, alternative measures to prison, imputability, assessment of the psychiatric risk and clinical management integrated with the services of the UEPE (offices for external criminal enforcement). Many virtuous regions in Italy are organized for this change, many other less. We will make the point about the application of the judgment n.186/2015 of the Constitutional Court and the law n.81/2014. It won't be miss an introduction on the methodology that we use in the

drafting of the psychiatric examination on the theme of imputability which considered the anthropophenomenology tradition applied to criminal sciences as well as the presentation of some cases of "dangerous Scriptures". The purpose of the presentation is to emphasize how the graphological investigation should always be present during the diagnostic clinical stage of the subject author of crime. It is our belief that it remains a cornerstone in supporting the psychological testing but also the clinic itself for the purposes of a better accuracy and methodological reliability. In our opinion, the writing is a great marker for the purposes of the evaluation of the prison path undertaken, the evolution of the intrapsychic remuneration and the connected social recovery.

177. Psychotropic Prescribing Practices: Issues of Law, Science and Ethics

Traditional Diagnostic Approach and Treatment-Planning in Psychiatry

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There has been much research advancement in healthcare; one area in particular is evidence-based medicine. Although other disciplines have successfully established evidence-based practice guidelines, psychiatry unfortunately is lagging behind. Due to a continuing lack of valid objective diagnostic tests, clinical psychiatry still relies on a phenomenological approach, and diagnosis remains a syndromal effort. Systems of diagnosis vary in different parts of the world; however, all systems emphasize diligence and rigor in the identification of signs and symptoms. Traditional teaching has emphasized the importance of such assessment as a prelude to treatment, and current professional bodies continue to emphasize the necessity of accurate assessments prior to treatment. Since practitioners vary widely in their assessments, treatment planning can also be very disparate. Although evidence-based practice is emphasized by professional organizations and regulatory bodies, practitioners are not always abreast of contemporary research. This session will outline the traditional approaches to diagnosis, treatment-planning, and psychotropic prescribing.

Legal, Economic and Other Influences on Psychiatric Treatment

Julian Gojer, *Consulting Forensic Psychiatrist* (juliangojer@gmail.com)

Contemporary Medicine is heavily influenced by legal and economic factors. Reports of lawsuits and settlements involving pharmaceutical companies are not infrequent, especially in psychiatry. Courts have established the ‘standard of care’, but the definition can vary widely by jurisdiction; the concept remains nebulous and elusive in its legal application. Departures from this

"standard" tend to be the center of most malpractice lawsuits; unfortunately, such departures can result from either poorer care or better care, compared to the majority. Testimony from "experts" is often unquestioningly accepted, and the emphasis on credibility (rather than accuracy) of testimony can undermine the validity of judicial proceedings. Few researchers also practice clinically, and there remains a vast divide between research and routine practice. There is no uniform system that can identify unsafe prescribing, and the widespread acceptance of "off-label prescribing" compounds the issue. This session will try to explore these issues in more detail.

Ethical Considerations in Psychotropic Prescribing

Nandini Narayan, *Pediatrician and Medical Consultant, Sacramento, USA*
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Unconventional (including off-label) use of medications, also referred to as runaway prescribing, has received significant media coverage in the recent past. Tumultuous outcry from concerned members of the lay public, advocacy groups, lawyers, and ethicists resulted from concerns about improper use of psychotropic medications in older and cognitively impaired adults. A recent series of articles in a major newspaper in California highlighted how the same issue had extended to include another vulnerable segment of the population: residents of youth foster homes. In this session, observed trends in off-label use of psychotropic medications will be shared; clinical and ethical issues will be presented along with an analysis of contributing factors. As public outcry forces political attention towards the issue of clinically unjustifiable use of psychotropic medications in minors, the expanded role of legislators, regulators, and pharmaceutical research in offering lasting solutions to the problem will be highlighted.

So Much for Prescribing Problems! Possible Solutions for the Future?

Pratap Narayan, *Consulting Forensic Psychiatrist, Sacramento, USA* (pratbs@hotmail.com)

'Choosing Wisely' is a collaborative movement that began in the USA in 2013 to address the enormous problem of healthcare wasteful spending; unfortunately, national professional psychiatric organizations have contributed little. Although many individual professionals have continued to try and bring attention to the enormous problems of excessive and unnecessary prescribing, the major professional organizations have been slow to address this issue. Recent developments in Europe (e.g. Nordic Cochrane Foundation, 'More Harm Than Good', etc) have provided significant support to this cause, but have faced many critics. What Does the Future Hold for Global Psychiatry? By now, there should be no doubt that many things may need to change in psychiatry globally – clinical, educational, legal and regulatory – starting with prescribing. The speaker will conclude this symposium with a summary of the issues, and some suggestions for the future. Hopefully, this will serve to continue to bring much-needed attention to these issues.

178. Psychosocial Characteristics of Random Crime

Identification of Random Violence Criminals' Psychological Characteristics Through Criminals with Similar Properties

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Random crime is considered to be the most difficult crime to prevent because of its 'randomness' in the selection of target. However, prevention of random crime may be possible if its psychological characteristics are evaluated. To target this limitation, crime properties were studied by analyzing crime investigation record of random criminals. Questionnaire was distributed to a group that represented random criminals. First, they were divided into Non-Acquaintance Criminal; NAC (n=128) and Acquaintance Criminal; AC(n=47) based on their properties(non-acquaintance crime) and, compared NAC to AC using independent sample t-test. The result was that NAC showed significantly low self-esteem, satisfaction with life, and interpersonal ability; however, significantly high anger rumination and revenge plane. Second, same group was divided into Non-Acquaintance Violence Criminal; NAVC (n=46) and Acquaintance Violence Criminal; AVC(n=22) based on their properties(non-acquaintance and violence crime). NAVC and AVC difference was analyzed using independent sample t-test. The result was that NAVC showed significantly low interpersonal ability, but significantly high revenge plane. This study, to supplements the limitation of small sample size, was conducted in a larger sample that shared similar characteristics with random violence criminals, which may provide a basement for discrimination and prevention of random criminals by investigating their psychological characteristics.

Differentiation of Psychological Multidimensional Characteristics Between Random and Nonrandom Violence Criminals

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Random crime is defined as an act of violence against strangers without distinctive motives. In contrast, nonrandom violence such as a crime of passion is defined as a sudden rush of anger toward someone with acquaintance. Discrimination of Psychosocial characteristics between random violence criminals and nonrandom violence criminals may help in better understanding the trigger of their act which may play an important role in preventing them. Therefore, investigation records of 43 random crimes and 37 nonrandom crimes, provided by the department of crime scene investigation, were thoroughly analyzed in our study to differentiate crucial characteristics of the two types using chi-square test and n-1 calculation in order to

supplement small sample size. The result showed that random violence criminals showed significant differences in the domain of cognition, personality, environment and emotion. Random criminals showed significantly higher prevalence in obscurity of selection in their target, negative perception of selves, and dissatisfaction levels of their lives and socio-economic status, displaced aggression, inhibition of anger, hostility, and interpersonal problem. This study suggests distinctive characteristics shown among random and nonrandom violence criminals; therefore, it may be applied in the future studies for better understanding and discriminating of the two.

Exploring the Types of Random Crime by Using the Multidimensional Scaling

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Random crime is defined as physical attack toward innocent people. The reason of committing random crime varies, therefore specializing subtypes of random crime by the reasons is efficient way to understand random crime. The present study was conducted to identify the subtypes of random crime. We distributed 200 questionnaires to criminals in Seoul Nambu Prison and analyzed 46 un-acquaintance violence criminals without psychosis. Questionnaire was comprised including Domains for Self-esteem Appraisal Scale for Koreans, Empathy Quotient, State-Trait Anxiety Inventory, Anger-Out/Anger-In Attitude Scale, Displaced Aggression Questionnaire, Satisfaction with the Life Scale, General Attitude and Belief Scale, Psychopathy Checklist-Revised, Social Information Processing-Attribution Emotion Questionnaire, UPPS Impulsive Behavior Scale, Buss-Durkee Hostility Inventory based on previous researches and police reports. We analyzed similarities and dissimilarities of scale scores by using Multidimensional Scaling and found 2 subtypes of random crime. The first type showed low self-esteem and dissatisfaction with life, Dissatisfaction type. The second type showed high-displaced aggression, high anger-in, high anger-out, hostility, low general attitude and belief, Displaced Revenge type. Our finding can offer a basement for specified researches about subtypes of random crime, which may contribute to its predictions and coping plan.

Development of Korean Checklist for Random Crime High-Risk individuals

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Screening random criminal from normal criminal and distinguishing their subtype in advance is beneficial as it will significantly reduce crime rate and alleviate social fear. For this purpose, the current study sought to develop the checklist for random crime high risk individuals and to classify their subtypes using integrated approach: results from criminal report, questionnaire, and interview. Based on 3 subtypes (Psychotic, Disgruntled, and Displaced), checklist is constructed with 40 items that are divided into 6 categories: case information (random target, planned crime, prepared weapon, accidental attempt, crime on the street, rear attack, attempted theft, crime after drinking, intoxicated crime), perpetrator information (inoccupation, spouse absence, nondrinking tendency, drinking problem, criminal record, adolescence delinquency, history of mental illness, medication history, delusion, economic difficulty, problem with parents), cognitive domain(punitive thinking, irrational belief, social ability dissatisfaction, life dissatisfaction, subjective experience of failure, paranoid thinking, catastrophic thinking, hostile thinking), affective domain(hostility, sensitivity, anger inhibition, state anxiety, lack of guilt), behavioral domain(displaced attack, anger display), and interpersonal domain(social isolation, lack of social support, interpersonal anxiety, interpersonal avoidance). The checklist was developed to be a brief and easy-to use tool, intended to facilitate general exploration for police officers to identify random crime high-risk individuals and to facilitate response system for the subtype of them.

179. Race, Socioeconomics and their Implications for Mental Health I

The Expressive Power of Bankruptcy

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Why do people file for bankruptcy? Most people report trying for years to pay back their debts, in part because of the shame and stigma associated with over-indebtedness and bankruptcy, and in part because they want to pay as much of their debt as possible. Indeed, over-indebtedness is experienced as a distinct social class, and a class markedly lower than the middle class to which most people who file bankruptcy once belonged. Given this, might there be a previously unexplored aspect to people's decisions to use the bankruptcy system? At the same time as they seek to free themselves from crushing debts, are people making a public statement about their value as members of society? Relying on my interviews with pastors who elected to put their churches in bankruptcy as a case study, this paper theorizes that filing for bankruptcy is an expressive, symbolic act through which people attempt to re-assert their lost social standing. Importantly, this theory may explain why consumer bankruptcy filings largely are a middle class phenomenon, even when it makes little economic sense for many debtors to file, and complementarily, why individuals from lower socio-economic classes do not file despite being in similar financial circumstances.

Power, Equality and Carework

Lorna A. Turnbull, *University of Manitoba* (lorna.turnbull@umanitoba.ca)

This presentation calls into question the privileging of market work in social policy and the legal regulation of income supports as they affect mothers, and examines the impact on the members of our society who provide the vast majority of unpaid carework, and in particular motherwork. The paper looks at several sites of care, including privatized mothering, paid childcare, mothering while engaged in paid work, respite care for families with children with complex care needs, and the socialized care of the child welfare system to ask the questions about when and where carework is valued and not valued. The presentation then considers the mental health and economic impacts of valuing carework and the consequences for women, concurrent to providing care and in later life. Finally, possible policy and legal options that would permit women to adequately provide care for their children and other dependents while living full and purposeful lives are considered, as a requirement of Canada's constitutional principle of equality and of its obligation under international law.

Working with Service Users to Co-Produce a Training Package for Professionals on Medication Adherence

Iris Gault, *Kingston University* (i.gault@sgul.kingston.ac.uk)

Usage of the British Mental health Act (1983) (both hospital detention and supervised community treatment) continues to rise year on year (Health and Social Care Information Centre, 2015). The demographic groups most likely to be represented in compulsory treatment continue to be from Black and Asian backgrounds at 56.9% and 50% respectively. This project describes Phase 2 of a 3 stage study and builds on phase 1 that focused on analysis of case studies involving Black, Asian and minority ethnic (BAME) service users, carers; lay and professional with experience of medication adherence issues. Findings from Phase 1 were analyzed, using a staged, qualitative coding approach (adapted from grounded theory) by a group comprised of professionals and service users (SUs). Emerging themes indicate that professional communication, including SUs as part of the team and understanding the role of family are important. Phase 2 then conducted a consensus workshop by a research team comprising professionals and service users to co-produce the main factors considered influential to enable professionals to work more effectively with service users and families in optimizing medication adherence. The outcome is a co-produced educational workbook for practitioners. Further work pilots and evaluates the educational intervention with practitioners.

Implementation and Evaluation of an Educational Intervention within Community Mental Health Teams to Promote Medicines Optimization with Service Users from Black and Minority Ethnic Communities

Julia Pelle, *UNITEC Institute of Technology* (jpelle@unitec.ac.nz)

Studies suggest that better medication adherence outcomes are possible where service users (SU) feel involved in decision making about their treatment. The Royal Pharmaceutical Society (2013**)** suggests making medication optimization part of routine clinical practice. Black and Asian minority ethnic (BAME) service users receive more compulsory medication than other groups. This study describes implementation and evaluation of a co-produced educational intervention for mental health professionals. This is part of a 3 stage project that 1. Conducted qualitative interviews with BAME SUs, carers and professionals and 2. Co-produced (professionals and service users) a training workbook for professionals. Initial findings supported the need for SU and carer involvement in decisions about medication, enhancing professional communication and better understanding of families. A professional and one SU deliver the educational intervention to a community mental health team. Professional attitudes are evaluated pre and post intervention using the validated *Leeds Attitude Towards Concordance Scale* and professionals will use the workbook in their practice. BAME service users and carers (from Phase 1) will complete two short validated questionnaires: the *Drug Attitude Inventory* and the modified *Morisky 8-item Medication Taking Adherence Scale*.

180. Race, Socioeconomics and their Implications for Mental Health II

Social Inequalities and 'Stress': How Epigenetics Can Transform Discrimination Laws

Isabel Karpin, *University of Technology Sydney* (Isabel.karpin@uts.edu.au)

Karen O'Connell, *University of Technology Sydney* (Karen.oconnell@uts.edu.au)

Social inequalities are smuggled into medical explanations of disability, allowing unacknowledged racialized and gendered assumptions to skew our understandings of what it means to be a person with disability. Epigenetic harms, produced by exposure to stress and environmental shocks, can, it is argued, turn certain genes on and off. Recent literature on epigenetics highlights the view that these stresses can be traced to underlying, and unequal, social relations. Niewohner (2011, 281) argues that the prevailing "molecularised" concept of stress is problematic as stress has a complicated genealogy. We suggest that stress is also an embedded legal concept, registering the harm that follows negligent or other unlawful shocks as remediable. We examine the concept of stress in discrimination law, which is directed at redressing social inequalities. While socially disadvantaged groups have consistently described the stress of unequal treatment as pervasive, we show that law also "molecularises" this inequality into isolated incidents of discrimination. Epigenetics provides an account of social inequality that gives scientific weight to first-person narratives of the bodily and systemic harms caused by discrimination. In critiquing the molecular approach, we argue for more complex, and just, legal concepts of stress and discrimination.

A Critical Race Theoretical Exploration of Contemporary Correctional Drug Treatment Rhetoric

Erin M. Kerrison, *University of California, Berkeley* (kerrison@berkeley.edu)

Group-based cognitive-behavioral therapy (CBT) is a widely used substance abuse rehabilitation modality throughout prisons in United States. Its principal goal is to provide a protected space where substance-abusing inmates can confront their "diseased" selves. Proponents believe that drug abuse is a disorder of the whole person, and that addiction is a *symptom* rather than the essence of the disorder. Despite the fact that the cultural relevance of CBT across racial and ethnic groups has been long debated, the gulf between the CBT operational mechanisms and the needs and post-release outcomes of nonwhite, non-male CBT participants have not yet been addressed. This presentation examines interview narratives from a mixed-race sample of approximately 300 drug-involved former prisoners, and focuses on (1) how respondents conceive of their addiction and the extent to which race modifies ownership of an assigned medicalized deviant status, and (2) the extent to which participants see this programming rhetoric as an extension of the state's investment in their well-being. Theoretical and policy implications for the state's role in mental health treatment are discussed.

Who's Counting? Disentangling Disability Prevalence Estimation under the CRPD from the Expansionist Ambitions of Global Pharma

Sheila Wildeman, *Dalhousie University* (sheila.wildeman@dal.ca)

Article 31 of the *Convention on the Rights of Persons with Disabilities* [CRPD] requires States Parties to engage in collection, disaggregation and dissemination of statistical and research data on disability prevalence. This work is essential to monitoring and improving state compliance with substantive CRPD rights. However, I argue, where psychosocial disability is concerned, the work of disability prevalence estimation risks contributing less to the fundamental emancipatory and redistributive aspirations of the CRPD than to the expansionist ambitions of biomedical psychiatry and global Pharma. This concern is not wholly answered by reference to the ascendance of the ICF as the contemporary prevalence estimation tool of choice. If the risk asserted is indeed a risk, how might it be mitigated? This is one of a set of concerns arising at the nexus of international human rights, expert-led initiatives for Global Mental Health, and the identity politics of mental health / psychosocial disability.

Cultural Difference and End-of-Life Care Planning: A Retrospective Study of Hospitalized Patients

Karen Bullock, *North Carolina State University* (kbulloc2@ncsu.edu)

Mental health providers, such as social workers, are often faced with addressing issues of advance care planning with patients and family members. The United States, hospitals receiving federal funding are required to inform patients of their right to refuse medical treatment and to ask if they wish to complete an advance directive. Providers are often faced with addressing issues related to legal aspects of withholding and withdrawing life-prolonging interventions with patients and family members. While previous research has documented that many people wish to forgo aggressive measures such as cardiopulmonary resuscitation (CPR), ventilator support or other types of therapies, racial and cultural differences exist. Methods: Retrospective chart review of 361 older adult patients was completed and follows up with family members. Findings: Significant racial differences in end-of-life care preferences were found. Conclusion: Awareness of differences can help to improve interaction of law and mental health through interdisciplinary approaches to care.

Troubling Law's Indefinite Detention: Disability and the Carceral Body

Linda Steele, *University of Technology Sydney* (linda.steele@uts.edu.au)

Through a case study of the institutional life course of one Indigenous Australian woman with disability I demonstrate that across multiple jurisdictions, legal orders and material spaces and modes law provides for the heightened confinement of, intervention in and regulation of bodies on the basis of their designation as disabled. In being designated as disabled, bodies are positioned as necessarily and legitimately subject to control in a way paradigmatic of Foucault's argument of the policed subject such that the disabled body is a carceral site. In a context where disability, Indigeneity, gender and class are not discrete categories but exist co-relationally in settler-colonial projects, law's designation of Indigenous bodies as disabled builds upon and masks settler colonialism's violence against Indigenous Australians with disability. The ongoing, persistent and multifarious nature of the control of material bodies designated as disabled exceeds conventional liberal legal understandings of indefinite detention which are linked to the legal indeterminacy of one legally ordered period of confinement in a closed environment. An analysis of how law orders, constructs and legitimates disability incarceration troubles present understandings of indefinite detention and illuminates the limited notions of (in)justice that these understandings allow.

Roxanne Mykitiuk, *Osgoode Hall York University* (mykitiuk@osgoode.yorku.ca) – Discussant

181. Rebuilding Lives after Disasters: Mental Health Issues, Policy Directives and Complexity of Humanitarian Action

Golam Mathbor, *Monmouth University,* (gmathbor@monmouth.edu) - Chair

Global warming and other environmental destructions are causing more disasters throughout the planet. Disasters result in devastating human, economic, and environmental effects. This panel will take a comparative look at how different countries are responding to the needs of affected people and devastated communities. Although the countries vary in their responses to mitigate the consequences of disasters as a result of extreme weather, similarities can be found dealing with the aftermath of disasters. One major commonality found is the human response to facing the same issues in disaster relief and management. How a community has handled disasters in the past, as well as the humanitarian action, are key issues. The panelists will draw on examples from different countries to illustrate the vulnerability of particular communities and possible responses to human caused and natural disasters. Finally, the panel will specifically emphasize on the Service Provider's role in humanitarian action in conjunction with disaster management strategies that necessitate during the preparedness, relief, and recovery stages.

Rebuilding Lives in Tsunami-affected Areas in Japan: Achievements and Challenges Through Past Lessons

Chiharu Nishigaki, *Kobe Gakuin University* (nishigak@reha.kobegakuin.ac.jp)

In March 2011, a huge Tsunami flooded the Tohoku area (the northeast of Japan) after a big earthquake. Consequently, the area had suffered enormous damage (dead 19418, missing 2592, houses completely destroyed 121809). In 1995, there had been another massive earthquake (dead 6432) in Hyogo prefecture. The affected areas of Tohoku in 2011 were benefitted by the past learnings and experiences of the Hyogo earthquake which occurred in 1995. At the early stage, the lessons learned from the Hyogo earthquake were implemented by creating emergency shelters, temporary housing, and the systems to accept local volunteers were designed. Some lessons have been utilized for the process of rebuilding lives but there are still many challenges to make them effective. In this session, the achievements and the remaining challenges through the past lessons will be summarized and presented including the results of a survey conducted in the region involving the residents of reconstructed houses after the earthquake of 1995 that devastated Hyogo region of Japan.

Using Scenario-Based Role Plays in Teaching Disaster Management

Sajida Naz, *Fatima Jinnah Women University* (dr.sajida@fjwu.edu.pk)

Enhancing resilience is vital in rebuilding lives post disaster. Resilience has both an individual and collective dimension, and individuals respond to, and recover from, disasters within and environmental and social context. Teaching disaster management prompts resilience which is vital in order to empower students with the critical knowledge and skills which is required to be prepared for any adverse situation when a disaster strikes. It is important to enhance resilience during disasters. Such practices can promote better mechanisms for coping. Additionally, it helps create awareness among students directly; and their families and other community members can be outreached indirectly. As effective strategies, role plays and scenarios can be introduced for teaching emergency management and planning. This presentation discusses the types of exercises and role plays that can be used to enhance cognitive mapping, time management, decision-making, and coping mechanisms under stressful situations. These creative methodologies can be used in various settings and are most effective when teaching practical skills rather than theory.

Complexities of International Psychosocial Interventions

Jennifer Bourassa, *BC Operational Stress Injury Clinic, Vancouver, Canada*
(Jennifer.bourassa@vch.ca)

People who have been involved either in a disaster or in disaster management are essential to any discussion on how better to address disasters. This presentation will focus on the significance of aid organizations establishing a partnership with impacted communities in order to generate more sustainable and culturally relevant outcomes as well as some complexities commonly experienced by psychosocial workers when engaged in international disaster response work. With the guidance of several missions (including Nepal, Haiti, Indonesia, etc.), this presentation will discuss the relevance of employing participatory approaches and empowerment strategies to ensure anti-oppressive practices are being utilized even in the most challenging of environments. It will touch on how this approach could enhance the current movement of the disaster management organizations (United Nations, national governments, intergovernmental organizations, international non-governmental agencies, and civil society organizations) in facilitating communities to become active partners in all response phases. The overall effect of this approach will influence communities' sense of agency and well-being.

Supporting Stress Relief by Providing Proper Food Supplies after Disasters

Hitomi Takeichi, *Asian Nutrition and Food Culture Research Center, Tokyo, Japan*
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At the occurrence of a disaster it is difficult to control our mind and body because of the unexpected stress that comes with this event. In the chaotic circumstances it is difficult to eat properly. As the result we do that perfunctorily. We lose our appetite occasionally in the highly nervous situation; meanwhile, people grow weak slowly or gain weight because of the stress. In a management cycle of disaster, the living environment changes. Through the reflection on the experience of Great Hanshin-Awaji Earthquake, this presentation evaluates and considers how to send relief food and what kind of preparation is useful for stress management. Ordinary food supply has a role more if the system goes on smoothly. In addition, eating together with family or neighbors works to restore daily routines. Food is not only nutritious but also comforts leading the energy for ease.

182. Recidivism and Diversion

Financial Health and Mental Health: Making the Connections

Annie Harper, *Yale School of Medicine* (annie.harper@yale.edu)

There is a strong relationship between financial hardship and mental illness. Currently, little support is available to help these people with their financial problems, other than mechanisms that assign control of their finances to others, such as conservators or representative payees (in the US). While useful for some, many people do not need such intensive support and the removal of control of finances in many ways counters recovery-oriented care principles. People with mental illness who are re-entering the community after incarceration face particular financial difficulties, such as employment barriers, outstanding child support, and court supervision or victim restitution fees. Little is known about this group's financial lives, and even less is known about their interaction with financial service providers. There is often an assumption that these people's financial problems are caused by their symptoms or criminal tendencies, with little attention paid to the environmental factors resulting in those financial difficulties. This presentation will discuss the initial findings from efforts to develop an intervention specifically aimed at supporting people with mental illness re-entering the community after incarceration, building on lessons learned from a financial health project targeting low-income people with mental illness in the same community.

Behavioral Health, Service Need and Receipt and Arrest among Homeless and Unstably Housed Individuals

James Trudeau, *RTI International* (trudeau@rti.org)

The U.S. Substance Abuse and Mental Health Services Administration funds Homeless Services grantees to expand and strengthen treatment to homeless or unstably housed individuals with substance use, mental health, and co-occurring disorders, and to link treatment services with

housing. Program goals are increased mental health and housing stability and decreased substance abuse and homelessness. Many program clients have a history of criminal justice involvement (arrest, incarceration), often related to their behavioral health status and housing instability. Results will be presented from analysis of thousands of client interviews conducted in 120 sites, supplemented with information on programs and services. Analyses include (1) associations among substance use, mental health status, housing status, and arrest, and changes from program entry to 6-month follow-up; (2) need for and receipt of various treatment and wraparound services, and associations with arrest; (3) associations between client arrest and grantee use of permanent supportive housing and other evidence-based practices; and (4) differences in associations in different programmatic and community contexts. Associations between services, housing status, and arrest were modeled using structural equation modeling, with time (baseline/follow-up) nested in client and client nested in grant project. Potential moderators included client characteristics, program characteristics, grantee organization characteristics, and community context.

Increased Self-Reliance and Autonomy in Judicial Complex Zaanstad: Presenting a New Prison and Penitentiary Psychiatric Center in the Netherlands

Jesse Meijers, *JC Zaanstad, Amsterdam, The Netherlands* (j.meijers@vu.nl)

In JC Zaanstad we opened a prison ward where prisoners are living and working together based on self-reliance. They run their own “household”, where they cook together and create their own environment in which they can cooperate. They hardly need the supervision of prison wards. Prisoners keep the keys of their own cell, and travel to work on their own every day. They are placed in this ward on the basis of motivation. What is the effect of this facilitation on the prisoners? Is there any change in the neurobiological function of the brain compared to other prisoners? Does it heighten their feeling of self-respect, which can contribute to a better reintegration in society after release, compared to other prisoners? Does it, in the long-term, lower the risk of reoffending? What motivates prisoners to stay in this ward? We will try to give an answer to these kinds of questions.

Diana Falkenbach, *John Jay College of Criminal Justice* (Dfalkenbach@jjay.cuny.edu) - Discussant

183. Refugee Mental Health and Law in International Context

Legal Dimensions of Asylum Seekers, Refugees and Mental Health in the UK

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Objective: The number of refugees arriving in the UK and especially in London has been increasing in recent years. This paper will critically examine the process of seeking asylum in the UK and the psychological consequences on those affected. Method: UK government data regarding refugee populations are assessed in the context of current UK policies and practice. Specifically, data from the Home Office document titled "National Statistics – Asylum" are reviewed. Strengths and weaknesses of the national refugee system are evaluated. Results: The number of applicants for asylum in the year ending June 2015 has increased by 10% from 2014, with 25,771 applicants coming most often from Eritrea (3,568), Pakistan (2,302), and Syria (2,204). Grant rates for asylum vary between nationalities, with 87% for Syrian nationals compared to only 22% for nationals of Pakistan. For those granted asylum, most aspects of healthcare are free, but barriers to care may arise when documents are requested to prove that refugees have official permission to stay in the UK. In addition, culture- and language-appropriate mental health services often are not available. Conclusions: The UK accepts relatively few asylum seekers and those granted official status face significant barriers to mental health care.

Canada-US Comparison of Refugee Mental Health and Legal Issues

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Objective: Canada and the U.S. share common histories and cultural origins. Despite these similarities, refugee mental health and legal issues differ between the two countries. This paper highlights what these differences may be and how they affect the lives of refugee applicants. Method: Medical and government documents relating to refugee mental health and legal issues are reviewed, compared, and contrasted in light of current political and economic contexts in Canada and the U.S. Results: Until the defeat of the Conservative government in October 2015, Canada focused on expediting refugee applications while reducing expenditures on refugee mental health care. The United States, on the other hand, has been preoccupied with staunching the flow of immigrants in general, including refugees, and deciding how to handle the millions of foreign residents living within its borders. For example, despite providing billions of dollars in aid, the U.S. specifically has refused to grant Syrian refugees asylum. Conclusion: For different reasons, the agendas of medical and government policies in both countries have not been centered on the well being of refugee applicants, but on ideological outcomes that devalue immigration and assume that asylum seekers are being provided a better life at the expense of citizens.

The Refugee Emergency in Europe: The Experience of the Ethnopsychiatry and Cultural Consultation Services at the Villa Colli Hospital in Bologna, Italy

Vincenzo Spigonardo, *Villa Colli Hospital, Bologna, Italy* (v.spigonardo@aicolli.com)

Objective: The numbers of immigrants arriving in Italy has been accelerating since 2014. This paper will assess the impact of recent immigration trends on the mental health sector in Bologna and will describe efforts to establish mental health services for those in need. Method: Government data regarding immigrant and refugee populations are reviewed and specialized mental health services for refugees in Bologna, Italy, are assessed along with data on local Emergency Reception Centers (CAS) and other residences. Results: The rapid rise in total numbers of immigrants arriving on Europe's Mediterranean coasts has been alarming: 216,184 in 2014, 1,015,078 in 2015, and 182,831 by April 2016. The percentage of resident immigrants in Italy has climbed to 12% in 2016 – a significant increase from former decades. As part of a national program, the City of Bologna opened several CAS for refugees. The ECCS in Bologna provides them with psychological evaluation and support, with many refugees living in CAS benefiting from these culturally sensitive services. Conclusions: The mental health system in Italy is struggling to care for the recent influx of refugees. Innovative programs in Bologna provide a helpful model on which services in other parts of the country can build.

The Consequences of French Migration Policy on the Mental Health of Asylum Seekers

Andrea Tortelli, *Hôpital Maison Blanche, Paris, France* (atortelli@wanadoo.fr)

Introduction: France has always been known as a country concerned with human rights and refugee protection. However, a recent report by the government reveals a trend toward restrictive laws that limit basic rights for migrants and asylum seekers. Methods: This presentation will describe the French legal and mental health systems with respect to migrant populations and will discuss their influence on the development of mental health problems and barriers to care. Results: The annual percentage of processed refugee claims in France remains low at 20%. With the growing number of asylum seekers from Syria and Iraq (80.000 in 2015), larger numbers of refugees are waiting for their case to be decided. In addition, most of the people whose claims are denied cannot be deported and become "undocumented" migrants (adults and children). These individuals and families live in precarious social conditions with restricted access to jobs and social welfare. Conclusions: Asylum seekers in France are prone to experience delayed access to basic convention refugee rights leading to poor living conditions and psychosocial stress. These problems arise from the disorganized state of the public legal and mental health systems, which fail to serve this vulnerable population in a timely manner.

184. Refugees and Asylum Seekers I: Asylum Seekers and Mental Health

Validity of Symptom Reports of Asylum Seekers in a Psychiatric Hospital: A Descriptive Study

Douwe H. van der Heide, *GGZ Centraal, The Netherlands* (douwevanderheide@gmail.com)

Our study involved three samples (N = 85; N = 38, and N = 27) of asylum seekers in a Dutch psychiatric hospital and looked at how often they reported severe dissociative episodes (i.e., not recognizing oneself in a mirror; seeing traumatic images in a mirror) and whether these are related to heightened scores on items derived from Symptom Validity Tests (SVTs), notably the Structured Inventory of Malingered Symptomatology and the Morel Emotional Numbing Test. We also examined whether poor language proficiency and the presence of incentives to exaggerate symptoms might affect scores on SVT items. Dissociative target symptoms were reported by considerable percentages of patients (27-63%). We found that those who did so had significantly more often deviant scores on the SVT items. With a few exceptions, deviant scores on such items were associated with incentives rather than poor language skills. Our findings suggest that the validity of self-reported symptoms in this target group should not be taken for granted and that SVTs may yield important information.

Ethical, Legal and Clinical Considerations for Refugee Mental Health Care Access and Delivery

Julie Aultman, *Northeast Ohio Medical University* (jmaultma@neomed.edu)

The social determinants of health and cultural barriers continue to affect the accessibility and quality of mental health care of refugee populations. Gradually, we have made efforts to provide basic healthcare, housing, education, and food resources, while developing and implementing community organizations, task forces, and other groups to assist refugees and improve their overall health and wellbeing. Despite such efforts, ethical, social, and cultural issues present themselves within and external to the clinical bedside. Gaps in communication, failure to recognize and value cultural belief systems, and discrimination are just some of the problems our new community members encounter – all of which have contributed to serious mental health problems in this population. To begin to resolve these problems, narrative medicine and frameworks of legal and ethical justice can be integral in shaping how our health care providers, legal advisors, refugee advocates, and community leaders understand the unique needs of this population. Thus, I will describe a valuable ethical, legal, and clinical model that can guide better mental health care access and delivery to refugees based on my personal, local

experiences. I will then determine if such a model could be applied to our broader global community struggling with the influx of refugees from Latin America and the Middle East in particular. The following presentation is based on experiences working with Bhutanese Nepalese refugees living in Northeast Ohio, and struggling to acquire basic health needs.

Service Needs of Women of Immigrant and Refugee Status Experiencing Domestic Violence: Perspectives of Consumers and Providers

Filomena Critelli, *University at Buffalo* (fmc8@buffalo.edu)

In the U.S. many small cities are undergoing dramatic demographic changes related to larger national and global trends. This study is based in Western New York, where the refugee population is steadily growing as a result of federal resettlement programs and the arrival of secondary immigrants who may have been settled elsewhere but later migrated to the region. These transformations pose new challenges to service providers. Women of immigrant and refugee status who experience domestic violence constitute a particularly underserved, understudied population that is often invisible. They face unique barriers that differ from their native-born counterparts. This qualitative study is based on in-depth interviews with 25 consumers of services and service providers within local organizations that provide domestic violence services. It examines the service needs, paths to help seeking and the barriers to service use among immigrant and refugee women. The study revealed that most women did not seek assistance until the problems became severe or in some cases life-threatening. A variety of barriers to help seeking include language barriers, fear of authorities, lack of knowledge of the legal and service framework, stigma and fear of cultural betrayal. The ways in which current laws and policies both assist as well as hinder women from seeking help are also discussed. Recommendations to improve service delivery and facilitate engagement in services are also highlighted.

Asylum-Seeker Law and Policy in Australia: Mental Health and Social Consequences

Harry Minas, *University at Melbourne* (h.minas@unimelb.edu.au)

Asylum-seeker law and policy, particularly as it relates to irregular maritime arrivals, has been for many years among the most contentious and contested areas of public policy in Australia. At a time when the international challenge of displaced persons has never been more daunting, and the need for creative problem-solving never greater, Australia has enacted laws and pursued ever-harsher policies of mandatory on-shore and off-shore detention of asylum seekers, approaches that have been characterized as the securitization of asylum. Rather than affording

secure and dignified protection to persons seeking asylum successive Australian governments have sought to persuade the Australian population that it is we who require protection from asylum seekers. This presentation will outline the enactment of oppressive laws, the militarization of immigration and "border protection", the vilification of asylum seekers, the mental health consequences for asylum seekers and the destruction of the image of Australia as an open and inclusive society.

185. Refugees and Asylum Seekers II: Interdisciplinary Collaboration in University-Based Clinics Representing Asylum-Seekers: Opportunities and Challenges for the Professional Training of Lawyers, Health Professionals and Social Workers

This session will explore approaches to interdisciplinary collaboration in clinical programs representing asylum-seekers, in which faculty and professional trainees at schools of law, social work, and medicine work together to provide legal services, forensic mental health evaluations and social services to refugees, many of whom have experienced extreme trauma. The topics to be addressed include the role of mental health evaluations in asylum/refugee adjudications; preparing trainees to effectively perform evaluations and give expert testimony; teaching professional students the skills needed to communicate effectively across disciplines; using inter-disciplinary collaboration to address asylum-seekers' social service needs; and addressing vicarious trauma as students work intensively with victims of torture and persecution.

Trauma in Asylum Proceedings: Teaching Law Students to Recognize and Address Primary and Vicarious Trauma in Representing Trauma Survivors Seeking Asylum

Megan Berthold, *University of Connecticut* (Megan.Berthold@uconn.edu)

Miriam H. Marton, *University of Tulsa* (Mimi-marton@utulsa.edu)

Training law students to effectively interview, counsel and represent refugee clients begins with an understanding of the central role that trauma plays in asylum proceedings. Asylum seekers are most likely trauma survivors, as they are fleeing severe persecution in their home country. Simultaneously, we see an increased risk of secondary trauma among law students representing asylum seekers given that the students must exhaustively interview their clients regarding traumatic events, and prepare to litigate in a legal system that is markedly immigrant unfriendly. Unfortunately, law school curricula rarely include training on recognizing trauma symptoms, interviewing trauma survivors, or vicarious trauma management. This places both the health of the clients and students at risk, and can negatively impact the outcome of the asylum application. We will discuss the necessity of training programs for law students on primary and secondary

trauma. We will then detail training programs we have implemented at our respective institutions on how to effectively interview trauma survivors, recognize and address trauma symptoms in the context of a legal interview, and attend to secondary trauma. Finally, we will examine strategies to overcome obstacles to such training programs, including conflicting rules of confidentiality and the legal profession's resistance to self-care.

A Holistic Approach to Asylum Representation: Benefits and Challenges of Interdisciplinary Collaboration

Sabrineh Ardalan, *Harvard Law School* (Sardalan@law.harvard.edu)

Liala Buoniconti, *Harvard Law School* (lbuoniconti@law.harvard.edu)

Refugees are among the most vulnerable populations in our legal system today and are among the most challenging to represent. They are the quintessential trauma survivors. Because trauma affects refugees' memories, emotions, and demeanor, representation requires lawyers to surmount barriers to elicit information about the harm suffered in order to narrate refugees' stories persuasively and effectively. For these reasons, lawyers often work closely with mental health professionals and medical doctors both to treat refugees and to substantiate their claims. Critical as it is to the success of refugees' legal cases, collaboration among lawyers, medical doctors, and mental health professionals raises provocative and important issues. Lawyers, mental health clinicians, and doctors each have expertise in their own fields, but view their mandates through different lenses. In our presentation, we will address how an interdisciplinary approach to asylum representation can lead to improved communication between lawyers and experts, with a social worker embedded in the legal team acting as a mediator and interpreter between professions. We will also discuss how our clinic developed the role of the social worker, including how we worked to align divergent professional mandates and goals. We will present case examples and outline our model for addressing asylum seekers' social service and legal needs simultaneously.

Preparing Mental Health Trainees to Conduct and Law Trainees to Request and Review Evaluations with Asylum-Seekers

Patricia Stankovitch, *University of St. Thomas* (pastankovitc@stthomas.edu)

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Conducting mental health evaluations with asylum-seekers requires unique skills, including (1) an understanding of the psychological effects of torture, physical and sexual assaults, and other forms of trauma associated with political asylum, as well as the ways in which these mental

health symptoms may influence the courts' perceptions of applicants credibility; (2) skill in sensitively yet efficiently interviewing applicants, often with the use of an interpreter; (3) communication between professions; and (4) the ability to effectively communicate findings to the court. Gaining this specialized experience is not typically included in mental health and law students' training, but is essential to developing practitioners with the expertise to work competently with this population. In this portion of the presentation, we will describe the way in which the University of St. Thomas Interprofessional Center for Counseling and Legal Services prepares its mental health students to conduct psychological evaluations with asylum-seekers and its law students in requesting and reviewing them. Specifically, we will describe steps we have taken to develop mental health trainees' competence in conducting psychological and/or bio-psycho-social assessments, interpreting symptoms within a cross-cultural and trauma-informed framework, writing forensic reports, working effectively across professional boundaries, and preparing for testimony. We also will discuss our training of law students to conduct interviews of torture survivors, and how the different professions of law, social work, and psychology affect what information is elicited from clients.

Examining Mental Health Testimony in Asylum Cases through Multiple Perspectives: Teaching Law Students and Mental Health Trainees the Skills Needed to Translate from One Discipline to Another

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Anna Cabot, *University of Connecticut* (Anna.Cabot@uconn.edu)

Expert mental health testimony is frequently offered in asylum cases, and it can provide vital supporting evidence for refugees seeking to prove that they suffered torture or persecution, or fear future harm. In order to present such evidence effectively, legal and mental health professionals must be able to view the process through multiple perspectives. The client, legal advocate, opposing attorney, and adjudicator often have differing conceptions of the role, relevance, and probative value of mental health evidence. Arranging for, developing, and persuasively presenting mental health testimony involves a process of cross-cultural communication. It requires professionals to navigate not only differences of language and culture between the client and the country of asylum, but also differences of perspective and professional culture dividing legal advocates, mental health professionals, and legal decision-makers. Drawing on our experience in a law school clinical program that closely collaborates with faculty and students in schools of medicine and social work, we will discuss approaches to teaching law students and trainees in mental health fields the skills needed to develop and present expert evidence.

186. Refugees and Asylum Seekers III: Mental Health and Social Conflict

Unrecognized Mental Health Needs in Primary Care: Lebanon's Shatila Palestinian Refugee Camp

Steven Segal, *University of California, Berkeley* (spsegal@berkeley.edu)

Background/Purpose: The integration of mental health care and primary care in most Middle Eastern countries, given the limited number of specialist providers, it is the default norm. This study considers unrecognized mental health need in the primary care services provided within Lebanon's Shatila Palestinian Refugee Camp and those factors that may contribute to the failure to address such need. Methods: Data collection (2012-13) involved researcher-administered-structured-surveys of primary healthcare-clinic patients (n=254) using the K6, the PC-PTSD, and the Modified-MINI mental illness screens. Chi. Sq., ANOVA and Principal Component analysis provide descriptive statistics; Logistic regression evaluates risk-factors associated with unrecognized-positive-mental-health-screens. Results: The sample (n=254) included 55% females and 45% males; aged 18-89, M=40.4(±13). 51.6% screened positive for mental illness, 11.4% (15 of 132) of whom spoke to their physician about mental illness or had an acknowledged record of psychological problems. Thus 88.6% (n=117) had unrecognized-positive-screens. Patient inability to access provider advice or assistance increased chances of having an unrecognized-positive-screen (EXP. B=.0.42; CI: 0.20-0.88) as did patients' attribution of their mental illness to a physical Illness (EXP. B=5.26; CI: 2.36-11.74), negative attitudes toward the mentally ill (EXP. B=0.92.; CI: 0.86-0.98), female gender (EXP. B=2.20; CI: 1.22-3.95), and lower SES (EXP. B=0.66; CI: 0.48-0.89). Conclusions: There is a need to address the psychological components of physical health care and self-stigma in the patient-provider contact.

Staffers Assisting Syrian Refugees in Jordan

Niveen Rizkalla, *University of California, Berkeley* (rizkalla555@gmail.com)

Objectives: Approximately 1.4 million Syrian refugees reside in Jordanian host-communities. The aim of this study was to learn about the psycho-social and mental-health needs of the staffers who provide services to these refugees. Method: Fieldwork took place from March to August 2014 in Jordan. Staffers included professionals in medicine, mental health, and volunteers working with humanitarian organizations in Jordan. 300 staffers responded to questions related to their training, job, and their mental health and psychosocial needs. Results: The current study will produce a needs assessment useful for humanitarian organizations, policy makers and governmental authorities that seek to support and protect vulnerable populations and helpers in conflict situations. Furthermore, the research results will contribute to tailoring a training

program for staffers who work with refugees, not only in the Middle East, but also around the globe. Conclusions: Staff preforming humanitarian duties in conflict situations have significant mental health issues that when addressed will enable them to be more effective helpers.

The Psychosocial Needs of Eritrean Refugees in Israel

Hanna Mark, *University of California, Berkeley* (hannamark@berkeley.edu)

It is estimated that there are approximately 45-to-60,000 African asylum seekers of largely Eritrean descent living in Israel. While they remain in Israel under the guise of "temporary collective protection," they are denied access to work visas and governmental aid, and are frequently subject to indefinite arbitrary detention. Limited knowledge about the precise needs of this group—including the prevalence of health and mental health disorders—exists. This research will explore the experience and needs of Eritrean adults seeking refuge in Israel, including their physical health, mental health, social support, access to care, and access to basic resources. It hypothesizes that Eritreans in Israel are (i) suffering from high instances of untreated physical and mental health concerns; and are (ii) experiencing high barriers to accessing care and resources in response. A self-administered questionnaire estimated to take approximately 1.5 hours to complete will be distributed to a non-clinical convenience sample of a minimum 120 Eritreans living in Israel. Trained community members will be responsible for debriefing, consent, and participant questions. Outcomes will be measured quantitatively using SPSS 24.0 The presentation will highlight the results and implications of this study.

Are Migrants from Disadvantaged Countries at a Higher Risk than Others for Involuntary Treatment in a Secure Mental Hospital?

Thomas Ross, *Reichenau Centre of Psychiatry, Reichenau, Germany* (thomas.ross@uni-ulm.de)

Aim: In the literature, there is strong evidence for a substantial correlation between migration, social disadvantage, and the prevalence of schizophrenia. We aimed to investigate the relationship between countries of origin, the risk of becoming a forensic patient, and the proportion of schizophrenia spectrum disorders. Method: Data from comprehensive evaluation tool of forensic inpatients in the German federal state of Baden-Württemberg (FoDoBa; n=524) were compared with German population statistics and correlated with the Human Development (HDI) and Multidimensional Poverty Indices (MPI). Results: For residents with an immigration history, the risk ratio to receive a mental hospital order is 1.3 compared with non-migrants. There is a highly significant association between the HDI of the country of origin and the risk ratio for detention in a forensic psychiatric hospital. The proportion of schizophrenia diagnoses also correlated significantly with the HDI. In contrast, the MPI did not correlate with schizophrenia diagnoses. Discussion: Two lines of explanations are discussed: First, high prevalence of schizophrenia in migrants originating from low human development countries in general, and

second, a specific bias in court rulings with regard to involuntary forensic treatment orders for these migrant groups.

187. Refugees and Asylum Seekers IV: Refugee Mental Health and Law: Global Problems, Local Responses

Novel Issues in Immigration Mental Health Evaluations

Chinmoy Gulrajani, *University of Minnesota* (cgulraja@umn.edu)

When psychiatrists first became involved with law schools for individuals seeking asylum and other forms of relief in the US, the focus was mainly on establishing credibility and on the measure of their trauma. In some scenarios, psychiatrists were also able to explain how the debilitating effects of their illness might have affected the asylum seekers' ability to pursue their claims. With passage of time, psychiatrists have become involved in novel scenarios that have greatly expanded the role of psychiatric expertise in this arena. In this talk Dr. Gulrajani will discuss the range of questions that psychiatrists are called upon to answer in immigration courts. He will present demonstrative immigration cases where opinions were sought about a petitioners' competence to proceed and about risk assessment prior to cancellation of removal.

Differences That Make a Difference: Gender as a Consideration in Refugee Mental Health Evaluations

Madelon Baranoski, *Yale School of Medicine* (Madelon.baranoski@yale.edu)

With the United Nations High Commissioner for Refugees reporting an ever-increasing number of refugees as a result of persistent and new conflict in the world, forensic psychiatrists and psychologists are called upon to evaluate and assist asylum seekers in a variety of ways. In addition to challenges rising from cultural differences, shifting identities, and language barriers, there are important gender-differences in presentation which have an impact on all phases of an immigration process including forensic evaluation, adjudication and credibility assessment and treatment. This paper will focus on important gender-differences including (a) cultural differences in cases involving sexual mistreatment or domestic abuse (2) gender-specific stresses which women, including those with children, face on resettlement, including affective disorders and differential processing of trauma; and (3) resilience. This presentation will review the limited literature which explores these gender-differences as well as cases.

Beyond Resettlement: Mental Health Treatment and Emerging Legal Issues

Maya Prabhu, *Yale School of Medicine* (Maya.prabhu@yale.edu)

Though many migrants and refugees hope that resettlement will mark the end of their vicissitudes, unfortunately, some refugees continue to have dealings with the legal system in their new country either as victims of violence or as defendants. This presentation will provide an overview of mental health interventions provided to refugee victims and perpetrators of violence from the Congo, Afghanistan and Iraq at the Yale Refugee Clinic who have then had interactions with the American criminal justice system. The paper will also consider the variety of challenges in providing both mental health treatment and psychiatric assessments for the court when there are past and current mental health issues, cross- cultural complexities and unresolved histories of trauma and violence.

Access to Healthcare for Refugees: International Needs, International Rights

Wendy E. Parmet, *Northeastern University* (w.parmet@neu.edu)

Immigrants including refugees are an especially vulnerable population when it comes to access to health care. Many may work in sectors of the economy which do not traditionally provide health insurance; language and cultural misunderstandings may also contribute to barriers to care. In addition, many laws make it difficult for refugees or asylum seekers to access health insurance and receive needed health care. This presentation will review and critique ethical and normative arguments, in the US and internationally, which oppose an expansion of health services for refugees. Such policies not only leave this population unnecessarily vulnerable to pre-existing traumas and new illnesses, they perpetuate complexity in already-stretched health care systems, while also violating norms of justice and solidarity.

188. Relational Care in Forensic Psychiatry

Theoretical Framework of Relational Care

Petra Schaftenaar, *Research and Innovation of Care, Amsterdam, The Netherlands* (Petra.schaftenaar@inforsa.nl)

In this presentation we conceptualize relational care in forensic psychiatry and address issues such as the difference between relational care and the common known and valued ‘therapeutic alliance’. A good therapeutic alliance is an important necessity to reach the goals of a therapy, given under specific conditions (such as CBT or MBT). In institutional care the therapeutic

alliance between nursing staff and patients is a key factor as well. Relational care, however, centralizes the relation as core of the treatment. By doing so, the relation has more features than (only) reaching the (preset) goals of the therapy. We will explicate these features and the (potential) value of it. We also give attention to questions such as 'why is relational care important in forensic psychiatry' and 'what is the potential value'. We will also address some critical themes, such as if it's possible to work like this with these clients, what difficulties it bring and how we can handle these difficulties

Best Practices of Relational Care

Minco Ruiter, *Research and Innovation of care, Amsterdam, The Netherlands*
(Minco.ruiter@inforsa.nl)

We will present two interventions: working with de-escalation supporters and 1-on-1-support, in which we show how concepts of relational care are grounded in our practices, even in complex care situations such as during conflict or coercion. We will explore how 1-on-1-support and de-escalation supporters contribute to the de-escalation of conflicts, the shortening of seclusion and the quality of care during the seclusion. We learned that even in crisis, there are still people who are able to make contact. They can de-escalate, or re-establish the relationship where others fail. A focus on the relation is a key factor. It is important to try to find ways to be available for the patient, unconditionally, with time, patience, empathy, sincerity and a care-based attitude. 1-on-1-support and de-escalation-supporters contribute to improve the given care in direct relation with patients by the way they work: there's space, time, creativity and the possibility of giving voice. It brings reflexivity and deliberation in complex care situations and it improves the connection between patient and staff**.**

Relational Care After Treatment: Voluntary Aftercare

Ivo van Outheusden, *Consulting Psychiatrist, Amsterdam, Netherlands*
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Aftercare is commonly identified as an important factor in preventing psychiatric relapse and recidivism. However, legislation and (local) policies sometimes reduce the possibility to continue care (e.g. lack of funding, lack of priority, lack of legislation). In this presentation we will show why and how relational aftercare can contribute largely to the outcome of clinical forensic treatment and how it meets the important values of trust and connection. Both the healthcare chain on which our patients strongly depend and the lives of our patients lack these values. We will present the way a long-term voluntary aftercare program is performed in facts and figures: the number of patients we 'serve', the frequency and the duration of the aftercare. We will share the experiences of patients, new caregivers and our staff during aftercare. We also

discuss issues including the cooperation with new caregivers, treatment responsibility, and the role and position of our staff during aftercare.

Relational Care and Recidivism

Paul Doedens, *Academic Medical Centre, Amsterdam, The Netherlands* (p.doedens@amc.uva.nl)

Research shows that in The Netherlands, recidivism is high among forensic patients with an involuntary hospital admission, following a short judicial measure. The backgrounds of these patients (suffering from psychotic disorders and addiction problems) are a history of discontinuity, and many efforts by care institutions to build up a working alliance do not result in sustained care. With so many relatively short-term stays in a hospital, patients' motivation to invest in another trusting relation drops, and the most important forensic specialism (risk management) doesn't seem to last when the patient has been transferred to regular health care. In this final presentation, we will show the results of our second study on reconviction, before and after the introduction of an institutionalized aftercare-program based on relational care. We will present the recidivism rates and compare it to the earlier (baseline) research. We will also discuss the important issues of this policy: does it make care cheaper, better, or never ending?

189. Restorative and Multidisciplinary Approaches in Supporting Decision-Making in Mental Health Governance

Supporting Care Planning and Group Decision-Making in Mental Health Care: Matters of Design and Governance

Alikki Vernon, *Victorian Association of Restorative Justice, Melbourne, Victoria* (alikki@alikkiv.com.au)

A recovery-focussed mental health system in Australia seeks to: address social justice issues; implement the rights of persons with disabilities; and support coordination and cooperation among allied services, justice organisations and service users. Consumers are encouraged to work together *with* their communities of care in decision-making to achieve beneficial outcomes. Service delivery providers are required to work with their clients, other professionals and services to provide optimal care, advocacy or support. However, recovery-focussed policies and reforms mainly focus on *what* to do, not on *how* to do it. The design features for building working relationships, collaborative problem solving, group decision-making or responding to grievances, disputes or conflicts across the sectors are not adequately defined or described. This presentation explores i) a set of principles that can apply across a variety of situations and processes; ii) program administrations that support group decision-making; and iii) particular

processes that foster collaboration among social agencies, the state, judiciary, and community groups.

A Qualitative Exploration of the Experience of Restorative Approaches in a Forensic Mental Health Setting

Margie Callanan, *Canterbury Christ Church University* (margie.callanan@canterbury.ac.uk)

Restorative justice is an intervention gaining worldwide recognition in criminal justice systems and other settings. There is a growing evidence base demonstrating positive outcomes in a number of domains, and this presentation presents research focussed upon the use of restorative justice in a forensic mental health setting. This study used a constructivist grounded theory analysis of semi-structured interviews to explore and develop a deeper understanding of restorative justice practices interventions in such a setting. Ten participants including restorative justice facilitators, patients and mental health staff took part in research interviews. Restorative interventions were found to be congruent with models of mental health and offender recovery. Processing emotions, developing thinking and coherent narrative, and immediacy are found to be key components of the intervention. The emergent model highlights the role of containment and a high level of facilitator skill when working with a complex, vulnerable and potentially unstable client group. The presentation aims to consider further development of this work within the Forensic Mental Health Setting.

Restorative Engagement: A Process for Individual and Organizational Recovery

David Moore, *Victorian Association for Restorative Justice, Melbourne, Australia* (david@primed.net.au)

The social movement for "restorative practices" has recently aligned with efforts to deal with allegations of abuse in institutional settings. The recent Defence Abuse Response Taskforce in Australia was a prominent example. It addressed the harm caused by abuse ranging from workplace discrimination, harassment and bullying to physical abuse and sexual assault. The Taskforce determined, in close consultation with complainants, an appropriate outcome for each individual case. One of the available outcomes was a restorative engagement conference, and around 700 complainants elected to participate in one of these. Restorative engagement conferences seem regularly to have produced healing outcomes for complainants and those close to them, as well as a profound experience for senior military officers. A range of other organisations are now replicating elements of the Defence Taskforce, including the offer of a restorative engagement conference. The most prominent Australian example is a national redress scheme for survivors of sexual abuse that occurred in an institutional context. This presentation

will describe some general design principles for using restorative engagement as an intervention that offers the prospect of post-traumatic growth for individuals, restoration of right relations, and the broader outcome of improved organizational governance to prevent abuse.

Multidisciplinary Practice: Providing Social Work Support to Vulnerable People with Mental Health Issues Accessing Legal Advice

Chris Maylea, *RMIT University* (chris.maylea@rmit.edu.au)

This presentation outlines the multidisciplinary practice (MDP) recently launched at the Centre of Innovative Justice (CIJ) and Mental Health Legal Centre (MHLC) in Melbourne. This unique partnership sits within the setting of an inner-city university in Melbourne. The Mental Health Legal Centre provides legal assistance to clients with mental health concerns that are exacerbated by, or causing legal problems. The MDP looks to simultaneously address wellbeing needs and legal needs of people affected by their mental health, through providing a holistic service. A Social Worker and Social Work students work alongside lawyers and law students to address both legal and non-legal issues that are further complicating a client's life. This is done through information provision, short-term case management, emotional support, advice and referrals.

190. Revised Forms of Criminology: Minor Abuse, Economic Corruption, Crime and Terrorism

The Reliability of the Testimony of Abused Child Victims

G. Montanari Vergallo, *Sapienza University of Rome* (gianluca.montanarivergallo@uniroma1.it)

The presentations analyze the main operational aspects related to the problem of the testimony of sexually abused children. The management of these cases for their delicacy requires the adoption of protocols that enable them to assess the reliability of their statements on a uniform and scientific. The authors highlight the importance, but also the limits of the laws introduced to limit the risk that the witness examination adversely affect children's serenity, They believe, however, that to deal with and solve the social problem of child abuse must be reinforced preventive tools.

Briberitaly: The Shape and the Perception of Bribery's Practices in Italy. Is the Current Anti-Corruption System Effective?

Andrea Castaldo, *University of Salerno* (acastaldo@unisa.it)

This presentation aims to investigate bribery as international phenomenon spread among several Countries around the world that affects the transparency and the legality of the Public Administration. In particular, there will be a specific focus on Italy, both in terms of how bribery's practices are diffused through the Public Administration and how the public, according to public consultations, instead perceives it. The first part of this investigation will therefore shade lights on the shape and the perception of bribery practices in the private and the public sector. Accordingly, there will be room to analyze the efficiency of preventive measures such as the ones set by the Decree 231/2001 for the private sphere or the others provided for the public sector by the Law 6 November 2012, n. 190, referred to as 'Legge Severino', which has finally introduced in Italy a specific protection for the whistleblower. Whether or not these measures would completely reach their aims is another aspect sought in this paper. Moreover, there will be underlined the strengthens and the weaknesses of the current repressive compartment addressed to counteract this phenomenon. Under this section, there will be analyzed the evolution of the most important felonies against the Public Administration in the Italian Criminal Code and their suitability to the shape of bribery's practices. Finally, the subject will be dealt with in accordance to its cultural relevance. Indeed, to spread values such as legality and transparency it is overall required a cultural effort to the matter.

Ideological-Religious Terrorism: Lone Wolves and Brainwashing

Vincenzo Mastronardi, *Sapienza University of Rome* (vincenzo.mastronardi@gmail.com)

In this paper I shall try, first of all, to analyze the stories of some lone wolves, some took place in the past, while some others are more recent. We shall explore their roots, motivations and similarities. As a framework to this main point, I elaborated a criminological and sociological analysis that tries to examine in depth the reasons underlying the increase of the 'global era terror'. Secondly, I shall try to make hypothesis about the possible developments of the religious-ideological terrorism in the next future trying to overcome mere apocalyptical and misleading hypothesis. We believe, it is of utmost importance, to integrate the project with some techniques already debated at the Sapienza University of Rome, although these are not part of the specific purposes of the project; these strategies, known by the term Psyop (Psychological Operations), are based on the production of Brainwashing movies, widespread through the media and opposed to those used by terrorists, to propagate positive images than those produced by the enemy, inducing consequently a psychological conditioning and the suppression of each perverse enthusiasm and desire for membership of a terrorist aggregation.

Economic Crime

Giovanni Neri, *Popular University of Milan* (giovanni.neri@unibo.it)

This paper aims to investigate the economic crime in the integrating criminological perspective. The phenomenon is characterized by a series of elements that revolve around a professional reality of business type and which relate to the respectable position covered by criminal actors, the entrepreneurial mode of commission of the offense and the typical purpose of enrichment that moves all criminal actions. The category includes all the illegal conducts perpetrated by professionals in apical place, part of formal businesses (so-called corporate crimes), or by employees damaging the company (so-called occupational crimes) .This is not about an individual deviance, but a form of crime that originates from the entrepreneurial organization in which it is inserted. The behaviors are in fact always in some way related to professional activities, having regard to their content, to the operating procedures or to the persons who commit them. However, to the analysis of economists, the merit of having identified the right connection between the crime and the nature of production processes can't be denied. In fact, especially in the globalized market, the business logic leads to the search of techniques to increase profits at any cost. In this perspective, capitalism assumes a criminogenic value, leading to crime the companies which, in difficult economic circumstances, decide to maintain constant its productivity levels by illicit acting. From our methodological point of view, then, economic crimes are divided into three types, depending on whether they constitute activities flanked to legal affairs, which are associated with the management of goods and services with illegal means or that concern the illicit management of illegal goods and services . However, the approaches described until now, despite their different perspective, frame an articulated phenomenon in which the boundary between the licit and the illicit is certainly blurred. And this even though, it is worth repeating, economic crimes, by their nature, pose a serious threat to the community: in fact they encompass a set of crimes that affects the sense of responsibility and good citizenship, undermine confidence in law and justice, and inevitably alter competitiveness of the markets. This is true not only for corporate crimes, but also for the cyber economic crime (11) and, to a lesser extent, for occupational crimes, which also constitute a criminological class even more intricate as that linked to crimes committed by senior businesses.

Enrico Marinelli, *Sapienza University of Rome* (enrico.marinelli@uniroma1.it) – Discussant

191. Sanctioning Mentally Disordered Offenders and Criminal Responsibility: East and West, Past and Present

A Historical Review of China's Approaches to Deal with Mentally Disordered Offenders

Zhiyuan Guo, *China University of Political Science and Law* (guozhiyuan@hotmail.com)

History is important to understand the mental health law in contemporary China. This presentation gives a brief overview of the legal approaches used by China in the past to deal with mentally disturbed persons accused of crime. For example, as early as the Warring States Period (475-221 BCE), Han Fei Zi, a noted ancient Chinese philosopher, addressed the issue of how

psychotic persons who committed crimes should be punished--concluding that psychosis should not justify the avoiding of punishment. In the 1700s the Qing dynasty began to adopt even more interventionist measures. Families were not only required to notify the authorities when family members were suffering from mental illnesses, but also required to keep the mentally ill in strict confinement. By the 1920s and 1930s some major Chinese cities began to establish hospitals for the "psychopathic" that provided medical care and treatment. The presentation will also introduce the drafting process of mental health law and some background for the 2012 criminal procedure law reform making changes to rights protection of mentally ill accused. The background information can explain why China didn't achieve substantial accomplishments in mental health law reform until recently.

New Provisions for Sanctioning Mentally Disordered Offenders in China

Wei Pei, *Beihang University* (peiabroad@126.com)

Reforms of the criminal justice system in China in recent years have resulted in new provisions for sanctioning mentally disordered offenders – in the Code of Criminal Procedure (CCP) since 2012. Whereas Western jurisdictions have offered (criminal) courts the opportunity for commitment in (forensic) mental hospitals a long time ago, in China this has remained until the recent changes the responsibility of the administration (mainly the police) or the family of the offender. A few high profile cases revealed the people's indignation towards the administrations disregard of obvious mental health issues in sentencing offenders or disregard of taking responsibility for treatment and public protection after a trial did end up in an acquittal. The 2012 CCP therefore incorporated the measure of criminal commitment of non-responsible offenders. In shifting decision making from the administration to the judiciary, these provisions must be evaluated as a small, but genuine and welcome step forward in terms of human rights protection.

The Classical Origins of the Insanity Defense

Johanna Brown, *University of Edinburgh* (jo.brown@nhslothian.scot.nhs.uk)

John Crichton, *University of Edinburgh* (j.crichton@nhs.net)

Michelle McGlen, *University of Edinburgh* (michelle.mcglen@nhslothian.scot.nhs.uk)

Ask a group of 21st century students what springs to mind when they hear the name 'Homer' and you might receive some very 21st century replies. It is likely that more time will have been spent enjoying *The Simpsons* than studying *The Iliad*. Students may have a passing knowledge of the influence of classical civilization but most will not identify its influence on terminology such as 'frenzy', 'fury', 'mania', 'schizophrenia', 'insanity' and 'homicide'. Some contemporary textbooks make passing reference to the classical origin of the insanity defence, distilling

hundreds of years of thought into a few sentences. This presentation explores the topic in greater detail. The central theme is that in pre-Christian Europe people struggled to understand and respond to acts of killing associated with altered states of mind. They struggled to understand why such events occurred, what to do with the perpetrator, the responsibility of the carer's of the perpetrator and how to respond to malingering. These are some of the same challenges facing forensic mental health services today.

The Abolition and Possible Re-Introduction of Legal Insanity in Sweden

Tova Bennet, *Lund University* (tova.bennet@jur.lu.se)

Under Swedish criminal law, individuals are considered legally responsible and liable for their intentional unlawful actions, regardless of their mental state at the time of the crime. The current Penal Code of 1962 does not allow acquittal on the basis of legal insanity. All defendants are treated as 'sane', and are subjected to the same evaluation of intent (*mens rea*). A distinction is made however with regard to the choice of sanction. The Penal Code prohibits the courts from sentencing an offender to imprisonment if the crime was committed under the influence of a 'severe mental disorder' that rendered the defendant incapable of understanding the nature of the act or adapting his or her behaviour in accordance with such an understanding. The available sanction in that case is compulsory psychiatric care. During the last decades the discussion on the topic has intensified, and several governmental inquiries have submitted comprehensive models for reform. The focus of the talk is to give a brief account of the political and legal development, moving from abolition to a possible re-introduction of the insanity defence in Sweden. The most current reform suggestion and the debate that followed will be discussed.

The Unique Dutch Approach to Criminal Responsibility Related to Sanctioning: A Historical, Empirical and Comparative Perspective

Michiel van der Wolf , *Erasmus University Rotterdam* (vanderwolf@law.eur.nl)

Paul Mevis, *Erasmus School of Law* (mevis@law.eur.nl)

Hjalmar van Marle, *Erasmus School of Law* (hjalmar@xs4all.nl)

The Dutch doctrine of criminal responsibility has been called 'percentage responsibility'. They are not unique in considering criminal responsibility a graded concept, but especially the practice of distinguishing five gradations is unmatched. The discussion on the number of gradations has usually been one of face validity versus reliability of assessment. Recently the discussion has focused on five versus three gradations. In this paper a historical perspective will be used to explain how and why the doctrine has evolved in this way. Especially the relation to the

possibility of imposing the infamous TBS-order will be highlighted, also in order to explain how the Dutch approach could develop in such a different way compared to that in surrounding (European) countries. In addition, results from an empirical study into the difference for sentencing advice between using five or three gradations will be discussed. It will lead to a discussion on whether forensic assessment as a behavioural science should pursue to be an exact science or should incorporate normative aspects.

192. Schools of Freudian Psychoanalysis and Their Influence(s) in Law

Lacan and Critical Legal Studies

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Jacques Lacan's influence in the U.S. has been primarily in cultural studies and literature departments, not in the clinical psychoanalytic establishment. Critical theorists in law, like cultural studies scholars, are interested in the determinative, but often hidden, effects of language on the "subjects" of law, and Lacan provides both an explanation (inspired by Freud) of that phenomenon, as well an analytical framework for disclosure and critique of the harmful or adverse effects of (legal) language. Just as an individual harbors illusions with roots in unconscious structures that order perception, our collective culture and language provide comforting illusions of "reality" that hide a symbolic order with networks of unconscious meaning and effects. With respect to the postmodern critique of the subject—the rejection of a rational "self" in favor of a highly constructed subject of law, culture, and language—some cultural studies scholars, as well as some critical theorists in law, find in Lacan a middle position between the extremes of (i) an unjustified belief in the autonomous agent of the Enlightenment, and (ii) the utter loss of the subject in postmodern conceptions of cultural determinism; for Lacan, the subject is decentered and driven by illusions of unity and freedom, but there is an opening in psychoanalytic theory for understanding (albeit never completely overcoming) the effects of an unconscious symbolic order. Critical scholars in law have therefore found in Lacan a framework for analysis and reform of law as a network of legal identities, illusions, and determinative language.

Melanie Klein and the American Law of Confessions

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Melanie Klein's work on guilt and reparations opens up new ways of thinking about the standards governing criminal confessions in American constitutional law. The seed for exploring the relationship between the criminal law of confessions and psychoanalysis was

planted in *Miranda v. Arizona*. In his opinion, Chief Justice Earl Warren cites to a law review article discussing how Freud's theory of the death drive, with its insights into the self-destructive aspects of human nature, casts doubt on the reliability of criminal confessions. In some cases, the article suggests, innocent individuals may confess because – under the sway of the death drive – they actively seek punishment by the state. Building on the connections drawn between confessions and psychoanalysis, this paper argues that Melanie Klein's work on guilt and reparations provides a more fruitful avenue for exploring the unconscious guilt, remorse and repentance that may fuel the drive to confess. Klein's theory on early guilt raises questions about the reliability and voluntariness of certain confessions, particularly those obtained by interrogation tactics that seek to exploit these unconscious dynamics.

Winnicott, Women and the Law

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This paper is part of an ongoing project that seeks to derive a theory of law from Winnicott's psychoanalytic theories. It focuses on the gender implications of Winnicott's conception of the good enough mother, considering its reception in feminist legal theory (and in feminist theory and practice more generally) and its influence on family law. It proposes that Winnicott's insights into the nature of cognition as a transitional space that is the product of good enough mothering can be used to develop an alternative to the dominant (psychoanalytic and traditional) conception of law as "the law of the father," which might be productively analyzed as "the law of the mother." It addresses the question of what counts as "the law of the mother," considering a number of different areas of law where attachment functions as the regulatory value (e.g., family law, property law, and the law of prescription) and concludes that the "maternal function" of the law is performed not in any substantive area of regulation, but rather through the practices of fact-finding and the rules of evidence that guide the construction of legal knowledge.

The Law of Lay Analysis

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We who straddle disciplinary boundaries are all in a sense lay analysts, possessed of certain credentials but in most cases not all that would authorize our work before the disciplinary police of each jurisdiction in which we practice. We are all, more or less, subject to charges of quackery. Freud wrote The Question of Lay Analysis in 1926 on behalf of his student, Theodor Reik, who faced legal charges for violation of the Austrian law against "quackery." Although Reik's credentials to practice analysis, which included a Ph.D. in psychology from the University of Vienna and training under Freud himself, seemed virtually unimpeachable, his analytic practice technically contravened a state policy of restricting the treatment of patients to those with a medical degree. *The Question of Lay Analysis* challenges this prohibition as neither an

efficient nor an effective means of protecting patients from iatrogenic injury by construing psychoanalysis as an autonomous discipline with its own internal precepts, methodologies, and standards of care. This project returns to Freud and Reik's work on the utility of psychoanalytic insights for legal processes to consider the promise and perils of interdisciplinary collaborations between law and psychoanalysis.

Traumatic Treatment: Expertise, Ethics and the Use of Force

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The American Psychological Association—the largest professional body of psychologists in the U.S.—has recently been beset by controversies over its role in the Bush-era, CIA program of "enhanced interrogation" of prisoners by the U.S. military and private contractors at Guantanamo and elsewhere. In order to consider how psychological "expertise" helped justify torture, this paper looks back to earlier legal and ethical debates over the relationship between mental health professionals and military officials during World War I. Four of Freud's most prominent followers, Karl Abraham, Sándor Ferenczi, Ernst Simmel, and Victor Tausk all served in the Austro-Hungarian armies during the war. All also unsuccessfully tried to stop the brutalizing treatment of shell-shocked soldiers, who were typically seen as willful deserters or cowards and often subject to high dosages of electro-therapy. Such practices were by no means out of the ordinary, as similar wartime "therapies" used in France, Germany, and Britain demonstrate. Freud himself never worked with shell-shocked soldiers. But he was famously called to testify at the 1920 Vienna trial of Professor Julius Wagner von Jauregg for the use of inhumane techniques on shell-shocked soldiers. Psychoanalysts—Freud among them—opposed the brutalizing treatment, but did so in part because their conceptions of human mind and the "war neuroses"—and their methods for treating resistant soldiers—significantly differed from dominant medical models. In all this psychoanalysis is neither pure hero nor villain. The story is much more complicated. This paper explores this more complicated story.

193. Scientific Research within Penitentiary Institute Vught: The Importance of Cross-Pollination Between Research and Practice

Intellectual Disability in Prison: An E-Learning Module to Increase Professionalization of Prison Staff in Managing Intellectual Disability (ID) in Psychiatric Patients Based on the Prevalence of ID in Prison

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Background: Intellectual Disability (ID) is the most common developmental disorder and seems to be overrepresented in prison populations than in the general population. Prevalence rates

among detainees vary however from .5% to 45.0%; this broad range is the main reason for presented research within PI Vught. Currently, first results indicate an even higher prevalence than previously described. This emphasizes the importance of the professional development of staff members of any discipline. To begin with, PI Vught developed an e-learning module for executive staff This in cooperation with the VU-University Amsterdam. The aim was to develop and test an e-learning module designed to train prison staff to identify intellectual disabled prisoners and to cope with them in a state of the art manner. Setting: Penitentiary Psychiatric Centre of the Penitentiary Institution Vught, the Netherlands. Design: Prevalence study and intervention study. Intervention**:** In the intervention group all staff members will study the e-learning module *intellectual disability in prison*. This 90-minutes e-learning module consists of three parts, (1) a theoretical part with information about intellectual disability, (2) tools for signalling and recognizing, and (3) the approach and treatment of people with an intellectual disability. All parts are fully supported with clinical examples. The e-learning module aims to improve knowledge, attitude and skills of the prison staff on the wards. Changes at these points will be measured at baseline, directly after completing the module and after a follow-up.

Researching Music Therapy: From Practice to Science to Practice

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This presentation will touch on the practicalities of pragmatic research into music therapy in the penitentiary psychiatric center in Vught. Results from the PTSD screening performed both in the psychiatric units and the regular prison units will be presented and how this affects possible treatment decisions taking the Risk-Needs-Responsivity model by Bonta and Ward into account. A pilot study conducted on the effects of a short-term music therapy intervention yielded positive results in reducing PTSD symptoms. Following this, a larger study was designed to pinpoint which musical aspects and which music therapy techniques were most effective. The results from this exploratory study on the effect of a short-term music therapy intervention for the treatment of (complex) PTSD will be presented. Conclusions and consequences for the music therapy practice will also be discussed as well as the possibilities for expanding the research to other music therapists in the other PPC's in the Netherlands.

Seclusion in Prison: Measurement and Reduction of the Experience of Coercion by Inmates as a Result of Seclusion

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Imagine you are confined to a small room, with a window and a steel door. You only have a mattress, a foam block and your own mind to keep you company. You get to leave the room one hour each day, and you're given food and drink. You're stuck in here for one day, or two, or five, or two weeks. Maybe you did something you weren't supposed to do, even something really bad.

Or you're mental illness is playing tricks on you. There you are, all alone, in this tiny little room. How does it make you feel? There is abundant mention in literature on the detrimental effects of seclusion. The Netherlands has been working toward reducing the amount of seclusion and coercive measures. This presentation will focus on presenting a window into a study on how adult, male inmates experience coercion. Surprisingly, there has been little to no research on this topic. In order to assess the level of coercion experienced because of seclusion, we need to determine a baseline for the experience of coercion as a result of imprisonment. Imprisonment itself can be considered a coercive measure. With the aim of reducing the experienced coercion in seclusion, several isolation cells have been equipped with a multifunctional touchscreen. The touchscreen increases autonomy and reality testing, facilitates contact with staff, provides entertainment and something to keep the mind occupied. For the purpose of this study, a questionnaire has been developed and is being validated. Subsequently, research is conducted into the coercion experienced as a result of imprisonment, the added experience of coercion through seclusion, and the mediating effect of access to a touchscreen in seclusion.

Neurologic Music Therapy for Forensic Patients Suffering from Schizophrenia

Gerben Roefs, *University of Applied Sciences* (gerben.roefs@kijvelanden.nl)

This paper will explore the possible effectiveness of a specific technique (musical attention control training - a technique from neurologic music therapy) on forensic patients suffering from schizophrenia. This paper will also discuss whether international research on the effectiveness of 'improvisation' as a clinical music therapy tool on the negative symptomatology of schizophrenic patients, also apply to this Dutch forensic population. Method: The questions are addressed in a randomized controlled trial using a pre- and post-test design. Two groups are formed: one with the MACT intervention followed by 'improvisation' (experimental group), the other with only the 'improvisation' intervention (control group). In a twelve week period, both groups receive ten sessions (one per week, 60 minutes per session) of music therapy. Total therapy time is equal in both groups. Data is collected from 13 participants. Findings: Both groups generate positive results. Control group: small positive results on all four domains; experimental group: high positive results on cognitive domain. The results for schizophrenic forensic patients will be discussed in relation to the social interactions they encounter with their families and their interactions in a broader societal context.

194. Segregation and Solitary Confinement

The Effect of Solitary Confinement on Youthful Offenders: A Propensity Score Analysis

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The use of solitary confinement in the United States has increasingly come under legal, ethical, and empirical scrutiny. Proponents of the practice maintain it is an effective deterrent, while critics insist it causes undue psychological distress and increases criminal behavior. Although solitary confinement is used widely in many jail and prison systems across the United States, it has remained an elusive subject of empirical research. Relatively little is known about the effect that solitary confinement has on its inhabitants, especially for those special populations of offenders such as juveniles and the mentally ill. As correctional jurisdictions develop and implement exclusionary laws for subsets of offenders such as these, it is imperative that empirical research guides such efforts. This study fills a significant gap in knowledge by examining the effect that solitary confinement has on institutional behavior in a large sample of young incarcerated offenders (i.e., 21 years old or younger). The implications of the findings for policy and practice will be discussed.

Quantitative Synthesis of the Effects of Administrative Segregation on Inmates' Well-Being

Robert Morgan, *Texas Tech University* (robert.morgan@ttu.edu)

Much has been written about the harmful effects of solitary confinement (SC). Specifically, it has been claimed that inmates in SC experience a myriad of mental health concerns and symptoms commonly referred to as the SHU Syndrome (Grassian, 1983); however, not all studies have borne out the negative effects of placement in SC. This presentation will review the results from one meta-analysis examining the effects of SC on inmate physical and psychological functioning. Results indicated that the adverse effects resulting from AS are in the small to moderate range for the time periods observed by the studies. These results do not support the popular contention that AS is responsible for producing lasting emotional damage, nor do they indicate that AS is an effective suppressor of unwanted antisocial or criminal behavior. Policy and practice implications of the use of SC as a correctional practice will be discussed with an emphasis on identifying best practices for the use of SC in corrections.

Making the Best Out of a (Possibly Not So) Bad Situation: An Alternative Perspective on Administrative Segregation in the United States

Ashley B. Batastini, *University of Southern Mississippi* (ashley.batastini@usm.edu)

The United States has been heavily criticized for its use of administrative segregation (AS) to detain nearly 6% of the nation's prison population for approximately 23 hours a day with restricted access to services and privileges. However, several studies (e.g., O'Keefe et al., 2010; Morgan et al., 2016) have raised questions about how psychologically damaging AS really is. Building off the limitations of these studies, this talk will first discuss a recent longitudinal study that investigated (1) whether or not psychological functioning varied depending on housing placement (i.e., general population vs. segregation) and (2) whether or not psychological functioning was influenced by the length of time spent in restrictive housing. Results were mixed, but generallysupported the idea that AS may have less devastating mental health effects than some scholars, policy makers, and activists believe. At the same time, prisons have an obligation to prevent further harm and promote rehabilitation. Thus, the second aim of this talk is to discuss an evidence-based treatment program (*Escaping the Cage*) that specifically caters to the needs of segregated inmates.

An Evaluation of Treatment and Re-Entry Focused Services in a Restrictive Housing Unit

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At the present time, there is considerable debate about the constitutional and humanitarian concerns related to the use of segregation, as well as its effectiveness as a strategyto manage prisons (Labrecque & Smith, 2013). As a result, support for finding alternatives to segregation has gained momentum. Numerous jurisdictions have initiated treatment programs in restrictive housing units to support the goals of offender rehabilitation. This study reports preliminary findings from a pilot involving the implementation of evidence-based practices in a restrictive housing unit. The intervention included a combination of Applied Behavior Analysis (ABA), individual counseling, structured group interventions, and reentry-focused services to transition offenders back into general population. Process and outcome evaluation measures were collected. Results suggest that such services can be effective in reducing institutional misconducts and improving prison adjustment. The special challenges associated with implementing correctional treatment in segregation settings will be discussed.

195. Sex Trafficking: Research and Innovation into Practice for Buyers, Traffickers and Victims

Youth Experiences Survey: A Snapshot of Homeless, Runaway Young Adults and Their Sex Trafficking Experiences

Dominique Roe-Sepowitz, *Arizona State University* (Dominique.roe@asu.edu)

Kristen Bracy, *Arizona State University* (Kristen.bracy@asu.edu)

Melissa Brockie, *Tumbleweed Center for Youth Development, Phoenix, USA* (mbrockie@tumbleweed.org)

Identifying sex trafficking among homeless young people is challenged by issues such as they are transient, they are difficult to find, they are involved in fewer social service and medical service agencies due to their status as adults. This study targeted homeless young adults in transitional housing, drop in centers, and on the streets with the goal of understanding the scope and complexity of sex trafficking among homeless young adults in Arizona. Surveys were completed by 215 homeless young adults with reports of high rates of suicide attempts (40.5%), a current mental health problem (59%), history of sexual abuse (66.5%), emotional abuse (46.5%), dating violence (47.5%) and having been sex trafficked (35.8%). One out of every three survey completers identified as having been a sex trafficking victim. We will discuss the risk factors for sex trafficking and some of the lessons learned when providing targeted services to this population.

Juvenile Sex Trafficking, Law and Policing: A Trauma-Informed Policing Model

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In the United States, domestic juvenile sex trafficking is increasingly recognized as a human rights and social justice issue. Research and practice demonstrate a high degree of violence, mental health impacts, and marginalization of youth exploited in commercial sex. In 2011, the State of Minnesota passed a series of laws that made sweeping changes to policing and service provision for juveniles involved in sex trafficking and commercial sexual exploitation (CSE). In part, the legal reforms decriminalized youth involved in any form of CSE and moved the primary system response from criminal justice to public health under a state-wide service delivery model called No Wrong Door. Youth cannot be arrested for prostitution. This paper explores the impact these new laws have on policing of juvenile sex trafficking. Prior to Safe Harbor, youth involved in CSE were seen as perpetrators rather than victims. Using data collected from police cases of juvenile sex trafficking and interviews of police officers, we describe the trauma-informed approach to policing in a mid-sized US city. This approach recognizes the vulnerabilities of victims and seeks a supportive relationship and trust-building rather than punitive actions to help connect victims to services through No Wrong Door and build cases against perpetrators.

The Sex Trafficking Experiences of American Indian and Alaskan Native Women

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American Indian and Alaska Native women experience violence and victimization at higher rates than other racial and ethnic groups. Despite a wealth of practitioner and professional knowledge of these issues, little research on sex trafficking in the United States has focused on American Indian and Alaska Native women in the Southwest. As a result, we have seen a steady increase in AI and AN women being arrested for prostitution in Arizona over the past three years. The sex trafficking of AI and AN women has emerged as a serious problem in Arizona with the women being sex trafficked to urban areas (Phoenix, Tucson, Flagstaff), as they are lured from reservations and sold in cities where customers are plentiful. This study explores the experiences of 32 American Indian/Alaskan Native women with histories of sex trafficking and prostitution. The 32 women were participants in a court ordered Prostitution Diversion Program in a large Southwestern city and completed a survey about their life experiences as well as their experiences of being sex trafficked. Seven themes for sex trafficking recruitment emerged including coercion in a relationship, homelessness, drug and alcohol use, strip club dancing, friend recruited them, family member and need for money.

An Exploration of Helping Factors that Build Resiliency in the Lives of Women Exiting Sex Work and Sex Trafficking Situations

Kristine Hickle, *University of Sussex* (K.Hickle@sussex.ac.uk)

A qualitative approach was used to explore the experience of exiting sex work from the perspective of 19 adults formerly involved in the sex trade industry. A narrative approach to data collection was used explore the participants' experiences of successful exiting and phenomenological analysis was employed to identify themes that reflected the ways in which participants developed resiliency throughout the exiting process. Themes include: survivor presence, connection (including subthemes: the network, children, criminal justice system, and formal services), spirituality, feelings of empowerment, and fear of consequences. These themes represent the experiences of women with diverse experiences in the sex trade industry, including a majority who were victimized by sex trafficking. The findings demonstrate opportunities for policy and practice to address the needs of individuals exiting the sex trade industry, specifically for those who experienced sex trafficking and sexual exploitation but are not identified in social service and criminal justice systems as victims.

196. Sexual Abuse I: Date Rape and Title IX

Campus Date Rapes: Five Novel Approaches, Four in Use and One Being Tested

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To deal with an alleged "epidemic" of campus date rapes, some argue that cases should be handled solely by the police just like any other serious crime. But the investigation and adjudication of such situations is complicated, especially for jurisdictions with smaller police departments and limited prosecutorial resources, by various psychiatric and mental health aspects - which may affect both reporting and testifying, and possible symptoms of PTSD, among other things. Notwithstanding these concerns, the federal government has pressured U.S. colleges to investigate and adjudicate date rape allegations, although critics maintain that colleges lack the necessary resources, often deny accused (usually male) students fundamental procedural protections, and have built in conflicts of interest. A well-known public interest law professor, whose novel approaches have been very widely reported - in U.S. News, Washington Times, Voice of America, NY Times, National Public Radio, etc. - offers five proposals for dealing with these problems in the U.S. and elsewhere. They include: A. A proven method for reducing rapes of first year female college students by almost 50%; B. A much better method for investigating and adjudicating allegations, and which is about to be tested in Virginia; C. Another technique which could provide what an estimated 40% of victims want but often do not get; D. An educational program which is likely to be very successful in reducing rapes, but which is now effectively prohibited; E. A simple cell phone app likely to reduce the incidence of date rapes now available for use. The emphasis is one workable solutions, not just more academic rhetoric.

The State of the Campus: Title IX and Sexual Assault on College Campuses

Denise Paquette Boots, *University of Texas at Dallas* (deniseboots@utdallas.edu)

Coinciding with the executive call to form the Whitehouse Council on Women and Girls (2014), there has been an increased interest in research on college campuses related to campus climates, sexual assaults, and other forms of victimization. This concentrated focus is supported by decades of empirical evidence that show rates of sexual assault for college-aged women to be significantly higher than older subpopulations within the general public, with an estimated 1 in 5 women reporting an incidence of sexual aggression during their college years. Simultaneously, institutions of higher education have been mandated by Title IX to protect students from any form of sexual discrimination related to sexual violence, coercion, or intimidation. The present study will offer findings from a global Campus Climate Survey related to sexual violence and relevant Title IX legal issues for a medium-sized public institution of higher learning in the

southwestern United States. Results will be presented and the authors will provide critical discussion regarding public policy and action items related to compliance of Title IX laws, sexual violence prevention, and the prevalence of victimization for university-aged students.

The Hidden Patriarchy of Title IX

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Under Title IX legislation, public colleges and universities in the United States are required to investigate and adjudicate cases of sexual harassment, sexual assault, rape, intimate partner violence and stalking on their campuses. The fact is, they are not doing it well. Nearly 200 institutions of higher learning are currently under investigation for either ignoring their legal mandate or for making significant errors in carrying it out. This paper provides a brief history of the Title IX mandate that was hailed by many as a significant attack on campus sexual misconduct. The primary focus of the paper, however, is on what over time is being revealed as the hidden patriarchy of some of its fundamental assumptions, such as that about predatory rape and the neurobiology of trauma; in some of its most heralded achievements, such as the notion of affirmative consent and mandated reporting; and on its potentially chilling effect on free speech in the academy.

At the Intersection of Title IX and Title II: How Adjudication of the Education Amendents Act is Affected by the Americans with Disabilities Act

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An exceedingly high number of mental health disorders present comorbid challenges for victims and respondents in cases of sexual misconduct and sexual violence on college campuses. Examples include Major Depressive Disorder (MDD), Schizo-Affective Disorder, and substance use disorders (SUD). These "hidden disabilities" can bring forth vulnerabilities within the complainant, impacting the Title IX process and subsequent adjudication. The capacity to consent is questioned in an individual with a psychiatric condition, especially relative to dissociative disorder or the use of substances for "self-medication" purposes. How can intent of the respondent, acting in the capacity of a mental health disorder, be established in situations where both complainant and respondent have engaged in substance use? The Americans with Disabilities Act (ADA, Title II) is also relevant in these cases, as some psychiatric conditions may impair one's capacity to provide or withdraw consent. To be protected under the ADA, a disability may be disclosed or "perceived," implying a need for accommodation while with Title

IX (Education Amendment Act, 1972) "interim measures" are requested under statute and may then have an impact on confidentiality. These are key issues in handling accusations of sexual violence and ensuring all students are protected equally under Title IX and ADA.

197. Sexual Abuse II: Juvenile Sexual Offenders

Trauma Therapy as a Means of Reducing Post-Traumatic Symptomology in Juvenile Sex Offenders: Does it Work?

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The precipitating factors contributing to the onset of sexual aggression in juveniles includes, among other things, trauma exposure. In working towards curtailing maladaptive sexual behaviors and ideology, service providers are prudent in attending to the multitude of experiential and relational variables and subsequent psychological disturbances they present with. This presentation reports on a study that examined the impact introducing trauma-focused cognitive behavioral therapy (TF-CBT) into a residential treatment program for juvenile sex offenders had. A comparison of thirty males 10-18 years old with a trauma history that either received treatment as usual (TAU) (n=17) or TAU and TF-CBT (n=13) was conducted. Scores on the Trauma Symptom Checklist for Children (TSCC) were not statistically significant for either group from intake to discharge. The TAU, compared to the TF-CBT group, reported worse posttraumatic symptomology at discharge, though this did not reach statistical significance. The timing in which the TSCC was given (30 days before discharge), and the varied impact trauma therapy has on affect regulation and insight at various points in treatment may have influenced the findings. The results indicate the need for continued research examining the utility, timing, and type of trauma therapy provided to juvenile sex offenders with traumatic pasts.

Self-Reported of Deviant Sexual Arousal Offense among Juvenile Male Sex Offenders

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Psychoanalytical oriented clinicians have suggested that an abnormal sexual interest in children is from "fixation" in psychosexual development associated with unresolved psychological conflist or trauma experience in childhood. Despite this assertion, researchers continue to work on explaining the role of deviant arousal because juvenile offenders who show high deviant arousal in the laboratory often deny having deviant fantisies. The salient empirical information up to date on deviant arousal can be explained partly by factors such as maltreatment in the family environment including sexual victimization and exposure to pornography and social learning. However, the exact relationship between such experiences and emergent deviant

arousal and interest patterns remains to be fully elucidated. This research examined the role of deviant arousal in juvenile sexual offending and especially nonsexual crimes committed by juvenile offenders. The data were collected from 800 male juveniles who were adjudicated delinquents court ordered to receive treatment from eighteen residential facilites.

Intelligence in Juveniles with Illegal Behaviors: A Comparison of Juvenile Sex Offenders and Juvenile Delinquents

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Juveniles with intellectual impairments are overrepresented in the juvenile justice system, and are at higher risk for recidivism than juveniles without intellectual disabilities. Furthermore, juvenile offenders with intellectual deficits may be at increased risk to engage in sexually aggressive behavior, which is consistent with the higher prevalence rate of illegal sexual behavior within this population. Cantor et al. (2005) suggest that intelligence differences between sex-offenders and non-sex offenders occur in adults, but not necessarily adolescents. However, until additional variables are included in similar analyses comparing juvenile sex offenders (JSOs) and non-sexual juvenile offenders (JNSOs), it is not possible to determine if such findings stem from the types of variables used to subclassify JSOs in previous studies, or if the nondifferences in intelligence between groups reflects a large degree of between-group homogeneity between JSOs and general adolescent delinquents. The purpose of the present study is to determine if between-and-within-group intellectual differences exist in a large sample of juveniles adjudicated for sexual and non-sexual offenses using several novel variables to subclassify offenders. These findings have clinical implications for JSO treatment in residential settings and help inform and improve treatment planning and evidence-based interventions.

Male Minors who Committed Sexual Offences: Cognitive Errors Regarding Their Behaviors

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The current study examined how children and adolescents who have sexually abused others perceive and present their actions. Content analysis of 55 risk and need assessments carried out on 41 children under the age of criminal responsibility and 14 teenagers at the Elem Treatment Center revealed 563 thinking errors, 403 among children and 160 among adolescents. The findings demonstrate that children and adolescents make extensive use of cognitive errors such

as attribution of blame to the victim, denial of sexual intent, denial of the harm caused to the victim, seeing themselves as victim, and minimization of the severity of the act. In addition, it was found that the number of cognitive errors increased as a function of increasing abuser age and severity of their actions. These findings show that therapy focused on changing the thinking patterns of children and adolescent who have sexually abused is crucial in decreasing the risk that they will reoffend.

198. Sexual Abuse III: Sexual Assault and Mental Health

Co-Morbidity and Mental Health Help-Seeking among Sexual Assault Survivors

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This study seeks to understand the effects of the co-occurrence of PTSD and problem drinking on mental health help-seeking among sexual assault survivors. Data comes from a diverse sample of 1,863 women in a large Midwestern city who participated in a three-year study on women's experiences with sexual assault. A multinomial regression analysis was performed to assess predictors of mental health help-seeking, substance use help-seeking, or both from Waves 1 to Waves 2 -3. Survivors with PTSD and problem drinking were less likely to seek mental health counseling for their assault compared to seeking no treatment. This study extends the literature by looking at the effects of co-morbidity on sexual assault survivor mental health help-seeking behavior. This is the first study of women sexual assault survivors to find a unique, fixed effect of both PTSD and problem drinking on help-seeking. The findings suggest survivors with co-occurring PTSD and problem drinking are less likely to seek mental health services over time for problems associated with their assault. This finding is concerning given that survivors with co-occurring conditions are likely to be most in need of treatment and post-assault mental health problems can become chronic if left untreated.

Implementing the Violence Intervention Peer Advocates (VIPA) at Norwich University: Successes, Challenges and Lessons Learned

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The Violence Intervention Peer Advocates (VIPA) is a student-led group that seeks to end all forms of sexual aggression, intimate partner violence, and stalking at Norwich University. Established in April 2015, VIPA is the first of its kind at the private senior military institution and birthplace of the United States Reserve Officers' Training Corp (ROTC); approximately

60% of Norwich students participate in the Corp of Cadets, and 77% are male, so this is an especially unique institution to launch a grassroots sexual aggression awareness club. The initial implementation of VIPA was completed in May 2016, and several topics warrant further discussion, including (1) encouraging and sustaining membership growth, (2) establishing group legitimacy and space within the existing Norwich infrastructure, (3) fostering university and community partnerships (especially with the Norwich Title IX Office and community-based advocacy groups), (4) developing appropriate training protocols and procedures for the Norwich population, and (5) responding to internal and external resistance. Although the Norwich faculty and staff overwhelmingly embraced VIPA, some administrative officials viewed the creation of this group as sidestepping current protocol. Implications and lessons learned from these successes and challenges will be explored at the conclusion of the presentation.

Detecting High Functioning Autism Spectrum in Offenders

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High functioning Autism Spectrum Disorder (hfASD) may be the unintended "great masquerader" of all conditions in behavioral science. hfASD is often misdiagnosed and/or is overlooked by healthcare providers who may not recognize nuances in its presentation. In many instances, caregivers minimize deficits in their children because they have grown accustomed to their ASD-related behaviors and sensibilities. When these individuals offend, the forensic mental health professional can collect important clues from the developmental history, and from sensory, ritual, and sexual behaviors that are essential to suspecting ASD for further workup. For instance, sensory proclivities and object fascinations related to ASD may be overlooked in the commission of an offense. An ASD individual may break into a home to steal silk underwear to touch or to collect though breaking in and peeping are charged. Discovering a diagnosis of ASD and differentiating it from a paraphilic disorder, psychopathy, an intellectual disability, and other disorders makes a difference to assess risk of recidivism, treatment amenability, and even disposition for high functioning individuals. This presentation will discuss two cases of individuals with undiagnosed hfASD who were charged with offenses and pointers on how to detect the condition will be provided using each case's context.

The Characteristics, Motives and Effects of Sexual Torture

Christopher J. Einolf, *DePaul University* (ceinolf@depaul.edu)

Rape and sexual assault are common forms of torture yet are little studied. This study uses unique data from survivors of sexual torture in Saddam Hussein's Iraq to describe the nature of sexual torture, the motives of its perpetrators, and its effects on victims. It compares the findings from Iraq with publicly available information on the use of sexual torture by U.S. guards at Abu Ghraib and the use of sexual torture against refugees from a number of countries who sought

asylum in the United Kingdom. It finds that perpetrators of rape and sexual torture have a range of motives, from opportunistic sexual assaults due to the power guards have over prisoners to planned sexual assaults designed specifically to break prisoners' wills. These categories are not mutually exclusive, and the literature on the psychology of ordinary criminal rapists provides insights into how torturers use sexual assault. The sequelae of sexual torture are severe and long-lasting, especially in cultures such as Iraq where the stigma against victims of sexual assault is strong.

199. Sexual Abuse IV: Sexual Assault on Campus: Causes and Treatment

Higher Sex Education: Law, Theory and Culture

Susan Appleton, *Washington University* (appleton@wustl.edu)

With prodding from the U.S. Department of Education, which seeks to eradicate the "rape culture" said to prevail on many college campuses, American institutions of higher education have undertaken to teach their students about consent to sex. In attempting to eliminate sex-based campus misconduct, prohibited by Title IX, these institutions often reach beyond the target problem of sexual assault and promote concepts such as "enthusiastic consent." Critics decry these moves, which they see as bureaucratic interventions in private sexual interactions. This paper challenges such critiques. It first shows that campus sex never occupied a regulation-free zone and then explores the value and promise of these new instructional interventions. They constitute a form of sex education, which we might call "higher sex education," given both their campus loci and the advancements they represent over many past sex curricula. The analysis shows why such instruction belongs in educational institutions and how such instruction has the potential to enhance students' sexual unfolding, preparing them for more healthy and pleasurable sexual futures. This conclusion, however, leaves concerns about all those young adults who do not have access to higher sex education.

See Change: New Theories and Applications in Sex Education

Susan Stiritz, *Washington University* (sstiritz@wustl.edu)

A paradigm shift in views of adolescent sexuality – that sex is good for teens – is transforming US cultural understandings. This shift could increase campus safety by changing men and women's sexual scripts. Institutions that preserve traditional views of gender and sexuality – whether in laissez-faire practices toward "sowing wild oats" or in exclusively adversarial approaches to dealing with sexual assault cases – help perpetuate "rape cultures" intrinsic to patriarchal societies. The sea change happening in sex education builds on empirically supported,

sex positive models of sexual development. These new models are challenging restrictive, religious, marriage-based, reproductive-centered, androcentric views of sex, which have been the bedrock of American morality since the nation's founding as the home of Puritan ideology. The new sex education provides what young people need to know to become sexually self-efficacious for their life course stage. Teaching anatomies of arousal replaces reproductive biology lessons. Practice replaces abstinence. Negotiation replaces initiator/gatekeeper traditional gender roles. Outercourse and masturbation precede the more usual quick trip to intercourse. Self-advocacy replaces silence. The new sex education envisions a future in which mutual sexual unfolding becomes the new sexual culture on college campuses.

Credibility Determinations in Consent Cases

Deborah Tuerkheimer, *Northwestern University* (Deborah.tuerkheimer@law.northwestern.edu)

Despite the tenacious hold that the stranger rape paradigm maintains on popular imagination and legal responses to sexual assault, the vast majority of rapes involve non-strangers, where consent is typically the contested issue. This makes credibility resolution a particular pressing challenge. This presentation will survey longstanding legal rules for discounting the veracity of rape victims, including corroboration requirements, prompt outcry rules, and cautionary instructions. Although these rules have been formally eliminated, I will argue that we still see their vestiges in the resolution of "he said, she said" consent cases. After describing the relevant social science literature, I will show how biases surrounding complainant veracity continue to impact the treatment of sexual assault allegations, both on and off campus. I will conclude by outlining a conceptual framework for understanding the problem of "credibility discounts" in the sexual assault arena. The fair treatment of rape allegations requires elimination of these discounts.

Has the History of Anti-Semitic Violence During the Holocaust Anything to Teach Us About Sexual Assault on Campus and How to Prevent It?

Heidi Ravven, *Hamilton College* (hravven@hamilton.edu)

In this presentation I shall argue that there are implications to be drawn from the Nazi Holocaust about how normal people are drawn into evil behavior. I take the case of sexual assault on American campuses, which affects 1 in 4 students nationwide, and argue that ordinary young men are being drawn into destructive behavior through group processes that can be brought into focus through looking at studies of how ordinary people came to participate in systematic murder during the Holocaust. I bring to bear psychoanalyst Robert Jay Lifton's studies of the Nazi doctors who oversaw and implemented the murder in the death camps as well as other studies of Nazi perpetrators, especially of ordinary perpetrators caught up in murder. I then turn to studies

of sexual violence on campus and identify group social processes that Nazi perpetrators and perpetrators of sexual violence both exemplify, even if not generally to the same degree of gravity. I conclude that the prevention of sexual violence on campus must be addressed through social interventions into group behaviors and their emergent norms as well as through education and individual and institutional punishments.

Adjudicating Sexual Assault Cases on Campus: Problems of Due Process of Law

Cynthia Grant Bowman, *Cornell Law School* (cgb28@cornell.edu)

Sexual assault directed against female students clearly harms them both physically and psychologically, thus interfering with the equality of educational opportunity guaranteed by Title IX of the U.S. Civil Rights Act. Publicity about this problem has caused the federal government, and specifically the Office of Civil Rights in the Department of Education, to take a vigorous role in monitoring sexual harassment and assault on campuses and to hold universities accountable for it, threatening the loss of federal funds by any institution that does not adopt appropriate policies and effective procedures and remedies. Yet the government's intervention has been controversial, raising questions of fundamental fairness in implementing its mandates. This presentation will discuss various due process issues with respect to persons accused of sexual assault on campus, including the standard of proof required (the Department of Education requires that cases be decided by a "preponderance of the evidence"), lack of representation by counsel, defendants' inability to confront witnesses through cross-examination and thus to present an adequate defense at an adversary hearing, and the interplay of campus and criminal procedures concerning the same conduct.

200. Sexual Abuse V: The Catholic Church, other Institutional Violations and Human Trafficking

Early Adversity, Toxic Stress, Trauma, Lifespan Mental Disorder Violence and Sexual Abuse: A Zeitgeist

David Cawthorpe, *University of Calgary* (David.Cawthorpe@Albertahealthservices.ca)

Introduction: A recent population-based study has provided substantial evidence in support of the relationship between adverse childhood experiences and lifespan health status, individual adaptation, and violence in modern society. A system-wide child mental health service implementation of the Adverse Childhood Experience (ACE: Acestudy.org) survey has permitted an examination of violence and sexual abuse (one of the ten ACE adversity categories) in relation to clinical severity. Methods: This talk presents published evidence from a population-

based study that places early adverse experiences at the heart of life-span health status and human adaptation. These findings are presented in relation to current perspectives on mental disorder and violence in society. Practical approaches to the assessment early adverse experiences and knowledge dissemination and uptake are presented. Logistic regression analysis was used to examine. Results: Of the local population over 16 years, 54% suffered from a physician-diagnosed mental disorder. This group has three times the physical disorders compared to those without any mental disorder. Based on long-term exposure to the Alberta family wellness initiative, implementation of the adverse childhood experience (ACE) study survey indicated that the ACE score is accounted for 44% of the variance in measures of pathology in the clinical profiles measures of children referred to tertiary services. The rank place of sexual abuse in relation to other categories of adversity is presented. Discussion: When embedded in the contemporary Zeitgeist perspective of violence in society, the practical aspects of including structured knowledge about adverse childhood experiences in both prevention, assessment, and treatment efforts related to forensic psychiatry become self-evident. Access to training resources available globally via the Alberta family wellness initiative is presented.

Sexual Assault and the Catholic Church in Australia: Are Victims Finding Justice?

Judy Courtin, *Barrister-at-law, Melbourne, Australia* (jcourtin@netspace.net.au)

Victims of Catholic clergy sex crimes in Australia face significant legal impediments in their attempts to seek justice. The Catholic Church and the legal system are set up such that, all too often, the church and its clergy offenders are protected at the expense of the victim. The Catholic Church relies on legitimate legal defences to protect it from suit, thus corralling victims back into the Church's internal complaints processes searching for justice. The findings of Courtin's doctoral research demonstrate not only that justice is not being delivered, but, victims who attended the Church's internal complaints processes suffer additional psychiatric and psychological harm. The very high number of suicides and premature deaths of those who were sexually assaulted by Catholic clergy is also discussed. Finally, this important research is examined through the lens of a current national Royal Commission into institutional sexual abuse in Australia.

Child Sexual Abuse and Canon Law

Kieran Tapsell, *Retired Civil Lawyer and Author, Sydney, Australia* (kierant@ozemail.com.au)

In 1917 the Catholic Church overturned some 1500 years of its canon law requiring clerics who sexual abused children to be to be handed over to the civil authorities for punishment according to the civil law. In 1922, Pope Pius XI imposed the Church's strictest confidentiality outside the confessional on all information obtained by the Church's internal inquiries about such abuse with

no exceptions for reporting it to the civil authorities. Since that time, every pope has maintained, confirmed and expanded this imposition of the strictest confidentiality under canon law. In 2010, the Vatican announced a dispensation to the pontifical secret by requiring bishops to obey civil reporting laws. Very few countries have comprehensive reporting laws, and where they don't exist the pontifical secret still applies. In 2014, Pope Francis rejected the request of two United Nations Committees to abolish the pontifical secret over child sexual abuse by clerics and to impose mandatory reporting under canon law. The cover up of child sexual abuse for the last 100 years within the Catholic Church is grounded in canon law and it will continue unless Pope Francis reforms it.

The Youngest Victims of Sex Trafficking

Janice Hutchinson, *Consulting Psychiatrist, Washington, USA* (Dr.jhutchinson@gmail.com)

Dianne Reynolds, *Consulting Psychiatrist, Washington, USA* (dlreynoldsmd@gmail.com)

The commercial sexploitation of children is defined as crimes of a sexual nature against juveniles for financial purposes. This includes sex trafficking, child pornography and child sex tourism. It is a global phenomenon, involving children from over 100 countries, with a particular presence in Europe, Central Asia, and the Americas. Global patterns vary and convictions are few. Traffickers can be anyone from parents to police. It is an estimated 9 billion dollar business about which most are unaware but there are mental and physical signs and symptoms that are characteristic. Despite the global incidence and devastating emotional trauma, awareness is limited. Children and adolescents often do not understand that they are victims. However, there are core factors (environmental, social and individual factors) that can guide intervention and prevention. Law enforcement, national (Trafficking Victims Protection Act and Safe Harbor Laws) and international laws (Palermo Protocol) provide global oversight and prevention.

201. Special Circumstances That Impact the Psychotherapeutic Relationship

When One Snowball Became an Avalanche: Two Cases of Involuntary Hospitalization and Forced Medication

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Imagine for a moment that one day, strangers unexpectedly come to your house, where you work, place where you socialize, or where you study and tell you that you must accompany them. Imagine further, that these people inform you that the place to which they intend to

transport you is the local mental hospital. Under those circumstances, what is it that you suppose you might feel? The previous scenario is an actual depiction of what happened to two individuals whose stories I would like to tell you. The stories of these two individuals represent case illustrations of mental health's and the law's (perhaps too) strong reaction to the spate of mass killings that have taken place in the United States in recent years and the all-too-commonplace tendency to disavow our own retaliatory aggression by displacing it onto "the other." Should this tendency to externalize blame away from personal and/or systemic shortcomings persist; there is reason to fear that blame will be assigned, as it often is, to those who are least able to defend themselves, namely, the poor, the lonely, particularly those who are beset by emotional turmoil.

From Head Banging to Authorship: A Story of a Meaningful Psychiatric and Personal Journey

Ronald Abramson, *Tufts University* (rona976@aol.com)

This is a case of the psychiatric treatment of a woman who, at the beginning of the journey, had over 35 psychiatric hospitalizations for self-mutilation, serious suicide attempts, and hallucinatory experiences and toward the end has completed a manuscript describing her experiences and is submitting it for publication. In the early days, complex and sometimes risky, but ultimately productive, decisions had to be made not to hospitalize her when she had suicidal ideation and could not "contract for safety." Also, in the early days, multiple trials of medications were tried out, but none were effective until a meaningful therapeutic relationship had developed, thus demonstrating the way adequate psychopharmacology can be dependent on meaningful psychotherapy. It will also be described how a particular cusp in the development of a good therapeutic relationship was dependent on a very unusual maneuver. Ultimately, it was the psychotherapy, which will be described in this presentation, that was more meaningful than the psychopharmacology, that was successful in helping her evolve into a stable lifestyle with good relationships with her three dogs, her three daughters, her piano teacher, and her male friend.

The Teaching Interview's Psychotherapeutic Value for a Patient Who Has Done Wrong

Harold Bursztajn, *Harvard University* (hbursztajn@harvard.edu)

I will present and discuss a video of a teaching interview of a master mental health teacher and interviewer, Elvin Semrad. M.D. interviewing a young nurse at a therapeutic impasse. The nurse had admitted to having engaged in drug diversion of a patient's diazepam for her own use. She had only made limited progress in the subsequent therapy. Often the teaching benefits of a public interview can outweigh any potential diagnostic or therapeutic value given the humiliation

associated with an exposure of a patient's impairments. Semrad however, was able to use this occasion (as he and other masters' of the public teaching interview I have encountered also do, e.g., Day, Havens, and Guthell) to welcome back a lost soul into a supportive community and facilitate therapeutic progress. Semrad's approach to a public interview which avoided iatrogenic humiliation is a potential model for forensic psychiatric examinations, which while not therapeutic in intent, and not being subject to confidentiality, can nonetheless provide the examinee with a safe from humiliation public space in which to be objectively and deeply understood.

The Case of a Patient Disabled by Severe Depression: The Failure of the Mental Health System

Linda Levy, *New Jersey Institute for Psychoanalysis, Ridgewood, USA* (llevy23@optonline.net)

This presentation is about a case of a recovered alcoholic who sometimes still used over-the-counter drugs to numb his feelings of inferiority, paranoid ideation, anxiety, guilt and depression. Unable to work, he primarily subsisted on government support for which he felt guilty. He lived a very limited existence. Previous treatments included ECT, biofeedback, and medications. His current psychiatrist tried many drug combinations, none of which relieved his symptoms for any measurable amount of time. Mental health agencies failed to help. I worked with him for 13 years. His treatment will be discussed in this presentation. After 12 years, I had given up hope of his having any significant return to a self-supporting life. However, after a series of events, he suddenly was able to unleash rage that he had suppressed and channel it into effective action, which eventually led to a surprising relief of sufficient symptomatology for him to be able to return to work. This presentation will explore the interaction and roles of the Mental Health system, psychopharmacological treatment, and psychotherapy for the mentally disabled and the need for alternatives in treating the chronically mentally ill.

When MORE is What is Needed: A Radical Integrative Approach to Treating Traumatic Brain Injury

Jeanne L. Seitler, *Philadelphia Society for Psychoanalytic Psychology, Ridgewood, USA* (jseitler@gmail.com)

A human being, debilitated by severe Traumatic Brain Injury, requires the utmost compassion and creativity in integrating multimodal therapeutic approaches in the service of reorganizing and re-vitalizing a shattered self-system. This presentation illustrates such a complex treatment: where the artistic, humanistic and psychological talents of many were woven together in response to the task of rebuilding a life. The client was 40 years old when she was struck by a car and woke from a coma five months later to find her life tragically altered by a severe traumatic

brain injury. In the prime of her life and career as a college professor, she found herself unrecognizable. Not only did she have to reacquire the basic activities of daily living, she had become a person who had only minimal use of language. She could no longer read nor write. This created a great crisis for an individual who not only earned her living from her talents in literature and academic writing, but who also structured her avocations and constructed her identity around these pursuits. The treatment also addressed the following psychological symptoms: major depressive disorder, panic disorder, agoraphobia, anterograde and retrograde memory deficits, receptive and expressive aphasias and identity diffusion.

202. Special Topics in Forensic Psychiatry

Prevalence of Factitious Disorders in a General Brazilian Hospital and Profile Evaluation of Agents Involved in Diagnosis

Lisieux Elaine de Borba Telles, *Federal University of Rio Grande do Sul* (lisieux@telles.med.br)

Caroline Moreira, *Associação Brasileira de Psiquiatria, Porto Alegre, Brazil* (carolinegmoreira@hotmail.com)

Factitious disorders, which include the concepts established by Asher in 1951 of Munchausen Syndrome and Munchausen Syndrome by Proxy, coined by Meadow in 1971, cause significant morbidity and mortality, consume a considerable amount of medical resources and produce substantial emotional distress in patients, their caregivers and close third parties. Data on the incidence and prevalence of factitious disorder are difficult to obtain, vary greatly and should be viewed critically. The hidden nature of the disorder may result in a failure to diagnose and underestimate rates. Conversely, the same case may be counted twice, thereby increasing the apparent rates. Studies on the prevalence of factitious disorders in Brazil are rare. Evaluating the profile of these patients and of the assistance teams that make the diagnosis is unprecedented. In addition, factitious disorder imposed on another is considered a form of abuse and violence against the victim, often a child. As this is considered a serious public health problem, it demonstrates the relevance of identifying these cases. In the future, we can develop assistance and preventive actions in order to reduce these rates of violence. This study evaluated, within a university general hospital, the prevalence of factitious disorders including factitious disorder imposed on another, and characterizes the demographic profile of this population and that of the teams involved in its monitoring and diagnosis.

Child Rape in Forensic Analysis

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Pedophilia is a paraphilia that isn't very studied in scientific circles, and its prevalence in the population is unknown. Diagnosis is difficult to perform because the individuals rarely reveal their sexual fantasies or crimes. In Brazil, the law as a heinous crime has recognized the rape of children since 1990. The defendant is not entitled to bail or parole, the prisoner responds to trial in a closed system and must serve his sentence in full. This study sought to investigate forensic reports in the state of Rio Grande do Sul, in Brazil, from 2011 to 2015. A total of 2781 reports were found, and the rape of minors in 105 (4%) of said reports. In 37 (29%) of these cases, the experts found no psychiatric diagnosis, in 27 (21%) of cases, they diagnosed mental retardation, in 26 (20%), the diagnosis was addiction to alcohol or other drugs, in 12 (9%), psychotic disorder, in 7 (6%) dementia, in 2 (2%) Pedophilia, in 9 (7%) more than one psychiatric disorder was diagnosed, and in eight (6%) of cases there were other diagnosis. Forensic experts found that 57% of the offenders were considered fully responsible for the crime and indicated penalty in 70% of all 105 cases. From these cases, experts observed that the highest incidence of rape of minors was not associated with any psychiatric illness. Though when they were, mental retardation was found to be more associated with the offense in question, followed by addiction to alcohol or drugs. The mentally disabled who lack social and family support are more prone to commit these types of offenses and drug addicts respond well to treatment. The prevention of recurrence in these two cases may be the subject of public policies for social assistance and health.

Munchausen Syndrome by Proxy Resulting in Patricide

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Introduction: Munchausen syndrome by proxy is considered by psychiatry a clinical variant of factitious disorder (APA, 1995), comprising, typically, the mother and one or more children who are dependent on the parent. This is a medical condition that is placed at the interface of psychiatry, pediatrics and forensic medicine, and involves both health and justice institutions. Objective: To study, from a multidisciplinary point of view, the case of a woman diagnosed with Munchausen syndrome who killed her child and attempted to kill another one. Methodology: Prosecution files, dead child autopsy, pediatric assessment of the other child and forensic psychiatric assessment of the mother in charge of filicide were analysed. Summary: The case involves a child who died as a result his mother's actions, who was suspected when it´s other son began to exhibit the same symptoms and tested positive for the drug, Tramadol. Through an autopsy conducted on the deceased child and forensic drug testing evidence in court, the charges of patricide against the mother were obtained and forensic psychiatric and psychological assessments upholder *mens rea* on the defendant and reported personality disorder traits.

Dangerousness Assessment

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Objective: To describe the forensic psychiatric work concerning the dangerousness assessment (violence / social risk), as well as the analysis of the concept. Method: Based on the current scales and literature, an instrument is created in order to assess the dangerousness, integrating the different forensic disciplines. Results: A reliable and sensitive tool to assess the dangerousness was created, we found that the concept over the time has changed. Conclusions: Dangerousness is an integrative concept that can be assessed based on the proposed scale, the different views of the concept, is about the terminology, not the content.

Drugs: Consequences for Mental Competency

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Glaydciane Bezerra, *Consulting Forensic Psychiatrist, Porto Alegre, Brazil* (glaydciane@hotmail.com)

One of the biggest problems for the postmodern society has been the abuse of drugs, especially when cocaine and its compounds assumed relevance in the social scene. The impact of this situation goes well beyond their absolute numbers due to its links with violence with crime, domestic violence, public security, justice and prison system. Moreover, the study of these additions – crack cocaine – has demonstrated neurobiological point of view, that affect, structurally and functionally, in many cases, the so-called reward system. But the unfolding disorder affects cognitive and executive functions determining considerable impairment in judgment and evaluation of reality. Some of the most serious consequences of this disease chaining occur in the areas of mental competence – criminal liability and civil capacity – and work activities.

203. Student Sex Work

Understanding Student Sex Work through a Bio-Psycho-Social Lens

Tracey Sagar, *Swansea University* (t.sagar@swansea.ac.uk)

Debbie Jones, *Swansea University* (Deborah.A.Jones@swansea.ac.uk)

The Student Sex Work Project (TSSWP) is an innovative action research project which combined three distinctly different activities in order to maximise its social and academic

impact: empirical research (qualitative and quantitative); psycho-social service delivery (online and face to face); and artistic dissemination through film. First we present the findings of TSSWP with a particular focus on student sex workers' motivations and needs. We then move on to tell the story of 'Belle', a law student who is also a sex worker and an active project member. Using a filmic recreation of Belle's original video diary, we invite participants to view Belle's life through her own eyes. Furthermore, in an attempt to better understand the needs of Belle, participants are encouraged to consider her thoughts and experiences through a bio-psycho-social lens. In doing so, we also call on participants to examine their own ideas and beliefs about the sex industry and student participation in it.

Making Sense of the Complex Bio-Psycho-Social Reality of Student Sex Workers: A Solution Focused Approach to Counselling Student Sex Workers

Sam Geuens, *Swansea University* (Sam.geuens@pxl.be)

The Student Sex Work Project (TSSWP) is an innovative action research project which combined three distinctly different activities in order to maximise its social and academic impact: empirical research (qualitative and quantitative); artistic dissemination through film; and psycho-social service delivery (online and face to face). This paper focuses on setting up and providing psychosexual therapy for student sex workers. First, it discusses how services can be set up for this hidden and hard to reach population. Second, using case studies from TSSWP, session participants are presented with both a theoretical framework that considers the whole bio-psycho-social reality of the student sex worker during counselling and it also provides practical example of how student sex workers can benefit from a solution focussed, maximising the efficacy of the service provision.

Male Students' Participation in the Sex Industry: Findings from The Student Sex Work Project (TSSWP)

Jordan Dawson, *Swansea University* (718712@swansea.ac.uk)

Data from The Student Sex Work Project (TSSWP) suggests that male students in Higher Education in the UK are as likely/slightly more likely than female UK students to work in the sex industry. The data also revealed that engaging in the sex industry can be a positive experience for students, however several issues were highlighted as having a potentially negative impact on student well-being including: experiences of stigma, violence, fear of violence, feeling safe/feeling unsafe. This paper draws on data from TSSWP to offer a comparative analysis of the motivations and needs of male and female student sex workers and in doing so highlights the need for University services to provide support for *all* students with confidence.

Ada L. Sinacore, *McGill University* (ada.sinacore@mcgill.ca) – Discussant

204. Suicide and Self Harm I: Prison Suicide

Prison Suicide in Female Prisoners in Germany

Annette Opitz-Welke, *Justizvollzugskrankenhaus, Berlin, Germany* (opitz-welke@web.de)

In many countries suicide is the most common preventable cause of death in prison. In Germany from 2000 to 2013 the suicide rate in relation to that of the residential population was 5.6 times higher in male prisoners and 8.6 times in female prisonersrespectively. In Germany, like in most other countries, female prisoners are a minority in prison. Analyzing suicide rates in German prisons revealed an increase of suicide rates in female prisoners from 2000 to 2013 while the suicide rate of the male prisoners decreased duringthe same period. Reasons for this gender-specific difference are not yet clear. Using data that was collected by specific questionnaires on suicides in prison can contribute to the understanding of the observedgender specific mortality gap. It will be discussed whether the respective female prisoners' individual characteristics and/or infrastructural parameters of the correctional facilities may cause the observed effect. Strategies for prevention of prison suicide in Germany are discussed.

Prison Suicide in the Elderly

Justus Welke, *Federal Joint Committee, Berlin, Germany* (justuswelke@kabelmail.de)

Within the prison system, there is a substantial proportion of prisoners who are over 60 years old. This population suffers an elevated vulnerability for somatic, psychiatric and neurological morbidity. This presentation will address how this is taken into account in prisons and what effect oldage has on the prevalence of psychiatric illness, and more specifically, on the risk of suicide. Evidence from an extensive German database on suicides from 2000 to 2013 can show specific properties of the 49 prisoners age 60 years and older. The spectrum of psychiatric diagnoses in the elderly prison community is compared to that of younger prisoners. A review on specific measures aimed at the medical care of elderly prisoners in several countries with different legal regulations as well as country-specific health care systems will be presented. The discussion includes different motives for suicide in elderly prisoners. Another potentially relevant aspect is the differences in endocrinal status and neuropsychological features.

Implementation of a Suicide Screening Instrument in a Remand Prison in Berlin

Dora Dezsö, *ChariteBerlin, Berlin, Germany* (dora_dezso@gmx.de)

Screening for suicide risk is one of the most important and potentially lifesaving aspects of clinical mental health examination. Screening instruments for suicide are designed for individuals in general health care settings or for use in psychiatric hospitals. There is an unmet need for a screening tool that is specifically suited to evaluate suicide risk in prison settings. To facilitate its use in standard care in a prison hospital, a suicide screening instrument was developed that can be added to the standard admission procedure, and is currently being tested in the standard admission routine in the Berlin Remand Prison for men. Suicide prevalence in a remand prison is usually high, but nevertheless it is a relatively rare incident. The usefulness of the instrument is examined by testing its ability to predict surrogate parameters for suicidality (e.g. solitary confinement, severe self-mutilation, preparation of measures for suicide). Results of the intervention group are compared to results of a treatment as usual group. Conclusions for prevention strategies are discussed.

Suicide Risk of Residents Within a Special Forensic Psychiatric Security Hospital

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In Germany, mentally disordered offenders are subject to special legal regulations, which are based on the concept of criminal responsibility; offenders who are not criminally responsible and not considered dangerous are sometimes hospitalized in general clinical institutions. For those who are considered dangerous but not criminally responsible because of severe mental disorder admission in to special forensic psychiatric security hospitals is scheduled regardless of therapeutic prospects. Suicide research shows that people with mental health problems have a higher probability of dying from suicide. It is expected that all patients of such a special forensic psychiatric security hospital suffer from a severe psychiatric disease. Not much is known about the suicide rates of this specific population. This study evaluates the case reports of all deaths caused by suicide between the years 2003 – 2013 in the special forensic psychiatric security hospital ("Krankenhaus des Maßregelvollzugs") in Berlin, Germany. The results were compared with the suicide rate in correctional institutions and the suicide rate in the general population. The results allow us to draw conclusions about suicide prevention.

205. Suicide and Self-Harm II

The Germanwings Catastrophe

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On March 24, 2015, 149 people died in an airplane-crash deliberately caused by the co-pilot Andreas Lubitz. One year later the final report of the French Bureau of Investigation for Aviation Safety (BEA) was presented. Lubitz has been psychiatrically treated for depression; he was unable to pilot an airplane and should not have been flying. Before the crash, he received a referral for inpatient psychiatric treatment which stated that he was unable to work, however, he never submitted this note to his employer. He was treated with psychotropics, nevertheless other pilots as well as his instructor later stated no concerns about his aeronautical skills. How could this have been prevented? On one hand, this breaches medical confidentiality but on the other hand, psychiatrists need to be consulted as apart of the medical flight. In Germany, a physician now has the option to notify authorities about a patient announcing serious crimes. While stricter controls for pilots by changing the Aviation Act have been introduced, international guidelines should be specified. Aeromedical examinations should be complimented by psychiatric opinions, particularly with references to mental disorders. Psychiatric and legal aspects of the Germanwings crash will be discussed.

The Role of the Inquest in Policy

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In Australia, as in other jurisdictions with British law as antecedents, the Coroner's inquest is used to examine sudden or unexpected deaths. The deaths can occur as a range from homicides to suicide. In most Australian jurisdictions, as a result of historical factors, all deaths in custody also have the potential for referral for an inquest. The inquest is conducted in the Coroner's Court. In addition to findings relating to cause of death, the Coroner can also (and often does) make recommendations to prevent deaths in circumstances similar to those examined in a specific inquest. This presentation will examine the findings of selected inquests into the deaths of people who have committed suicide as a result of diagnosed mental illness. It will also discuss the policy implications of Coroners' recommendations. In many instances the Coroner identifies deficiencies in the management of the mental illness of the person who has committed suicide. However, there are cases where despite correct protocols having been followed, the person still committed suicide. The dilemma facing the health professionals in many of these cases hinges on the principle of the least restrictive environment, and the balance between safety and freedom of the patient.

Psychiatry and Physician Assisted Death: Legal and Ethical Considerations

Rebecca Weintraub Brendel, *Harvard Medical School* (Rebecca_brendel@hms.harvard.edu)

In the United States, the public is engaged in a debate about physician-assisted-death. While approximately half of US states have considered physician-assisted death legislation, only a minority, but a growing minority, has adopted laws. At the same time, organized medicine within the U.S. remains opposed to physician participation in assisted death. While laws in the U.S. restricted to terminal illness, there are nonetheless roles for psychiatrists. Two key issues are the determination of capacity to request a lethal prescription by psychiatrists and the role of mental illness and/ or psychological suffering in requests for death. This presentation will address challenges psychiatrists may encounter as physician-assisted death practice evolves. It will, in particular, focus on ethical challenges of relevance to psychiatrists. Attention will also be paid to an examination of US laws in light of euthanasia data from Europe. The talk will end with a summary of considerations and practical guidance for psychiatrists in assisted death jurisdictions.

Caring for Others as Suicide Prevention

Christophe Lemey, *CHRU Brest* (christophe.lemey@chu-brest.fr)

Suicide remains the "only true serious philosophical problem" (Camus). Many philosophers have legitimized it, whereas others have condemned it throughout history. More recently, one of them, Michel Cornu (2000) has forged the expression "*éthique de l'inquiétude*", which means ethics of concern. For a word-for-word translation, the expression "ethics of restlessness" can be used to express the permanent question of suicide. This absence of rest can be understood according two ways. According to an epistemological point of view, it refers to the absence of rest on a single constituted knowledge; hence, the need for an interdisciplinary approach of the "suicide" objects. According to a relational point of view, it refers to the absence of rest towards the other or concern for the other (solicitude). The suicidological literature is filled with examples of interventions of universal prevention (monitoring devices tele-help, tele-check), specific prevention (crisis interventions) or targeted intervention (devices for monitoring or maintaining contact) whose efficiency is based on the principle of being "one step ahead the request". However, two attitudes must be distinguished: in one side, careful solicitude (vorspringende Fürsorge) (releasing the other to himself); and in the other side, substitutive solicitude (einspringende Fürsorge) (releasing the other of himself) which can be considered like a paternalistic relationship (Heidegger).

A Critique of Psychological Explanations of Suicide Bombers' Motivations

Robert Brym, *University of Toronto* (rbrym@chass.utoronto.ca)

This presentation undertakes two tasks. First, it presents a critical review of research claiming to demonstrate that psychological disorders motivate a large proportion of suicide bombers to take

their lives and the lives of others. In doing so it raises a host of methodological problems with this body of research. These problems include the invalidity of data used to make psychological inferences about suicide bombers; the unrepresentativeness of samples of suicide bombers that researchers have examined; and the possible contamination of data by interviewer and contextual effects. The second task is to provide systematically collected evidence challenging psychological interpretations of suicide bombers' motivations. Drawing on interviews with immediate family members and close friends of a 25 percent random sample of Palestinian suicide bombers who conducted attacks during the second *intifada* (between 2000 and 2005), it concludes that political and sociological factors are more important than psychological factors in motivating suicide bombers.

Andrew Slaby, *New York University* (aeslaby@aol.com) – Discussant

Anthony Adiele, *Advanced Forensic Psychiatry and Medical Law Services, South Yorkshire, UK* (dysgenesis@yahoo.co.uk) – Discussant

206. Terrorism, Security, Mass Murder, Mental Illness and the Media: How do we Sort out the "Mass Mess"?

Are Mass Murderers Mentally Ill? Is it All-or-Nothing, or Are There Fifty Shades of Grey?

Brandon Reynolds, *Boston University* (annasgj@bu.edu)

It is understandable that one can witness the cruelty and severity of a mass murder and instinctively say "That person *must* be crazy!" However, in most cases, such killers are not driven by insanity. In fact few suffer from a serious mental illness (SMI). Rather, individual case studies have often revealed paranoid themes in their cognitions (Knoll and Meloy 2014). In addition, these individuals are often preoccupied with feelings of social persecution and fantasies of revenge against their perceived tormentors. Often perpetrators of mass murder will leave behind some communication as an explanation in the reasonably likely event that he/she dies in the act. In this session I will discuss some of the ways in which one can attempt to decipher some of these writings and how it may be useful in regard in determining if someone has SMI or if another predominantly "sane" process is involved in their thinking. While an examination of one's writing, in itself, is not sufficient to make a diagnosis, one can still glean a great deal about of the writer's mindset at the time of authorship, from this analysis.

Anders Breivik Now and Then: Delusional Extremist Beliefs or Extremist Narcissist?

George David Annas, *SUNY Upstate Medical University* (AnnasG@upstate.edu)

There are terrorists who are *given* a mission, and there are terrorists who *give themselves* a mission. The first ones belong to a more or less defined group (IS, Boko Haram, etc.). Those in the second group, act alone, and can either *claim* to belong to such a group (such as declaring allegiance to the organization on social media), or act from his own beliefs. Logically, one assumes that being part of an organization suggests those actors who work under their own volition (i.e. not seriously mentally ill), because an organization full of mentally ill members generally won't get very far. However, too often one assumes those of the second category *must* be mentally ill, simply because they are lone actors. This presentation will discuss these issues with a focus on Anders Breivik who had a specious online connection to some political groups, but largely fabricated his own group and mission. However, these facts alone do not suggest mental illness, or necessarily delusional drives. In fact, such a case may demonstrate something potentially more common in such lone actors: that of significant narcissism and the need to "create" a "leadership" role in order to fortify a fragile self concept.

Like a Moth to the Flame: Comparing and Contrasting Recruitment of Terrorists from Local Communities and the World Wide Web

Hassan Naqvi, *Emory University* (Hassan.Naqvi@emory.edu)

The intelligence community has long struggled to find effective strategies to counteract terrorism recruitment strategies. In the past few decades organizations such as Al-Qaeda and Hezbollah have focused on recruitment and indoctrination of individuals on a local level. This process involves identifying at individuals who have a high affective valence regarding an ideological issue, a personal stake in such an ideology, or possess dependent and impressionable personality structures. However, with the rise of the Islamic State and their mastery of social media, the use of the Internet in this process has proven to be effective on a scale not previously imagined. This new and more effective strategy has focused on encouraging recruits to seek martyrdom, instead of the organization seeking potential martyrs. In this session I will compare and contrast recruitment strategies of terrorist organizations on a local level and on a global scale using the world wide web and social media.

Political Responses to Mass Murder and Terrorist Attacks: How Should the President and Congressional Leaders React?

George J. Annas, *Boston University* (annasgj@bu.edu)

After the U.S. shootings in Orlando and Dallas, President Obama said, "… As we've seen in a whole range of incidents with mass shooters, they are, by definition, troubled...have a troubled mind. What triggers that, what feeds it, what sets it off? I leave to psychologists and people who study these kinds of incidents". This presentation will suggest that there are two major categories of responses to mass shootings and mass murder: (1) what national leaders should always say; and (2) what national leaders should never say (such as linking violence with mental illness). I will use examples to illustrate the benefits of using concepts and ideas in the first category, and the harms of perpetuating myths and misunderstandings in the second category. In addition I will suggest what should be "left to psychologists" and psychiatrists in the wake of a mass killing, and what should not.

207. The Changing Paradigm of Criminal Law: From Responsibility to Risk Control

Risk and the Erosion of Western Penal and Criminal Law Values

John Pratt, *Victoria University of Wellington* (John.pratt@vuw.ac.nz)

Western societies often refer to their penal and criminal Justice systems and their emphasis on protecting the rights of individuals as a way of distinguishing themselves from non-Western societies. In the West, longstanding principles of law and practice have insisted that punishments should thus be finite rather than indefinite, for example; there should no retrospective legislation; hearsay evidence should not be allowed; there should be presumptions in favour of bail and prisoners must be released at the end of any finite prison sentence. However, across all the main English-speaking societies, these principles are being eroded as risk-based penal arrangements are put in place. In so doing, understandings of human rights are shifting from protecting individuals from excesses of the state's power to punish to protecting communities by using those powers against individuals thought to put their well-being at risk. In this way, those longstanding principles that had previously acted as barriers to such powers are being eroded. How has this become possible in these societies?

The Nordic Response to Risk and Dangerous Offenders

Tapio Lappi-Seppal, *University of Helsinki* (Tapio.lappi-seppala@helsinki.fi)

The Nordic countries are usually known of their liberal penal policies, low incarceration rates and progressive prison systems. The paper, however, deals with another – and much less discussed – part of the judicial system. It is about the "heavy end" of the sanction system, the one that is implemented for those that have committed the most serious offenses and/or present to most compelling risk for public security. Arrangements that fall under this definition include life

imprisonment, confinement based on perceived risk of future offending (preventive detention), as well as the placement of violent offenders under involuntary institutional mental health care. As a result of the social liberal critics of existing penal practices in the shift of the 1960/70s, all Nordic countries restricted application of indeterminate sanctions. Eventually both Finland and Sweden abolished the system of preventive detention altogether, whereas Norway and Denmark retained this option in restricted form. On the other hand, Norway decided to abolish life imprisonment, much for the same reasons in the early 1980s. The paper will discuss the application practice of both preventive detention and life-imprisonment post the 1970s law-reforms.

The Vulnerable Subject of Precautionary Justice

Peter Ramsay, *London School of Economics* (P.Ramsay@lse.ac.uk)

This paper will explore the idea of the vulnerable subject as the source of the normative appeal and political legitimacy of the risk prevention paradigm in the criminal law. It argues that the criminal offences that belong in the risk prevention paradigm can be thought of as institutionalizing a precautionary criminal justice. In precautionary criminal justice, presenting an uncertain risk of harm is itself a penal wrong, and the state has a retributive justification for incapacitating a person whose actions prove that they present a non-negligible risk of future harm, notwithstanding the lack of certainty that the anticipated harm will materialize. The paper argues that this precautionary justice makes sense from the standpoint of a subject of law who is defined as vulnerable. The paper investigates the concept of the vulnerable subject as it is found in the work of various contemporary writers, including Jonathan Simon, Robert Goodin, Martha Fineman, Alasdair Macintyre, Frank Furedi, Bryan Turner. The connection and tension between the universal vulnerability of the human subject as such and the particular vulnerability of individuals and groups arising from their relations with others will be considered in the context of criminal justice.

How Do We Make Criminal Justice Feminine?

Hiroko Goto, *Chiba University* (hirog@faculty.chiba-u.jp)

The modern criminal justice system has been considered as gender neutral. It has been claimed that there is no gender bias in this system. But the criminal justice system works to protect male property and gender discriminated society; men occupy the majority of legislature and practitioner roles within this system. Their main concerns revolve around how to reflect their interests and profits in a male-dominated society. Female ways of thinking and a female sense of fear or risk has been ignored in this system. Female defendants or victims have difficulty getting through this male-oriented system. Female defendants or victims are judged on their criminal conduct or victimization using male-oriented criteria. Penalties play a different role for females.

This presentation will reevaluate the modern criminal justice system from a feminist viewpoint and make clear that criminal statutes, procedures and penalties are distorted by gender bias. Because of this distortion, female participants in this system may carry extra burdens. The purpose of this paper is how to make the masculine criminal justice system feminine provide a safe society for women and children.

208. The Children's Court: Balancing Welfare Priority With Legal Decision-Making

Understanding Children's Court Processes and Decisions: Perceptions of Children and Their Families

Bernadette Saunders, *Monash University* (bernadette.saunders@monash.edu)

Despite Article 12 of the United Nations Convention on the Rights of the Child (1989), children's experiences of, and perspectives on, issues that affect them are too often neither sought nor taken into account in legal matters which concern them. As the experience and outcomes of involvement in court proceedings can greatly affect the lives of children, their families and the societies in which they live, their insights are integral to the assessment of what is working well, and what needs to change if court processes and decisions are to be reasonable, fair and just. This presentation addresses the question: '"What do we know from Australian and international research about how children and their families understand and experience Children's Court processes and decisions?" It presents the findings from a systematic review of Australian and international literature that explores how children and their family members experience, as participants, Children's Court proceedings and what is their understanding of, and perspectives about, court processes and decision outcomes. Stemming from the existing research literature, recommendations are suggested about desired changes in how the legal system takes account of children and their families, with deficits in current knowledge identified and suggestions for further research both noted.

Legislating for Permanent Care of Children Requiring Out of Home Care: Is This Working for the Benefit of Children?

Margarita Frederico, *La Trobe University* (m.frederico@latrobe.edu.au)

Maureen Long, *La Trobe University* (m.long@latrobe.edu.au)

Carlina Black, *La Trobe University* (carlinab@VACCA.ORG)

Increasingly the response to the challenge of reducing the instability of placement that characterizes children's experience of the care system has been to turn to legislation and to

attempt to ensure permanency of care outside the family of origin. Two decades ago the USA implemented its Adoption and Safe Families Act (1997) underpinned by principles of permanency planning and a stated aim to prioritise the well-being and safety of children. It required States to commence proceedings to terminate parental rights once a child had been waiting in foster care for a specified period of time. In 2016 the Victorian Government, Australia implemented amendments to the Children, Youth and Families Act (2005) to "promote planning, decision making and permanency for vulnerable children and young people" (CECFW 2014). The legislation imposes one year for parents to demonstrate their capacities to care for their children. This presentation examines the impacts of the permanency planning legislation in the USA and considers whether similar outcomes are likely to occur as a result of the Victorian legislation especially as they pertain to families in poverty and also to Indigenous families, in the context of Australia's history, including the legacy of the Stolen Generations.

Is it 'Fair'? Representation of Children, Young People and Parents in an Adversarial Court System

Morag McArthur, *Australian Catholic University* (morag.mcarthur@acu.edu.au)

Children's Courts in Australia are important parts of the systems which protect children and deal with young people who offend. They are institutions which play a critical role in making decisions about the best interests of these vulnerable children and young people. The paper reports on specific findings about representation in child protection matters in the Children's Court in Australian Capital Territory (ACT). Locating the research within contemporary discussions of representation of children, young people and families within the court system it describes, analyses and discusses what 48 key stakeholders said about representation. It found that most stakeholders were adamant that for all parties to receive as fair a hearing as possible, they needed representation. However they identified a range of barriers to this occurring including; access, quality and conflicts about what represents 'best interests' of children. There was also ambivalence about the desirability of best interests being decided in an adversarial court system, where parties and their representatives (if they have them) are pitted against each other.

Deciding the Best Interests of the Child: Challenges Facing the Child Welfare Jurisdiction in Australia

Rosemary Sheehan, *Monash University* (Rosemary.sheehan@monash.edu)

The Children's Court is a key social institution whose legal decision making has major social consequences for children and families. This presentation reports on the findings of a study of Australia's Children's Court magistrates and other stakeholders on the challenges to the court and their support for a range of possible reforms. The focus of this presentation is on the Court's

child welfare jurisdiction which hears child protection matters brought before the Court by the statutory child protection service. The findings point to support for change in the approach to, and management of, child protection matters, within a more problem-solving court. Findings also point to the need for research on the understanding of court processes and decisions by parents and families; they point also to the need for training to increase knowledge and understanding of child protection concerns, child development and family functioning amongst magistrates and legal professionals.

209. The Complexities of Trauma in Correctional Settings and the Moral Mandate to Repair the Damage of State-Sponsored Torture in a Post 9/11 World

Many Roles, One Loyalty: The Dangers of Blurring the Line between Treatment and Security in the "Age" of National Security

George David Annas, *SUNY Upstate Medical University* (AnnasG@upstate.edu)

Forensic Psychiatrists and Psychologists can be in positions to work in an objective capacity whereby they are not advocating for the person they are seeing. If the role is explicitly stated at the outset of the evaluation, and all related disclosures given (such as the limits of confidentiality), then such work is considered ethical by professional organizations, (such as AAPL and others). Even in an objective capacity, a doctor must not forget that other ethical duties may still exist. For example, reporting suspected prisoner abuse, passing on to the medical team any suspicion that the person may be a risk to harm his/herself, etc. In addition a doctor should never participate in actions that cause injury or suffering. In this session I will discuss some of the most egregious examples of physicians and psychologists who started out as potential healers, and ended up in the opposite role, including the psychologists who engaged in torture in the supposed name of fighting terrorism. How does someone in a healing profession move from "I'm not *your* doctor today" to "I'm not *a* doctor today?"

Congratulations, You're Free to Go! So, Now What? The Rehabilitation of US Torture Victims Released from Guantanamo

Sondra Crosby, *Boston University* (scrosby@bu.edu)

Once upon a time in the United States, at the end of a sentence, an inmate would be handed no more than a bus ticket and $5, upon release. Fortunately, now, there are standards in place to avoid such acts, including what is often referred to as "Re-Entry Planning." For example, a mentally ill prisoner, would be provided with basic transitional care (follow-up appointment,

bridging medications, etc.). Despite this, on top of the denial of due process, and many other rights being denied them, GTMO detainees who have been released have not been convicted or sentenced for *any crime*, and yet have been given no transitional care. Using specific case studies, including long-term Guantanamo prisoners who have been dumped in countries foreign to them, this talk will outline how many of them were given nothing to either compensate or help them re-adjust to life. This includes often being put in countries where they don't speak the language, and always with the stigma of being an alleged terrorist. With these case examples, this presentation will suggest that the US has a moral and ethical obligation to provide them with care and rehabilitation, if not reparations.

Masterminds at Work: Terrorist Recruitment and Additional Forms of "Collateral Damage"

Hassan Naqvi, *Emory University* (Hassan.Naqvi@emory.edu)

Terrorist organizations are often many steps ahead of public health and mental health infrastructures in terms of exploiting psychological vulnerabilities in their recruitment. This is especially true in regard to their recruitment of suicide bombers, which involves a systematic process of identifying populations that are vulnerable to recruitment, weeding out those that are not, and getting them to the point where they cannot turn back. In addition to this strategy, terrorist organizations also exploit the socioeconomic vulnerabilities, often posing as aid workers. While these tactics often provide them with willing participants, it can also cause others to end up associated with an organization without any intention to support their cause or tactics. In this session, the ways in which terrorist organizations use psychological vulnerabilities in order to recruit fighters to their cause will be discussed. In addition, this presenation will discuss how it is likely common that many detained for so-called "terrorist acts" at GTMO may have been those actually seeking some form of aid, and nothing more, prior to their detainment.

Apologizing to Post-9/11 Victims of US Torture

George J. Annas, *Boston University* (annasgj@bu.edu)

A doctor who tortures, not only violates the rights of an individual, but maligns the entire profession. The act of one can cause lasting effects beyond the individual. Not only might the victim distrust another in a healing profession, and avoid needed care, but a bystander might look at the act as being "justified" – consciously or not – simply due to the act being committed by a doctor. Such damage is severe when caused by one bad actor in a "role model" profession, but when the State itself fails in its role, by condoning it, the damage may be nothing short of astronomical. The United States should and must fully repudiate the use of torture. Despite claiming that such acts have been repudiated, not a single person has been prosecuted for torture

committed during the detainment or interrogation of those suspected of terrorism post-9/11. Although just a beginning, a major component of this repudiation is apologizing to the individuals that US military physicians and psychologists have tortured. Drawing on past examples involving unethical and unlawful experiments by the United States, including the Tuskegee, Radiation, and Guatemala cases, this presentation will examine the precedents for State apologies and advocate for this first step.

210. The Elderly I: International Research-Based Perspectives on Elder Abuse

Perpetrator-Victim Dynamics in Elder Abuse

Alan Clarke, *Aberystwyth University* (ahc@aber.ac.uk)

A fully realised analysis of perpetrator-victim dynamics in elder abuse is a considerably more complex undertaking than merely identifying risk factors associated with victimisation, such as victim dependency and vulnerability. Equally critical in this context are the motivations and intentions of the perpetrator and the contextually driven and historically informed nature of the interactions that precede, constitute, and ensure from specific patterns and instances of abuse. How do these interactions truly affect the shared and individual lives of those involved? Development of multi-disciplinary theoretical frameworks for analysing elder abuse, generating more holistic policy responses, and constructing effective practice models requires a more sophisticated understanding of the nature, context and interpersonal dynamics of abuse in later life. In so doing, we must attain a valid conceptual and definitional consensus, while challenging stereotypical perceptions of older people, ageist assumptions, and misconceptions about elder abuse found in professional discourses and the wider society.

Defining 'Elder Abuse' at National and International Levels of Legal Discourse

John Williams, *Aberystwyth University* (jow@aber.ac.uk)

For the last seven years, the United Nations Open-Ended Working Group on Ageing has undertaken to consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them. Byproducts of this collaboration have included adoption of a Resolution regarding the development of a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons, as such values are not addressed sufficiently by existing mechanisms and therefore require further international protection. From a legal perspective, it is critically important to define just who are "elder" persons and what constitutes "abuse." If the law fails—at either national or international

levels—to define elder abuse in explicit terms as a potentially criminal act, then it effectively decriminalises it, sending the wrong message to abusers and society, and failing to change attitudes and perceptions of elder abuse.

The 'Personal Tragedy' Model of Domestic Elder Abuse

Sarah Wydall, *Aberystwyth University* (sww@aber.ac.uk)

State policy responses to the phenomenon of domestic abuse—particularly in cases involving older persons—are all too often recognisable as a perpetuation of the now-discredited "personal tragedy" model. This label first emerged in the response of social scientists and other commentators to a medicalised, paternalistic view of persons with disabilities as victims of horrific circumstances whose experience was dependent upon a series of psychological adjustments. Applying this outdated model to situations of domestic elder abuse inhibits the opportunity for genuine victim engagement and empowerment. An ongoing nationwide study of older victims' perceptions of barriers to engagement with welfare and justice mechanisms underscores the need for widespread societal and structural change in order to facilitate effective participation, to challenge remaining barriers to autonomy, and to achieve sweeping, fundamental changes in how victims of domestic elder abuse have been defined as well as their subsequent interaction with State representatives and institutions.

Ambiguity and Inconsistency in the Application of a 'Significant Harm' Standard to Cases of Elder Abuse

Rebecca Zerk, *Aberystwyth University* (reb15@aber.ac.uk)

The ongoing "Pan-Wales Adult Protection, Domestic Abuse and Hate Crime Study" has identified intriguing variations in the way a "significant harm" standard is interpreted and applied by local authorities in cases of elder abuse. Employing a multi-method research design with both quantitative and qualitative methods of data collection, this study has determined that the element of subjectivity involved in assessing levels of harm—based upon a particular respondent's professional judgment—tended to increase inconsistencies in both threshold testing and subsequent responses. Whilst respondents acknowledged that small differences were understandable, they also opined that current practices have led to wide variations in threshold decisions, with an uncertainty as to how to address fluctuations in the threshold test. There is clearly a need for greater clarity in defining the ambiguous and inconsistent concept of "significant harm" in this context, and consequently for crafting revised procedures in response to cases of elder abuse.

Commonality and Divergence in International Approaches to Elder Abuse

Eric Y. Drogin, *Harvard Medical School* (eyd@drogin.net)

In every civilised jurisdiction subject to the rule of law, there exists some statutorily defined basis for police intervention in cases of elder abuse. No criminal justice system overtly countenances—for example—the physical harm, emotional manipulation, or financial exploitation of older persons. Common to each entity are options for arresting, trying, and punishing perpetrators of elder abuse, with available sanctions that include some mixture of fines, incarceration, conciliation, and compelled service. Various jurisdictions tend to diverge, however, in their manifest approaches to such components as the degree of sanctions, the ranges of age and disability that confer protected status, the delineation of such legally relevant terms as "abuse," "dependency," and "neglect," and specific procedures for investigating and processing actionable incidents, including the employment of non-constabulary helping professionals and other designated support entities. Identification of comparative strengths and weaknesses will inform the identification of best practices and opportunities for reform.

211. The Elderly II: Protecting the Elderly

From Unconscious Bias to Neutrality: Examining Elder Mediation Through an Ethical Lens

Anita Dorczak, *Barrister-at-Law, Edmonton, Canada* (adorczak@telus.net)

The growing numbers of elders around the world will necessitate new models of conflict resolution to address the intergenerational, multi-issue and multi-party aspects of disputes involving the older members of society, their adult children and grandchildren. Elder mediation is a respectful and confidential conflict resolution process which allows for out of court resolution of a variety of family issues. Mediators however may be influenced by the prevailing myths about aging and other personal biases. This presentation will focus on the tension between mediator's neutrality and unconscious biases related in particular to the issues associated with aging.

Predators of the Aging: Failing Cognitive Skills of the Aging and Exploitation by Fraudsters

Donald Rebovich, *Utica College* (drebovi@utica.edu)

This presentation draws upon findings from a study of criminal cases of fraud against the elderly, how failing cognitive skills are exploited by fraudsters, the types of frauds committed and the use of social engineering methods used by fraudsters to successfully commit their crimes. The study (funded by the U.S. Postal Inspection Service) draws upon the analysis of the USPIS national database of frauds against the elderly. Over 200 closed criminal cases (affecting over 75,000 victims) were analyzed. Special attention was paid to the quantitative distribution of cases (e.g., gender, geographic location) and qualitative elements of offense methods. Social engineering methods were examined to highlight how offenders "drew" their victims in. Types of fraud covered in the study include investment fraud, telemarketing fraud, lottery fraud and sweepstakes fraud.

The Benefits of Walking Groups for People Living with Dementia in Community Care Services

Jitka Vseteckova, *The Open University* (jitka.vseteckova@open.ac.uk)

Caroline Holland, *The Open University* (caroline.holland@open.ac.uk)

Our aim is to introduce people with mild and moderate dementia and their carers to regular walking group activity established within community care services. We will work with existing walking groups including people living with dementia. We anticipate a mixed methods research approach. The qualitative data collection will involve a short interview for participants and their caregivers before the intervention takes place, to benchmark the participants' physical and social activities and self-perceived quality of life, with a follow-up interview after involvement with the walking group. For the quantitative part of the data collection we will use pre-test & post-test measures, employing pedometers, stabilometric platforms, measures of BMI, etc. In addition to these physical measures, a Behavioural Change and Attitude measure will be used, alongside a measure of wellbeing such as QOL-AD, DQOL, and QUALDEM. We also plan to systematically review literature and produce a better understanding of the potential role of walking groups in the care of people living with dementia; evaluate selected markers of coordination and postural stability in relation to walking group activity intervention and also evaluate the social wellbeing of people living with dementia and their family caregivers, in relation to involvement with a walking group.

Honouring the Choices of Nursing Home Residents While Practicing Good Risk Management

Marshall Kapp, *Florida State University* (marshall.kapp@med.fsu.edu)

Many nursing home residents have cognitive and/or psychiatric impairments. Nonetheless, the Nursing Home Culture Change movement and other professional and public forces are

encouraging nursing homes and their staffs to be much more ambitious about honoring the expressed choices of nursing home residents regarding various matters affecting the daily health, safety, and welfare of those residents. These quality of life and quality of care matters are very diverse, and cover such decisions as health care interventions, dietary choices, and clothing and furniture selection that are important to residents for whom autonomy has often been severely curtailed by virtue of residing in an institution. One of the main impediments to a greater deference to resident autonomy is anxiety on the part of care providers about potential adverse legal consequences in the event that a resident's choice is respected and the outcome results in injury. This presentation will discuss the risk management implications of honoring the choices of nursing home residents and suggest strategies for promoting resident autonomy without exposing providers to an unacceptable level of liability risk.

Whānau-Led (Family-Led) Approach to Advance Care Planning – Lessons from Traditional Care Customs

Stella Black, *University of Auckland* (stella.black@auckland.ac.nz)

This paper presents an overview of traditional care giving practices Aotearoa New Zealand Māori used to care for the ill and dying. Despite British colonial law suppressing tohunganism (the ancient spiritual customs and rituals practiced at end of life) Māori continues to hold fast to traditional healing customs. Aroha (love/compassion), maanakitanga (respect), wairuatanga (spirituality) and kotahitanga (unity) practices form the base of whanau-centered care. Colonialism has resulted in social deprivation, smaller whānau units (fewer carer's), as well as the loss of cultural identity and traditional care customs. However, planning and carrying out tangihanga (traditional Māori funeral) remains a resolute site for displaying the strength of Māori tikanga (principles and values) including caring for the bereaved. This paper draws on the findings of several end of life and palliative care research projects to highlight how indigenous caregiving and end of life (tangihanga) skills can be utilised by whānau early in the illness trajectory to support whanau-centered advanced care planning.

212. The Eve of Trial

When Early Warning Signs Remain Unheeded on the Eve of Trial

Thomas G. Gutheil, *Harvard Medical School* (gutheiltg@cs.com)

Early warning signs of problematic attorney practices and corresponding expert witness vulnerabilities, when these remain unheeded, set the stage for heartache and drama when clashing styles, ethical tangles, competing professional standards, and chronically ineffective communication can no longer be ignored on the eve of trial. Bias and pressure will serve as critical sources of dissent, distraction, and discontent when the appointed hour for courtroom

testimony looms. Belated attempts to alter the attorney-expert contract, to revise the originally designated forensic question, to unleash a deluge of previously unseen data, and to hold fee payment hostage as a last-ditch means of influence are the often predictable successors to counsel's broad preparation failures, general inaccessibility, and provision of critical documentation in piecemeal fashion. The expert witness may state—and follow through upon—a readiness to withdraw altogether if the situation appears unmanageable, but in any event will always speak the truth when testifying.

A Case Example of Attorney-Expert Negotiations on the Eve of Trial

Barry H. Roth, *Harvard University* (broth@bidmc.harvard.edu)

Will sufficient time be afforded—and funded—for a fully realized expert witness opinion and report? Will testimony be scheduled with optimal advance notification to the expert witness of dates and locations, and with sensitivity to prior commitments and predictably emerging professional obligations? Will suitable transportation and lodging be arranged in a fashion that allows the expert witness to arrive properly rested and prepared? It may not be possible to draft a contract for services that anticipates and resolves in advance all such issues. As accommodations are negotiated, when does the "law of diminishing returns" begin applying to what retaining counsel may eventually start to associate with a disturbing level of defensive expert witness practice? Anticipating, addressing, and solving these and similar practical issues can be complex and demanding enough in the earlier stages of litigation. Attempts at resolution on the eve of trial can range from vexatious to combative.

Preserving the Integrity of the Expert Witness Report on the Eve of Trial

Helen M. Farrell, *Harvard Medical School* (hfarrell@bidmc.harvard.edu)

Prior to a deposition or trial, the expert witness report represents the most tangible byproduct and detailed accounting of forensic services. When properly executed, it documents the critical opinions—as well as examination procedures and databases—that underlie and inform potential testimony. The expert witness report can be a powerful settlement tool and an organizing touchstone throughout the entire course of legal proceedings. It is also, in many cases, opposing counsel's most readily discernible and potentially high-yield target. Stakes such as these often engender heated debate between counsel and the expert witness on the eve of trial. How inviolable is a forensic opinion once reduced to writing? How distinguishable is a forensic opinion from the language used to convey it? How should any permissible revisions be tracked and disclosed? How might an addendum be preferable to a revision? What options exist when an impasse is reached in addressing these matters?

The Client's Experience of Attorney-Expert Discord on the Eve of Trial

Carol Williams, *Aberystwyth University* (cas55@aber.ac.uk)

Ongoing social scientific research is addressing the effects of deficient parenting histories on the experiences of pretrial litigants. Preliminary results indicate that—in particular—negative reactions to absent or otherwise inadequate paternal role models are frequently recapitulated in the context of a client's subsequent problematic relationships with counsel, prosecutors, judges, expert witnesses, treatment providers, and other entities associated with the civil and criminal justice systems. When counsel and the expert witness experience a sudden falling-out or even presumptive parting of ways on the eve of trial, this potentially consequential discord within the client's court-related "synthetic family" exacerbates litigation stress and thus works to the detriment of strategic planning, tactical flexibility, negotiation potential, and the overall presentation of a compelling case to the judge or jury. Maintaining optimal levels of status disclosure and shared decision-making is labor-intensive but constitutes a worthwhile investment of effort by counsel and the expert witness alike.

Balancing Counsel's Duties of Professionalism and Zealous Advocacy on the Eve of Trial

Eric Y. Drogin, *Harvard Medical School* (eyd@drogin.net)

The plight of the expert witness on the eve of trial is as predictable and well-understood by counsel as it is well-documented by aggrieved sources of potential testimony. Counsel is as invested as anyone in ensuring that the expert witness feels relaxed, confident, valued, prepared, focused, and persuasive. Counsel is also inured to last-minute changes in trial strategy and tactics—such is the fate of those compelled to function within an adversarial system. Such changes may reflect the need to pursue a different tack on the basis of newly discovered or newly considered evidence, or they may reflect emergent circumstances imposed without warning by the opposing legal team, by the judge, or by other forces beyond counsel's control. While counsel arguably owes a duty of professionalism to the expert witness, there exists a duty of zealous advocacy on behalf of one's client that is likely to be afforded higher priority.

213. The Legal Profession and Mental Health I: Legal Education and the Affective Domain

The Importance of Affect within Legal Education

Emma Jones, *The Open University* (e.j.jones@open.ac.uk)

This paper will explore the importance of affect within legal education in England and Wales, with a particular focus on the role of emotion. Examples will also be drawn from other jurisdictions, including Australia and the US. Emotion has traditionally been disregarded or suppressed by the dominant traditions within legal education. However, their focus on narrow conceptions of reason and rationality and "thinking like a lawyer" has arguably had a detrimental effect on the wellbeing of both law students and members of the legal academy. Emotion plays a key role within both teaching and learning and acknowledging and utilising this can, it is suggested, lead to enhanced academic attainment and wellbeing among law students and the legal academy. Drawing on insights from feminist and humanist traditions can lead to a richer, more holistic form of legal education in which affect, and in particular emotion, play a valuable part.

Valuing Values to Increase Well-Being in Legal Education

Caroline Strevens, *University of Portsmouth* (caroline.strevens@port.ac.uk)

Clare Wilson, *University of Portsmouth* (clare.wilson@port.ac.uk)

This paper will discuss the importance of values in relation to psychological wellbeing. Feeling stressed is often explored in relation to wellbeing, and often it is seen as a highly negative influence. However, stress can act as gauge for engagement in personally meaningful activities and relationships; people are happier when they are busier. Further, values are often overlooked but values are important in terms of motivation and meaning. A value is an enduring belief that some goals are preferable to others'. Being able to live one's life in accordance with one's own values supports psychological wellbeing. In turn this may affect ethical decision-making and resilience to stress. This can benefit both law students and law teachers and indeed legal professionals. In contrast, being obstructed from living in accordance with one's values has a negative impact. We will present data from the Law Teacher Perceptions of Wellbeing Survey, that included the Valuing questionnaire, and the Ryff Psychological Wellbeing Scale, conducted last summer by Caroline Strevens and Clare Wilson with financial support from the Legal Education research Network. Further, data from a similar survey we conducted with undergraduate law students studying at the University of Portsmouth will also be presented. This data highlights interactions between aspects of psychological wellbeing, stress, anxiety and depression with the progress or obstruction of one's personal values.

The Virtue of Emotion

Hugh McFaul, *The Open University* (H.J.Mcfaul@open.ac.uk)

Virtue ethics has been the subject of renewed interest from legal ethics scholars and educationalists. In this paper I will explore arguments in support of the proposition that virtue ethics can provide a suitable philosophical counterweight to legalism in the teaching of legal ethics. Legalism has been described as an ethical outlook which is 'the operative outlook of the legal profession: moral conduct is a matter of rule following, and moral relationships consist of duties and rights determined by rules.' I will argue that emotion has a significant role to play in the effective teaching of virtue ethics and the ethical development of law students.

The Role of Virtue Ethics in Firm Meetings and Student Well-Being

Caroline Gibby, *Northumbria University* (Caroline.gibby@northumbria.ac.uk)

Much has been made of the need to support and develop law students' understandings beyond legal knowledge, its application and skills required for work within the legal services sector. Whilst erstwhile Universities and programme developers attempt to add more content to a cramped curriculum, they fail to address a more critical and pressing need – the development of the students' wellbeing as part of their identity as a lawyer. There is growing evidence to suggest that in adding content to curriculum places significant emotional pressure on students. Key opportunities to help students develop wellbeing strategies have been missed and this affects not only their ability to study but also their capacity to sustain a career in the law. This paper asserts that the firm meeting acts as a community practice which empowers students to engage in critical thinking of self, the law and others. It is therefore an ideal vehicle for students to develop attributes such as character, autonomy, judgement, integrity and trustworthiness all vital in a professional and ethical practitioner.

214. The Legal Profession and Mental Health II: Mental Health and Legal Education

Australian Law Students and Mental Distress: Insights from a Qualitative Survey at Sydney Law School

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Fiona Burns, *University of Sydney* (Fiona.Burns@sydney.edu.au)

There has been a growing literature and discussion in Australia about law students which suggests that law students suffer from mental health issues at a rate and intensity well beyond the national average. This paper contributes to the discussion and reports on a survey of law student mental distress at Sydney Law School which generated both quantitative and qualitative data.

This paper deals with the responses to qualitative data questions which confirmed that a proportion of students had wished to suspend or drop out because of mental health issues (such as depression or anxiety) which were connected to: (i) perceived students course stressors (such as difficulty transitioning and adjusting to university life, a demanding curriculum and assessment, an inability to manage the study load or a lack of course flexibility); and (ii) perceived lack of tertiary environmental support (such as, lack of social connections and a highly competitive atmosphere, negativity of staff, lack of administrative understanding and lack of support services and counseling). This presentation will discuss these recurring themes of perceived student course stressors and lack of tertiary environmental support, drawing on the student responses as primary or 'first hand' insights.

Mental Health, Law and Legal Education

Lorne Sossin, *York University* (lawdean@osgoode.yorku.ca)

Benjamin Berger, *York University* (bberger@osgoode.yorku.ca)

Law Schools engage with mental health in multiple ways. First, as a mental health service provider, Law Schools grapple with a host of issues around stigma, accommodations, inclusive design, confidentiality and responsive academic policies. Second, as a central site of experiential learning and critical reflection on mental health law and justice, Law School curriculum and teaching can both reproduce and challenge the legal infrastructure and norms of mental health, from consent and capacity processes, the establishment of categorical exceptions such as "not criminally responsible" (NCR), civil liberties and rights-oriented approaches to mental health, and so forth. Third, Law Schools can provide graduate training and lifelong learning and training in these fields to legal, medical, social work and other professionals who interact with mental health, and in this way marry theories and practice of mental health law. Fourth, as sites of scholarship and academic debate, Law Schools play a regenerative role in forming and disseminating ideas about mental health. In particular, Law Schools play a key role in developing and differentiating discourses of mental health, disability, human rights and health policy. This paper will review each of these intersections between Law School and mental health and explore the ways in which developments in one area may have consequences – intended and unintended – for others. For example, exposing students to progressive ways to identify and address mental health challenges as law students may well create lawyers who are more attuned to and better prepared for providing services to those living with mental health challenges. We conclude by proposing the principles and practices which ought to guide the Law School in these intersections.

Mirror, Mirror on the Wall: Narcissistic Jurors' Receptivity to Victim Impact Statements

Joel Lieberman, *University of Nevada* (jdl@unlv.nevada.edu)

Narcissism reflects an exaggerated level of grandiosity and self-importance. In addition to possessing these self-promoting characteristics, narcissists often display a lack of empathy towards others, and devalue people in a variety of ways. Consequently, narcissists' behavior is paradoxical, in so far as they are socially charming, yet insensitive to the feelings and needs of other people. The consideration of others is inherently related to the perception of victim impact statements. Victim impact statements are used in counties such as the United States, Australia and Canada, as a mechanism that allows victims (or their family members, in certain cases) to communicate the emotional, physical and financial harm caused by a crime, during the sentencing phase of a trial. The present research uses an experimental design to explore how narcissistic jurors respond to victim impact statements. In an attempt to mitigate narcissists' lack of empathy towards victims, we included a manipulation in which jurors were either instructed or not instructed to adopt the perspective of the victim. The findings are discussed from both a jury selection and a public policy perspective.

Understanding a Client's Perspectives About Spirituality and Religion for Law and Mental Health Practitioners

Frank R. Baskind, *Virginia Commonwealth University* (fbaskind@vcu.edu)

This presentation is designed for members of the legal and mental health professions. The purpose is to provide an opportunity to enhance their knowledge for practice with persons of diverse religious and nonreligious perspectives. The presentation provides a comprehensive introduction to spiritually sensitive professional practice. Spirituality is differentiated from religion and an understanding of each is explored as a source of strength for client problem solving. As a result of participating in this presentation, participants will be able: to articulate an understanding of the meaning and importance of spirituality and religion in practice with clients who are striving to cope with life events; identify one's spiritual perspective and the implications for professional use of self in professional practice; engage in reflective practice about one's spiritual beliefs and consider how these may affect use of self in professional practice; and, integrate knowledge of religious and spiritual perspectives in the formulation of bio-psycho-social assessments to guide the process of intervention and evaluation.

Renee DeVigne, *George Washington University* (rdevigne@law.gwu.edu) – Discussant

215. The Legal Profession and Mental Health III: Positive Legal Education and Practice: Promoting Mental Health and Wellbeing among Law Students and Lawyers

Promoting Law Student Well-Being through the Law Curriculum: Teaching Dispute Resolution, Ethics and a Positive Professional Identity

Rachael Field, *Queensland University of Technology* (r.field@qut.edu.au)

The Australian tertiary sector is becoming increasingly concerned about the psychological well-being of its students. In particular, Australian legal academics are increasingly recognising that psychological distress is an issue for our students. The 2009 *Courting the Blues* Report of the Brain and Mind Research Institute provided the first Australian empirical evidence that more than one-third of Australian law students suffer from psychological distress, and that the rate of psychological distress in law students is higher than for the general population. The competitive, isolated, adversarial learning environment at law school has been suggested as partly responsible. This presentation argues that the law curriculum can be used intentionally as a tool for promoting law student well-being. Drawing on the theoretical frameworks of good pedagogy and positive psychology's self-determination theory, the presentation demonstrates that the teaching of dispute resolution, ethics and a positive professional identity are justifiable and effective approaches to supporting law student mental health. The paper argues that designing the curriculum intentionally in this way can contribute to an optimistic future for the legal profession through supporting self-management, resilience and well-being skills, and a positive professional identity in law graduates.

'Bleached Out': Lawyers, Well-Being and Gender

Paula Baron, *La Trobe University* (p.baron@latrobe.edu.au)

The purpose of this paper is to pursue a gender-nuanced approach to the debate around lawyer well-being. There is a significant body of literature that suggests that well-being is a gendered concept, related to the construction and performance of masculinities and femininities. Much of the work to date around lawyering and well-being, however, presents the issues in a gender-neutral fashion, sometimes presenting or positing, as Collier puts it, the 'bleached out' ideal of the legal worker. Perhaps our tendency, as lawyers, to emphasise the intellectual, explains our focus on 'mental health' problems in law. This focus may, somewhat ironically, reinforce the mind/body split and lead us to overlook the embodied experiences of lawyers. Gender equity issues, legal workplaces that are antithetical to women, and what has been described as the trend toward 'hyper-masculinised workplaces' in an increasingly globalised and competitive legal industry have significant implications for the construction of, and responses to, lawyer well-being. Many of these trends and issues affect both men and women, but tend to be experienced and embodied in gendered ways. This paper seeks to explore the relationships between lawyers, well-being and gender. It seeks to draw on, and draw together, recent work on the experiences of men and women in law firms, as well as work from other disciplines on gender and well-being.

Transforming and Transformative Law Schools: A Therapeutic Approach to Legal Education

Stephen Tang, *Australian National University* (stephen.tang@anu.edu.au)

This presentation asserts that there is a need for a developmentally and hermeneutically sensible application of therapeutic jurisprudence (TJ) within legal education. TJ makes the claim that law should operate as a therapeutic, as opposed to an anti-therapeutic, agent to advance the wellbeing of those involved. Curiously, there is little scholarship about TJ in legal education apart from some discussion about skills-based approaches in clinical programs. The principles and practices of TJ could, however, be directed towards the very fabric of legal education itself. This would provide an integrated framework for enhancing the wellbeing and mental health of students and faculty, addressing the structural, community and personal determinants and expressions of wellbeing. Two particular considerations are needed. Firstly, the therapeutic potential of legal education and its actors needs to be considered developmentally. We must identify systematic changes in the antecedents of wellbeing over the course of legal education while also acknowledging individual life stories and the sociocultural context. Secondly, a therapeutic model of legal education requires a 'hermeneutic sensibility'. This is an awareness of the active role of interpretation and meaning-making, not just in legal texts but in the personal and interpersonal aspects of law, its study and its practice.

Positive Legal Education: Developing Law Students' Professional Identity as a Dynamic Using Growth Mindset and Theories of Habit

Colin James, *Australian National University* (Colin.James@anu.edu.au)

This paper draws on empirical studies to argue that law schools should encourage professional identity development in students as a process rather than a fixed character, personality, or set of qualities or capacities. Professional identity is best understood as a process on a trajectory that can be influenced by experiences in early law school, and strengthened with subsequent experiences in clinical training and professional placement supervision. The paper proposes that positive education strategies can be adapted by law schools to enhance a growth mindset in students and encourage habits that will develop students' professional identity in ways that may lead to improved performance as a lawyer and satisfaction at work.

216. The Legal Profession and Mental Health IV: Supporting the Mental Health of Lawyers and Law Students

Mentalizing in Law: Developing Student Well-Being through Reflective Exercise

Jill Howieson, *University of Western Australia* (jill.howieson@uwa.edu.au)

The concept of mentalizing derives from the fields of psychology, psychiatry and neuroscience and refers to the ability to understand one's own and others' behaviour based on intentional mental states. It is a fundamental human capacity, essential for our social development and lifelong resilience. Like other human capacities though, our ranges of mentalizing differ, and our mentalizing can weaken when we are in conflict. Lawyers who are able to practice in a reflective manner can assist their clients by creating space in the conflict for the client's to mentalize. Through mentalizing, the client will come to understand his/her situation more clearly and will begin to imagine alternative possible futures. This will create a better environment for both the lawyer and the client in the process. This presentation will focus on the ways in which students can become reflective practitioners and in doing so, develop ways to assist their future clients to mentalize. Through 'exercising' their own reflective capacities, students will learn ways to also develop their own sense of mental well-being and resilience. The presentation will demonstrate strategies embedded in the law school curriculum that aim to develop students' reflective capacities from the very start of the law school experience.

Need Endangerment of Mental Health Be Inherent in the Study and Practice of Law?

Daniel Stepniak, *University of Western Australia* (daniel.stepniak@uwa.edu.au)

While coping strategies may help law students and lawyers avoid triggering or exacerbating mental health conditions, this presentation shifts the focus to aspects of legal education and legal practice which appear to inherently endanger the mental health of participants. The rationale is that focusing solely or predominantly on law students' or lawyers' responses to processes and practices which may endanger their mental health leaves largely unchallenged the elements of legal study or practice which appear to create and cause the risks. Arguing that current legal culture still remains wedded to attitudes and practices which incidentally and even deliberately challenge the mental health limits of its members, this presentation identifies aspects of the study and practice of law that encourage and reward behaviour and practices likely to impair mental health and deter its treatment. Questioning whether the inherent risks are indeed essential to the study or practice of law this presentation illustrates how adapting the study and practice of law to be more protective of mental health will better meet the contemporary needs of legal education and practice. Though Australian in context, this presentation is likely to be equally relevant to other common law and civil jurisdictions.

Promoting Well-Being in the Law School Classroom

Mary Heath, *Flinders University* (mary.heath@flinders.edu.au)

Natalie Skead, *University of Western Australia* (natalie.skead@uwa.edu.au)

In Australian law schools, sessional teachers undertake a large and increasing proportion of teaching. This is particularly the case with small group teaching, such as tutorials. Yet, our research reveals that support and professional development for Australian sessional law teachers is inadequate. In tandem with this trend of teacher casualisation in law, Australian law students are self-reporting high to very high levels of psychological distress. These two ingredients make for a potentially hazardous melange in the law classroom. *'Smart Casual': Promoting Excellence in Sessional Teaching in Law* is a national project funded by the Australian Government Office for Learning and Teaching, to develop a suite of law-specific teaching development modules to support sessional teachers. The modules cover a range of topics including Wellbeing in Law, and draw for content on our own discovered best practice and learning and teaching scholarship. In this presentation, we discuss the role of law schools and law teachers, including sessional law teachers, in promoting wellbeing in law students and provide useful suggestions and strategies for supporting student wellbeing in the law classroom.

Coming into the Light: Trends in Wellness Programming at US Law Schools and in the US Legal Profession

Renée DeVigne, *George Washington University Law School* (rdevigne@law.gwu.edu)

Mindfulness sessions, Guided meditation, Resilience training, Stress reduction webinars and Mindfulness "apps" on smart phones. You might expect this in graduate psychology programs, but in law schools and in law firms in the United States? Indeed, all of that and more! This presentation provides a current snapshot of the trends in managing stress in the US legal academy and in the legal profession in the United States. Is this simply the trend "du jour," or does this truly represent a significant effort to address the often debilitating stress of law school and practice? What are the prospects for real change and improved health among law students and attorneys? How can success be measured? Is there empirical data demonstrating that stress management efforts are making a tangible difference in the quality of the lives of law students and attorneys? Are structural changes in legal education and the practice of law necessary to see real change? All of those questions will also be explored during this presentation.

217. The Persistence of Legal Ideas and Institutions

"Danger Surrounds Power as Darkness Does Light": Contrasting Approaches to the Problem of Political Power, 1776-1787

R.B. Bernstein, *City College of New York* (rbbernstein@gmail.com)

Various civilizations have pursued contrasting approaches to the tasks of training political leaders and empowering or restraining them; some stressed the need to educate the power-wielder in the proper use of power and other stressed the need to limit powers granted to government, assuming a hostile relationship between government and people. In the late eighteenth-century United States, such political thinkers as John Adams, Alexander Hamilton, James Madison, and Thomas Jefferson worked within the framework of an evolving American constitutionalism to do both tasks at once – empowering government by crafting written constitutions while at the same time checking and balancing the powers granted to avoid tyranny. This paper explores how American constitution-makers in the late eighteenth century sought to achieve both seemingly antithetical; goals at once – challenging modern constitutional analysts who limit the meaning and purpose of constitutionalism in general and written constitutions in particular to limiting and fragmenting governmental power.

The Central Role of Lawyers in American Political Life

William E. Nelson, *New York University* (william.nelson@nyu.edu)

Professor Nelson will examine how lawyers became central figures in American political life. He will begin with the decision of Charles II and his ministers in the 1660s to govern his American colonies with courts and lawyers instead of bureaucrats and soldiers whom the crown had no money to pay. The core idea was that the crown would appoint lawyers to various public offices, for which the lawyers would receive little or no pay, and that the lawyers would then serve as intermediaries between private clients, who would pay substantial fees, and crown officials. In the late seventeenth and early eighteenth centuries, the plan of Charles II worked well. But, as Nelson will then show, instead of supporting the crown, lawyers in the eighteenth century became opponents of royal power and, in a series of cases, developed a constitutional argument about the power of courts to invalidate Parliamentary legislation. This made lawyers leaders in the Revolutionary movement and in the drafting of post-Revolutionary constitutions, which, in turn, cemented their power.

Government Regulation and Stimulation of Economic Development: An American Tradition from the Founding to the Present

Robert J. Kaczorowski, *Fordham University* (rkaczorowski@law.fordham.edu)

Libertarians in the United States argue that the nation's Founders established a political economy consisting of small government and unregulated free enterprise. Today's conservatives use this alleged history to reduce the size of government and to eliminate economic regulations. Professor Kaczorowski argues that the libertarian/conservative view is more fiction than fact. He shows that in the early history of the US private ownership and economic activity emerged together with extensive public regulation and public stimulation ofeconomic growth. Through all four centuries of American history they have worked together to drive the American economy. Indeed, many early financial and economic enterprises were jointly owned by federal or state governments and private investors. Many purely privately owned business ventures were supported by government loans, subsidies, and other forms of support designed to obviate the risk of failure to private investors, who were often unwilling to undertake economic ventures without government assumptions of these risks. Those who claim that private enterprise by itself creates wealth are simply wrong.

The Long Reach of the 1960s: Johnson, Nixon and the Making of the Supreme Court

Laura Kalman, *University of California, Santa Barbara* (kalman@history.ucsb.edu)

Americans often hear that Presidential elections are about 'who controls' the Supreme Court. Yet, from the beginning of the twentieth century to 1965, it was the norm for the president to nominate Supreme Court justices and for the Senate to confirm them quickly with little debate. Kalman focuses on the period between 1965 and 1971, when Presidents Johnson and Nixon launched the most ambitious – and controversial – effort to change the Court since Franklin Roosevelt tried to pack it with additional justices. Those six years – the apex of the Warren Court, often described as the most liberal in American history, and the dawn of the Burger Court – saw two successful Supreme Court nominations and two failed ones by LBJ, and four successful nominations and two failed ones by Nixon. Kalman will show why Supreme Court nominations became contentious and how, over the half century since, the nomination and confirmation of justices have routinely led to momentous political battles. She will focus on the role legal ideas and the roles of institutions in accounting for the transformation she charts.

218. The Public Policy Advisory on Female Genital Surgeries in Africa: Problems and Prospects in Legislating Change

Moral Hypocrisy in the Genital Cutting Debate

Brian Earp, *Oxford University* (brian.earp@gmail.com)

A number of influential policy, health, and activist organizations, based primarily in the so-called West and chiefly informed by "Western" cultural norms and attitudes, have adopted a "zero-tolerance" stance toward any form of non-therapeutic female genital cutting (FGC), particularly when it is carried out on young girls in Africa. This stance fails to discriminate between the most invasive and least invasive forms of such cutting, as well as between the most septic and aseptic ways of carrying it out; and it assumes that the motivations for and "symbolic meanings" of such cutting (even when the physical harm is minimized) are the same or similar in every cultural group, and invariably sexist towards women and girls. Many of these same groups, however, either passively tolerate or actively promote various forms of non-therapeutic genital cutting on men and boys (MGC), including forms that are more physically invasive, less beneficial in terms of health, and just as symbolically problematic, as the most minor forms of FGC. I will explore how both male and female genital cutting practices fall on a wide spectrum, and the harms, benefits, motivations, and meanings overlap considerably when the full range of cultural contexts is taken into consideration.

The Deletion of Article 13: Leaving FGM/C Legal in Sudan

Ellen Gruenbaum, *Purdue University* (egruenba@purdue.edu)

In the past decade, activists seeking to legally abolish FGM/C in Sudan have faced opposition from the executive branch of government despite growing support for a ban of all forms of female genital cutting among legislators. After the last minute removal of Article 13 (banning FGM/C) from the national Child Rights Act of 2011, activists regrouped and began encouraging legislatures in the states to pass anti-FGM laws, which was done in 5 states by 2013. This paper, based on participant observation and interviews in Sudan in 2013, 2015, and 2016, reports on the effects of this strategy and the opposition to it by opponents of reform. Examining the progress made on discontinuing the practices in the younger, urban, and educated segments of the population, I argue that legislation is only one part of the toolkit needed for change, and that several more positive culturally based initiatives, some which are receiving government support from key the ministries, are having a positive influence that may eventually catapult back into legislative change that the higher levels of the executive branch can support.

The 'Maturity' Criterion for Reconstructive Clitoral Surgery in Circumcised Women

Sara Johnsdotter, *Malmo University* (sara.johnsdotter@mah.se)

Some observers have suggested that reconstructive clitoral surgery as a biomedical practice is a response to Western discourses on female genital mutilation (FGM). In this presentation, I will focus on the 'maturity' requirement in the assessment process before these operations. To be

eligible for operation a patient must disassociate herself from the culture that allegedly oppressed her and she must reject all the cultural claims that go with excision. "Her 'maturity' will also enable the woman to rebuild the story of her experience of excision in terms of the trauma, injustice and violence to which she was subjected". Only for a 'mature' patient can the operation be successful, says the medical team of Dr. Pierre Foldès. A new biomedical surgical procedure has been introduced and is generally praised, despite the lack of evidence to prove beneficial outcomes. This situation works as a prism to illustrate how fundamentally western societies are imbued by the global FGM discourse. Policy makers need to be aware of the potential drawbacks of an uncritical introduction of a new surgical method, which is embedded in a powerful discourse that may negatively affect far more women than those who opt for surgery.

Female Circumcision: Has Anyone Considered the Pros?

Fuambai Ahmadu, *NCIS, Bethesda, USA* (fuambai.ahmadu@gmail.com)

For the most part the global health community has accepted the received idea that even if various forms of female circumcision (i.e. female genital cutting, female genital mutilation, female genital alterations) procedures are not especially harmful to gynaecological and obstetrical health, the procedures nonetheless have no benefits for women and are "unnecessary". This presentation summarizes the findings of my paper published in the Journal of Sexual Medicine that looks at the purported health, aesthetic and psychosexual benefits of different forms of female circumcision from the point of view of proponents. Given that different forms of female genital cosmetic surgeries, many of which are anatomically similar to female circumcision procedures, have risen dramatically among western women, this presentation also compares and contrasts the different claims of women who have undergone both surgical and traditional procedures and proposes the principle of choice or informed consent that governs elective surgical procedures in western countries as an alternative to legal bans against so-called female genital mutilation (FGM).

Italian Legislation and Female Circumcision: What About Cultural Expertise?

Giorgia Decarli, *University of Trento* (giorgia.decarli@unitn.it)

This presentation will analyse some aspects of female circumcision in relation to Italian law that criminalizes it. In particular, it will highlight the criticalities of a self-referential and uninformed parliamentary approach to the practice. No special socio-legal or anthropological knowledge occurred in the Italian parliamentary process that led to Law 7/2006 against "female genital mutilations". De-contextualizing female circumcision and over-simplifying its justifications, however, had detrimental implications on the resulting legislative solution. This last (as it is) is

currently proving to be unable both to defend women who consider themselves injured and to safeguard women who freely choose to undergo the practice. The presentation will stress the importance of *cultural expertise* far beyond the intermediary role it plays in the judicial sphere. It will endorse the possibility of an active permanent engagement of cultural experts in legislative activities, aimed at developing culturally informed and socially contextualized legal answers.

219. The Realm of Eating Disorders: A Canadian Perspective

Shailesh Nadkarni, *Partnerships and Patient Care, HNHB CCAC, Burlington, Canada* (shailesh.nadkarni@hnhb.ccac-ont.ca) – *Moderator*

Eating Disorders: Journey from DSM-IV to DSM- 5

Pallavi Nadkarni, *Queen's University* (nadkarnp@kgh.kari.net)

Classification in eating disorders is vital to standardise diagnosis. The DSM-IV recognised two main categories -anorexia nervosa (AN) and bulimia nervosa (BN). The other presentations were classified as 'eating disorder not otherwise specified' (EDNOS). The DSM-5 has modified most criteria to reduce the threshold for inclusion. Binge eating disorder (BED) is an independent category. EDNOS is renamed OSFED (Other Specified Feeding and Eating Disorder) and has five subtypes. Aims: This study compares the eating disorder diagnostic categories between DSM-IV and 5 and measures inter-rater reliability of DSM-5. Method: 73 referrals to an adult Eating Disorders Clinic previously diagnosed using DSM-IV criteria were re-diagnosed by three psychiatrists independently using DSM-5. Frequency of diagnoses was compared. Inter-rater reliability of DSM-5 was analysed. Results: Compared to DSM-IV diagnoses of AN (9.7%), BN (32%), EDNOS (48.6%) and other (9.7%), DSM-5 diagnostic criteria resulted in higher incidences of AN and BN and a decreased incidenceof OSFED and other (Ms = 26%, 37%, 31.9%, and 5.1% respectively). The ICC was 0.826 (95% CI 0.738 - 0.887) ($F(66,132) = 5.879$, $p < .001$). Conclusions: Acceptable inter-rater reliability supports the use of DSM-5. Revising the inclusion criteria caused trans-categorical shifts. Effect on clinical practice is unknown.

Eating Disorders and Co-Morbid Substance Use Disorders

M. Nadeem Mazhar, *Queen's University* (mazharm@kgh.kari.net)

There is a significant bidirectional association between eating disorders and substance use disorders. Up to 50% of patients with eating disorders have a comorbid substance use disorder. 35% of patients with substance use disorders also have an eating disorder. Bulimia Nervosa

purging type has strongest association with substance use co-morbidity, with 31% abusing alcohol. Cannabis is the most commonly used illicit psychoactive substance. However patients with anorexia nervosa may abuse stimulants including caffeine, nicotine, amphetamines and medications used to treat Attention Deficit Hyperactivity Disorder. Personality factors, neurotransmitter dysfunction and behavioral inhibition deficits are the etiological factors explaining co-morbidity. It is recommended to screen for co-morbid substance use disorders and eating disorders in a patient presenting with either condition. There is evidence to suggest efficacy of Selective Serotonin Reuptake Inhibitors in Bulimia Nervosa with co-morbid Alcohol Use Disorder and Major Depressive Disorder. In Canada, bupropion prescription for smoking cessation is contra-indicated in eating disorders owing to risk of seizures. Psychosocial interventions, including Cognitive Behavior Therapy, Dialectical Behavioral Therapy, Motivational Interviewing and Twelve Step Programs, can also play a role in treating co-morbid conditions. In-patient treatment needs to be considered for medical and psychiatric complications.

The Overlap between Eating Disorders and Gastro-Intestinal Disorders: Clinical Implications

Nishardi Waidyaratne-Wijeratne, *Queen's University* (wijeratn@kgh.kari.net)

Background: Previous studies indicate that 50-90% of patients with Eating Disorders (ED) have Gastrointestinal Disorders (GID). However, only 10% are diagnosed and treated. Most are prescribed a dietary regimen, often on a lifelong basis. Increased dietary restriction and weight focused therapies may precipitate disordered eating and foster eating disorders. Aims: This study was undertaken to determine prevalence of diagnosed Gastrointestinal Disorders (GID) in a sample of adult patients attending an ED clinic and to explore biopsychological correlates. Method: After seeking ethics approval, electronic charts of 92 new cases assessed in 2013 were screened for demographic information, psychiatric and medical diagnoses, current dietary practices and psychological characteristics such as low self esteem, perfectionism and body shape dissatisfaction. Results: All patients were females above age 18 years. 9.8% (n=9) had a diagnosed GID such as irritable bowel syndrome, inflammatory bowel disease or functional dyspepsia. 7 of these patients had EDNOS. Personality disorders, depressive disorder and anxiety disorders were the psychiatric comorbidities. Conclusions and clinical implications: There is an overlap between ED and GID. Screening for ED in GI clinics is vital. Similarly, psychiatrists should screen for GI disorders as these can act as perpetuating factors.

Anorexia Nervosa: The Medicine Consult

Maria Hussain, *Queen's University* (hussainm@providencecare.ca)

The lifetime prevalence of Anorexia nervosa (AN) in females is 0.3–3.7% (Males 0.3-0.8%) and has a high mortality up to 20% with significant morbidity. It affects physical, emotional and psychosocial domains of a person's health with considerable impact to their quality of life. The medical complications of AN warrants close liaison with medical services as part of a multidisciplinary healthcare team. Medical complications encompass cardiac (structural, rhythm disturbances and orthostatic changes), metabolic (including but not limited to hypomagnesaemia, hypocalcaemia and hypokalaemia), musculoskeletal (osteopenia/osteoporosis and fractures), gynaecological (infertility/PCOS) and other endocrine manifestations. This session will focus on presentations and diagnosis of such complications of AN and early recognition of life threatening medical complications. Criteria for inpatient therapy and evidence based management strategies will be highlighted in an effort to minimise both morbidity and mortality in these patients. Refeeding syndrome is another major medical consideration that warrants close inpatient follow-up. We will examine the new evidence and recommendation related to refeeding with pragmatic targets for weight gain. Finally we will focus on evidence based pharmacotherapy for anorexia with an emphasis on weight restoration and relapse prevention.

220. The Role of Neuroscience in Mental Insanity Assessment I

The Deintentionalized Individual: Challenging Free Will Alters the Attribution of Intentionality to Others

Davide Rigoni, *Ghent University* (davide.rigoni@ugent.be)

Whether human beings have free will has been a philosophical question for centuries. The debate about free will has recently entered the public arena through mass media and newspaper articles commenting on scientific findings that leave little to no room for free will. In my previous research I have shown that decreasing people's belief in free will can alter basic cognitive and neural mechanisms assisting volitional control. A crucial question is whether dismissing free will can affect social perception, namely how we perceive and evaluate others' behaviour. Here I will present a series of studies demonstrating that scientific anti-free will messages can reduce the attribution of intentionality to others. One the one hand, these findings show that philosophical beliefs about free will can affect basic mechanisms of social cognition. On the other hand, they point towards possible important implications of scientific anti-free will views for our society and for our legal system.

What Can Neuroscience Tell us About Free Will?

John-Dylan Haynes, *Bernstein Center for Computational Neuroscience, Berlin, Germany* (johndylan.haynes@gmail.com)

In humans, spontaneous decisions are often preceded by choice-predictive brain signals. Ever since the famous Libet experiments these signals are often taken to undermine the freedom of a person's choices. We investigate these predictive signals in a series of experiments. In one line of work we used functional magnetic resonance imaging (fMRI) and found that predictive signals arise from multiple regions at a very early stage, several seconds before a conscious decision. This was not only the case for motor decisions but also for abstract decisions related to mental calculation. In another line of work we investigated whether these predictive signals occur unavoidably, as a part of a causal chain leading to an action, or whether they might be under the control of the subject. We addressed this question by testing whether a participant could move while avoiding being predicted from their readiness potential, a movement-related EEG signal. Subjects played a game where they tried to press a button to earn points in a duel with a brain-computer interface (BCI) that had been trained to predict their movements in real-time and to emit stop signals. The topography, amplitude and time course of the readiness potential were not affected by subjects' attempts at being unpredictable, suggesting that the readiness potential itself could not be controlled. Our data furthermore show that movements could be cancelled if stop signals occurred at an early, but not at a late stage of movement preparation. Taken together, our data suggest that subjects cannot elicit movements without generating a stereotypical readiness potential. However, even after onset of the readiness potential, movements can still be cancelled ("vetoed") until a very late stage. Thus, taken together choice-predictive brain signals cannot be used as an argument to rule out free will. Instead, a different challenge to free will based on brain reading, the decoding of mental states from brain activity, will be formulated.

Is it Possible to Underline the Neural Basis of Deception? Results from a Meta-Analysis of Neuroimaging Studies

Andrea Zangrossi, *University of Padua* (andrea.zangrossi@gmail.com)

It is possible to underline the neural basis of deception? In order to answer this question, we run a meta-analysis on 50 neuroimaging studies published up to May 2016. We utilized the seed-based d mapping (SDM) method of meta-analysis to quantitatively identify brain regions that are consistently more active for deceptive responses relative to truthful responses across studies. Further analyses were carried on to investigate the influence of socio-cognitive processes on the neural network of deception and the influence of internally or externally generated cues. Based on the description of the experimental paradigm, studies were subdivided in social interactive and non-interactive studies, and in studies with auto-generated and etero-generated cue. This work provides a foundation for future research on the neurocognitive basis of deception, as it underline the consistent neural basis of deception across different studies.

A Case of Acquired Pedophilia Following Clivus Chordoma

Cristina Scarpazza, *University of Padua* (cristina.scarpazza@gmail.com)

A sixty year-old male pediatrician was charged for pedophilia. He was unable to inhibit sexual urges and to estimate the severity of his behavioral choice. He displayed signs of neurological diseases and symptoms of neuropsychological dysfunction, which were all attributable to a frontal lobe suffering (dishinibition, obsessive-compulsive behaviors, emotion attribution and moral reasoning deficit) and compression of the optic chiasm (diplopia, tunnel vision). Magnetic resonance imaging revealed the presence of a clivus chordoma (a slow-growing neoplasm) that displaced the pituitary gland and compressed the orbitofrontal cortex, the optic chiasm and the hypothalamus. Diminished responsibility is considered to be proven if evidence is given of a causal link between a pathological mental state and the criminal behavior. We described a burden of symptoms that explains the pedophilic behavior. According to the INSU concept widely adopted in forensic psychiatry, no one of these symptoms, alone, could account for D.M. pedophilic behavior, but all together they are able to explain the emerging paraphilic behavior in D.M. We provided a description of pedophilia as one within a constellation of symptoms caused by the neoplasm to corroborate the idea that D.M. was not malingering his disease. The *restitutio ad integrum* after neurosurgery decreed the causal link between clivus chordoma and pedophilia.

221. The Role of Neuroscience in Mental Insanity Assessment II

Neurobiology of Antisocial Behavior: Is There a Functional Frontal Fragility Condition?

Pietro Pietrini, *IMT School for Advanced Studies* (pietro.pietrini@imtlucca.it)

The first observations of severe changes in personality and behavior in individuals that had suffered lesions of the anterior portion of the brain, have prompted investigations in the neural mechanisms that subtend impulse control, modulation of aggression and social behavior in humans. For the sake of simplicity, human behavior can be considered as the resultant of instinctual/emotional factors on one hand and critical reasoning on the other. When this balance becomes defective, either because of emotional dysfunction and/or impaired critical ability, individuals may express abnormal behaviors, including some that fail to respect societal norms and laws. While Free Will is undoubtely a widely debated and complex concept, in the forensic context it can be defined operationally as the ability (to decide) not to act automatically in response to an impulse; that is, from a criminal law perspective, as the capacity to do otherwise. Overall, responsibility requires the integrity of multiple emotional, cognitive and behavioral abilities. Any condition that leads to a frontal impairment with a causal link with behavioral dysfunction should be considered relevant from the forensic/legal perspective, even in the absence of a full-blown clinical picture, like bv FTD.

Molecular Correlates of Human Moral Behavior

Silvia Pellegrini, *University of Pisa* (silvia.pellegrini@med.unipi.it)

How individuals make moral choices has been an exclusive topic for philosophers and psychologists for a long time. In recent years, though, moral behavior has attracted the interest of neuroscientists as well. Specifically, distinct patterns of brain activation, associated with emotion and cognition, have been found as involved in moral judgment. Individual reactions to the same moral dilemmas, however, may be variable and the mechanisms underlying this variability are not understood. As dopamine is a key modulator of neural processes associated with executive functions, we examined whether genetics plays a role in moral judgment variability by genotyping five genetic variants of the dopaminergic pathway (rs1800955 in the *dopamine receptor D4* (*DRD4)* gene, the *DRD4* 48bp variable number of tandem repeat (VNTR), the *solute carrier family 6 member 3* (*SLC6A3)* 40bp VNTR, rs4680 in the *catechol-O-methyl transferase* (*COMT)* gene and rs1800497 in the *ankyrin repeat and kinase domain containing 1* (*ANKK1)* gene) in 200 subjects who answered 56 moral dilemmas. Our results showed a gender specific influence of genetics on human moral choices. Indeed, gene variants that improve dopaminergic signaling selectively affected moral judgment in females making their responses to moral dilemmas more similar to those provided by males. As females usually give more emotionally-based answers and engage the 'emotional brain' more than males, our results suggest that this enhancement in dopamine availability may improve the cognitive and reduce the emotional components of female moral decision-making, thus favoring more rational choices.

New Techniques for Detecting Malingering

Giuseppe Sartori, *University of Padua* (Giuseppe.sartori@gmail.com)

The deception production is a complex psychological process in which cognition plays an important role. Deception is cognitively more complex than truth telling and this higher complexity reflects itself in a lengthening of the reaction times during a response. Based on these cognitive mechanisms, tools for detecting deception have been proposed with several applications in forensic fields, such as security. In particular, in recent studies lie detection techniques have been applied to the identity verification. These methods exploit reaction times to infer the authenticity of the declared identity by a suspect. Experimental results showed that these techniques are able to detect fake identities with an accuracy higher than 90%. In addition to a high sensitivity, these methodologies exceed the limits of the classic biometric measures currently used for identity verification. Thanks to the many advantages offered, their application looks promising especially in field of global security as anti-terrorist measure and in on-line authentication contests.

Free Will and the Mental Insanity Assessment

Giovanna Parmigiani, *University of Rome "Sapienza"* (giovanna.parmigiani@uniroma1.it)

Malingering is an important clinical problem in forensic psychiatric and psychological contexts, both in criminal and civil cases. In criminal setting psychotic conditions are usually malingered, while in the civil settings posttraumatic stress disorder and depression are usually feigned. The evaluation of a possible feigned psychotic condition is necessarily an integrated clinical process on different levels. It requires a longitudinal observation of the subject as well as an integration of the available medical and psychiatric history. Clinical symptoms should be evaluated according to psychopathological narrow criteria. Instrumental tests, from neuroimaging to psychological tests, should be considered in light of the disclosed symptoms and previous experiences with the disease. Very few persons are able to perform a psychotic behaviour for long time. Mania is usually impossible to malinger. In our experience there is still a subset of people who are actually able to perform a behavior substantially indistinguishable from patients with a "true" psychosis. In particular, persons who have had a close family member suffering from mental illness or who have had a previous psychotic episode are able to represent in a very effective form a psychotic condition.

222. The Use of Neuroscientific Evidence by Those Accused of Criminal Offences: Findings from Five Jurisdictions

The Project Overview

Paul Catley, *Open University* (paul.catley@open.ac.uk)

There has been much speculation as to how neuroscientific evidence might be used or misused by those accused of criminal offences and as to how effective such evidence will prove to be. However, there has been little investigation as to what is actually happening in the courts. The presenters have been examining case reports in their home jurisdictions to see how such evidence is actually being used. The research focuses on recent cases that have been heard and reported in Canada, England, the Netherlands, Singapore and Malaysia. The research has identified a number of similarities and a number of differences in the approach taken in the various national court systems. In addition to drawing comparisons across jurisdictions, the project is looking to make recommendations for best practice so that national jurisdictions can learn from one another.

Evidence of Neurodevelopmental Damage Due to Prenatal Alcohol Exposure in the Canadian Criminal Courts

Jennifer Chandler, *University of Ottawa* (Jennifer.Chandler@uottawa.ca)

This presentation considers the manner in which evidence that an accused or convicted person has sustained neurodevelopmental damage due to exposure to alcohol in utero (FASD, fetal alcohol spectrum disorder) is addressed in the Canadian criminal law. This work builds on a systematic study of how neuroscientific evidence in general affects judgments of responsibility, dangerousness and treatability within Canadian criminal law. Unlike the companion studies conducted by colleagues in other jurisdictions, evidence related to FASD was the most common forms of neuroscientific evidence represented in the Canadian study. There are historical, legal and cultural reasons for this Canadian attention to FASD, a trend that continues with recent legal reform initiatives intended to modify the handling of prenatal alcohol exposure in Canadian criminal law and criminal procedure. This presentation will provide an up-to-date discussion of the Canadian criminal justice response to FASD. It will also evaluate the potential effects of recent reform proposals intended to increase access to assessment and diagnosis and to specify that FASD must be viewed as a mitigating factor at sentencing.

Evidence of the Use of Neuroscientific Evidence in the English Courtroom

Lisa Claydon, *Open University* (lisa.claydon@open.ac.uk)

This presentation will examine the approaches taken in appeal cases in England and Wales. It will consider some of the cases where an advancing knowledge of the structure and development of the brain has produced evidence that has been germane to determinations regarding length of sentence and/or of criminal guilt or innocence. The talk will examine some of the cases where the evidence has been introduced, it will consider the type of evidence utilized by defence counsel; and will consider how it has impacted on judicial reasoning on appeal. The problems of applying detailed expert evidence in complex cases will be considered as will the issue of how the evidence was utilized to assist the court in reaching its decision. Recently the rules for the admission of expert evidence were amended in England and Wales. The possible impact of this change on the admission of neuroscientific evidence will be examined.

The Use of Neuroscientific Information in Criminal Cases in the Netherlands: Topics Where Behavioral Experts Particularly Oppose One Another

Katy de Kogel, *Ministry of Justice, The Hague, Netherlands* (c.h.de.kogel@minvenj.nl)

To assess in which ways neuroscientific and behavioral genetic information are used in criminal justice practice in the Netherlands, we systematically collected Dutch criminal cases in which neuroscientific or behavioral genetic information is introduced. The Dutch database now contains more than 700 of such criminal cases. The method of the database, and numbers and

nature of the criminal cases will be shortly described. Although the cases are diverse, several themes appear, such as prefrontal brain damage in relation to criminal responsibility and recidivism risk, and divergent views of the implications of neurobiological knowledge about addiction for judging criminal responsibility. In this presentation I will explore some of the dilemmas in cases regarding addiction, medication and violent behavior, where behavioral experts in Dutch criminal trials oppose each other. Examples of criminal cases will be used to illustrate and analyze the different perspectives, issues and dilemmas. We will then explore whether these occur also in other jurisdictions, and what lessons can be learned.

Neurotechnological Shaping of Criminal Intent in Singapore and Malaysia

Calvin Wai-Loon Ho, *National University of Singapore* (calvin_ho@nus.edu.sg)

Courts in Singapore and Malaysia have relied on psychiatric assessment to determine whether there has been a clear causal link between the mental state of an accused person and the crime, and if so, what level of mental responsibility should be attributed. This presentation provides an analytical overview of ways in which judicial construction of criminal intent has been impacted by neuroscience and related technologies, independent of psychiatric assessment. The analysis is based on the extent that polygraph test, computerized tomography (CT) scan, electroencephalography (EEG), magnetic resonance imaging (MRI) scan, and positron emission tomography (PET) scan have contributed to a conviction or acquittal, or have otherwise had an impact on sentencing in the published judgements of the State Courts and Supreme Court of Singapore, and the Malaysian Federal Court, Court of Appeal and High Courts between January 2000 and June 2015. This presentation will also evaluate the likely trends in the use of neurotechnologies in the management and control of criminal behaviours by the courts in Singapore and Malaysia.

223. The Violence of Hate: Issues, Trends and Solutions

Developing a Typology of Hate Crime for the 21st Century

Jack Levin, *Northeastern University* (Jlevin1049@aol.com)

Legal and substantive definitions of hate crimes vary from country to country, making generalizations very hard to derive. Yet one aspect of hate seems to be global in its perspective: In many countries, the underlining causal factors leading to hate violence have changed over the years. Following the 9/11 attacks, hate crimes have become less psychological in their origin and more connected with group threats of various kinds. Also, in typological terms there have been far fewer thrill-motivated hate crimes committed by groups of teenagers and dramatically

increased numbers of defensive hate attacks precipitated by a perceived threat to the perpetrators' economic well-being, religious values, or physical survival. The role of organized hate groups will be examined.

Hate Crime as a Provocation: Inciting Violence for Political Gain

Gordana Rabrenovic, *Northeastern University* (g.rabrenovic@neu.edu)

Motivations for terrorist acts include the intent to intimidate and control opponent groups. Research has shown that under certain circumstances (Gagnon, 1995; Northern Ireland examples) terrorist's acts are carried out to provoke of an opposition group to react and attack one's own group. The motivation for this type of attack is to justify and perpetuate on ongoing conflict and thereby maintain one own status as a group protector and/or leader. In contrast to terrorism, provocation has not been systematically examined as a potential motivation for hate crime. The purpose of this analysis is to examine the circumstances that lead to hate crimes whose primary purpose is to incite a reaction and potential violence from a targeted group.

Contemporary Anti-Semitic Hate Crimes: A Comparative Study

Hannah Sattler, *Northeastern University* (Sattler.h@husky.neu.edu)

Recent events in certain European countries suggest that the hatred dominating the National Socialist regime in the 1930s and 1940s did not end with the fall of the Third Reich. Coloring both criminal behavior as well as speech, anti-Semitic hate remains in Europe today as a consistent sociopolitical force. Differences between countries, regardless of their degree of participation in the Nazi Holocaust, seem to be a result of certain internal and external factors that have led to contemporary levels of anti-Jewish prejudice and hatred. The current research examines these differences in a comparative case study of anti-Semitic hate in Germany and Poland. Based on historical analysis as well as expert testimony, the research will hopefully be useful in developing more effective human rights procedures for how the international community responds to hate-motivated mass atrocities, with particular focus on hate crimes in the United States.

The Effect of Violence on Public Attitudes, Discourse and Policy

Glenn L. Pierce, *Northeastern University* (g.pierce@neu.edu)

An extensive empirical literature exists that examines the political, structural, and economic factors associated with the incidence, character, and duration of conflict between groups within a political entity and across political entities. Much less research has been devoted to the impact of interpersonal and intergroup violence on public attitudes, public policy narratives and ultimately on public policy. This paper examines the potential impact of violence on public discourse and public policy drawing on survey data and selected case examples. The paper concludes with a discussion of possible human psychological biases that may account for the often significant impact of violence on societal discourse and decisions.

224. Threat Attention Bias Testing in Special Operations Forces

Attentional Orienting to Social Cues in Special Operations Personnel: What Does it Teach Us About Eyewitness Memory?

Harlan Fichtenholtz, *Yale University* (harlan.fichtenholtz@gmail.com)

The goal of the present study was to characterize the effects of an acutely stressful situation on attentional orienting to social cues. Participants were tested as they entered a highly stressful military selection and assessment program. Participants studied the faces of DzMilitary-relevant Target Individualsdz for 2 minutes. During the subsequent 6-minute task, participants were shown faces at fixation that concurrently displayed dynamic gaze shifts and expression changes from neutral to fearful or happy emotions. Military-relevant targets subsequently appeared in the periphery and were spatially congruent or incongruent with the gaze direction. Participants showed faster responses during fearful face trials during the high stress condition compared to baseline, while the response on happy face trials did not change. Additionally, enhanced performance was related to self-report reappraisal use during emotion regulation at baseline. 8 months later candidates were shown a 16 sequential photo array containing the original Military-relevant targets, non-targets, and neutral targets (faces never seen before). True positive and True negatives identifications were 75% and 90% respectively. These data enhance our understanding of the accuracy of eyewitness face identification over time in special operations personnel and suggest that moderate, as opposed to extreme stress, is associated with high levels of accuracy.

Impact of Interrogation Stress: Does it Increase Compliance and Suggestibility and if so, in Whom?

C.A. Morgan III, *University of New Haven* (camorgan3rd@gmail.com)

At present, it remains an empirical question as to whether, and in whom, exposure to a stressful interrogationincreases human compliance and suggestibility. Retrospective research regarding stressful interrogations and false confessions suggests that people who falsely confess also

exhibit increased compliance and suggestibility. However, these data are derived retrospectivelyand post adjudication. As such, thenature of the relationship between stressful interrogations and increased human compliance and suggestibility is unclear and may be due to stress of the interrogation process, to recall bias, to a population sampling bias or due to a combination of these factors. The present study was performed to test whether exposure to stressful interrogations increases human compliance and suggestibility. Over 100 participants enrolled in military survival school were randomized for assessments of compliance and suggestibility prior to and after exposure to interrogation stress. Prior to stress exposure, participants were also assessed for propensity to dissociation and for burnout. Stress exposure significantly increased compliance in individuals who exhibitedapre-stress propensity to dissociation; stress exposure significantly increased suggestibility. Pre-stress assessments of burnout were significantly predictive of suggestibility in all participants. These data support the view that stressful interrogation can increase humancompliance and suggestibility in some, but not all individuals. Those who are most vulnerable are those who exhibit a pre-stress propensity to dissociation and in those are experiencing symptoms of burnout.

Sean Duffy, *Quinnipiac University* (sean.duffy@quinnipiac.edu) – Discussant

Sergei Tsytsarev, *Hofstra University* (psyszt@hofstra.edu) – Discussant

225. Threats of Violence on a Canadian University Campus

Managing Threats of Violence on Campus: An Interdisciplinary Approach

Cheryl Regehr, *University of Toronto* (Cheryl.regehr@utoronto.ca)

In recent years the public has been riveted by media images of shootings on university and college campuses and interviews of those affected. While these horrifying high profile events remain relatively rare, due in part to a rapid rise in mental health issues among students and the explosion of internet communications, academic administrators are required to manage threats of violence on a regular basis. These threats take two primary forms, those in which the perpetrator and the intended victim(s) are clearly identified; and anonymous online threats to commit acts of larger scales violence. Contributing factors to threat assessment and management on campuses include: fear contagion; mass media and social media attention; responsibilities to all members of the university community including individuals issuing the threat and the intended victims; and demands for safety and security measures that are often at odds with professional risk assessment advice. This panel, presented by a multidisciplinary team, will discuss the changing landscape of threat assessment and incident management on university and college campuses. Models for partnerships between forensic mental health professionals, legal professionals, and academic administrators will be explored.

Trying to Keep Calm and Carry On: Managing Responses to Online Threats Against Academic Staff

Sioban Nelson, *University of Toronto* (Sioban.nelson@utoronto.ca)

In some instances threats of violence on campus appear in social media. Online threats are a serious matter that, depending on the expert risk assessment, may result in institutional closures or high police presence. In one instance, University members became aware of anonymous online threats to commit acts of violence against so called 'feminist faculty'. Expert advice indicated that the risk posed by this anonymous threat was deemed to be low, thus the University remained open, classes began and, while there was additional security from campus police, there was no visible armed police presence on campus. This presentation will focus on the issue of safety and perceived risk. It will describe the challenge of balancing expert forensic opinion with the perception of risk by individuals and groups who self-identified as potential targets. Issues such as anger against the University administration and the rejection of advice by forensic experts and police as inadequate and biased will be examined.

Forensic Risk Assessment and Threat Management

Graham Glancy, *University of Toronto* (graham.glancy@utoronto.ca)

When the University administration requests that a forensic psychiatrist be a member of a threat assessment team, the psychiatrist should consider two separate roles, which are sometimes undertaken by the same person. These two roles are: firstly, threat assessment, which is the consideration of a statement of intent to harm and determining the level of threat posed to members of the university community; and secondly individual risk assessment of the potential assailant. Risk assessment may often be followed by specific suggestions to decrease the assailant's motive or ability to approach, which might include attention paid to psychological factors including mental disorder. Within the ambit of threat assessment it is important to pay attention to potential victims' emotional needs and sense of control. It is equally important to attempt to decrease potential victims' exposure to approach and vulnerability to harm. Dealing with social media has become a new hazard in this environment and demands new answers. In this context, forensic psychiatrists must work with the university's leadership to ensure that these tactics can be operationalized in the complicated environment of a University campus. This presentation will address these issues and give practical suggestions to enhance this process.

Forensic Psychiatry Approach to Threat Assessment in the University Setting

Lisa Ramshaw, *University of Toronto* (l.ramshaw@camh.ca)

The role of forensic psychiatry on an interdisciplinary high risk threat assessment team is to assess complex cases when there is a significant level of concern. This involves indirect and direct assessments, and regular meetings with the high risk committee to review strategies, and for ongoing case management and dynamic assessments. The forensic psychiatry threat assessment involves interviewing the individual and reviewing collateral sources to understand the motivation, triggers, desired outcome, willingness to act, amenability to intervention, and the influence of any psychiatric symptoms, substance abuse and personality traits on the behaviour. It seeks to determine the level and acuity of the risk to potential targets, and to provide feasible intervention recommendations to mitigate risk and to assist the individual, potential victims, and the campus community. In order to structure the inquiry, standardized risk assessment instruments and Risk Needs Responsivity principles can be used to inform risk management strategies. The assessment and psychiatric report is reviewed with the team. The aim is to implement practical and viable solutions to resolve potentially dangerous situations, and to assist individuals with mental health issues. Strategies involving specific situations will be addressed.

Managing Threats on Campus: The Legal Context

Mayo Moran, *University of Toronto* (mayo.moran@utoronto.ca)

The question of threat assessment and the duty to warn includes questions that go far beyond the legal considerations that are at play in any such case. However, clarity regarding the evolving legal framework concerning when there is a legal duty to warn is a vital part of any decision making matrix in the case of a duty to warn about a community threat. In that regard, we have moved a long way from the classical legal position regarding the duty to warn of the dangerous behaviour of others. The traditional individualistic common law rule was that there was neither a duty to control nor even a duty to respond to the dangerous acts of others. However, this all changed with the famous case of Tarasoff V Regents of University of California. Since then, courts across jurisdictions have shown themselves increasingly open to overriding traditional doctor-patient and other privileges as well as to the imposition of institutional and individual liability for the threatening or dangerous acts of third parties. While Canadian law requires the warning of "an identifiable group", the nature of the warning, the scope of the group and the duration of threat remain unclear. This presentation will evaluate this changing legal landscape and consider its implications for how universities address threats on campus.

Yvette Guerrero, *Consulting Psychiatrist, San Francisco, California* (yguerrerophd@gmail.com) – Discussant

226. Transforming Responses: Making Racism Part of the Conversation

That's Not Me Anymore: Gendered and Racialized Stigmatization for Women Recovering from Substance Misuse and Incarceration Histories

Alana Gunn, *Binghamton University* (agunn@binghamton.edu)

Significant previous research has focused on how individuals experience stigma when interacting with the public sphere and service agencies. The purpose of this grounded theory study is to explore how formerly incarcerated mothers with histories of substance misuse experience stigmas from their intimate relationships with family and romantic partners. In-depth interviews were conducted with 30 women participating in a community-based residential drug treatment center. Using an intersectionality lens, this study reveals that the women perceived multiple stigmas due to their previous substance use, incarceration and other addiction-related behaviors that challenged their roles as mothers and romantic partners. Compounding the behaviorally related stigmas was intersecting race and class-based stereotypes of black criminality that also challenged the women's ability to embody key motherhood and womanhood roles. As a result, the women employed resistance strategies to safeguard against stigma and preserve their recovery. The implications for practice underscore the significance of addressing personal experiences of stigma, structural racism and oppression and complex relational dynamics.

The Triple-Stigma: Minority, Justice-Involved Males with Mental Illness

Rebecca Linn-Walton, *The Center for Alternative Sentencing and Employment, New York, USA* (rlinn-walton@cases.org)

Individuals in the US criminal justice system often come for behavioral health services with labels such as "difficult," "resistant," "dangerous," or even "untreatable." This is especially true for minority males with diagnoses of mental illness and histories of justice involvement. Clinicians charged with helping them instead perceive these individuals as scary or not worthy of treatment. Other clinicians simply lack the training needing to deliver individualized, successful interventions. This bias inhibits effective practice with this population. Instead, justice-involved minority males with mental illness, especially serious mental illness, are further stigmatized, a barrier to attending treatment. Research has found that rapid engagement, collaborative treatment, and clinician awareness of the justice system is key to effective behavioral health interventions for this population. Yet very few interventions or models exist that effectively address this intersectionality. Current models fail to meet the needs of this population. This

presentation reviews the existing literature in the context of several New York City agencies building treatment models directly in response to this population. Clinician bias, barriers to anti-oppressive care, and gaps in available research and training are discussed.

Formative Research for Critical Consciousness Intervention Development

Alexis Jemal, *Rutgers University* (alexisajem@yahoo.com)

The U.S.'s imprisonment problem has targeted certain oppressed populations, specifically poor, black women. Disparities are evidence of interlocking oppressions. For example, in 2010, black women were incarcerated at nearly 3 times the rate of white women (133 versus 47 per 100,000). Overrepresentation is evidence of oppression. For example, black women represent 30% of all incarcerated women in the U.S, but only 13% of the general female population. Important research has emerged to suggest experiences of structural oppression and marginalization are traumatic, and thus, may be linked to substance use problems and HIV/STI risk among black women. From this perspective, oppression is cause, a complex process involving persons and institutions, and effect with diverse and varied outcomes from multigenerational poverty to inadequate education. As such, for interventions to be successful, they must strike a balance between attacking the causes and healing the effects. Critical consciousness has been defined as the ability to analyze and address oppressive social realities. This presentation will discuss a study to support the development of a Critical Consciousness (CC) health intervention to reduce risks of HIV/STI exposure and problem drug use for black women who have history of incarceration.

Using Critical Dialogue to Foster Community Change: Lessons Learned from Community Wise

Liliane Windsor, *The University of Illinois at Urbana-Champaign* (Lwindsor@illinois.edu)

A great deal of research has demonstrated the complex and multiple ways that racism permeates the American criminal justice system, creating significant inequalities that keep people of color oppressed in the United States. Most interventions geared toward individuals with histories of incarceration focus on job training and case management where service providers identify community resources that may meet these individual's needs. These interventions do not typically address the emotional trauma and the inequality that are created by the criminal justice system. Community Wise is a multi-level intervention based on critical consciousness theory that seeks to reduce reoffending by addressing inequalities and engaging marginalized individuals in community work. This presentation will describe the use of critical dialogue in Community Wise to generate discussion about oppression among individuals with histories of incarceration and

substance use disorders in the United States. Data from Community Wise's pilot testing will be used to illustrate the process. The intervention was tested with two concurrent cohorts (N=56) over a period of 2 years. Every session was videotaped. Data included a random sample of 48 2 hour-long sessions. Findings indicate that Community Wise is a promising intervention that warrants further testing.

227. Trauma I: Best Practices in Representing Vulnerable Populations and Coping With Secondary Trauma Exposure

Overcoming Implicit Bias in Legal Representation of Vulnerable Clients

Melissa Swain, *University of Miami* (mswain@law.miami.edu)

Biases that are not endorsed and that may even be contradictory to what one consciously believes can, nonetheless predict behavior and outcomes in a legal context. Anytime an individual relaxes active efforts to be egalitarian, implicit biases can lead to discriminatory behavior. This is especially important to work with in a legal context because implicit bias can infect the attorney-client relationship and can also corrupt the judicial and other legal process. Implicit preferences can be malleable so they must be managed. Mindfulness and cross-cultural lawyering strategies will be discussed.

Challenges in Legal Representation of Clients Under a Disability

JoNel Newman, *University of Miami* (jnewman@law.miami.edu)

Lawyers are often charged with determining for themselves a client's mental capacity, competency and state of mind. Some use psychiatric tools such as the mini mental status exam, despite having no training in these fields. Others presume that the client is competent and can and should be permitted to make legal choices and decisions contrary to their own best interests. Still others engage in highly paternalistic lawyering on behalf of vulnerable clients with disabilities. Very few attempt to use empowering rhetoric in the service of their clients or help with the underlying disability or conception of disability.

Teaching Trauma-Informed, Client-Centred Approaches to Law Students

Gemma Smyth, *University of Windsor* (gemma.smyth@uwindsor.ca)

Trauma-informed practices have gained traction in many disciplines; however, trauma and neurobiologically informed practices have not been widely integrated in education for lawyers or law students. This study examines how trauma-informed education for law students working in a clinical law setting might begin to address some common pitfalls in establishing solicitor-client relationships, particularly with marginalised clients and communities. The presenter's lack of success in teaching interviewing and client counseling skills in two Canadian legal clinics led her to work with psychologists with expertise in neuro-biology and trauma. The resulting curriculum was tested with law students to assess change in substantive knowledge regarding the effects of trauma as well as to assess change in potential for empathetic response. Although in its early stages, this approach holds promise to challenge harmful practices such as victim-blaming and lack of trust in lawyers' relationships with individual clients as well as communities.

Lisa Kelly, *University of Washington* (lisak2@uw.edu) – Discussant

228. Trauma II: Sustaining Trauma-Informed Systems

Organizational Sustainability of Solution-Focused Trauma-Informed Care (SF-TIC)

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Samantha Koury, *University at Buffalo* (spkoury@buffalo.edu)

Trauma-informed care is a rapidly emerging model in the mental health literature, and is significantly aligned with the core tenets and techniques of SFBT. These models emphasize engagement, empowerment, and choice. The integration of SFBT and TIC offers an alternative to the problem-solving method frequently employed in mental health communities of practice. At the organizational level, SF-TIC offers an innovative and comprehensive approach to enhancing service delivery, developing positive staff working relationships and helping staff approach challenging situations with new tools. To be most effective, a SF-TIC culture needs to be infused into the organization from top-down and requires an agency-wide strategy for staff training and development. This presentation will demonstrate how "champion" training and coaching is an effective means for sustaining a SF-TIC organizational culture. Champions are often positioned in organizational roles including trainer, mentor, coach, consultant, and role mode. To this end, champions are systematically developed to bring the SF-TIC perspective, resources and skills back to their own systems of care for planning, implementation and sustainability. Challenges experienced and strategies used in sustaining the SF-TIC model will also be discussed by the panelists.

Confirmatory Factor Analysis of the Trauma-Informed Climate Scale

Travis W. Hales, *University at Buffalo* (twhales@buffalo.edu)

Thomas H. Nochajski, *University at Buffalo* (thn@buffalo.edu)

Nancy Kusmaul, *University of Maryland* (nkusmaul@umbc.edu)

This study examined the factor structure of the Trauma-Informed Climate Scale (TICS). The TICS is a 31-item inventory consisting of Fallot and Harris' dimensions of trauma-informed care. The factor structure of the TICS was previously explored and found that safety and empowerment contained sub-dimensions. The TICS was completed by 641 human service staff. The hypothesized model contained the seven factors previously identified, all loaded on a higher order factor due to the strength of the correlations in the previous study. While the initial model resulted in a poor fit, after allowing one item to cross load and two pairs of residuals to co vary the model fell within limits of acceptance (CFI and TLI > .90; RMSEA and SRMR < .05). Chrobach's alpha for the TICS was .94, with scale reliabilities ranging from .62 and .83. The findings suggest that trauma-informed care has an underlying single dimension. The seven initial dimensions found are not necessarily independent, and intervention along any of the dimensions may impact the others. The study also provides support for the validity of the TICS to be used in future research.

Sustaining Change in Solution-Focused Trauma-Informed Organizations

Judith Claire, *Chautauqua County Family Court Judge, Chautauqua County, USA* (jclaire@nycourts.gov)

Maria Picone, *Catholic Charities of Buffalo Director, Buffalo, NY* (maria.picone@ccwny.org)

Once change is introduced in a system how does one keep it alive? The presenters, Honorable Family Court Judge Judith S. Claire who instituted the first trauma-informed court system in New York State, and Maria J. Picone, Department Director in a large charitable non-profit human service organization in Western New York, will share the various steps taken within their places of work to nurture Fallot & Harris' five principles of trauma informed care after initial implementation efforts. Some areas to be explored are training and orientation of new employees, enhancing understanding of trauma informed principles among previously trained staff and organizational partners, troubleshooting missteps in implementation, deepening understanding of what behaviors and actions embody the principles, and evaluating adherence to them

Assessing the Associations between Solution-Focused Factors and Trauma-Informed Factors Using Exploratory Structural Equation Modeling

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Travis Hales, *University at Buffalo* (twhales@buffalo.edu)

Thomas H. Nochajski, *University at Buffalo* (thn@buffalo.edu)

The current study had two aims. The first was to explore the factor structure of a solution-focused trauma-informed care (SFTIC) instrument. The second was to empirically assess the correlational relationship between the solution-focused and trauma-informed care factors. The instrument was a combination of a reduced version of the Substance Abuse and Mental Health Services Administration Trauma-Informed Organizational Toolkit (Toolkit) for homeless services and an adaption and expansion of the solution-focused items published by Grant, et al. (2012). Parallel analysis was used to determine the number of factors to retain. Exploratory structural equation modeling then was used to examine the factor structure of the identified number of factors. Scales were constructed per the factor structure results and then correlated. The factor analyses of the Toolkit items identified eight factors associated with the scale's domains, with alpha reliabilities for these factors ranged from .79 to .94. The factor analysis of the solutionfocused items identified two factors, Solution process and Solution perspective, with reliabilities of .90 and .72. All correlations were significant at $p<.001$. The Toolkit factors had moderately strong correlations with Solution process and indicate strong connection between trauma-informed care and solution-focused care.

229. Trauma III: Trauma and Resiliency

The Moderating Role of Parental Attachment on the Relationship between Stress and Smartphone Addiction among Elementary School Students

Myeong-Sook Yoon, *Chonbuk National University* (yoon64@jbnu.ac.kr)

The purpose of this study was to examine the moderating effects of parental attachment on the relationship between stress (family stress, peer stress, school stress) and Smartphone Addiction among elementary school students. Data for this study were collected through the use of a survey instrument completed by 456 samples from 4-6 grade elementary school students. Collected data were analyzed by stepwise regression and simple slope analysis. The findings of this study were as follows: First, 75.5% of subjects have smartphones and 14.85% of subjects' scores indicated high risk for smartphone addiction. A higher daily smartphone, SNS (Social Networking

Services) or mobile game use was significantly related to smartphone addiction. Second, school stress was significantly related to smartphone addiction. Third, parental attachment had moderating effects between school stress and smartphone addiction. Based on these findings, the research reinforced the importance of smartphone addiction prevention and suggested effective intervention programs for smartphone addiction.

A Study on the Training Conditions and Continuing Education Management of Mental Health Social Workers in Korea

Ja-Young Kwon, *Semyung University* (Jykwon66@semyung.ac.kr)

Korea enacted the Mental Health Act in December 1995, Training institutions and regulations for mental health professionals were introduced in order to systematically raise mental health professionals entailed in the Mental Health Act. Twenty years after mental health social worker training procedures were first introduced, Korea is facing increased demand for a transformation and expansion in the services provided by mental health professionals with an all-out amendment of the Mental Health Act in 2016. This study is about the status and management of training and continuing education of mental health social workers. This research stems from the need to standardize and systematize training and continuing education of mental health professionals in order to strengthen their capacity, which is important for solving the rise of mental health problems of the Korean society and efficient delivery of mental health services. This research included surveys of 600 mental health social worker trainees and mental health social workers about their needs, satisfaction, effects, and other aspects regarding the overall training and continuing education programs. Based on research results, methods to strengthen the capacity of mental health professionals were suggested, such as standardized training manuals for mental health social workers, systematic management of continuing education, strengthened supervision, etc. This study was supported by a grant of the Korea Mental Health Technology R&D Project, Ministry of Health & Welfare, Republic of Korea (Grant Number: HM16C1970).

Experiences of Elderly Survivors after the Suicide of Their Spouse

Myung-Min Choi, *Baekseok University* (mmchoi@bu.ac.kr)

This study aimed to understand bereaved families' experiences of loss after spouses' suicides. Suicide rate among the elderly in rural areas is very high compared to other types of suicides in Korea. Conducting intensive interviews with 14 participants 7-20 months after their spouses' suicides, the contents were analyzed on the basis phenomenological method. The results showed that survivors of spouse-suicide in rural areas went through not only the experience of loss caused by the separation of death, but also by the relatively more complex and painful social stigma associated with suicide. Because of their social standing in the community and their

concerns about their children, most of the survivors were pretending to cope with the situation via ‘a mask of wellness,' hesitant to seek external help. However, not every bereaved spouse of suicides had the same experience, and their lives were affected variously by conditional factors like support system and meaning of suicides. Classifying the spouses of elderly suicides into self-isolated type, naturally-isolated type, and daily-life adapting type, differentiated strategies are necessary to approach the survivors in accordance with the different experiences of loss. This work was supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (NRF-2015S1A3A2047031).

Moral Injury: Trauma and Resilience of the Public after the Ferry Sewol Disaster in Korea

Woochan Shim, *Daejeon University* (shimw@dju.kr)

This study attempts to apply Shay’s Moral Injury from a multicultural perspective in exploring the public’s response after the Ferry Sewol disaster in Korea. On April 16 of 2014, the Sewol Ferry sank into the ocean with a total of 476 passengers. From this disaster, 293 were killed and 9 passengers are still missing. It was not only those who lost beloved family members or friends who were severely traumatized, but everyone helplessly exposed to the media coverage vividly showing the sinking Sewol Ferry with so many young lives on it. This study re-examines various psychological responses after a death-related stressful or traumatic event, such as PTSD and secondary traumatic stress or vicarious trauma, etc. The concept of Moral Injury conceptualized by Shay is then introduced as an alternative theoretical framework to understand people’s responses to traumatic experiences. Academic journal articles about the various responses after the Sewol Ferry disaster are reviewed in an attempt to apply the ambiguous loss theory in the Korean cultural and political context. Since this theory has not yet been explored in the mental health field in Korea, how mental health professionals can utilize this theory to promote resilience of an individual, family, and community will be discussed.

Moderating Effects of Adult Attachment on the Relationship between Cyber Violence and Interpersonal Relationships among University Students

Myeong-Sook Yoon, *Chonbuk National University* (yoon64@jbnu.ac.kr)

Ja-Young Kwon, *Semyung University* (Jykwon66@semyung.ac.kr)

Myung-Min Choi, *Baekseok University* (mmchoi@bu.ac.kr)

Woochan Shim, *Daejeon University* (shimw@dju.kr)

Korean young adults' useof the internet or their mobile phonesin harassing or insulting people has become quite a common social problem in recent years. The purpose of this study was to identify the mediating role of adult attachment on the relationship between cyber violence and interpersonal relationships among university students. Data were obtained from 623 university students, and collected data were analyzed by using structural equation model. The research findings were as follows: First, this study found 64.2% prevalence rates of cyber bullying. Second, the cyber violence group showed significant differences on theiradult attachment and interpersonal relations abilities. The cyber violence group showed higher anxiety levels and lower interpersonal relations abilities. Third, adult attachment had strong moderating effects between the cyber violence and interpersonal relations abilities. Reasonable countermeasures against the cyber violence were detectedwhich include legal, technological, social, and individual actions. Cyber violence is so prevalent and pervasivethroughout the internet that mere regulationswill notcompletely andsatisfactorily prevent cyber violence. Practical implications were made based on the findings.

Tony Cassidy, Ulster University (t.cassidy@ulster.ac.uk) – Discussant

230. Trauma IV: Trauma in Forensic Psychiatry Across the Lifespan

Epidemiology of and Interventions for Homeless Youth

Niranjan Karnik, *Rush University* (nkarnik@me.com)

Homeless youth constitute a high need population with significant mental health and substance use disorders. These youth have forensic implications because of their high societal costs and the risks of encountering legal challenges. Globally, homeless youth exist in multiple contexts but they have strong parallels across countries in being poorly resourced, sometimes engaged in sex work and other criminal activities, and at risk for sexually transmitted infections and mental health disorders. In this presentation, the epidemiology of homeless youth will be reviewed. Special attention will be paid to histories of abuse and neglect, sexually transmitted infections, psychiatric disorders and substance misuse. Then results will be presented from a longstanding collaborative research project in Chicago that is examining ways to use mobile devices to intervene in the lives of homeless youth. Preliminary results will be presented using an innovative smartphone app that provides rich data on the lives and behaviors of homeless youth. Such research has implications for treatment of homeless youth but also may form a template for other studies of forensic populations.

Psychiatric Trauma in Forensic Populations: Trauma in Women and Girls

Whitney Daniels, *Stanford University School of Medicine* (wdaniels@stanford.edu)

In the midst of merely moderate attention paid to delinquency, and moreover PTSD in delinquency, one can understand that there is even less information, describing PTSD of delinquency among women and girls. Thus, the study of this topic is increasingly important, in spite of having longstanding prevalence, as demonstrated by Waterman, Cauffman, Feldman, and Steiner. In 1998, they provided data showing that delinquent girls had twice the rate of PTSD than boys. Most of them were victims of sexual abuse. This raises questions about what leaves women more vulnerable to PTSD in the wake of unusual or traumatic events. One may suspect that certain biological predilections play a major role, as would the victim role, but without concrete data and evidence, many questions are left unanswered. Given the evidence that we have supporting that trauma status actively contributes to crime patterns, it is all the more important to find answers to these questions. We have to find ways of identifying risk and methods of effective treatment. This presentation will discuss findings in large cohorts of delinquents, allow for highlights of a case review, and discuss areas for growth within this topic of interest.

Epidemiology of Trauma and Mental Health Problems in Adolescent Forensic Populations

Martin Fuchs, *Medical University of Innsbruck* (Martin.FUCHS@uki.at)

While mental health problems affect about 15-20% of children and adolescents in the general population worldwide, the prevalence rate is much higher in forensic populations. Depending on data available, 60% - 90% of detained youth are affected by serious mental health problems, many of them direct or indirect consequences of traumatization. This presentation aims to give an overview of the available literature on psychiatric morbidity in adolescent forensic populations. In particular, externalizing and internalizing psychopathology as well as trauma-related- psychopathology, cross sectional as well as longitudinal data and gender issues are covered. The talk is concluded with a discussion on service needs of minor detainees with psychic morbidity.

Trauma and Criminal Culpability within the American Justice System

Michael Kelly, *Stanford University School of Medicine* (mbkelly@stanford.edu)

There is a high prevalence of trauma and posttraumatic stress disorder (PTSD) among individuals in the American criminal justice system. A variety of factors have important ramifications in the determination of criminal culpability, including jurisdictional-dependent

standards for an insanity defense, the court's willingness to consider mitigating factors, and a broadening understanding of the effects of trauma. This presentation will review the common legal standards used to determine criminal culpability in the United States when a defendant's mental state at the time of an alleged crime is in question. We will also examine how PTSD is diagnosed in forensic populations, with special consideration of the revised criteria within the Diagnostic Statistical Manual, and emerging literature on the detection of feigned symptoms of PTSD. Additionally, we will review case law relevant to trauma and criminal culpability. We will conclude with a discussion of the directions our field is heading with regard to psychic trauma and criminal culpability.

231. Traumatic Brain Injury: Medical and Legal Implications of Traumatic Brain Injury in Civil and Criminal Proceedings

Torts and Mild Traumatic Brain Injury

Betsy Grey, *Arizona State University* (Betsy.Grey@asu.edu)

Concussions, also known as mild traumatic brain injuries, have increased in many settings, including transportation accidents, workplace injuries, domestic abuse, military combat, falls, and sports. This "concussion epidemic" imposes huge costs on society because of the medical and care needs and lost wages suffered by the victims. At the same time, this epidemic raises difficult and unprecedented legal questions. How do we prove that a brain injury has occurred, how much damage it caused, and what caused it? Who should be held responsible? The answers to these questions depend in good part on advances in science. Developments in biomarker science in particular may help substantiate (or disprove) the existence of concussion injury as well as the cause of those injuries--and thereby avoid the need to rely largely on self-reported symptoms. This research may also inform us about the extent and likely duration of concussive injury. For example, we are learning that apparently minor trauma can cause major harm, which the legal system may be called upon to compensate. In sports, the development of biomarkers may modify responsibilities for mitigating risks, screening and monitoring sports players and others, to those most directly involved in players' participation.

The Use of fMRI to Evaluate Concussion and Brain Injury

Kent Kiehl, *University of New Mexico* (kkiehl@mrn.org)

Jason P. Kerkmans, *Mindset Consulting Group, Albuquerque, USA* (jkerkmans@mrn.org)

Concussions are a leading issue at all levels of sports play. Many different psychological, cognitive, and balance tests have been developed to assess the observable symptoms of concussion. However, relatively little is known about the underlying brain injury that

accompanies these symptoms. Here we discuss state-of-the-art MRI based assessments of concussion. Multimodal MRI measures, including functional MRI, structural MRI, and diffusion MRI (i.e. white matter tracts) of concussions will be reviewed. It will be shown that MRI measures are highly sensitive to concussions and outcomes. The implications of this work for refining return-to-play decisions will be reviewed.

Expert Evaluations and Testimony Relating to Traumatic Brain Injury in Civil and Criminal Proceedings

Lyn M. Gaudet, *Mindset Consulting Group, Albuquerque, USA* (lkiehl@mrn.org)

Jason P. Kerkmans, *Mindset Consulting Group, Albuquerque, USA* (jkerkmans@mrn.org)

Selection of appropriate experts in relation to head injuries in forensic contexts is two-fold: experts need to be able to advise attorneys how properly to evaluate and assess potential traumatic brain injury (TBI) and be able to effectively communicate that information to the relevant parties, this includes the legal team, court, and jury. In capital cases, a thorough investigation into the client's history of head injuries and the potential consequences of those head injuries is required for effective assistance of counsel. And thousands of civil lawsuits each year involve claims of TBI. All categories of TBI can have long-term consequences in an individual's overall ability to function as well as specific impairments or changes in attention, memory, cognition, and personality. Specific criteria for vetting and choosing experts in both criminal and civil litigation will be provided. In addition, examples of civil and criminal proceedings involving various types of experts (e.g. neuroscientists, neurologists) and their ability to serve as effective consulting and testifying experts will be discussed.

Neuropsychological Consultation in Pediatric Brain Injury Cases

Elizabeth L. Leonard, *Neurocognitive Associates, Phoenix, USA* (ncapsych@me.com)

Neuropsychologists are frequently asked to provide evaluations and expert witness testimony in pediatric brain injury cases in civil and criminal proceedings. In both areas the goal is to provide objective assessment of cognitive function, offer opinions about the significance of findings on development, and predict to the degree possible adult function. In criminal proceedings, neuropsychologists most often evaluate infants and young children who are the victims of child abuse or violence. In civil matters, there are several different torts where children may have sustained injury. Pediatric brain injury tort claims present across the entire developmental spectrum from infancy through adolescence and arise from defective products, toxic exposure, medical malpractice, and accidents. It is essential for neuropsychologists to be able to offer defensible, data driven opinions where the testing outcome can result in severe criminal penalties or multimillion dollar damage awards. Principles of neuropsychological examination will be

reviewed regarding the level of data certainty obtained in infant, child, and adolescent examinations, and the confidence of test results opined during testimony at deposition and trial.

Regulating Concussion and Brain Injury in Sport

Annette Greenhow, *Bond University* (agreenho@bond.edu.au)

Concussive and sub-concussive injuries sustained in contact and collision sport and complaints of cognitive and neurological conditions have formed the basis of a number of high profile legal claims made against sporting administrators. The settlement of the National Football League (NFL) litigation sharpened the focus on the role of the sport's governing body in the management of concussion, as the dominant regulator within its field of play. Framed as both a player and a public health issue, the literature identifies the topic as being, inter alia, a regulatory and governance issue. This presentation examines the regulatory issues associated with sport-related concussion. The first part identifies the actors occupying positions of control or influence within the regulatory domain. The second part examines the regulatory interventions of those actors designed to control or influence the behaviour of others in concussion management. The final part considers the role of the state and the efficacy of legislative interventions as a regulatory method adopted in some jurisdictions.

232. Traumatic Injuries: Types, Treatments and Legal Harms

Do DSM-5 PTSD Categorical Diagnostic Criteria Identify C-PTSD?

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DSM-5 changed PTSD diagnostic criteria in part to include C-PTSD (Complex Posttraumatic Stress Disorder) symptoms, which represent posttraumatic changes in victims' views of themselves, others, and the world. Consistent with *DSM-5's* categorical approach to diagnosing mental disorders, all the C-PTSD and PTSD symptoms are independent of each other. They are related only by the similarities that allow them to be grouped together into sub-categories or "clusters." In contrast, C-PTSD can be conceptualized as a disorder involving the total person in which relationships among symptoms are based on their meaning. Meaning can come from similarity, but dissimilar symptoms in separate clusters may also be related as opposing forces, causing some symptoms to be expressed while others are suppressed. The result would be atypical symptom presentations in which meaningful patterns of present and absent symptoms reveal an individual phenomenology suggestive of latent PTSD. Empirical evidence and case examples support the theory proposed here that *DSM-5's* categorical approach to C- PTSD identifies some new cases, supporting more claims of psychological injury, but misses atypical presentations in which partial or delayed symptom expression appears to undermine plaintiff

claims of severe disorder. Combining categorical and phenomenological approaches to diagnosis could improve assessment of psychological injuries caused by traumatic events.

Yoga as Adjunctive Therapy for PTSD in Ex-Combatants from the Colombian Armed Conflict

Natalia Quinones, *Dunna Foundation, Bogota, Colombia* (nquinones@dunna.org)

The prevalence of post-traumatic stress disorder (PTSD) in ex-combatants from illegal armed groups in Colombia has been estimated at 37.4%. This high prevalence indicates a need to explore alternative and adjunctive therapies in the treatment of PTSD. A randomized controlled trial was undertaken to evaluate the efficacy and safety of a protocol based on Satyananda Yoga in PTSD-diagnosed reintegrating adults in Colombia. One hundred reintegrating adults (n = 50 for each of the yoga and control arms) from Bogota and Medellin participated in this study. Yoga participants engaged in a Satyananda Yoga intervention for 16 weeks while the control group continued the regular demobilization program. The Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C) was used to evaluate the effects of the applied therapy. Outcomes were assessed before entry and after the treatment. T-tests revealed a treatment effect of d = 1.15 for the yoga group and a between-groups effect size of d = .73. The difference in improvement in PCL-C scores between both groups was 18.91% ($p < 0.05$). The highest percentage of improvement was observed in the re-experiencing symptom cluster (23.71%; $p < 0.05$), with a treatment effect of d = 1.40 for the yoga group and a between-groups effect size of d = 1.15. The data suggest that Satyananda Yoga methodology is an effective therapy for reintegrating adults diagnosed with PTSD. It is recommended that post-conflict legal frameworks integrate this alternative for ex-combatants in Colombia.

Trauma and Grief

Traci C. Owens, *Office of the Public Defender, San Jose, USA* (traciowens2010@live.com)

This contribution explores the parallels between Post Traumatic Stress Disorder and the traditionally accepted stages of grief. Most laypersons associate grief with the loss of a relative, friend, pet, or major asset such as housing or financial security. Criminal defendants are often crippled by the early stages of grief because they are grieving the loss of SECURITY and LIBERTY. Many of the people in the American justice system enter the system party because of past trauma from which they have not healed. Many are stuck in the denial stage when they enter the system. Unfortunately, the investigation of the criminal case forces them to confront that prior loss of security, and it leads them to the anger stage. Moreover, the fact that the client is charged with a crime represents an additional trauma in and of itself. It represents a loss of liberty and all of the securities that flow from the same. The traditional stages of loss continue to

apply on multiple levels. Hopefully, this contribution will offer techniques for attorneys and doctors to help clients to arrive at a healthy stage of acceptance and peace in spite of the circumstances.

Yazidi Escapees: Treating Victims of ISIS/ISIL

Tina Ramirez, *Hardwired Global, Richmond, USA* (tina@hardwiredglobal.org)

Roblyn Lewter, *The Chicago School of Professional Psychology* (drroblynlewter@gmail.com)

Yazidism is a minority religion that is based on the precepts of Zoroastrianism. The Yazidis are a small, ethno-religious community that has lived in Northern Iraq since the 11th century. Beginning in 2014, the Yazidis have been the target of forced conversion to orthodox Islam, mass executions, and the enslavement of women and girls who have been raped and physically abused by the Islamic State of Iraq and Levant (ISIL). Persecution by ISIL has resulted in as many as 500,000 displaced Yazidi civilians. Many have fled to Turkey and Europe. Germany has taken in over 1,100 women and children and placed them in a residential program with 20 facilities. However, the trauma sustained by the women and children is so debilitating that the initial goals of treatment are limited to establishing a consistent sense of safety and stabilization. Moreover, thousands of women still remain in refugee camps in Iraq, with few psychologists (most male Muslims) to assess and meet their complex needs. Much more research about and assistance to this ravaged population is needed. The purposes of this presentation are to further define the nature and scope of the trauma suffered by Yazidi women, and to discuss how to develop more trauma programs that are best suited to and most efficient for resolving the trauma of the Yazidi genocide victims.

233. Understanding and Reducing Criminal, Gang and Terrorist Behavior: Development of Alliance, Reducing Impulsivity and Increasing Accuracy of Perception

A Model for Detecting the Number of Crimes and Severity of Crimes for Incarcerated Men

Gangqin Li, *Sichuan University* (gangqin119@gmail.com)

Michael Lamport Commons, *Harvard Medical School* (Commons@tiac.net)

The study uses six instruments to predict the likelihood of incarceration, the number and the Severity of crimes committed. The instruments represent six orthogonal factors: social-perspective-taking skill, strength of attachment relationship, impulsivity, anger, depression, and lying. Participants rated how often and how much they agreed with each item on a scale from 1 -

6. Helper-Person instrument was used to calculate their person stage. Lower stage answers suggested greater likelihood of incarceration. For all other variables, a low score suggested greater likelihood of incarceration except the "lie" variable's scale ran in the opposite direction. A Rasch analysis study was conducted to scale the severity of crime. The Rasch item scores formed the "Severity of crime" independent variable. Two analyses were then carried out. First, Rasch analysis yielded person scores for each variable. Second, a multivariate linear regression was conducted on three dependent variables: Criminal or not; Number of crimes; severity of crime. The six independent variables were the person scores and their interaction terms. The interaction variables are product of person scores of two Independent variables. For Criminal or not, the r was 0.859; for number of crimes, 0.649; and for severity of crime, 0.637. All were statistically significant.

Understanding Impulsivity Scientifically: Some of the Variables that Affect the Steepness of Delay Discounting and May Affect Suicide

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There are many things that contribute to suicidality. White and Gutheil argue that impulsivity may be one major contribution. This presentation expands the idea and explains how impulsivity has an accurate, valid, and reliable measure in the form of delayed discounting. The paper will introduce delayed discounting and its generalization to poor decision making as evidenced by extensive studies of most forms of "addiction". The parameter of impulsivity, k, will be shown to be predicted by a very large number of variables, many of which will be important in suicide. Delayed discounting is when immediate consequences and states dominate over future considerations of both outcomes and states. For example, by smoking a cigarette, the person reduces the craving of nicotine by discounting the deadly harm it causes in the distant future. Similarly, suicide may be conceived as taking an action that reduces immediate pain and suffering but has clear deathly consequences as soon as accomplished.

Using Model of Hierarchical Complexity to Address Terrorism and Promote Peace

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The model of hierarchical complexity (MHC) measures a general, unidimensional behavioral developmental set of tasks that measure difficulty across different domains. MHC proposes 17

stages of development. There is no difference in the stage sequence across cultures. MHC can be applied to many domains. One application is to address terrorism. Terrorism is "a) the use of force or violence, b) by individuals or groups c) that is directed toward civilian populations d) and intended to instill fear e) as a means of coercing individual's to change their social or political positions (as cited in Marsella, 2003). Present policies fail to address the problem of terrorism because of: a) the assumption that government are just organization that may be set up by anyone, b) it is culture that determines what happens in countries, c) the attitudes of people determine everything d) western ideas are either considered better or imperialistic e) people want and understand democracy. In the paper, it is asserted that societies have to go through each development stage. The higher stages depend on achieving the lower stage skills and understandings. There can be no stage skipping. Further, with increase in stage, there is decrease in violence and corruption.

Stage, Cultural Differences, Personality Variables and War as Useful Variables for the Understanding and Prevention Terrorism

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Terrorists are groups that commit crimes against other groups who differ from ordinary criminals and gangs based on ideology and political motive. This presentation discusses 4 themes across 3 recent case studies. The themes are stage, personality variables that predict criminality, cultural differences and war. The case studies are San Bernardino shooters, Boston marathon bombers and Orlando nightclub shooter. We discuss the determinants of criminal and terrorist behavior as well as how to deal with criminality of all sorts including terrorism. Terrorist behavior can be observed in people who live in a bubble of like-minded people; outsiders are often considered a threat. Such an environment lowers the stage of reasoning and decision making. It encapsulates people's experience into one domain. Promoting attachment and affiliation can help alleviate populism, racism, sexism and anti-Immigration; punishment and counter aggression will exacerbate the situation. The presentation also discusses why there will be deadlier attacks in the future where terrorists might even use nuclear weapons of mass destruction.

Differentiating Non-Psychotic Delusion from Illusions Using a Model Of Hierarchical Complexity

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Whereas psychotic delusions are scrutinized by the medical community, there are non-psychotic delusions which materially affect people at all stages. The stage ranges from Automatic Stage 1

to Cross Paradigmatic Stage 15. Unlike DSM, this paper asserts that delusion fall on a spectrum of seriousness. Here, delusions and illusions are studied from the behavioral stage of development perspective. This paper differentiates between: 1) Delusions are fixed forms of false beliefs to which the person is not aware; 2) Illusions are misrepresentations of sensory stimulus that compensate for and simplify the world around us. Two primary causes of delusions are stage limitations and abuse. An example of delusion caused by stage limitation would be people believing that they can pick stocks and beat the market. Those people are arrested at the systematic stage. It is possible for a person to learn of their delusions. However, individuals who have grandiose delusions are more resistant to change and less likely to realize their delusions than people with persecutory delusions. The paper might help in treating psychotic and non-psychotic delusions by taking into account the limitations of people arrested at their present stage of development in which the delusion occurs.

234. Understanding of Competence, Health and Responsibility in Forensic Psychiatric Care: Theoretical and Empirical Perspectives

Patient Collaboration and Person Centeredness in Forensic Psychiatric Care: An Ethical Map

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There is increasing interest in applying ideas from person centred care (PCC) in forensic psychiatry, including increased room for patients to collaborate in the care design. However, standard ethical assumptions in PCC about capacities of patients, as well as a traditional health care ethical context, departs significantly from the forensic psychiatric situation. Forensic psychiatric care is beset with restrictions of personal freedom and motivated partly by patients' incapacity to take responsibility brought by mental ill health, usually within limits from criminal law, public safety and court orders. The care is supposed to change patients to become more autonomous and responsible in order for the restrictions on freedom to be justifiably relaxed or removed. Doing so may involve some room for independent decision-making by patients, using their responsibility capacities, but PCC opens up for much more far-reaching empowerment of patients, e.g., regarding the goals of care and the acceptance of applied methods. Therefore, there is a manifold increase of the ethical complexity creating tensions for PCC already in standard health care. This presentation provides a map of these ethical complexities, focusing especially on the issue of how the central notions of patient empowerment and shared decision-making should imply within forensic psychiatric care.

Moral Agency of Patients in Forensic Psychiatric Care: Views of Staff and Philosophical Analysis

Leila El-Alti , *University of Gothenburg* (leila.el-alti@gu.se)

The increasing interest in applying person centred care (PCC) models within psychiatry and forensic psychiatry raises questions about the compatibility of underlying assumptions about patients' capacity for agency, in particular moral agency, entertained in these respective areas. In short, while PCC paints a picture of empowering quite capable patients to take responsibility for care decisions, psychiatry and forensic psychiatry in particular usually assumes patients to have weak capacities in exactly this area precisely because of their mental health status. In the forensic psychiatric case, the context of state coercion brought by criminal law and court decisions adds restrictions for the actual use of whatever agency there is. That is, the idea of PCC in (forensic) psychiatry may be undermined by inconsistent philosophical base assumptions about the patients. This presentation presents preliminary results from an interview study with care staff at a Swedish forensic psychiatric clinic of how they view the (room for) agency, in particular moral agency, of their patients. It presents an analysis of to what extent these perceptions among staff may or may not be compatible with viewing the patients as moral agents of the sort to which standard PCC ideas apply.

Decision-Making Competence and Criminal Responsibility: A Normative Comparison

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There are several similarities between the assessment of decision-making competence in health care and assessment of criminal responsibility made by forensic psychiatrists. (Meynen 2009, 2010, 2011 Juth and Lorentsson 2010). The assessments of patients and offenders are tied to the values of autonomy and responsibility respectively, two values that have a strong conceptual and normative relationship even though there exist substantial disagreement as of what the precise nature of this relationship is. The aim of this paper is to further explore the similarities and differences of common assessment criteria used in the light of the two mentioned values. Further it will be argued that even though several similarities exist in both content and function there are important differences in how the assessment criteria relate to the goal of health care and criminal justice respectively. The comparison not only sheds light on the two kinds of assessment but also helps to further our understanding of the relationship between the values mentioned as well as their importance for the institutional practices of each institution respectively.

The Impact of Facility Relocation on Patients' Perceptions of Ward Atmosphere and Quality of Received Forensic Psychiatric Care

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In Sweden, large groups of forensic psychiatric patients have been relocated into new medium- and maximum-security forensic psychiatric facilities, where a psychosocial care approach is embedded. A prospective longitudinal study was designed to investigate the impact of the facility relocation of three forensic psychiatric hospitals on patients' perceptions of ward atmosphere and quality of received forensic psychiatric care. Participants were patients over 18 years of age sentenced to compulsory forensic psychiatric treatment. Data were obtained by validated questionnaires. Overall, 58 patients (78%) answered the questionnaires at baseline with 25 patients (34%) completing follow-up at six months, and 11 patients (15%) completing follow-up one year after relocation. Approximately two-thirds of the participants at all time-points were men and their age range varied from 18 to 69. The results of this study showed that poor physical environment features can have a severe impact on care quality and can reduce the possibilities for person-centred care. Also, the study provides evidence that the patients' perceptions of person-centred care in forensic psychiatric clinics are highly susceptible to factors in the physical and psychosocial environment. Future work will explore the staff's perception of ward atmosphere and the possibilities to adapt a person-centred approach in forensic psychiatric care after facility relocation.

235. Using the 4 Rs: Resistance, Respect, Rights and Recovery for Different and Better Hearing Outcomes

There is Nothing to Recover From: The Disconnect between the Legal Process and a Recovery Approach

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Other presenters will speak of a new focus on “recovery principles”. This poses a problem where the client states that they are not ill and do not need to recover. Seeking consent to a treatment regime assumes that one is necessary. The role of the advocate is to act on the client’s instructions. This frequently is to oppose an order as unnecessary. The determination of the presence of illness and, if present, whether the consequences of it are sufficient to justify the making of a coercive order is the primary purpose of a mental health hearing. It is impossible for a patient to have confidence in the independence of this determination if the hearing itself proceeds on the assumption that a treatment plan is necessary. Recovery principles should not be used to change the purpose of a hearing from a legal proceeding determining whether the threshold for involuntary treatment has been met to a case conference where this issue is assumed.

Protecting a Patient’s Rights in Tribunal Hearings’: Evidence-Based Decision Making

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Susan Halliday, *Barrister-at-Law, Sydney, Australia* (yega.muthu@yahoo.com.au)

Representing persons detained under the Mental Health Act presents significant challenges to their Advocates. Often, despite holding a view that the application by the treating team for a period of involuntary detention may be in the individual's best interest, when instructed by that person to oppose the application, the Advocate must balance a variety of factors when representing the affected person at the Tribunal. Instructions may change mid-hearing, and assisting the patient in dealing with a highly stressful and at times traumatic experience of involuntary detention requires specialist interpersonal skills. This presentation will examine the role of the Advocate and how to best balance competing interests during the hearing. This presentation also explores a lawyer's role from the perspective of an Advocate and looks at that role in relation to the representation of mentally ill persons.

Coercive Treatment Orders and Toxic Treatment in Current Psychiatry: An Ethical Dilemma

Andy Campbell, *Mental Health Review Tribunal, Sydney, Australia* (jcam4067@bigpond.net.au)

For over 50 years, psychiatric research has developed a wide range of pharmacological treatments for the more disabling conditions that previously required incarceration in asylums to reduce risk to the individual and society. However no "cures" have emerged, and we now know that many have unpleasant, unwanted effects and toxic long-term damage to the brain and body. Clinicians have had to learn to balance the dosage of drugs, and monitor for unwanted effects to reduce the competing risks of untreated psychosis verses the potential harm to the individual. The use of compulsory orders preceded these developments but have been extended to control people when discharged into the community. Clinicians have to grapple with minimising the risks while still providing effective care. The Mental Health Review tribunal members enquire into the evidence for a serious mental illness, the consequent risks to the individual and society and whether the treatment is effective and clinically appropriate, but are not in a position to conduct a comprehensive mental state examination or dictate treatment to the responsible clinicians. The quality of care and the availability of close supervision by experienced clinicians varies from service and area. The paper will explore these dilemmas and some emerging trends give examples of alternative care that may be less toxic.

A Case Study: Recovery and Interacting with Patients, Families and Treating Teams

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NSW MHRT Hearings and Mental Health Inquiries are conducted in the least formal manner possible in the circumstances. The lawyer as Presiding Member is required to comply with the provisions of the Mental Health Act, 2007 whilst at the same time ensuring that all those involved are treated respectfully and given the opportunity to be heard. The Patientoften expresses feelings of anxiety and fear of the process with comments such as '*I haven't done anything wrong. I am not guilty your honour'*. Similarly, members ofher or his family (if present) and members of the treating team find the process challenging. Empathy and treating every individual with respect provides the best prospects for an outcome that is appropriate and generally regarded as acceptable for the majority of participants. Using a range of examples and case studies, this presentation discusses an approach that has proven to be useful and effective in dealing with situations of high anxiety and stress that could have otherwise led to aggression and injuries for those involved. Uses of technology to assist with the hearing process whilst minimising the fear and the risks to health and safety of those involved will be outlined.

236. Various Tribunals That Deal With Aspects of Mental Health

Undue Influence, Vulnerable Older Adults and the UK Court of Protection

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In Australia, like in other western nations, the population is ageing and the financial and social circumstances of older people are changing. The cumulative effects of these changes are set to have some profound implications, especially for those aspects of the Australian legal system required to protect the rights of older people with dementia. The existing legal system must expand to include protection for the class of vulnerable older people (particularly those with early dementia) who although medically close to the "mental capacity line", nevertheless retain legal capacity. Currently, the Victorian law through the Guardianship and Administration Act 1986 (Vic) provides only limited protection to vulnerable Victorians who appear to meet the threshold criteria. However, it is argued that this protective legislation needs to be extended to cover those "vulnerable individuals" who, while formally deemed technically competent, are at grave risk of ongoing exploitation, particularly those individuals with a co-existing delusional disorder alongside their dementia. The UK jurisprudence on the protection of vulnerable adults through the courts' inherent jurisdiction provides some valuable guidance on how to address this gap in the law.

Medical Panels: Just Another Tribunal or a Unique Entity?

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The Medical Panels play an important dispute resolution role under both the workers' compensation and personal injury legislation in Victoria, Australia. Each sitting Panel is composed entirely of medical practitioners; there are no legally qualified members. When Panels first commenced operating in 1990 they were required to provide independent advice on medical issues to the WorkCare Appeals Board, the Accident Compensation Tribunal, and to workers and their Agents. However, over time their function has been altered as a result of legislative amendments such that they are now required to provide a collective opinion on medical questions posed by either a referring agent or a court. The Medical Panel opinion is binding on all parties and the court. In 1996 the Medical Panels Victoria was deemed to be a tribunal by the Court of Appeal and therefore subject to the Administrative Law Act. This paper seeks to explore the powers and procedures, which characterize a tribunal and asks whether the Medical Panels should truly be labelled as one.

237. Victim and Offender Considerations in Violence

Policy and Practice Implications of Electronic Aggression in the Pediatric Population

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There is evidence that media violence is clearly one of the causal factors of real-life violence, heightening aggressive behavior, desensitization to violence, and fear of being harmed (American Academy of Pediatrics [AAP], 2009). Up to 35% of youth report being victims of aggression through the use of technology (Centers for Disease Control and Prevention [CDC], 2010). There are no federal laws that specifically address bullying legally unless it overlaps with harassment motivated by race, religion, ethnicity, sexual orientation and other personal characteristics (U.S. Department of Health & Human Services, 2014). Model statutes for cyberbullying prevention legislation can find perpetrators in violation of civil offenses including the invasion of privacy, defamation of character, and intentional infliction of emotional stress (Anti-Defamation League, 2012). With new types of media that are not regulated by any one agency, stakeholders must advocate and collaborate on creating harm reduction strategies for formal legal implications for policy and practice that are adaptable enough to change as technology and electronic aggression evolves (David-Ferdon and Feldman-Hertz, 2007).

Offender Influence on Victim Response to Sexual Assault

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Victims react to assault and abuse in ways that don't seem to make sense to observers who

project expectations onto victim's response, often referred to as "counterintuitive." Expectations are based in misinformation and these behaviors are often relied upon to judge victim credibility or dismiss allegations. What is overlooked it the behavior of the offender. The offender has a profound influence over how the victim responds to the assault, manipulating the victim in both overt and subtle ways. Offenders are aware of this power and engage in specific acts to ensure behaviors and responses like delayed or no disclosure, confusion, shame, and lack of resistance/compliance. This training will help explain and illuminate victim decisions and the offender's influence over the victim behavior, during the offense and after, as well as the manipulation of the perception of those outside the offense. Factors that impact victim response, the impact of trauma, and the influence of offenders will all be discussed and illustrated with real-life case examples.

Offender Manipulation and Influence on the Community and Courts

Bradley Beckwith, *Forensic Treatment Services, Allentown, USA* (ftsbb@ptd.net)

Offenders, as master manipulators, not only impact their victims, but are capable of influencing the decisions and perceptions of the community around them and the victim. They are able to fool therapists, judges, and those responsible for their management in the community. They are capable of destroying the victim's credibility in the community pre-offense and organizing retaliation against the victim post-offense. Additionally, while the shift to community-based supervision has many merits, actuarially based risk assessments underestimate the impact of an offender returning to society. The offender understands these cracks in the system and often exploits these vulnerabilities by distorting the perceptions of others. Employers, families, churches, community services and other aspects of society are all impacted. The offender identifies the perceptions of the individuals in the community and manages his/her façade to meet these expectations. This presentation in the community often replicates the same dynamics the offender utilized with their victim. This presentation will provide real-life examples of how offenders have manipulated others and organized their community against the victim or to dismiss risk issues and fail to protect victims.

Adult Male Survivors of Childhood Sexual Abuse: Victims or Criminals?

Catherine Carter-Snell, *Mount Royal University* (ccartersnell@mtroyal.ca)

At least one in six boys are sexually assaulted, most of these before age 16. Unfortunately, most males do not report childhood sexual abuse for at least 17 years or more after the assault. In that time they struggle with feelings of guilt, shame, belief the assaults were their fault and often struggle with gender identity. Added to that is the burden of male stereotypes and roles, as well as the social stigma males experience when admitting they were sexually assaulted. Their

coping styles may eventually include self-medication with drugs or alcohol, isolation, mental health disorders, chronic physical health disorders, relationship issues and risks for further victimization. On the other hand, they often are involved in criminal behaviour such as drug use as well as perpetration of intimate partner violence, sexual assault and child abuse. In this presentation key research findings will be explored related to risks and coping behaviours for adult males, links between victim and criminal behaviour after adverse childhood experiences, and the impact of male roles on reporting and behaviours. The importance of a trauma-informed approach for health professionals, counsellors and police will be discussed along with current knowledge about best practices in treatment.

238. Victims of Crime

Promoting Recovery from Violence with Response-Based Practice

Catherine Richardson, *Université de Montréal* (cathyresponds@gmail.com)

Victims of violence are often treated with psychological approaches that neglect their agency, their resistance and responses to violence. Response-based practice is a systemic, social justice, rights based approach that considers the social responses to the victim as one of the influencing factors of suffering and recovery. Key tenets of RBP will be presented, such as the importance of dignity, resistance, positive social responses and accurate linguistic descriptions. The presenter will provide examples of dignity micro-practices as well as an interviewing framework for eliciting relevant information that clarifies events as well as context that can be helpful for victims in court. Then, she will describe briefly various response-based violence-prevention/recovery programs in a number of nations, including use with Aboriginal communities in Canada. This approach has relevance for child protection work in cases of violence offering a framework for safety analysis and contesting the blaming of victims. This approach offers a critique of trauma-informed approaches that continue to place the site of "problem" in the head of the victim rather than in the social world where violence is enacted, and the implications of such individualizing approaches to social problems.

Children: The Forgotten Victims of Police Abuse

John Burris, *National Police Accountability Practice, California, USA* (burris@lmi.net)

As a civil rights lawyer in Northern California, USA, I have represented many children where a parent has been killed rightfully or wrongfully by the police. Over the past 7 years I have closely monitored the children by keeping in contact with them by meeting with their surviving parent or guardian, evaluating available school records and talking with friends and relatives about how the child is coping with the death. Many of the children learned of the death from the news, while others from class mates at schools, some from neighbour gossip and other were shielded from the news but learned most often inadvertently however, invariably the child became aware.

My presentation will focus on short and long term effects that the death has upon the child's interaction with family, peers, school and upon their self esteem. Many children suffer long term Post Traumatic Stress Disorder and other debilitating disorders but rarely do they receive immediate and timely intervention. I am particularly interested in knowing why some children suffer only in the short term, while others may suffer throughout their lifetime. My study includes children ranging from age three to mid to late adolescence.

Victims of Violence Committed by a Relative with Severe Mental Disorders: Critical Research on the Phenomenon

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Dave Holmes, *University of Ottawa* (dholmes@uottawa.ca)

Background: Violence against family members perpetrated by a relative with severe mental disorders is common in forensic psychiatry. According to the literature, more than half of families living with a mentally ill person experience violence on a regular basis; the social, psychological and physical impacts of this violence are significant. Few studies have examined this phenomenon, and additional research is required. This presentation will discuss the preliminary results of a qualitative study in which semi-structured interviews were conducted with families living with such problems of violence. *Method*: For this research, grounded theory was used as the methodological approach. Furthermore, the work of the French poststructuralist authors Jaques Donzelot and Michel Foucault were used as the theoretical framework. *Results*: The concepts and basic social processes that emerged from the data analysis will be presented.

Forensic Approach in the Distomo Massacre-Eglima/Crime Against Humanity: 10 June 1944

Apostolia Akrivousi, *Coroner of Lamia-Greece* (corlamia@otenet.gr)

Anna Nikolaidis, *National and Kapodistrian University of Athens* (annanikolaidis6@gmail.com)

We present the first forensic approach-investigation honouring the moral-ethical 72 years after the slaughter of 218 Greek inhabitants of Distomo by German occupation troops. The killing of infants, children and elderly adult women without distinction, suggests crime against humanity for the following reasons: 1. The mechanism of death singly varies/ means used in most cases were multiple; 2. The means causing deaths were guns, pistols, more likely bayonet knives, and fire; 3. There are reports of rapes; 4. It could also be substantiated about distinguished kind of tortures eg. execution of members of the same family, in the same area and other criminal activities. The last pending is the death of the last to the penultimate family member, what is also experienced and considered as such. Finally the verdict for this crime is not yet decided. We believe it has to be considered as crime against humanity, under the law of morality.

The Politics of Torture and its Effects on Mental Health

Anke Allspach, *Ryerson University* (ankeallspach@rogers.com)

During the past decade, most international media and academic interest has been placed on the torture practices inflicted on Muslim and Arab men suspected of terrorism by American military personnel at Abu Graib (Iraq) and Guantanamo Bay (Cuba). Most legal scholars have focused on the ways in which these practices have violated international laws. However, the politics of torture: the coercion to falsely confess, and its effects on mental health have remained in analytical shadows. This presentation will focus on four Canadian-Muslim men, Ahmad Abou-Elmaati, Abdullah Almalki, Maher Arar, and Muayyed Nureddin who were tortured in Syria to falsely confess to be Islamic fundamentalist terrorists. These statements made under torture were treated as "truths" and used as evidence to legitimize and advance racialized practices of surveillance of Muslim men and their communities in Canada. Particular attention is placed on the ways in which the torture to falsely confess and the use of these confessions have impacted the men's mental health and their lives after their return to Canada.

239. Violence and Terrorism: Behavioural and Forensic Analysis

Proof of Life Hostage Videos

Sarah Craun, *Federal Bureau of Investigation, USA* (Sarah.Craun@ic.fbi.gov)

Matt Collier, *Federal Bureau of Investigation, USA* (Matthew.Collier@ic.fbi.gov)

The National Center for the Analysis of Violent Crime (NCAVC) at the Federal Bureau of Investigation (FBI) has five behavioral analysis units (BAUs) that provide operational assistance and conduct behavioral research into a variety of crimes ranging from terrorism and cyber crimes to violent and sexual crimes against children and adults. For this session, we will present a research project that examined proof of life videos from hostages abducted overseas by known terrorist groups. We completed a content analysis of 19 publicly available videos that had 37 hostages within those videos. For the content analysis, we examined a variety of variables including the setting of the video, the presence of hostage takers in the video, and the words spoken by the hostages, among many others. Beyond exploring what typical proof of life videos contain we will also discuss the findings of a survey given to law enforcement to determine if different hostage videos have differing impacts on the viewer. Finally, reasons why proof of life videos are analyzed within an operational context will be shared, and possible future directions for the research will be discussed.

The Challenges of Culturally Competent Forensic Mental Health Services: The Laws Governing Mental Health Evaluations for Guantanamo Detainees

Neil Krishan Aggarwal, *Columbia University* (aggarwa@nyspi.columbia.edu)

President Obama has pledged to review all cases prosecuted through the Guantánamo Military Commissions established under President George N. Bush. Such commissions, however, may have limited independent psychiatric evaluations for Guantánamo defendants. This article explores the legal foundations for evaluating Guantánamo detainees, analyzes the decisions of commissions through legal texts, and considers the medicolegal consequences of the Guantánamo commissions. The case of Abd al-Rahim al-Nashiri will be considered during the presentation.

Despair, Hatred and Fanaticism as Predisposing Factors for Terrorists' Behavior

Sergei Tsytsarev, *Hofstra University* (psyszt@hofstra.edu)

At the previous IALMH Congress in Vienna, an attempt to describe the most salient attributes of the culture of terrorists' behavior was made. This paper represents another step in this line of research. The goal is to explore how accumulation of anger, hatred, and despair may lead to fanaticism and unprecedented violence, which is effectively instigated and coordinated by masterful brainwashing of large groups of people. This is an example of the transsituational inconsistency of human behavior and, therefore, the "Lucifer Effect" (P. Zimbardo) explaining the "psychology of the Evil" and, in particular, cognitive aberrations leading to a complete dehumanization of the image if the enemy is used in our analysis. A special consideration is given to a suicidal component in certain acts of terrorism, and above all, the effects of depression, despair, and feelings of helplessness on terrorists' behavior. A paradoxical relationship between depression and acts of brutal aggression are discussed. Finally, the differences between aggression in general and specific terrorists' aggression are examined with a focus on the semantics of these two types of aggressive behavior within various socio-cultural contexts.

Ethical Questions Concerning Psychological First Aid for Disaster Survivors

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In France, emergency groups called CUMP (Cellule d'Urgence Médico Psychologiques) have been set up to deal with the psycho-traumatic problems which can result from major catastrophes with multiple victims. These groups are activated systematically in such situations with the objective of early treatment and limiting the risk of problems becoming chronic. The terrorist attacks in France over the last two years have brought this programme to the forefront, leading to criticism by some observers, and requests from the victims. The definition of post-traumatic disorders varies in literary articles and so-called reference treatments are based on shaky ground. Randomized studies are difficult to carry out. Questions of an ethical nature arise because of the programme and actual field experience; the public order function mixed with the care function; the link between care and compensation; the almost obligatory requirement for victims to pass through the programme. The most important question is undoubtedly that of the impossibility of any true evaluation. There is a need to discuss these questions, which, despite the problems, legitimise the practice.

240. *Vive la Révolution!* Mental Health, Human Rights and Social Justice

Access to Care and Human Rights: Structural Inequalities in Mental Health Provision in Low and Middle-Income Countries

Jonathan Burns, *University of KwaZulu-Natal* (burns@ukzn.ac.za)

Most low- and middle-income countries (LMIC) are characterized by marked inequalities in the provision of and access to mental health care – the so-called 'mental health gap'. There is evidence that many of the poorest countries spend the lowest proportions of their health budgets on mental health. Furthermore, most care that exists is urban- and institution-based, with little or no community care and substantial shortages of mental health professionals. Importantly, while resources are scarce, those that do exist are also inequitably distributed – between countries, between regions, and within communities. Populations with high rates of socioeconomic deprivation have the highest need for mental health care, but the lowest access to it. Finally, inefficiency characterises many of these systems, compounding existing inequities. This paper reviews this evidence, including original data from South Africa, and makes the case that structural (social, economic, political and cultural) barriers to care in LMIC are a social justice issue and represent an ongoing violation of the human rights of citizens with mental illness.

Seeing the Bigger Picture: Dignity, Mental Health and Social Justice

Brendan Kelly, *Trinity College Dublin* (brendankelly35@gmail.com)

This paper examines human rights concerns in mental health, initially from the perspective of mental health law, relating chiefly to the right to liberty. An exclusive focus on the right to liberty alone, however, fails to address or even acknowledge broader denials of economic and social rights among the mentally ill and their families. For most people with mental illness, the key human rights issue is access to care, not protection from it. How can we remedy this situation, attain greater social justice, and improve respect for rights and dignity among the mentally ill? This paper argues for an approach that looks beyond the traditional concerns of mental health legislation and focuses on economic and social rights, and attaining social justice for the mentally ill and their families through both legislative and extra-legislative means. The concept of dignity is explored as a cornerstone for future work and developments in this area.

Who is Detained? Demographic and Clinical Correlates on Involuntary Psychiatric Admission

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People with mental illness can experience involuntary admission and treatment under a range of different circumstances in various jurisdictions. The demographic and clinical correlates of such involuntary care are not fully clear. This paper reviews this literature and presents original research data on this theme, including results from a series of clinical studies of voluntary and involuntary psychiatric admissions in Dublin, Ireland, seeking to identify key demographic and clinical correlates of involuntary status. These results strongly associate involuntary status with male gender and place of origin, with birth outside of Ireland associated with a *lower* rate of involuntary admission. This paper compares these results with findings internationally; presents conclusions and recommendations based on this work; and articulates a progressive agenda for future research in this area.

Treating Trauma With Trauma: The Current Use of Compulsory Powers in Mental Health Care in Northern Ireland

Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)

There are very high levels of association between childhood adversity and trauma, and later mental health problems. In Northern Ireland there are also relatively high levels of deprivation and trauma from the political conflict, which are also associated with mental health problems. In addition, it has been found that the experience of compulsory admission to hospital may be associated with symptoms of Post-Traumatic Stress Disorder. This paper reviews some of the research on these issues including the findings from a regional audit of assessments under the Mental Health (Northern Ireland) Order 1986. It will be argued that mental health services should be more focused on assessing and responding to trauma and adversity. It will also be

argued that wider social change is necessary to effectively address these issues. Some of the possible factors that may prevent and promote this will be discussed.

Autonomy: The Illiberal Use of a Liberal Concept

Shaun O'Keeffe, *Galway University* (sokanc@iolfree.ie)

Different interpretations of autonomy may explain the paradox whereby respect for autonomy can lead to many people being found incapable of making their own choices. Isaiah Berlin distinguished between negative liberty (liberty as non-interference) and positive liberty (liberty as self-mastery). While accepting that positive liberty, being a "thinking, willing active being" is a splendid and desirable thing, Berlin noted the ease with which the concept of positive liberty can and has been subverted historically, by contrasting the "true" freedom of the rational, autonomous self with the irrational lower self that is subject to immediate desires and passions, to justify coercion and repression. This paper argues that autonomy in modern biomedical ethics and law is closely related to positive liberty and has taken undue precedence over what is historically the more fundamental right to be left alone and not to have one's right to live as one chooses violated (negative liberty).

241. Why it is Imperative for Psychodynamic Approaches to Avoid Worshipping False Idols of Reductionistic Explanations by Providing a Forum for Legitimate Research

For too long, it was purported that a reductionistic approach would produce evidence to support assumptions that biochemical imbalances or twisted neurons were the culprits responsible for the emotional problems of daily living. Unfortunately, trustworthy, valid, and reliable evidence to bolster the reductionistic paradigm have not been forthcoming. Instead, mass-produced, often ghostwritten, poorly constructed investigations, or studies that were methodologically flawed, or frequently "subsidized" by special interests were proffered. Results of these studies were largely the unsupported, never-proven golden calves that have been deified and worshipped unthinkingly and reflexively at the altars of Big Pharma, large insurance companies, and so on. Worse, by venerating these positions, simplistic explanations abounded, often resulting in the invocation of quick fix, mind-numbing medications, to the detriment of genuine long-term solutions that exist when humanistically relating to patients via talk therapies. This panel will examine the underbelly of the beasts that have promulgated and perpetuated worship of the false idols of expedience, profit, and power. Because of these factors, it became clear that a quality psychodynamic research journal strictly dedicated to publishing unbiased research untarnished by ties to, or monies from Big Pharma, or other influential agencies of power needed to be created.

An Unassuming Rationale for the Necessity of Creating a Journal Specifically for Psychoanalytic Research Studies (J.A.S.P.E.R.)

Burton N. Seitler, *New Jersey Institute for Psychoanalysis, New Jersey, USA* (binsightfl1@gmail.com)

A psychoanalytic empirical research journal does not exist, but is needed to demonstrate that: (1) psychoanalytic theories regarding the unconscious, transference, countertransference, resistance, dream-work, free association, attachment, separation-individuation, castration anxiety, and other psychoanalytic constructs have validity; (2) psychoanalytic praxis has demonstrable efficacy; (3) to respond to "naysayers" who say psychoanalysis has no research to back up its claims, or psychoanalytic claims are neither testable nor measurable (that is, "falsifiable," Popper's critique). Nothing is further from the truth. While Freud utilized free association, Jung developed word association and astutely observed that individuals took longer amounts of time to respond to certain words that were less emotionally charged than other words. He discovered that these delays in response time were measurable. In free association and word association, we see the first attempts to quantify what goes on in the interior of an individual. But others from the ranks of psychoanalysis would also produce significant empirical data. Rene Spitz's research on hospitalism and infantile marasmus, Bowlby's studies of attachment and loss, and Mahler's film documentations of separation-individuation are examples of this. These were the earliest systematic attempts to study the inner workings of *the mind*, but they would not be the last.

Industry's Capture of Organized Psychiatry: A Psychodynamically Informed Critique

Lisa Cosgrove, *University of Massachusetts at Boston* (Lisa.Cosgrove@umb.edu)

Emily Wheeler, *University of Massachusetts at Boston* (emily.e.wheeler@gmail.com)

Shannon Peters, *University of Massachusetts at Boston* (smpeters19@gmail.com)

Earlier editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) used a psychodynamic and psychosocial framework and saw the boundary between mental illness and normalcy as fluid (Wilson, 1993). This framework allowed for a contextual approach that emphasized the social nature of emotional distress, as opposed to the intra-individual focus of the disease model adopted by the *DSM-III*, *DSM-IV*, and now the *DSM 5*. Indeed, the revision of the *DSM* in 2013 created a firestorm of controversy because of questions about undue industry influence and, concomitantly, medicalizing and de-politicizing normal human experiences. Unfortunately, current approaches to the management of *DSM* panel members' commercial ties, particularly transparency, are insufficient solutions to the problem of industry's capture of organized psychiatry. In this presentation, it will be argued that a more psychodynamically informed framework is needed to identify the epistemic assumptions that ground the *DSM*'s

biopsychiatric discourse and to understand psychiatry's dependence on the pharmaceutical industry.

Closing the Gap: A Collaborative Approach to Inquiry with Persons with Chronic Psychiatric Difficulties

Michael O'Loughlin, *Adelphi University* (michaeloloughlinphd@gmail.com)

Recognizing the atomization of care, the reliance on reductionist, decontextualized diagnosis as exemplified in DSM-IV and DSM 5, the time pressure in clinics, an excessive reliance on pharmacology as "treatment," and an increasing dependence on incarceration as a solution to pressing psychiatric stressors, there is an urgent need for discourse that brings to the fore the complex human suffering entailed in psychiatric distress. Jackson asks if it is possible to translate pain into "a shape fit for public appearance." Influenced by Frank's *The Wounded Storyteller*, by work in critical psychiatry, by work in cultural, existential and medical anthropology, and by a clinical adaptation of interpretive phenomenology, my research team is conducting three-hour conversations with persons with chronic psychiatric difficulties to elaborate on the prose of suffering. Distinctive in our work is an approach to data analysis that involves development of a *collaborative interpretive community* in which participants have a privileged voice at the table as we construct narratives that we hope will help humanize psychiatric suffering and broaden the understanding of the public and mental health professionals.

Research on the Efficacy and Process of Psychodynamic Therapy: Challenges and Opportunities

Jacques P. Barber, *Adelphi University* (jbarber@adelphi.edu)

Jeanne L. Seitler, *Philadelphia Society for Psychoanalytic Psychology, Ridgewood, USA* (jseitler@gmail.com)

This presentation will review briefly some criteria to decide that a psychotherapy is efficacious, then will review what we know about the efficacy of dynamic therapy for depressive, anxiety and personality disorders. This will be followed by a discussion of what are some of the impediments for high quality research (decreased research funding, medicalization of the field and decreased number of psychodynamically oriented researchers). It will review promising research lines for future outcome research (targeted randomized clinical trials for specialized population and non responders, individualized therapy). The common thread of all those recommendations is to improve patients' care. This presentation will then briefly review what we know about several theoretical mechanisms of change in psychodynamic therapy, insisting that

there is the need for better theoretical work on what those mechanisms are. It will be concluded that such work requires tight collaboration between clinicians, theorists, and researchers. Such work would benefit from an independent journal dedicated to the empirical study of psychoanalytic psychotherapies.

242. Why We Can't Breathe: Police Violence Against People of Colour in Urban America and the Distorting Prism of Race

The Clouded Prism: Race, Cognition and Suspicion

Donald Jones, *University of Miami* (djones@law.miami.edu)

Recently, controversies concerning police shootings of black men in urban areas follow a narrative which assumes that racism is aversive, a problem of hate. Many academic writers follow this framework as well. In this panel we explore the extent to which in the context of police shootings of black men the problem is not one of aversive racism, but cognition. More specifically, we explore the extent to which what we call prejudice is nothing more than looking at people, situations, through a distorting lens. That lens is race: a set of assumptions, narratives, stereotypes, myths. This panel will bridge the disciples of Criminal Law, Psychology and Critical Theory.

Greatly Feared But Lightly Valued

Mario Barnes, *University of California, Irvine* (mbarnes@law.uci.edu)

For many years within the U.S., studies of implicit bias and stereotypes have suggested that policing of certain minorities has been connected to beliefs that associate race and ethnicity to dangerousness. Such beliefs and their related cognitive processes help to explain why black men in American are disproportionately arrested, tried, convicted and punished. Dangerousness alone, however, does not explain why Blacks and others are disproportionately killed by police and other citizens under circumstances that disproportionately are found to be justified. First, studies have proven that race contributes to the presumed social value of victims. This phenomenon is confirmed by FBI data that indicates that Blacks, who constitute 12-14 percent of the U.S. population, make up 35-45 percent of those killed in "justified" shootings by police, year over year. More recently, studies of Stand Your Ground (expanded self-defense) laws indicate that killing a black victim is the factor most associated with asserting a successful defense. In the same way the #BlackLivesMatter and #SayHerName movements have sought to problematize state violence on the bodies of black people, this paper seeks to explore the social, legal and cognitive underpinnings of how the criminal justice consequences for certain people of color

within the U.S. are tied to them simultaneously being greatly feared and regarded as of little social value.

Police-Community Racial Conflict and Trauma-Informed Policing

L. Song Richardson, *University of California, Irvine* (lrichardson@law.uci.edu)

Geoff Ward, *University of California, Irvine* (gward@uci.edu)

Community Policing is understood as the most effective tool available for resolving conflicts in police-community relations, somewhat irrespective of officer and community characteristics. Police-community conflicts rooted in histories of over-policing and under-protection, including often racialized police violence, are understood to undermine public confidence in the institution of policing. By building partnerships between police organizations and community actors, mutual resentments are expected to give way to mutual respect, police-community cooperation, and more effective law enforcement. Yet critics of community-oriented policing note the potential cooptation of this strategy to rationalize surveillance and police aggression, and the persistence of racialized police community conflict and violence in the era of community-oriented policing. We suggest that further scrutiny of officer and community characteristics, and specifically their experiences of race and violence related trauma, informs a more nuanced and promising approach to community-oriented policing. Several philosophical and practical aspects of this strategy emphasize both officer-level issues (e.g., expected changes in attitudes and behaviors) and particularities of place, such as sensitivity to specific neighborhood dynamics, efforts to focus community policing efforts in more discrete geographic areas, and increasing participation of community members in local policing as elements of community policing. Yet advocates of community policing have insufficiently theorized two related issues bearing upon these ideals, and ultimately the feasibility of community policing strategies and their likely outcomes in specific milieus: First, how individual officers involved in community conflicts, and particularly uses of force, are affected by these experiences, and the implications for community policing. Second, how environments shaped in part by histories of racial violence, much of it involving police action and inaction, are distinguished by these social histories, and the implications for community policing. We argue that these police and community characteristics require a more trauma-informed approach to community-oriented policing, and reflect on practical aspects, possible benefits, and limitations of the proposed strategy.

Post- Ferguson: Still Powerless Against Police Brutality

Tamara Lawson, *St. Thomas University* (tlawson@STU.edu)

In analyzing police-involved shootings, data indicates a significant racial disparity among unarmed victims that who shot by the police. For example, although non-whites represent 37%

of the population, they represent 63% of the unarmed individuals who are shot by the police. The "Black Lives Matter" movement has emerged as an attempt to raise consciousness and bring awareness to the disparate impact and excessive police violence that is experienced by non-white citizens. The statistical realities of police violence, coupled with the multiple cases highlighted in the news, have changed the public discourse. For example, the lack of criminal indictment for the police who were involved in the shooting of Michael Brown, as well as the Department of Justice's Ferguson Report has further exposed abusive police practices. Prosecutorial discretion exercised in Ferguson, and in other well-known police violence cases such as Eric Garner, Freddy Gray, Tamir Rice, and Walter Scott, further highlights the concern for meaningful accountability in the context of excessive force cases. Even in some of the cases that have failed to be indicted, large multi-million dollar civil settlements were offered to the victims' families. These civil settlements may actually compound the problem, which is the lack of accountability for, and deterrence of, police officer misconduct. This presentation acknowledges that many police-involved shootings are justified under the theory of self-defence, but in cases where they are not, who do citizens call when police commit murder? This presentation is a follow-up to an earlier publication, Powerless Against Police Brutality: A Felon's Story. This presentation continues the conversation and explores the dynamics of why citizens, especially non-white and/or poor citizens, are uniquely powerless and are unable to complain about police brutality. It further exposes the procedural obstacles that individuals must overcome and navigate, both in the criminal justice system as well as in Section 1983 of civil rights litigation, in order to obtain justice against excessive police violence.

Cynthia Lee, *The George Washington University* (cylee@law.gwu.edu) – Discussant

243. Women, Creativity and Madness

Women, Art and Madness

Hope Maxwell Snyder, *Writer, Shepherdstown, USA* (hms@hbp.com)

In astrology, the Fifth House in an individual's natal chart deals with creativity and children, an ironic pairing, since many creative women we admire do not have children, or struggle with motherhood, and, in some instances, with marriage. Frida Kahlo, Zelda Fitzgerald, Georgia O'Keeffe and Alfonsina Storni come to mind. This presentation will explore ways in which the tension between their creativity and society's expectations impacts female artists, and how their disregard for social rules is looked upon as a sort of madness. That is, historically women have been expected to "behave" in certain ways, and the concept of the "mad genius" has been more liberally applied to men. While some male artists have been glorified for their "madness" women like Camille Claudel have been punished for theirs. Fictional characters Inés Camargo (the main character in the novel *Orange Wine)* and Elena Greco and her childhood friend Lila (characters in Elena Ferrante's Neapolitan novels) will be discussed, as well as Claudel and Alda Merini (an Italian poet). While Merini was married several times and had children, Claudel (a sculptress)

remained un-married and childless. However, both women were highly creative, and both spent time in insane asylums.

Madness: Creation and Destruction

Roser Caminals-Heath, *Writer, Frederick, USA* (rheath@hood.edu)

Madness is the edge of sanity, but it is also a borderline between the known and the unknown. Rational judgment applies to this side of the border; it can't determine whether the plunge into the far side is a plunge into darkness and chaos or into a light too blinding for ordinary eyes. The literary text allows madmen to fulfill the impulse of madness, sailing in pursuit of the white whale or riding across the Spanish plains, chasing the dream or the nightmare. Madwomen, on the other hand, are confined to the attic, in what may seem like a natural extension—or reduction—of the domestic space assigned to sane women. Like sexuality, madness is somehow more disturbing in women. Three characters, Maria, Teresa, and Simone in my novels Un segle de prodigis (Once Remembered, Twice Lived), La dona de mercuri (The Woman of Mercury), and Els aliats de la nit (The Allies of Night)—illustrate different degrees of threat posed by women who break down, break out, and break through.

What Makes a Femme Fatale? Anna Crane in "Devil Dancer"

William Heath, *Writer, Emmitsburg, USA* (heath@msmary.edu)

Ariadne in Kentucky: Erotic Power and Mythic Resonance in William Heath's neo-noir novel *Devil Dancer*. I began *Devil Dancer* with the notion that the tale of Theseus, Ariadne, and the Minotaur was the first detective story, involving such essentials as exploring an underworld, following Ariadne's "clue," and confronting a dangerous adversary. While labyrinthine imagery shapes my novel, the figure of Anna Crane, a modern-day snake-goddess Ariadne, plays a prominent role. From the moment she appears holding a loop of jumper cable in each hand "like a pair of slim snakes" (12), in order to re-start his dead car battery, to saving his life later in the novel, Anna plays a disruptive role in detective Wendell Clay's life. She is the *femme fatale* of his condominium, who strings him along while both revealing and concealing her true nature. Ariadne's dancing floor is featured at the labyrinth at Knossos, and Anna best displays her erotic power while dancing. In his quest to solve the shooting of the stallion Devil Dancer, Clay investigates a twisted, digressive maze that ends in a lethal encounter with his own Minotaur. The ultimate labyrinth my book dramatizes consists of the unconscious forces, suggested by mythology, that have for millennia shaped human character.

From Jane Austen to Lady Gaga: The Impact of the Sexual Revolution on Women's Creativity and Madness

Eric Houston, *Writer, New York, USA* (erichouston90@hotmail.com)

How does the acceptance of our sexuality affect the perception of our sanity? If our sexuality is an integral part of who we are, defining us, guiding us into healthy and unhealthy choices in a quest for submission and dominance, does disgust of our sexual orientation force us to be more creative as a coping method? In a world where homosexuality existed only as a depravity, how many lesbians lived in denial of their sexuality? Did Jane Austen's exquisitely written, deeply felt, escapes into the passionate lives of young attractive women fulfill a need? Did Mary Cassatt's obsession with beautiful young mothers satisfy a hunger? Had they been contented "normal married women" of their time, caring for their husbands and children, or comfortable with their sexual orientation and life partners, would they have been driven to create such extraordinary works? What impact did the sexual revolution have on Lady Gaga in creating some of the most sexually provocative creatively artistic pop videos of all time?

Creativity, Madness and Women: An Overview

Laurence Tancredi, *New York University* (Lrtancredi9@gmail.com)

Folklore maintains geniuses are different from ordinary people. Some notions hold that they are extremely intelligent, though creativity in recent times has been distinguished from intelligence. Others linked creativity to physiological conditions-- epilepsy and degenerative diseases. Thomas Mann in *The Magic Mountain* extolled the effect of a suffering illness—Tuberculosis-- on Hans Castorp, the protagonist's, ability to see through the externalities of everyday existence to deep insights. Recently researchers have focused on serious mental illness and creativity. In *Touched With Fire: Manic-Depressive Illness and the Artistic Temperament* (1996) Kay Redfield Jamieson discusses the strong association between manic-depressive illness and the creative process. Nancy Andreasen, a psychiatrist and PhD. in literature, in *The Creative Mind: The Science of Genius (2006)* correlates psychiatric disorders (especially bipolar illness) and eccentricity to moments of brilliance. Since the era of genetics and the work of Luigi Luca Cavalli-Sforza who studied human genetic variations the idea of the "migration" or "novelty" gene emerged. These genetic variations impact on the regulation of dopamine. The Dopamine D4 receptor gene on chromosome 11 has been implicated in novelty seeking behavior. This presentation will explore the wide range of perspectives on the causes of creativity, the differences between women and men, and provide biological and psychological frameworks for the remaining presentations.

Alison Barnes, *Marquette University* (alison.barnes@marquette.edu)

CRPD Sessions

244. CRPD

"Respect For Rights, Will and Preferences": What Can this Mean?

George Szmukler, *King's College London* (george.szmukler@kcl.ac.uk)

I shall discuss the critical phrase "respect for the rights, will and preferences" in Article 12(4) of the United Nations Convention on the Rights of Persons with Disabilities (2006). This has been interpreted as effectively prohibiting 'substitute-decision making'. However, 'will and preferences' has not been defined. Apart from a lack of philosophical consensus on the meaning of 'will', the prescription reaches an impasse should 'rights', 'will', and 'preferences' not point in the same direction. Some case examples will be given, including one where a treatment preference expressed when a person's thinking is seriously affected by illness flatly contradicts a clear advance directive made following recovery from a previous episode. What action should be taken? However, I shall argue there may be a 'silver lining'. Giving substantive meaning to the phrase could help to clarify the conditions under which a person might be ethically (and without discrimination) subject to a treatment despite a currently expressed preference against. This will depend on how we characterise 'will' and 'preference' and how we resolve situations where they are in opposition. Indeed, conventional notions of 'decision-making capacity' and 'best interests' could then become open to radical revision.

Measuring Compliance of Supported Decision-Making Models in Mental Health Legislation with the Convention on the Rights of Persons with Disabilities

Marion Byrne, *Queensland University of Technology* (mh.byrne@hdr.qut.edu.au)

There is increasing recognition that mental health legislation should reflect supported decision-making models in line with Article 12 of the Convention on the Rights of Persons with Disabilities. As these models develop there remains ambiguity as to how supported decision-making should be represented in legislation. There is also a lack of clear standards against which state parties can appropriately and transparently measure their laws to ensure compliance with the Convention. This paper will review a tool that has been developed to measure compliance of mental health legislation with Article 12 of the Convention, identifying legislative criteria and indicators for supported decision-making under Article 12, and other rights in the Convention upon which Article 12 depends. The paper will review the methodology used within the tool for

determining the nature and extent of legislative compliance in the context of treatment decision-making by a person with mental illness. The paper argues that the tool provides a robust means of assessment to assist legislators in the reform of mental health laws that seek to provide for supported decision-making models, while enabling clear, and transparent standards for state parties and advocates to meet in order to comply with Article 12.

Mental Health Legislation in Brazil: An Analysis Based on the WHO Checklist

Carla Aparecida Arena Ventura, *University of São Paulo* (caaventu@eerp.usp.br)

Emanuele Seicenti Brito, *Attorney-at-Law, São Paulo, Brazil* (emanuele600@gmail.com)

Mental health laws and policies are key strategies to promote human rights. It is essential that policies and laws are brought into conformity with international human rights standards such as the International Convention on the Rights of Persons with Disabilities (CRPD). In this context, this descriptive study aimed at describing and analyzing current mental health frameworks in Brazil. Information on the legislation was gathered and assessed using the WHO Checklist on Mental Health Legislation. Results comparing the WHO Checklist with the laws from Brazil showed that the Brazilian legislation meets 52 (31.32%) of the 166 WHO standards. The main shortcomings of Brazilian law concerns are "competence, capacity and protecion", "oversight and review mechanisms and procedures for appeal of involuntary admission." In sum, international human rights documents, such as the WHO Resource Book, are important tools to guide the construction of legislation and this study may bring light for a reflection from competent authorities on the need to have audits on national mental health legislations, carried out by multidisciplinary committees.

Developments in Scottish Mental Health and Incapacity Law and Practice

Sandra McDonald, *Public Guardian for Scotland, Falkirk, UK* (smcdonald@scotcourts.gov.uk)

I shall examine compliance with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities from a service delivery position; outlining the proposals Scotland has for re-engineering our current guardianship regime, from a system that may be described as out dated, cumbersome and inflexible to one which is dynamic, tailored to an individual's circumstances and proportionate to their needs, a system which is designed around the incapable person, supports their participation and respects their wishes. I shall discuss the dichotomous challenge of reducing the control, whilst not eroding any of the safeguards.

245. CRPD, Capacity and Coercion in Mental Health in Australasia: *Doing* the Paradigm Shift in Australian Mental Health Law and Practice

Less Restrictive Alternatives? Community Treatment and Advance Directives in Recovery-Based Care in Australia

Sascha Callaghan, *University of Sydney* (Sascha.callaghan@sydney.edu.au)

This paper discusses legal and ethical aspects of so-called less-restrictive alternatives to involuntary inpatient treatment for mental illness, such as community treatment orders and advance care directives. Highlighting problems and issues in Australian practice, this paper argues that coercive options, including self-coercion, remain deeply problematic in a rights-based framework in mental health.

Doing Supported Decision-Making 'On the Ground': Learning About Enablers and Barriers in the Context of Mental Health in Victoria, Australia

Cath Roper, *University of Melbourne* (croper@unimelb.edu.au)

Both speakers will discuss supported decision-making (SDM) in the context of mental health, with reference to projects conducted in Victoria, Australia. Whilst each project aims to give guidance around the principles of SDM and support practice change, we have observed definitional problems amongst mental health practitioners about what SDM means in the context of the Convention on the Rights of Persons with Disabilities and how SDM concepts could be relevant to and transformative of the mental health landscape. Cath will report on SDM training initiatives adopting coproduced methods where clinicians and consumers work together to model equal decision-making processes. Lisa will discuss the challenges that are common themes in qualitative interviews with mental health practitioners, including psychiatrists. These include risk and fear, stigma and discrimination and an ongoing commitment to taking a "best interests" approach with more conditional regard to the views and preferences of the person. We will examine the potential enablers for change, particularly through valuing lived experience and consumer perspectives and engaging in co-production.

Can Mental Health Legislation Comply With the CRPD? The Australian Legislative Experiment Continued

Penelope Weller, *RMIT University* (penelope.weller@rmit.edu.au)

Australian jurisdictions have responded to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in different ways. While other jurisdictions have emphasised mental capacity, the Mental Health Act 2014 (Vic) provides a unique legislative framework. The legislation was intended to facilitate a philosophical switch to supported decision-making (SDM) in accordance with Australia's obligations under the CRPD. To achieve a SDM stance, the Victorian legislation replaces the fully substituted decision making model of the previous act with an SDM approach. The key legislative 'tools' are a presumption of capacity, the recognition of advance statements and the inclusion of nominated persons. This paper considers the mechanisms in Victoria that have bearing on the question of patient participation in decision making. It contrasts the Victorian approach with the recognition of universal legal capacity in the CRPD. The paper considers whether mental health legislation can ever be considered compliant with the CRPD.

Can Mental Health Practice Comply with the CRPD? How Successful Have the Australian Reforms Been?

Christopher Ryan, *University of Sydney* (christopher.ryan@sydney.edu.au)

Building on work presented in Vienna that set out criteria for CRPD-compliance (Callaghan S, Ryan CJ, 'An evolving revolution: evaluating Australian compliance with international human rights in mental health law' (forthcoming)) this paper reviews the impact of recent Australian law reform efforts in bringing about the paradigm change in psychiatric practice presaged by Article 12.

Typologies of Service User Expectations of Support in Mental Health Decision-Making

Renata Kokanovic, *Monash University* (renata.kokanovic@monash.edu)

Supported decision-making has a valuable role to play in mental health service provision. While psychiatrist-led information sharing and relationship building can contribute towards supported decision-making, these cannot guarantee user engagement. Through a study of 29 interviews with people diagnosed with a 'mental illness' in Australia, we examine how participants positioned themselves, narratively, in accordance with their own subjectivities when reflecting on their experiences of supported decision-making. This self-positioning affected relations psychiatrists and other mental health professionals, and directed expectations around supported decision-making. Four narrative typologies emerged in our analysis: the "Inward Expert", the

"Outward Entrustor", the "Self-aware Observer" and the "Social Integrator". The links between their experience and sense of agency differed in each, with consequences for the type of support expected of mental health professionals. Evidence based research, incorporating testimonials of people diagnosed with 'mental illness', as experts in their experience, into emerging models of supported decision-making, is one way to facilitate meaningful engagement for mental health service users. In our research we found that participants' identity, values and beliefs played an important role in defining their support needs. These findings are important in developing an effective strategy for supported decision-making that takes into account differing user needs.

246. International Perspectives on Capacity and Consent in Mental Health

Are CTOs Least Restrictive?

Giles Newton-Howes, *University of Otago* (Giles.newton-howes@otago.ac.nz)

Consideration of mental health treatment has been brought into relief in light of the convention on the rights of persons with disabilities (CRPD). This transnational agreement requires states to ensure the rights of those with disabilities, including those with mental disorders, are appropriately respected. This includes those with mental illness and would, on the face of it appear to preclude the use of coercive treatment. This is certainly the only interpretation of the general comment to article 12. Many have called for a more reasonable approach and this raises the question as to whether "least restrictive" alternatives are implied by these calls. In mental health the use of CTO's is generally held up as a "least restrictive" option. This article examines whether CTO's are in fact "least restrictive", considering the ethical, legal and practical implications.

Legal Coercion in Mental Health and the CRPD: A New Zealand Service User Perspective

Sarah Gordon, *University of Otago* (Sarah.gordon@otago.ac.nz)

The Mental Health (Compulsory Assessment and Treatment) Act 1992 of New Zealand was one of the first to introduce allowance for compulsory community treatment orders (CTOs). The criteria for compulsory treatment, including CTOs, under this Act are a combination of disability (in the form of mental disorder of a continuous or intermittent nature) and harm to self or others. Since 1992, New Zealand's rates of compulsory treatment have increased both absolutely and proportionally to population growth to now be one of the highest rates internationally (103 people per 100,000) with the preponderance of that being people subject to CTOs (85 people per 100,000). Given this and the criteria of the Act, it has been estimated that roughly two-thirds of

people subject to compulsory treatment in New Zealand would have what is commonly referred to as 'treatment decision-making capacity'. Based on their jurisprudence, particularly in relation to Articles 12 and 14 of the Convention on the Rights of Persons with Disabilities, the CRPD Committee has recommended that New Zealand take immediate steps to revise the relevant laws and replace substituted decision-making with supported decision-making. This presentation will discuss the barriers that service users and those that support us are facing in getting our Government, medical and academic fraternities to acknowledge and respond to these human rights issues, despite the Committee's observations. This will include posing the question: 'Has the Committee gone too far in their interpretation and will this compromise our chances of making any progress on this issue?'

Mental Capacity: Updating New Zealand Law and Practice

Greg Young, *University of Otago* (greg.young@ccdhb.org.nz)

Alison Douglass, *University of Otago* (alison.douglass@barristerschambers.co.nz)

In New Zealand, the Protection of Personal and Property Rights Act 1988 is the adult guardianship law governing the legal processes for people who lack capacity. Legal developments within New Zealand and under human rights conventions, such as the CRPD, emphasise the need to review and update New Zealand's law and practice. Demographic changes in the people most affected by the law and new approaches to supporting autonomy in people with disabilities are part of the changes needed to ensure consistency with contemporary thinking and best practice standards. This paper provides a comparative analysis of New Zealand and English mental capacity law, a survey of doctors' knowledge about capacity assessment, a discussion about cultural issues that need to be considered within New Zealand's cultural context when assessing capacity, and recommendations for changes to New Zealand law are presented.

Factors Influencing Advance Directives among Psychiatric Inpatients in India

Guru S. Gowda, *National Institute of Mental Health and Neuroscience, Bengaluru, India* (drgsgowda@gmail.com)

Advance directives are documents stating treatment preferences in case of future incapacity state. In India, legislators advocate Psychiatric Advance Directives (PADs), while evidence on its use is limited. This study examined factors influencing PADs. We conducted a hospital based descriptive study in Bangalore. In 200 eligible subjects, the Mini International Neuropsychiatric Interview, CGI-S and CGI-I (Clinical Global Impression scales), the Insight Scale-2, and an Illness insight assessment was completed within 3 days of admission. 182 subjects were

reassessed and assessed for PADs using Bangalore Advance Directive Interview within 3 days of discharge. 67% welcomed the need for PADs in India. 95.6% made their own PADs. 80% followed doctors' advice in their PAD. Absent insight, remaining symptomatic at discharge, opted significantly more often against ECT, antipsychotics, and inpatient care as treatment. Economic status, unwillingness to stay and ECT had inverse associations with appreciation of PADs. A majority of patients favoured PADs. Absent insight, severe psychopathology and incomplete recovery may negatively influence PADs. Therefore, clinicians must assess patient's capacity for PADs carefully, as it may significantly influence patients' views in PADs. The timing of when to formulate one's PAD within the illness process may be essential.

Legislation Under Construction: European Lessons Learned from Mental Health Care in India

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Patient participation and family involvement in psychiatric care are important issues. How to formulate, advocate, design and take care of engagement of patient as well as the patients' family in health care setting are lessons Europe may learn from Indian Culture. In Europe and India, legislators advocate Psychiatric Advance Directives (PADs) or community treatment orders (CTOs), while evidence on its use is limited. Collaboration with low-income countries may provide experience useful for the European setting. We performed a literature search of effectiveness of PADs and CTOs in psychiatric care. The findings from the High-income countries were compared. From this perspective, we discuss the feasibility of European legislation and provide a number of improvement and suggestions. Findings show evidence is hard to establish with current literature, primarily because inform consent is difficult to establish and results have a limited validity in day to day-clinical practice. Legislators advocate PADs and CTOs and are supported by patients, and politicians to improve patient and family engagement in treatment and individual autonomy. Despite political support and repeated effort over last two decade, only few countries succeeded in implementation of PADs and CTOs in clinical practice and its clinical utility is unclear.

247. The Right to Liberty

The Neuroscience of Delusions and Forensic Psychiatry

Anna Arstein-Kerslake, *University of Melbourne* (anna.arstein@unimelb.edu.au)

This presentation addresses how the right to legal capacity directly relates to the right to liberty. It examines how a denial of legal capacity can lead to the denial of the right to liberty.

Specifically, it examines the ability of guardians and other substituted decision-makers to consent to the deprivation of liberty of individuals who do not enjoy legal capacity. It also examines the ability of courts to deprive people of liberty after denying legal capacity through findings of unfitness to plead in the criminal justice system. Finally, it proposes alternatives to the existing law and highlights the need for more attention to be paid to these deprivations of liberty.

The Right to Liberty, Risk of Harm and Mental Health Laws

Bernadette McSherry, *University of Melbourne* (bernadette.mcsherry@unimelb.edu.au)

Using Australian policy and practice as a case study, this presentation will (1) explore the way in which mental health laws are justified on the basis of the prevention of risk of harm to self or others; (2) assess the empirical evidence on risk; (3) draw on social psychology to examine why public perceptions of a link between risk of violence and mental impairments continue to be made; and (4) address the influence of the United Nations Convention on the Rights of Persons with Disabilities (the CRPD), which Australia has ratified, in challenging laws that breach the right to liberty set out in Article 14. It will be argued that the notion of the prevention of risk of harm to self or others is so entrenched in mental health laws, that empirical evidence and human rights arguments, which challenge this notion have little impact. Rather, it is better to concentrate on improving treatment, care and support systems for those with mental impairments in general, than arguing for the abolition of mental health laws based on risk.

Disability-Specific Forms of Deprivation of Liberty

Catalina Devandas Aguilar, *UN Special Rapporteur on the Rights of Persons with Disabilities, Geneva, Switzerland* (cdevandas@sr-disability.org)

This presentation aims to explore and discuss the various forms of deprivation of liberty experienced exclusively by persons with disabilities, including detention in mental health facilities, social care institutions, prayer camps, shackling practices, and other physical and chemical restraints in the community. Although all of these formal and informal disability-specific deprivations of liberty are receiving increasing attention in the field of human rights, data available is still very limited and little consideration has been given to the causes of and alternatives to these practices from a human rights-perspective.

When the State Comes Marching in: Loss of Sovereignty Over the Body and Self in Legislated Contexts

Cath Roper, *University of Melbourne* (croper@unimelb.edu.au)

This paper adopts ethical and rights concepts to discuss the right to liberty from the perspective of a person who has used mental health services involuntarily. The main focus is on liberty expressed as sovereignty over one's own body (bodily integrity). It is argued that mental health laws (MHL) come into effect precisely because there is doubt that a person would otherwise accept treatment deemed to be 'necessary'. Once a person is subject to MHL bodily integrity (and in many instances, freedom of thought) is violated as treatment is given against a person's will. Regardless of whether the use of MHL can be justified in each individual case, it is argued that any violations on people's bodily integrity, autonomy and freedom of thought must be noted, counted and regretted, and not papered over. They must be given substance, due weight, and consideration. The paper concludes by arguing in order to do better, and to demonstrate respect for persons, mechanisms are needed where clinicians can mull over and take responsibility for incursion on human rights and ethical 'losses' rather than stopping short at a 'best interests' rationale ("I/we had to do this for your own safety/protection….").

Carla Whillier, *Barrister-at-Law, Newmarket, Canada* (carlawhillier@hotmail.com) – Discussant

Therapeutic Jurisprudence Sessions

248. Addressing Blame, Accusation and Sexual Victimization in Law

No Smoke Without Fire: False Accusations and the Law's Response

John E. Stannard, *Queen's University* (j.stannard@qub.ac.uk)

A recent study done in the Centre for Criminology at the University of Oxford focuses on the impact of false accusations of child abuse on those employed in positions of trust. One key finding of this study is that the experience of being falsely accused in this manner causes enduring trauma, even for those who are not arrested, prosecuted or convicted. It is therefore not surprising that those who find themselves in this position are anxious to clear their name by any means possible. However, the extent to which the law enables this to be done is somewhat doubtful; in particular, the presumption of innocence in criminal cases produces the paradoxical result that 'not guilty' is often seen as no more than 'not proven'. This paper examines the various legal routes open to someone who wishes to vindicate their reputation, and considers how the law might be improved in this respect.

Virginity Testing: Can a Cultural Argument Conform to the Bill of Rights?

Tlale Rakubu, *University of Limpopo* (motlalepula.rakubu.ul.ac.za)

Virginity is a concept fogged and obscured by superstition, folklore, false science and fear induced by repressive 'honour' societies. In South Africa, the concept has been under the spotlight recently because of The Children's Act 38 of 2005 legalizing virginity testing to be performed on male and female children over the age of sixteen with their informed consent. It has also been revived as a Zulu custom, which has gained momentum in response to the HIV/AIDS pandemic. Since abstinence from certain sexual practices is among the most reliable ways of preventing HIV/AIDS, the concept of virginity has also recently become more popular in Western societies, especially among Christian fundamentalist groups. Despite this attention and publicity, not to mention its cult status in certain times, virginity is still a difficult concept to define. This paper argues that virginity testing is a violation of human rights and the right to privacy, amongst other rights. Further, virginity testing as a cultural practice poses more harm than good to girls regardless of whether they pass or fail the test. This is likely to strip the girl of her dignity, to cause emotional distress and to represent an invasion of bodily privacy. This paper examines the cultural practice of virginity testing, applicable law, procedures, role and function of the virginity tester and the participant's (girls tested) expectations and experience from a therapeutic jurisprudence perspective.

Justice and Mercy in Sentencing: Revisiting the Oscar Pistorius Case

Annette van der Merwe, *University of Limpopo* (Annette.vandermerwe@ul.ac.za)

Jurisdictions worldwide have singled out serious offences to be deserving of severe punishment. This approach is often linked to legislated minimum prescribed sentences, but with judicial discretion to deviate when the imposition of such sentence will lead to it being unjust or disproportionate to the seriousness of the crime. On the one hand, courts are concerned with the right message being sent to communities, but on the other hand it is highlighted that a sentence can only be appropriate when mercy for the accused and hope for his reformation are displayed. Traditionally mercy and justice have been viewed as opposites that need to be balanced, yet the view has been expressed that mercy is indeed an element of justice. In Director of Public Prosecutions, Gauteng v Pistorius (96/2015) [2015] ZASCA 204 (3 December 2015) the Supreme Court of Appeal, on a proper conspectus of all the evidence, held that the trial court ought to have found that Pistorius had been guilty of murder and not culpable homicide, and that his defence of putative private defence could not be sustained. The conviction of culpable homicide and the sentence imposed for that offence (and at the time hailed to be reflecting perfect justice) was set aside and the matter was remitted to the trial court to impose sentence afresh. This matter is analyzed to explore how the above-mentioned principles of justice and

mercy found application. The paper further examines the applicable law, procedures, role players' functions, victim/public expectations and ultimate sentence from a therapeutic jurisprudence perspective.

The Intellectually Disabled Witness and the Requirement to Promise to Tell the Truth

Jonas-Sébastien Beaudry, *University of British Columbia* (Beaudry@allard.ubc.ca)

Mentally disabled victims of sexual crimes may be prevented from acting as witnesses in a criminal trial if their mental capacity is challenged. They face an important obstacle to access justice if the case against their alleged aggressor mostly relies on their testimony. In 2012, the Supreme Court of Canada revisited the *Evidence Act*'s requirement of promising to tell the truth and lowered the previously ambiguous threshold of cognitive capacities required to satisfy this requirement. The *Evidence Act* has been amended in 2015 to reflect the Court's decision. While apparently facilitating people with mental disabilities' (PMD) access to justice, the Court's interpretation of the *Evidence Act* contains a problematic normalizing outlook on PMD *qua* legal subjects, leaves some problems untouched, and could potentially deflate the political urgency of addressing them. In order to reveal how the Court "normalized" mentally disabled witnesses, this presentation offers five possible interpretations of the RPTT: formalist (thin and thick), conceptualist (thin and thick) and functionalist. Distinguishing between these five interpretations enables us to target rationales and assumptions behind the RPPT that need to be scrutinized and perhaps abandoned.

249. Bringing Therapeutic Insight Into Judicial Procedures

Law and Emotions: The Emotional and Practical Effects on Judges and Lawyers of the 113 Criminal Law Amendments

Hadur Masury, *Haifa University* (Hadarmasury@gmail.com)

In the course of a doctoral dissertation research study under the advisement of Dr. Tali Gal and Prof. Zvi Eisikovits, University of Haifa-Israel, we examine the effects of Amendment 113 to the criminal law. This law was the first to state judicial discretion in sentencing. During the study prosecutors and public defenders were interviewed, and questionnaires were sent to judges. Additionally, the content of court rulings were analyzed and court cases were evaluated. The research findings indicate that the amendment has a strong emotional impact on judges as well as lawyers. The emotional influence causes judges to manipulate the law in order to sustain the illusion of obeying the law while continuing to rule the same way they did prior to the amendment. This new reality was described well by an interviewee as a sudden change where

judges are "not gods" anymore and are now bound to the sentencing course the legislature dictated. The frustration of all who are involved (judges and lawyers law alike), pushes them to create a formal reality of implementation of the law, while maintaining a non-formal reality in where the legal provisions are not implemented.

Are Court-Referred Mediations Truly Mediations or, in Reality, Forced Party Negotiations? If Court-Referred Mediation is Simply a Tool to Force Parties to Undertake Further Negotiations Prior to Hearing, Why is this Tool not Being Utilized to its Fullest Effect?

Carli Jean Kulmar, *Charles Stuart University* (ckulmar@csu.edu.au)

For many civil litigation lawyers in Australia, court-referred mediations should have become commonplace in everyday practice, however, only an average of 24% of eligible Federal Court matters undertake court-referred mediation. In the Supreme Court of New South Wales, approximately 25% of eligible matters are referred to court referred mediation. Across the board, the courts are not referring approximately 75% of matters eligible for referral to mediation. Court reports show that matters referred by the Supreme Court of New South Wales to mediation in the last five years have at least a 50% resolution rate prior to hearing, with the Federal Court's resolution rate from referrals being 67%. With a resolution rate of at least 50%, why are the courts not referring more eligible matters to undertake this procedure and what might be adopted to encourage participation in the court-referred practice?

Compassion as a Foundation for Promoting Equality Before the Law

Anthony Hopkins, *Australian National University* (anthony.hopkins@anu.edu.au)

Equality is a fundamental concern of human existence. Expressed in the principle of equality before the law it entails the requirement that those who come before our courts be treated as being of equal value and be given 'equal consideration'. In circumstances where those who come before the law are marked by their differences, giving of equal consideration requires that difference be understood and taken into account. But understanding difference, and the different lived experiences of 'others', presents a significant challenge for the judicial officer. Meeting this challenge requires information, imagination and effort, together with the recognition that the pursuit of understanding is an active and continuous process. Further, it will be argued that the pursuit of understanding requires compassion as its foundational motivation: that is, the desire to understand and alleviate suffering. If it is accepted that equality before the law cannot be whole-heartedly pursued in the absence of compassion, this leads to the conclusion that there is much to be gained by naming compassion as a key judicial attribute and supporting judicial officers to cultivate a compassionate mind.

Therapeutic Jurisprudence, Forensic Mental Health and the Ontario Review Board

Jamie Cameron, *Osgoode Hall Law School* (jcameron@osgoode.yorku.ca)

Sandy Simpson, *The Centre for Addiction and Mental Health, Ottawa, Canada* (Sandy.Simpson@camh.ca)

This investigative study is a cross-disciplinary project in psychiatry and law, which applies the principles of therapeutic jurisprudence to the forensic mental health system and practices of the Ontario Review Board (ORB); the provincial decision making tribunal for mentally disordered criminal offenders under Canada's criminal law. The empirical part of the study conducts a qualitative survey of the legal and clinical professionals involved in hearings (i.e., health, legal and public members of the Board; counsel for the hospitals, Crown, and forensic patients; and clinician witnesses). The purpose of the survey will be to canvass perceptions and determine whether, to what extent, and how the hearing process addresses the twin goals of protecting public safety and treating forensic patients fairly – both in terms of their psychiatric rehabilitation and fair treatment of forensic patients. The central objective of the study is to identify and address any anti-therapeutic elements of the current process. The survey will provide an evidence-based foundation for developing recommendations that are aimed at improving the procedural fairness and therapeutic consequences of hearings for forensic patients.

Fixing the Seven Deadly Sins in Family Court

Lenore Walker, *Nova Southeastern University* (drlewalker@aol.com)

Family Court has been broken for a long time despite the many attempts to fix its problems. For example, children in the U.S. and other countries do not have legal rights to have their wishes represented. Rarely are the decisions handed down in the child's best interests even with a system of Guardian ad Litems and mental health clinicians available to the judge. Often those in the court are ignorant of the developmental needs of a child or of the danger to the child's psyche by an abusive parent. All too often, parents' rights of access to a child are given more attention than the child's safety. The long history of holding mothers responsible for everything that happens to a child may let the fathers go without careful scrutiny. In many jurisdictions there is no official recording of the proceedings so appeals are not possible even if the parties could afford them. In this presentation, I will point out the ways to correct some of these issues by using the TJ model used in criminal courts. This will require family courts to be less focused on equity and more on using the court's power to be therapeutic.

250. Creating Inclusiveness and Understanding in Health Care

Communication Patterns and Practice Culture

Monica Broome, *Deputy National Representative European Association for Communication in Health Care, Miami, Florida* (mbroome@med.miami.edu)

There are similarities in medicine, law, and business, regarding the culture of the practice; i.e. the patterns of communication that set the atmosphere and tone of the work place environment. There are communication patterns that are essential to establish an environment that engages and retains employees and minimize their work place stress. These communication patterns significantly affect work and productivity as well as the emotional health of the personnel. Which communication patterns are adapted in an organization is a reflection of how the organization works, what they value, and affects how the organization grows and evolves. This presentation will discuss current practice culture of medicine in the US, the number one problem in the work place environment, five dysfunctions of a team, a tool to manage these dysfunctions, seven factors essential to create a team-oriented environment and a tool to manage complex change.

Transitioning: The State of Transgender Health Care in the United States

Lydis Fein, *University of Miami* (Lafein@med.miami.edu)

In the United States, transgender persons are at the forefront of popular culture. While transgender celebrities grace television screens and magazine covers on a regular basis, there still exist great disparities between transgender persons and the general population. This is particularly evident when it comes to healthcare. Transgender women are diagnosed with HIV more than any other demographic and the suicide attempt rate among transgender persons is twenty times higher than the general population. Transgender persons experience significant barriers to health care that range from gender-based discrimination to systemic barriers that prevent them from accessing the care that they need. Our healthcare system, particularly insurance companies, is gradually making health care services more accessible but still falls short. The focus of this presentation will be to discuss the various aspects of transgender care, including transition-specific processes such as cross-sex hormone therapy and gender confirmation surgery, and to provide an overview of the laws and healthcare system in the United States that affects the availability of these services.

Keep Calm and Relax On: Stress In the Modern Era and Strategies for Getting Your Life Back

Laura Bloom, *University of Miami* (l.bloom@med.miami.edu)

Stress levels are on the rise with many people living in chronic stress. According to the World Health Organization, stress-related chronic diseases are the main cause of death in developed countries, and the International Labour Organization states that stress is a factor in 50 to 60 percent of all lost working days. Stress is a dynamic transaction between demands and resources. When the scales tip and demands outweigh resources, stress sets in. This transactional view underscores the active role of the individual in mediating stress and counteracting its destructive effects. Stress affects nearly every system in the body and is associated with numerous illnesses. Stress also takes a toll on our cognitive capacity, making our minds prone to racing thoughts, mental slowness, and confusion. We must train ourselves to activate the relaxation response to restore an inner state of calm. The relaxation response engages the parasympathetic nervous system, which restores homeostasis after a stress response – lowering heart and respiratory rates, blood pressure, and muscle tension. Research indicates that we typically experience the stress response about fifty times a day. While it can take us by surprise, oftentimes stress can be anticipated, allowing for preparatory action. It is thus imperative to build a repertoire of strategies that can rein in the runaway physiological and psychological effects unleashed by stress. This presentation will offer the simplest and most powerful research-based strategies for coping with stress. These multidisciplinary strategies are derived from neuroscience, psychology, and both standard and complementary medicine.

The Regulatory Vision of Universal Health Care in the United States

Miriam F. Weismann, *Florida International University* (miriam.weismann@fiu.edu)

The United States Supreme Court decided that health care is not a fundamental legal right. Arguably, this recent legal decision makes some sense given the synergy between the economics of the health care delivery and the U.S. public policy regarding limited access to medical treatment. Specifically, the current fragmented system of health care delivery and reimbursement is grounded in an economic system of free market competition. Thus, the notion of universal coverage is antithetical to a system that makes a profit from limiting access and rationing care based on profit motive. This paper theorizes that the best prospect for real health care reform, as opposed to the piece meal reforms of the well-intentioned Affordable Care Act, depends upon the exercise of political will in opposition to the profit making special interest groups who have historically opposed reform. This requires a firm declaration of a moral and ethical policy that equal access to health care is as essential to human life as are the fundamental constitutional freedoms of speech, press and the right to carry a gun. The paper uses global comparative data to demonstrate that universal coverage is neither welfare nor "socialism" but instead leads to better efficiencies and consumer satisfaction in the marketplace.

If Outcomes Are Successful, Does Intention Matter?

Meiyappan Udayappan, *University of Miami* (m.udayappan@umiami.edu)

In our outcome driven society, we become obsessed with defining people by their "wins" and "losses", especially in medicine and law. As patients and clients, we search for the doctor and lawyers with the successful outcomes. When applying to law and medical school, students are evaluated mainly on their marks and effective extracurricular involvement. Rarely do we hear anyone mention the intention of those people we entrust our lives with. Just because it is not brought to the public's attention, does not mean it does not matter. The presenters plan to provide a thought provoking discussion on the importance of intention with anecdotal evidence throughout history highlighting successful outcomes amongst even the ill natured and the challenge of dealing with poor outcomes with good intentions. A specific emphasis will be placed on the surgical subspecialties such as orthopedic surgery, neurosurgery, and otolaryngology. The environment of open or laparoscopic surgery is an area where mistakes or poor intent often go unpunished.

251. Desistance of Addicts in Japan: Past and Future (TJ)

We can classify three drug policies: harsh punishment, diversion with treatment and harm-reduction. Traditional drug policy in Japan has been harsh punishment, placing a disproportionate emphasis on criminal justice system. We proposed one kind of diversion policies in *Japanese Drug Court: from Punishment to Treatment* (2007) in order to change this orientation. This panel discusses the achievement of the project and introduces the next project, which is to develop an advanced program, an internship program and an evaluation process based on cooperation with DARC (Drug Addiction Rehabilitation Center). Finally, we propose to develop the "Japanese Drug Court" concept to divert drug users from the formal criminal justice system and treat them in various programs. We recommend to decriminalize simple use and to de-penalize possession of small amount of illegal drug and also recommend that society should have effective programs to treat substance abusers. The point is not to divert addicts to Drug Courts but to reduce harm against them, and the key concept can be called "Beyond Drug Courts".

A New Challenge on Drug Policies: The Concept of Drug Court in East Asian Development

Shinichi Ishizuka, *Ryukoku University* (ishizuka@law.ryukoku.ac.jp)

We have researched rehabilitation programs for drug addicts whose models are "Drug Courts" in the USA. Their core components include a scheme where the court suspends sentencing if a

defendant pleads guilty of drug related crimes and if he/she agrees to take part in a rehabilitation program; if he/she finishes it without withdrawal, then that individual becomes free from any punishment. This is a kind of diversion system. Now, more than 2,300 drug courts serve over 120,000 drug addicts some programs. In Japan, it is widely believed that an illegal drug user is the criminal who should be punished. Most addicts have neither the chance to be treated by medical systems or to be supported by welfare staff members. As a result, they repeat drug abuse and are imprisoned again. Our concept, the Japanese Drug Courts, have proposed to change this punitive policy with overriding priority into a new balanced drug policy between legal, medical and welfare approach, and then concretely to divert a number of addicts who will engage in their own treatment program from the criminal justice systems. We are proud to have developed effective and efficient treatment models in parallel. We call this drastic diversion "Japanese Drug Court" project under the slogan of "From punishment to harm-reduction".

Contemporary Japanese Drug Policy: The Frist Step in Implementing Japanese Drug Policy without Punishment

Yasuhiro Maruyama, *Rissho University* (maruyama@ris.ac.jp)

In Japan, it is widely thought that an illegal drug user is a criminal who should be punished. Most addicts have neither chance to be treated by the medical system nor to be supported by welfare workers. However, we have recently introduced a new treatment and drug policy in Criminal Justice in Japan. For example, many private support groups provide care programs in prisons. However, new types of programs that are more curative for drug addicts have increased and been put into practice recently. For example, compulsory and coerced drug tests are used in criminal practices, and prisoners have to attend some group meetings in prisons. The curative methods of new treatment include actively promoting the use of probationary supervision with probation and parole officers, use of special guidance reform in prison and the use of urine tests in parole. The question to address is this: what is an appropriate punishment for the drug abuser in criminal justice systems? Is it preventive detention or new welfare for them? As such, "Criminalized Welfare and 'Welfarized' Criminal Justice" has to be studied.

Various Problems of Partial Suspensions of Imprisonment (PSI) Law

Makoto Oda, *Asia Pacific Addiction Research Institute, Tokyo, Japan* (apari.oda@gmail.com)

Since June 1st 2016, 20% of re-offenders who used methamphetamine and were charged with the stimulant control law were sentenced to Partial Suspensions of Imprisonment (PSI). Pursuant to PSI Law, they were sentenced with 2 or 3 years of parole. This new system is better than before because during the same day of the judgment, the parole period is decided. Those who are released on due time and not able to get parole under the old law can get parole and have a

chance to take recovery programs now. Treatment programs can be provided to those who need it most. However, a PSI sentence presupposes imprisonment and it is not complete suspension of imprisonment. In the future, punishment should be served basically in society. Those who are sentenced to complete suspension of imprisonment tend to think they are forgiven. Only 10% of APARI's first time drug related offender clients enter DARC by his/her own choice. Without coercion, they can't get motivation for recovery. The future of Japanese criminal law, which only allows the use of punishment, should be revised to allow mandatory commitment for addiction treatment. As such, Hawaii's Opportunity Probation with Enforcement (HOPE) is very informative.

Recovery from Drug Dependence and Problems in the New Probation Law in Japan

Takehito Ichikawa, *Mie DARC, Tsu-City, Japan* (Takehito55@gmail.com)

In 2016, Partial Suspension of Imprisonment (PSI) law was implemented. The merit of the PSI law is that smoother re-entry to society is enabled, while keeping up clients' motivation to recovery. However, such mandated participation to recovery programs can contradict the original 'self help' idea of recovering-addicts. How it works is largely problematic. Addicts themselves have always led recovery from addiction in Japan for a long time, because there was no governmental recovery support system for drug addicts. Japanese history of recovery support dates back to AA in 1970s. Peer group, Maryknoll Alcohol Center (MAC) provided a model of activities for DARC in 1985. In self-help support, "honesty" is one of the most important rules. Failures, big or small, are considered as part of human growth and the natural process of recovery and are accepted positively. The honesty is also considered as the condition of personal autonomy. But in governmental rehabilitation, addicts have trouble being honest and therefore, personal autonomy is hard to be attained. The following should be considered: "who should be eligible for the new law?".

Partial Suspension of Imprisonment for Drug Abusers: A Practicing Lawyer's View

Yohei Takahashi, *Attorney-at-Law, Tokyo, Japan* (yohei_takahashi.b@nifty.com)

Japanese drug policy can be described as 'punishment oriented'. For example, first time offenders of meta-amphetamine possession or use will be sentenced to one and a half years in prison with suspension and without probation for three years. But later arrests will result in, almost without exception, imprisonment without suspension. This presentation will report on some problematic cases. The Partial Suspension Law was enforced in June 2015. Long-term imprisonment and longer surveillance does not work as a treatment for drug addicts. Early stage

treatment and rehabilitation are critically important. Surely, with the introduction of the new partial suspension law, some signs of change of Japanese punishment oriented policy will be seen. But the law still presupposes the use of imprisonment and surveillance and therefore is unsatisfactory. In order to make the best use of the Law, which facilitates early stage treatment and rehabilitation, constructing a system of cooperation of governmental and non-governmental organization is critically important.

Drug Dependency and Recovery Support: DARC's Action

Takeshi Kato, *Kizugawa DARC, Kyoto, Japan* (takeshi.ka@gmail.com)

Recovery is, in other words, 'being a better self than yesterday'. And 'just for today', we update the recovery and grow everyday. Recovery is not just stopping the use of drugs for long period of time. I myself, used to abuse drugs, cursing my parents and the society. But, at the same time, I hated myself. To me, the 'meeting' of drug addicts was the only place where I could share the despair and find hope. It was the only place I could feel comfortable and healed. As my recovery continued, fellowship expanded not only to peers, but also to supporters of DARCs, and it then expanded to my family, friends, and to new jobs and new relationships. 'Recovery' is not something 'pushed' by others, I think. I also think being able to 'choose' is very important. In this respect, so-called 'support' has a risk of turning into 'pushing' others to recover. What we are searching for is 'living', and also the 'places and relationships for living'. In this presentation, I will talk on the recovery support for drug addicts by DARC, which now marks the 30th anniversary of its foundation.

252. Health Care and Actual or Perceived Mental Illness and/or Cognitive or Intellectual Disability

The Role of Medical Licensing Boards in Determining Scope of Practice in Treatment of Mental Disabilities

Jennifer S. Bard, *Dean and Nippert Professor of Law, Cincinnatti, USA* (Jennifer.bard@uc.edu)

Receiving and maintaining a professional license in the United States is completely a matter of the law of the individual state where the treatment occurs. While there is significant variation in detail, in broad terms every state has created a peer review board to oversee the delivery of treatment in the form of therapy to people with mental disabilities whether by physicians, psychologists, or any other person claiming expertise as a therapist. These boards have authority to revoke or suspend licenses in instances of misconduct. But rarely do these boards use their legal authority to delineate the scope of what is and is not appropriate. This creates a gap in which therapists may be providing treatment testifying in court based on their expertise without

basis in scientific evidence. For example, although several states have made providing conversion therapy to GLBT teenagers illegal because it is harmful and not based on any evidence of safety or efficacy, no therapist has lost his or her license for providing this therapy in states where it is not illegal. Licensing Boards could play an important role in protecting the public from harm if they chose to do so, but seldom do they use this power to stray beyond the standard categories of fraudulent or intentionally harmful acts.

The Evolving Science of Mental Health and Its Influence on the Regulation of Sexual and Reproductive Health

Brietta Clark, *Loyola Law School* (brietta.clark@lls.edu)

The disciplines of psychology and psychiatry have had troubling histories, especially in the way they have approached the study of human sexuality, characterized nonconforming behavior or feeling as evidence of mental illness, and administered "treatment." Although the medical community's power to define illness has saved sexual minorities and women from criminal punishment in the past, it has also, at times, subjected them to an alternative regime of behavioral control and "medical punishment." Recent decades have seen a shifting approach, due, in part, to evolving research that has undermined early theories about sexual identity and mental health, and that has documented the mental health consequences of discrimination and stigma. Whereas mental health theories were once used primarily to justify interventions attempting to change or eliminate certain feelings and behaviors, increasingly mental health theories are used to advocate for more supportive and non-stigmatizing approaches to sexual and reproductive health. Yet, these areas are still subject to political and legal debates in which mental health claims play a major role. In disputes about regulating health care quality, ensuring informed decision-making, or facilitating access, people on all sides make claims about mental health harms to buttress their position. Does the science of mental health provide a clear and principled basis for resolving these disputes? Or is science a malleable tool too easily employed by all sides in a cultural, political, and legal war to define society's values and norms? How should the evolving science of mental health influence regulation of sexual and reproductive health?

Quackery Continues: Theoretical and Legal Arguments Used to Justify the Continued Use of Discredited Conversion Therapies by Licensed Practitioners

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The disciplines of psychology and psychiatry have had troubling histories, especially in the way they have approached the study of human sexuality, characterized nonconforming behavior or feeling as evidence of mental illness, and administered "treatment." Although the medical

community's power to define illness has saved sexual minorities and women from criminal punishment in the past, it has also, at times, subjected them to an alternative regime of behavioral control and "medical punishment." Recent decades have seen a shifting approach, due, in part, to evolving research that has undermined early theories about sexual identity and mental health, and that has documented the mental health consequences of discrimination and stigma. Whereas mental health theories were once used primarily to justify interventions attempting to change or eliminate certain feelings and behaviors, increasingly mental health theories are used to advocate for more supportive and non-stigmatizing approaches to sexual and reproductive health. Yet, these areas are still subject to political and legal debates in which mental health claims play a major role. In disputes about regulating health care quality, ensuring informed decision-making, or facilitating access, people on all sides make claims about mental health harms to buttress their position. Does the science of mental health provide a clear and principled basis for resolving these disputes? Or is science a malleable tool too easily employed by all sides in a cultural, political, and legal war to define society's values and norms? How should the evolving science of mental health influence the regulation of sexual and reproductive health?

Advance Directive Statutes: A Therapeutic Approach for Patients With Disorders of Consciousness

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In the United States, each state regulates the form and use of advance directives, universally incorporating into statutory language two types of triggering conditions -- one mental and one physical. European countries are similarly enacting advance directive legislation, often with similar triggering conditions. The mental triggering condition is capacity to make medical decisions; that is, an advance directive becomes effective (is triggered) when a patient has lost capacity to make medical decisions for himself or herself. Physical triggering conditions can vary, but one almost always included is the persistent vegetative state (PVS); that is, the advance directive becomes effective when a patient is in a PVS. Yet scientific advances are rapidly demonstrating that persistent vegetative state may not be what lawmakers believed when passing those laws. The presentation will argue that, especially in light of such research, the use of convenient labels as triggering conditions is too simplistic. Rather, patients with other disorders of consciousness, such as those in minimally conscious states, have the same liberty interests in being able to refuse life-sustaining treatment as those in persistent vegetative states. Lawmakers should follow bioethicists' recommendations and use more meaningful descriptors than particular physical conditions in advance directive language.

253. Innovations in Mental Disability Law: Ethical Practice, Science and Therapeutic Jurisprudence

Therapeutic Jurisprudence and Sexual Offending: Innovations in the Neurological and Legal Underpinnings

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The basic idea that pedophilia is in the biology in the brain is more than 100 years old and recent data has discussed this concept even further. Experts have adamently claimed that the brains of pedophiles are physically distinct from other non-pediophilic brains and that brain structure may exhibit minor- yet identifiable – differences. Humans beings consistently seek pleasure – some philosophical theories say at the cost of other basic needs- thus the evolution of sexuality may also hold some keys into the understanding of the biological component of pedophilia. In this presentation, I will discuss the prevailing theories and studies related to the biological, sociological and environmental factors that may connect and contribute to pedophila. Based upon that information, I will examine sex offender laws and current treatment and conclude with suggestions for legal reforms to better address prevailing notions of the cause and origins of pedophilia.

"Who Will Judge the Many When the Game is Through?": Considering the Profound Differences between Mental Health Courts and "Traditional" Involuntary Civil Commitment Courts

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There is a developing robust literature about mental health courts (MHCrts) in the United States, and researchers have begun to focus on a broad range of empirical issues, such as the extent to which defendants are competent to waive their trial rights in such settings, the significance of diversion, etc. Also, advocates and other scholars have engaged in vigorous debates about the value of these courts, and the extent to which they do or do not preserve and protect due process and civil liberties values. Finally, those who locate themselves in the therapeutic jurisprudence (TJ) movement write frequently in support of them – and other problem-solving courts in general – as the best way to optimize TJ values in the court process. But there has been virtually nothing written from the perspective of what college professors always called "Compare and contrast." How are these MHCrts like or unlike the involuntary civil commitment courts (ICCCrts) which, for more than 40 years have adjudicated the question of whether individuals should or should not be committed involuntarily to inpatient psychiatric hospitals and which have been characterized as "greased runways" to such commitment. I have written about how, in these courses, adjudication takes place in "pitch darkness" in cases presided over by disinterested judges in which patients were often represented by even less-interested lawyers. We are still confronted with studies from the 1970s that showed that pro se patients had a better chance of release in some states than did those with assigned counsel. The disconnect between the prevailing "takes"

on MHCrts and ICCCrts is profound. Yet, there has been virtually no commentary in the literature on that disconnect. In my presentation, I will "compare and contrast" the two, and demonstrate that the reasons that the disconnect is so total is that the courts come from utterly dissonant perspectives. MHCrts – at least the successful ones – began with the conscious goal of promoting TJ in a way that did not impinge on civil liberties; ICCCrts grudgingly gave lip service to those Supreme Court cases that established baseline due process procedures in commitment cases, and generally have shown little interest in the nuances and complexities of the cases that are being decided. I believe it is necessary to articulate this in the hopes that, eventually, ICCCrts will provide the sort of due process protections articulated in the early 1970s cases of Lessard v. Schmidt, Jackson v. Indiana, and O'Connor v. Donaldson.

Maintaining Dignity Throughout the Court Process: The Importance of Adequacy of Counsel When Representing Persons with Mental Illness

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Dignity is one of the central principles of therapeutic jurisprudence. The right to dignity is a constitutional precept that is memorialized in many court decisions and state constitutions. Yet, if attorneys and judges are not properly educated and trained in the intricacies of mental disability law, their actions can lead to shaming and humiliating consequences. Persons with mental illness face degradation, stigmatization, and discrimination. The attorney-client relationship is an integral part of the court process. Persons with mental illness are entitled to the same zealous representation, as anyone else would be afforded. Representation should not necessarily take a best interests approach, but rather should give voice and validation to the person and be free from paternalism and coercion. Having effective counsel can determine whether their rights are protected, or if instead they are subjected to involuntary treatment, incarceration, institutionalization or the loss of their decision-making capabilities through guardianship. This presentation will focus on the importance of the attorney-client relationship in maintaining dignity when representing persons with mental illness and the dangers that can result from ineffective assistance of counsel.

A Therapeutic Jurisprudence Analysis of Scientific Evidence: Mitigation Cases

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Attorneys, with increased frequency, are presenting brain-based evidence such as fMRI, PET and SPECT scans for the purpose of death penalty mitigation cases for defendants with mental

illness. As the legal profession continues to learn more about biological factors of mental illness, and how that can be relevant to individuals charged with crimes, attorneys and judges are faced with issues of obtaining and admitting that evidence. In this presentation, I will discuss the topic of biologically based evidence from a therapeutic jurisprudence perspective. In particular, I will examine how therapeutic jurisprudence (TJ) can support use of this evidence for death penalty mitigation, and ensure that it comports with dignity, voice, validation and voluntariness – all critical concepts of TJ-based representation. In addition, I will discuss an analysis that must take place in order to determine whether the evidence will be therapeutic for the client, and how to balance the potential of antitherapeutic results with the need to put forth the best case possible, from the perspective of legal ethics.

Coerced Sex Offender Treatment: The Need to Balance Offender Rights and Community Rights

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The rehabilitation of sexual offenders brings with it ethical, social, and political challenges in which public policy vacillates between coercion and consent. This need not be an either/or proposition; the correctional system can engage legally coerced offenders in rehabilitation by harnessing the law to increase therapeutic effects and decrease anti-therapeutic effects. As a legal theory, therapeutic jurisprudence (TJ) utilises social science evidence to consider the psychological impact of the law, legal procedures, and the roles of psycholegal actors. In terms of human rights, sexual offenders may be rights-violators but they are also rights-holders, and correctional staff as duty-bearers have obligations to attend to their autonomy and improve their well-being. TJ principles can guide the delivery of rehabilitation programs with the goal that sexual offenders leave correctional services with improved well-being and their autonomy intact. The presentation will use the case of Mr S, who appeared before the Parole Board of Canada after completing treatment in the Correctional Services of Canada (Lacombe, 2013), to propose a normative framework to balance community rights and offender rights, resulting in a greater likelihood of community protection.

254. Interdisciplinary Therapeutic Jurisprudence: The What, Why and How?

Working Together: The Nature of Collaborative Legal and Social Services and Their Influence on Practice

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Practice collaborations between legal assistance and social support services have emerged as a growing framework worldwide for delivering services to clients with high degrees of disadvantage, vulnerability and complexity. In Australia, the past five years has seen a significant growth in these socio-legal collaborations, with programs being delivered through legal, social service and health organizations and addressing a range of issues including mental health, immigration, parental child abduction and domestic violence. This presentation is based on research currently mapping the nature of these collaborations in Australia and exploring the influence that collaborating professions are having on each other's practice. In a similar way to problem solving courts being seen as a systematic take up of therapeutic jurisprudence in the court setting, socio-legal collaborations have the potential to be a systematic take up of therapeutic jurisprudence in an advice setting. This presentation will explore the varied ways in which socio-legal collaboration is being implemented in these programs. It will also explore the development of interdisciplinary therapeutic jurisprudence within them, with preliminary findings suggesting that both legal and social service practice is being influenced by the collaborative setting, with legal practice showing a more therapeutic orientation and social service professions, such as social work, moving toward a legal and rights orientation.

Interdisciplinary and Collaborative Appraoches Using Therapeutic Jurisprudence to Elevate Frontline Practices in Child Welfare Cases

Bernard P. Perlmutter, *University of Miami* (bperlmutter@law.miami.edu)

This presentation discusses interdisciplinary academic-community collaborations for child welfare reform in South Florida. The collaboration originated in a child welfare conference in December 2015. The conference brought together academic researchers and community agencies to address various systemic challenges in the community's foster care-dependency court system. The forum was guided by the principles of Therapeutic Jurisprudence and it was organized by the University of Miami Schools of Law and Nursing and Health Studies in partnership with the Miami-Dade Community Based Care Alliance. Represented at the conference were attorneys and judges, nursing, case management, child service investigation, academics, and psychologists. Sessions were conducted with a high degree of interactivity in an effort to elevate child welfare practice among frontline staff members to the ideals and principles of TJ in domestic violence, mental health, trauma in child welfare cases, and coordinated community responses. This presentation describes how such a conference approach has potential to serve as a model for future sustained collaborations among academic disciplines and community stakeholders to elevate frontline practices in foster care-dependency court proceedings, applying TJ principles, and thus to improve outcomes for children and families.

User Motivated Mainstreaming: Responding to Evidentiary Demand for Access to Justice

Dale Dewhurst, *Athabasca University* (daled@athabsasca.ca)

Therapeutic Jurisprudence and related movements and vectors continue to evolve. Are they helping us to mainstream initiatives that improve access to justice? This paper focuses on user motivated mainstreaming. If individuals don't recognize that they have a need for legal services, or who to contact, this results in justice denied. Investigations of individuals' problems with a legal dimension have identified troubling concerns including: (1) disadvantaged members of society experience law as bureaucracies cloaked in impenetrable language and procedural intricacies; (2) non-legal problems often lead to legal ones and vice versa; (3) legal problems often come in "clusters" and, acting together, can cascade into a complex of interrelated legal, health and social problems. "Referral fatigue" also deters advice seekers from following a chain of referrals to find help for their justice concerns. In an attempt to "break the chain", non-legal professionals are pressed to provide advice in non-privileged and non-confidential situations that can jeopardize the individuals' legal rights. Some have recommended "one stop shops" for generalist and specialist legal and related advice. However, the one stop shops also need to provide connected professionals with a confidential and legally privileged setting. Can a deeper understanding of the evidentiary demand identified in access to justice studies provide useful guidelines to facilitate our mainstreaming goals?

Using a Therapeutic Lens to Craft Multilevel, Interdisciplinary Policy: A Case Example

Amy Campbell, *University of Memphis* (a.t.campbell@memphis.edu)

Earlier work has suggested how applications of principles of therapeutic jurisprudence can move upstream, i.e., to develop, implement, assess, and revise policy through a therapeutic lens. This upstream focus has both substantive and process dimensions. This paper will further explore these dimensions through discussion of a real-world example that seeks to utilize the science of early childhood development to mitigate and prevent the toxic effects of adverse childhood experiences (ACEs) on healthy development at the individual, family, organizational, and system levels. The Building Strong Brains: Tennessee ACE Initiative is a cross-system, public and private sector initiative through which Tennessee hopes to become a trauma-informed state. The author is policy advisor to the state in this effort, and is helping develop a model approach to policy (as broadly conceived) change through research and design of tools and guidelines for use by leaders across sectors and at multiple levels to drive ACEs science-informed policy development. This process –and the substance behind translation of ACE science to policy – correlates to the theoretical discussion of a TJ-informed policymaking process earlier developed, and provides tangible explication of how to move from theory to real-world application, with empirical and iterative layers. Discussion will also include an academic dimension to this work: development of an interdisciplinary Policy Practicum that trains future generations for enhanced effectiveness at TJ- and evidence-informed policy change.

Teaching Psychology to Attorneys and Visa Versa: A Cross-Cultural Experience

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Tina Garby, *Psychologist*, *Phoenix, USA* (mgarby@cox.net)

In an adversarial system of justice, attorneys must learn to ""make an argument,"" when necessary, utilizing psychology to answer psycho-legal questions. Answers to psycho-legal questions ideally bridge the gap between the professions and assist the justice system. Law and psychology differ more than in the type of knowledge in their respective fields. They have fundamentally different cultures and goals. Attorneys codify their ethics code aiming for clarity. To the contrary, psychologists learn (or have) a high tolerance for ambiguity. Their ethics code is based on moral philosophy and, unlike with lawyers, often avoids specific answers. So, this ""cultural divide"" means that multiple challenges are inevitable when teaching law to psychology graduate students/psychologists, or psychology to law students/lawyers in a countries with an adversarial justice system. Our program will elucidate these different cultures and how the differing mind-set can create critical misunderstandings. We will discuss how to explain the role of the psychologist to attorneys, and how to explain to attorneys the proper consumption and use of mental-health information and work products.

255. Japanese Style of Therapeutic Jurisprudence II: How Can We Put the New Wine Into the Old Bottle?

Introduction to the Japanese Prosecution Function in the View of TJ Approach and Theoretical Analysis

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Recently in Japan, some projects supporting the rehabilitation of defendants launched not in the Court but in the prosecutor office. One example of such projects is that in 2013, the DA office set up “Rehabilitation Support Room” assisting the defendants who need social welfare service in order to adjust their living environment. After the office decided non-indictment for the defendant, this Room collaborates with the local social welfare provider in order to assist the rehabilitation by caring their health problems, housing problems and income problems. The project is called “entrance support”. The project is evaluated positively as one of the TJ based approaches for assisting the defendant’s rehabilitation. However, on the other hand, the project will be criticized. There is doubt of the neutrality in the decision of the prosecutor office. The “entrance support” can be used as a bargaining tool for prosecutor when deciding the indictment. This paper will introduce this unique project by the prosecutor office in Japan and discuss the legal and practical problems in the view of TJ theory.

Some Significant Points of Considering Japanese Experience of Theraupeutic Jurisprudence for Developing Theory and Practice in Diveristy

Tadashi Nakamura, *Ritsumeikan University* (tnt01882@hs.ritsumei.ac.jp)

A policy issue to be discussed here is cooperation with family courts, offender rehabilitation administration, clinical practitioner, civil affairs, and in any case, it will be useful and necessary to establish a new system to order offenders/abuser to undergo counseling or to recommend for joining therapeutic program so that they may have the opportunity to live without violence. For this purpose, Japanese society needs to establish an offender therapy system from a psycho-social-behavioral perspective and therapeutic jurisprudence approach. In the argument, the point made here at this issue is based on my experience of these practices concerning how to make the therapeutic jurisprudence system and to develop the clinical method in the context of family-centered society. To construct Japanese style of therapeutic jurisprudence, we have to deal with some mental traits on local culture such as male honor, emotional inexpressiveness, shaming culture, face -consciousness ('Men-tsu' in Japanese), and unfamiliar attitude toward therapy. This presentation will discuss the way and idea of creating Japanese style on therapeutic jurisprudence against family violence and how we can localize it into family centered society. All these Japanese experiences considered, our field of vision on therapeutic jurisprudence is going to be widened.

The New System of Partial Suspension of Imprisonment for Drug Abusers: Is it a Kind of Probation or Parole?

Shinichi Ishizuka, *Ryukoku University* (ishizuka@law.ryukoku.ac.jp)

Prof. D. Wexler said in 2015, Vienna that we would introduce new ideas of TJ into traditional judicial systems much more, as we could put new wine into a old bottle. A new judicial system, "partial suspension of imprisonment", was introduced since June 2016. A judge should decide a total term of imprisonment, and simultaneously sentence some partial term of incarceration and suspend longer term than the rest of the imprisonment term. For example, a judge could decide three years' imprisonment, meanwhile sentence to incarcerate two years and suspend the rest of one year for three years with probation. We can classify three drug policies; harsh punishment, diversion with treatment and harm-reduction. Is it a sign of changing drug policies from punitive one to diversion or harm-reduction? I'm sure that we should lead it toward to reform our criminal justice system according to TJ scheme. My presentation will be collaborated with another Japanese session, titled "Desistance of addicts in Japan: Past and Future".

Rehabilitation Programs in the Japanese Juvenile Court: How to Collaborate with Family Members

Hiroko Goto, *Chiba University* (hirog@faculty.chiba-u.jpt)

In June of 2016, new Juvenile Training School law was enacted. It was the first fundamental reform since 1947, in which the law was introduced under new Constitution and Juvenile Law in Japan. This new law could be characterized as keeping a balance between education and due process inside institution. In Japanese juvenile justice, treatment to juveniles started from their hearings in family court. A judge in the family court is able to decide the treatment framework for a juvenile in juvenile training school. On the other hand, every school has board discretion how to treat juveniles. School staffs make treatment plan for each juvenile and check his/her progress. Schools have a variety of educational programs; vocational trainings, curriculums, cognitive behavioral therapy against drug and Social Skill Trainings (SSTs). The problem is that treatment framework and plans in juvenile training school have less connection with parents or care givers. Juveniles grew up in poverty or abusive family environment. Juvenile court or juvenile training school have obligation to ask cooperation of rehabilitation of juveniles to them. However, this is not obligation of them. In this presentation I would like to think about the therapeutic role of parents in juvenile justice system.

The Catcher in the Law: Lawyers Role as "Evaluator" and TJ Based Practice

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There are many people in Japan with the problem of addiction and mental illness who are not able to receive appropriate treatment and support. And many of their family member are isolated from the society and do not have the opportunity to have support by the professional service. Needless to say, we have social welfare service supporting such people and medical service giving treatment to them. However, in fact, there are so many criminals without chance to meet these services providing solution to their problems. At this moment, the role of the lawyers as evaluator is expected to find whether their clients have argent requirement to be treated and supported by professions and whether the lawyers' argent intervention on the problems their clients have is required. The expected role of lawyers is as follows; when the lawyer finds their clients have problems to be solved and need to be treated in the legal conference with them, the lawyer will contact other professionals providing suitable service to their client through the network in the community such as recovery support facility and self-help facilities. This paper will introduce some cases of TJ-based practice by lawyers in Japan and show the contribution of the lawyers when assisting the recovery of their client.

256. Methodology and Theory at the Cutting-Edge of Therapeutic Jurisprudence

Everything You Wanted to Know about TJ Methodology, But Were Afraid to Ask

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"Before I got married I had six theories about raising children; now, I have six children and no theories." One criticism of therapeutic jurisprudence research is that it does not have a clear and consistent research methodology. Some TJ themed papers and reports, seek to incorporate TJ as a ubiquitous 'theoretical perspective' or lens, but have a tendency to understate or under-explain the ways in which TJ informs the research, beyond fairly bland statements about reducing anti-therapeutic effects. However, given that it is by nature an interdisciplinary field - the range of subjects of TJ research and the diverse legal contexts in which it is applied, does not lend itself to a one-size-fits-all method. TJ's great strength is that it is inherently collaborative and interdisciplinary. In a sense it acts as a catalyst, segue and connector between theoretical perspectives from different fields – law, social sciences, humanities, the hard sciences. Insularity is anathema to TJ. In this paper, I set out a proposed framework against which TJ oriented research projects can be compared, to enable the researcher to design and articulate a methodology for their work which is robust and credible, but which can also be legitimately described as 'therapeutic jurisprudence research'.

Therapeutic Jurisprudence as a Theory and Methodological Basis in Doctrinal and Socio-legal Research

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Recent developments in therapeutic jurisprudence (TJ) have heightened the need for further theoretical development of the concept and a clear research methodology. Legal scholars refer to TJ as their 'theoretical perspective' or 'theoretical lens', but often it is not explicated what this exactly means. This paper aims to deepen our understanding of TJ as a theoretical concept. Furthermore, the paper aims to develop a strong TJ-research methodology that can be used in doctrinal and socio-legal research. The paper will, among others, analyse how TJ can be used to analyse non-criminal law and in a functional comparative legal analysis of different legal systems.

Therapeutic Jurisprudence and Individuals with Mental Disorders Who Harm or Endanger Themselves

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Therapeutic Jurisprudence is a program of research and law reform designed to promote the well- being of those affected without violating other important values embodied in law. Law in the United States allows competent adults to consent, or to refuse consent, to health care, including care necessary to preserve life. Civil Commitment statutes in the United States authorize involuntary commitment of individuals with mental illness who harm or endanger themselves. These statutes often state that these individuals are presumed competent and retain the right to refuse treatment. They often authorize involuntary treatment in some circumstances, however, with no requirement of a finding of incompetence. This intersection of legal doctrine raises important concern regarding the most justified interpretation and application of the TJ program regarding the relationship between the value for well- being and the competent individual's right to refuse treatment intended to promote that person's well- being. This presentation pursues clarification of the justified limitations on involuntary treatment of competent individuals with mental illness who harm or endanger themselves.

TJ and Child Interviews

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TJ pursues legal rules, procedures, and roles that promote the well- being of those effected without violating other important values embodied in law. In the context of child sex abuse cases, this draws attention to approaches to child interviews and to testimony by children or by relevant professional witnesses that maximize the probability of accurate testimony and outcomes while minimizing the stress on the child. Developing interviewing techniques informed by relevant research that enable interviewers to integrate the following goals would advance these goals: 1. Elicit accurate information from the child while minimizing the risk of misleading information; 2. Eliciting that information in a manner that minimizes the stress on the child; 3. Communicating that information in a manner that promotes accurate understanding and application by the legal decision makers, including prosecutors in deciding whether to file charges, judges in admitting and evaluating evidence, and judges or jurors in bringing verdicts. This presentation would provide an analysis of current research regarding child interviewing and testimony designed to advance the ability of clinicians to interview and testify in a manner consistent with these goals. It would also provide judges and attorneys with relevant information regarding their efforts to seek, accurately evaluate, and apply relevant clinical testimony.

A Sketch: TJ as a New Way of Lawyering

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The traditional way of solving a legal problem is to get in contact with a lawyer and enroll him as a fighter for your rights. Perhaps the analysis of the conflict results in a decision to sue the other party. Then the counter-party will get his legal representative and the duel which starts now may end up in court. The road will be long and filled with anxiety and trouble; the atmosphere will be antagonistic. Another method would be to find a way of cooperation to solve the problem., addressing both the rehabilitation needs as well as financial recompense. In this case both parties go to the same TJ-lawyer. The parties present their case and the lawyer will investigate the facts of the case and the needs of the clients. The lawyer will have the support of a psychologist and maybe of other specialists. The lawyer presents the possible solutions, both from a legal and a psycho-social perspective and then the parties will be part of a mediation process where these potential solutions will be discussed. It is important for the quality of an agreement that the alternative solutions all are made with a long-run approach, to avoid future conflicts.

257. Re-visioning the Person Within the Legal System

Client-Appropriate Application of the Visualization of Law as a Method of Therapeutic Jurisprudence

Caroline Walser Kessel, *University of St. Gallen* (caroline.wasler@vtxmail.ch)

Although classic Therapeutic Jurisprudence (TJ) is able to successfully prevent people involved in lawsuits or other legal problems from bad and stressful experiences, legal visualization should be considered as a new and complementary method as well. Legal visualization can be used in various ways and applied to a wide range of cases. However, the method must be applied in a client appropriate manner in order to be most effective. In addition to this, TJ-criteria have to be considered: It makes a difference if legal visualization is used as a tool for legal education, in a business context or as an instrument to explain sensitive issues in a caring context. Though, the general formal aspects of visualization have to be considered in any of these contexts: specific rules and standards have established how to use colors, structures, graphics and frames and how the logical development of a problem should be sketched. It is the challenge for all practitioners of legal visualization to find the appropriate way to communicate visually and more effectively. Hence, different types and patterns of legal visualization will be presented and discussed in the context of their specific client-oriented focus.

Levinasian Responsiveness to Children and Law's Healing Power

Ya'ir Ronen, *Ben Gurion University of the Negev* (roneny3@bgu.ac.il)

There is an abyss between the quest for humanism in law implicit and explicit both in the writings of Emanuel Levinas and those of therapeutic jurisprudence scholars, on the one hand, and the violence, cynicism, and alienation, which pervade the everyday life of the law, on the other. I tie Emanuel Levinas's critique of Western culture and law-as- culture with therapeutic jurisprudence's quiet, widely unnoticed, attempt to revolutionize the practice of law, through making it an agent of healing. What should legally constitute discrimination, humiliation and degradation of a child? What protection do we owe to a vulnerable suffering adolescent who gives his informed consent to be intimately humiliated? I will attempt to convince the listener that we should not derive our answers to such questions from pseudo -objective categories. I suggest we commit ours selves to an endless journey of growing responsiveness to both the child as Other and to the otherness within each and every one of us.

Coping with Medical Negligance: An Analysis of the Impact of Litigation on Healthcare Professionals

Mary Tumelty, *University of Limerick* (Mary.Tumelty@ul.ie)

There are two sets of victims after a system failure or human error has led to injury, and we have not done a good job of helping either...". In Ireland and the UK, medical negligence disputes are traditionally resolved through the civil justice system by means of litigation. This is despite the fact that the litigious system has very little to do with healing, primarily due to its adversarial and contentious nature. After negligence occurs, it is appropriate that most attention is directed at meeting the needs of the patient. However, doctors may also experience significant emotional distress that currently goes unaddressed. Waterman argues that healthcare professionals who face medical negligence claims frequently experience emotional and physical disequilibrium and chronic stress. In this context, the paper will provide an analysis of the impact of medical negligence litigation on healthcare professionals through a law and emotions framework (Abrams and Keren 1997). This method will allow for analysis through the prism of emotions of medical practitioners. The paper will conclude by discussing the potential of mediation to ameliorate the problematic elements of the litigious process; namely the financial, temporal and emotional burdens.

The Conflict, a Description of (and Lessons Learned from) an Educational Experiment in the Training and Education of Preventive Law Practitioners

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Zuyd University of Applied Sciences (Zuyd UAS) offers a bachelor law programme, which focusses on preventive lawyering (hereafter the Preventive Law Programme or PLP). The main

competence is learn to prevent legal problems and whenever legal problems have occurred, to remedy them. We believe the prevention of legal problems is not an end in itself, but the usage of law should rather be prompted out to add value (proactive lawyering) and contribute to the well-being of the involved ones (therapeutic jurisprudence). After implementation of two (of the four) years of the new curriculum we hypothesized that despite the preventive law ambitions of the PLP the curriculum was still primarily based on the traditional reactive and adversarial legal framework and that third year students would not bring their knowledge on conflict escalation and negotiation into practice and therefore would neglect possibilities to settle a case amicably. Whenever those hypotheses were found to be true, we wanted students to experience conflict escalation first hand in order to be able to acknowledge the added value of a preventive law approach. With these assumptions and ambitions in mind we designed a course. This presentation discusses the design of the course, the implementation of the course, the findings on the hypotheses and possible explanations for the findings. The purpose of this paper is to exchange our experiences as lecturers and course developers. It is meant to be a starter on the creation of a body of knowledge on developing a preventive law programme in the Netherlands.

Reframing and Re-Contextualizing Legal Problems in Service of Health, Harmony and Access to Justice

M. Jerry McHale, *University of Victoria,* (mjmchale@uvic.ca)

Multiple legal needs research studies have clearly shown that legal issues are embedded in the problems of everyday life. Legal problems are so deeply enmeshed with other life problems - involving mental health, physical health, injury, employment, debt, housing and family relationships, for example - that they are usually not even recognized as "legal" by those experiencing them. Research is also telling us what common sense saw some time ago - that the traditional approach of isolating the legal issue by eliminating and ignoring irrelevant, non-legal facts is often counter-productive and self-defeating. What is traditionally deemed "irrelevant" to the problem – emotions in family law and personal well being in criminal law, for example – may be essential to the solution. This presentation considers the far-reaching and still under-estimated consequences of this understanding for the practice of law and the effective delivery of legal services. The impact of this new understanding is essentially radical. It has implications for who we let into law schools and what we teach there; for how we select judges and how they behave; for how we conceive of legal problems and for how we frame the professional and ethical rules that guide the lawyers who purport to solve them. It demands that we adopt interdisciplinary perspectives to legal problem solving, and that we reposition the place of clients by going much deeper in our understanding of client-centered service delivery and human centered system design. It should invert many existing values and should, for example, result in a reallocation and rebalancing of both priorities and funding within the justice system to channel resources away from courtrooms and toward services.

'Crying in the Wilderness': Next-of-Kin and Families' Experiences of Trauma, Bereavement and Justice Following Fatal Work Incidents

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Available evidence suggests that next-of-kin and family members of workers who die at work experience serious mental health problems. Following their bereavement, families face lengthy formal proceedings that are valued but often foreign to them. Some families have described the legal process as 'yet another painful event in an already traumatic bereavement'[1]. However, few studies examining fatal work incidents have reported the rate of mental health conditions in families' or of their experiences of the formal post-death processes. Accordingly, this study documented the mental health consequences of sudden fatal work injuries for 150 next-of-kin and family members (88% female), predominantly from Australia (62%) and North America (33%) and the factors that participants attributed to their emotional responses. A cross-sectional Internet survey collected data on: (a) families' emotional responses to the death including disorders primary to traumatic bereavement: posttraumatic stress disorder (PTSD), prolonged grief disorder (PGD), and major depressive disorder (MDD), and (b) families' satisfaction with post-death procedural responses, including support, information, procedures, and outcomes. Probable PTSD (60%), PGD (42%), and MDD (43%) were reported at a mean of 7.2 years post-death, (*SD* = 7.33), with 63% of respondents having any one condition. In extended responses from the open text options in the survey, families attributed their emotional responses to their traumatic bereavement, lack of support, and several procedural failings associated with the legal processes. The results provide an empirical understanding of requirements that provide a more positive therapeutic experience for families involved in legal processes following a fatal work incident.

258. Teaching and Practicing Therapeutic Jurisprudence

The Evolution and Expansion of Problem-Solving Courts in the United States

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Drug Courts have been in existence for over twenty (25) years. During those twenty years, the Drug Courts have expanded exponentially, and there are now over 2500 Drug Courts, mainly in

the United States, but many internationally. In addition, other Specialty Courts have developed including Mental Health Courts, DUI/DWI Courts, Domestic Violence Courts, Veterans Courts, and many more. Not only have the number of Specialty Courts increased dramatically, but the number of participants in these courts also has skyrocketed. At least one Drug Court in Arizona has seven hundred (700) participants at any one time. Based on the significant number of participants in Problem-Solving Courts, there has been a lot learned about what is effective and what is not effective. Since there are greater numbers of participants, the data collected can be viewed as even more statistically valid and even more persuasive. The statistics nationwide continue to overwhelmingly show that the programs are surprisingly successful in helping participants to become drug-free, and lead productive lives that do not include extended incarceration. With the expansion of Problem-Solving Courts, more and more people are having access to services that are targeted to the conditions that lead to their negative behavior. However, challenges still exist. Obtaining statistics is not always simple. Rapid growth and the sheer volume of participants can add administrative challenges, and even challenges to the core principles of the Problem-Solving Courts. Coordination of services becomes more challenging. Not having sufficient resources poses roadblocks. Some critics have questioned whether the Problem-Solving Courts still are worth pursuing. But most of the key components of the Problem-Solving Courts are surviving amidst these challenges. This article will look at how Problem-Solving Courts have expanded and changed since they were originally conceived, what has been learned over the years, and investigate whether, and what type, of changes may be needed in the future.

Ethical Dilemmas for Family Law Mediators

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During the past 20 years, mediation has become a major source of dispute resolution within justice systems all over the world. In the area of family law, mediation has come to play a central role in resolving disputes involving property and, more importantly, child custody and visitation issues. When intimate relationships fracture, feelings can run deep and can create serious conflict between the couple. Yet while the legal relationship has been dissolved, when children are part of the family equation, the couple is required to have continued contact at least until the last child has reached 18. If conflict continues after the divorce is final, that conflict often results in non-compliance with court orders and continued anger and stress on the part of the parents, which can also affect the well-being of their children. Studies have demonstrated that mediation of family law matters, especially regarding children, can be a more effective means to resolve these disputes than the imposition of orders by a judge. In family law matters, mediation can be not only cost effective but therapeutic, as well. A number of studies have found significant differences between parents who mediated their disputes and those who used the adversarial system. For example, one study found that mediation parents reported fewer conflicts over child custody, access and child support issues during the process itself and at the time of divorce. Additionally, one year after divorce, there were fewer conflicts over child-related communication issues. Many family law litigants prefer to share the cost of a mediator, rather than hire attorneys and battle through court proceedings. In addition, an increasing large number

of family law litigants are representing themselves and rely on mediation services provided by the courts to assist them in resolving their disputes. In all these cases, the role of the mediator includes not only facilitating the process but drafting the agreements that the parties reach, usually in a form that can be filed with the court to finalize the action. In other words, the litigants rely on the mediator to put their agreements into written form. If parties are left to their own devices to write up the agreement, the mediation process may become less effective and/or more expensive. Yet for lawyers who serve as mediators in these cases, ethical constraints may arguable preclude the lawyer-mediator from drafting the agreement after she has assisted the parties in reaching an agreement. The Texas Bar Professional Ethics Committee held in 2008 that it was unethical for a lawyer-mediator to serve as both mediator between the parties and lawyer to prepare the necessary documents to effect the terms of the settlement. Similarly, the State Bar of Washington in 2012 issued an advisory opinion in which it held that the preparation of documents for two unrepresented parties to a divorce to affect an agreed settlement "would constitute representation of both parties in the divorce litigation," and as such, would be unethical. The Arizona Bar was presented with a similar question and was unable to reach a consensus on the issue. Implicit in these opinions is the additional assertion that drafting these documents is the practice of law, which carries with it a separate set of issues for non-lawyer mediators who routinely write up the agreements resulting from their mediations. This paper/presentation will explore the tensions that arise when the need to provide unrepresented family law litigants with mediation services that include drafting the settlement agreements intersects with the current ethical rules for lawyers-mediators or the concept of unauthorized practice of law by a non-lawyer mediator and will offer suggestions for how to resolve those tensions.

A New Problem-Solving Court to Implement Therapeutic Jurisprudence in Offenders' Reentry to Society

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United States archaic criminal sentencing laws too often fail to advance any legitimate law enforcement objective. There are many roots of this criminal justice crisis and numerous injurious fruits borne of it. One major fruit is recidivism. Recidivism among offenders released from prisons or jails in the United States is alarmingly high. 700,000 individuals are released from state and federal prisons each year—more through local jails. Innovative problem-solving courts, many of which operate at the municipal court level, that apply principles and techniques of Therapeutic Jurisprudence provide a promising solution. Certainly traditional courts and parole boards have disappointed in their failures to reduce recidivism and to ease offenders' re-entry into society. Limited jurisdiction problem-solving courts that implement techniques of Therapeutic Jurisprudence offer a bright opportunity to resolve disputes in the criminal context, reduce recidivism, and ease offenders' re-entry into society. In many jurisdictions such as the authors' home state, where the judicial branch lacks jurisdiction over state prison personnel, administrative problem-solving courts may serve in the judicial branch's stead. That is, an

administrative judge could easily be appointed within the executive department of a state department of corrections to serve in a problem-solving capacity. In this way, the proven problem-solving court model may serve as a template for re-entry, decreasing recidivism, criminal dispute resolution, and overall court reform.

Restorative Justice: Soft Control or Harsh Care?

Esther Friedman, *Linneaus University* (esther.friedman@lnu.se)

Restorative justice (RJ) is gradually becoming a mainstream method, to deal with harms in various settings and systems. It involves the people involved in an offense in a mutual decision-making process regarding methods to deal with the harm. It is embedded on the boarded between care and control. Some scholars claim RJ is a democratic and mutual set to deal with the aftermath of crime. Findings present its effectiveness in promoting healing, desistance and pro-social behaviors. Other claim it is a manipulation of the justice process resulting in non-democratic coercion and forms of non-formal and external social control. It is portrayed as new rituals of exclusion, which is colloquial and silencing. Emphasis is given to the procedural justice implemented within the coordinators discretion in the shadows of the law. The shadow of the law is a cultural construct maintaining authoritarian decisions. This presentation will try to place the discussion in a cultural organizational context. I will portray factors, which can limit coercion and cultural biases or pressure limiting informed consent. These parameters are suggested to provide guidelines and safeguards for practitioners.

The Role of the Community-Based Restorative Justice

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This research project aims to provide a deeper understanding of the meaning, and role, of the "community" in community-based Restorative Justice (RJ). Communities today are fragmented and fluid, and typically involve diverse and small networks of relatives, friends, colleagues, spiritual and social groups. Considering this lack of a unified, geographically-based community connecting between victims and offenders, questions arise as to the actual potential of a certain "community" to contribute to, and be contributed by, RJ processes. Also lacking is a coherent understanding of the desirable identity of Community Representatives (CRs) in various types of RJ processes. Using a Jerusalem-based RJ program as a case study, the research involves an archival examination of approximately 30 RJ processes resulting from violent attacks against private and public policing agents and service providers, as well as inter-cultural (Arabs and Jews, native-Israelis and immigrants) and intra-community (neighbors and relatives) conflicts. The conferences involved different types of CRs such as spiritual leaders, professional colleagues and community activists. Emerging themes relate to diversity in the contributions of

different types of CRs and to blurred distinctions between CRs and supporters. A set of parameters for selecting an appropriate CR in specific cases is proposed.

Natural Justice and Fair Procedure in 'Grey Area' Cases of Alleged Sexual Abuse

Kieran McGrath, *Child Welfare Consultant, Dublin, Ireland* (kmacg@eircom.net)

There are many situations where serious allegations of sexual abuse arise against persons in positions of authority (e.g. teachers, priests etc) where no police investigations take place due to the reluctance of complaints to press charges, or where police inquiries prove inconclusive. Such situations fall in to a 'grey area' that present major legal and procedural problems for employers as the allegations cannot be ignored yet there are few, if any, recognised structures to deal with such cases. The failure to apply Natural Justice & Fair Procedure correctly in such situations can leave potential victims at risk and/or can lead to miscarriages of justice against an accused person. The presenter will give data from over 20 cases of this kind he has dealt with in his private practice in Ireland and will also discuss some high-profile cases that have appeared in the Irish courts in recent years.

259. The Struggle for Schizophrenia Treatment: An Interprofessional Approach

Schizophrenia with Anosognosia: Ways to Improve Outcome

Maria Kozlowski-Gibson, *Cleveland State University* (m.k.gibson16@csuohio.edu)

Schizophrenia is a serious mental disorder; anosognosia is present in 50% of these cases. Its positive and negative symptoms are a source of distress for both the ill person and the family. The lack of insight into one's own illness can be catastrophic. The symptoms may lead to the person's voluntary hospitalization or civil commitment. However, usually, the individual assures those around him that the diagnosis of schizophrenia, psychosis, and diminished executive functioning is a mistake. The individual does not believe himself to be mentally ill and refuses treatment. This is a decisional point for the healthcare provider: "forced treatment or hospital discharge" and "family involvement or patient privacy." The principles governing these decisions will be examined, in view of Maslow's hierarchy of needs and civil rights. Family frustration with the process of finding a way to obtain medical treatment for the deteriorating condition of their loved one cannot be disregarded. The excruciating pain of testifying against the loved one and being seen as a betrayer is discussed. Therapeutic jurisprudence can help.

Schizophrenia: Legal Considerations

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Therapeutic jurisprudence – being the "study of the role of the law as a therapeutic agent" (Wexler) – is still underappreciated in many countries. In Brazil, it is well recognized in the criminal aspects of illegal drug consumption and in the role of courts regarding their choice between punishment and mandatory commitment. Nevertheless, therapeutic jurisprudence has been applied, intuitively, for many years in Brazil in the area of the legal capacity of the individual (the capacity one has to make his/her own decisions and transactions, independently). Practically, a psychiatrist expert witness determines mental capacity. The role of the judge is limited to the ratification of the medical opinion, since magistrates are not legally authorized to render diagnosis. The advantages of therapeutic jurisprudence and how courts worldwide could handle cases of persons with schizophrenia who are unable to recognize that they are sick (anosognosia) therapeutically will be analyzed in this presentation, as per the Brazilian experience regarding the protection of the family unity.

The Struggle with Schizophrenia: Cultural Beliefs and Family Support

Adebimpe Adedipe, *Cleveland State University* (a.adedipe@csuohio.edu)

The National Institute of Mental Health defines Schizophrenia as a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. Although schizophrenia is not as prevalent as other mental disorders, the symptoms can be very disabling, ranging from hallucinations and delusions to difficulty enjoying activities or focusing on simple tasks. Several studies in Western countries have linked the causes of schizophrenia to genetic and environmental factors, and alterations in brain function while in other countries, people may view the disorder as a punishment or curse. The term ‘culture-bound syndromes’ refers to terminologies to describe schizophrenia in some countries around the world, such as ‘ukuthwasa’ or ‘amafufunyana’ among West Africans or ‘nervios’ among Mexican-Americans. Regardless of the terminology, diagnosis of schizophrenia takes a toll on the patients as well as family members worldwide, especially those from diverse cultural or ethnic background. Acceptance of the schizophrenia depends on how the family views the disease or how acceptable the disease is in that culture. In order to provide culturally appropriate care and foster family support, it is vital to explore and understand the cultural beliefs and perception regarding schizophrenia, and incorporate the patient’s cultural beliefs into care.

Schizophrenia: Ensuring the Effectiveness of Individualized Treatment Plans

Brian Woodside, *Cleveland State University* (b.l.woodside@csuohio.edu)

Schizophrenia is ultimately a disease of the brain, and while there is presently no cure, current treatments focus primarily on the use of psychopharmacological agents in an attempt to balance brain chemistry and minimize behavioral symptoms. There is considerable evidence that antipsychotic medications that target specific neurotransmitter systems can reduce symptoms and, also, limit the frequency and duration of schizophrenic episodes in about 70% of patients. However, when a patient does not acknowledge the disease and forced treatment becomes an option, consideration must be given to issues of compliance and behavioral monitoring. All patients are not the same and all medications do not work the same for all patients. Factors such as time to peak tissue concentration, drug half-life, the therapeutic window, and possible drug side effects should be considered. Different medications or combinations must be administered reliably and monitored for effectiveness and for possible side effects. This presentation will address these concerns and suggest some guidelines that might be helpful in ensuring the effectiveness of individualized treatment plans.

Involuntary Commitment and Schizophrenia: The Functional Interplay of Legal, Medical and Informal Control

James J. Chriss, *Cleveland State University* (j.chriss@csuohio.edu)

Health is a highly valued but also highly contested aspect of living in modern society. Original notions of liberty emphasized the importance of leaving people to their own devices, operating informally within a lifeworld, to rise or fall based upon their own decision calculus regarding the maximization of pleasure and the avoidance of pain. Over time, with increasing societal complexity and diversity, steering mechanisms from the system have infiltrated informal lifeworld operations, where now the system of socialization (informal control) is augmented and often usurped by higher-order controlling systems represented by medical control and legal control. In this presentation, I will explain how these three systems of control—informal, legal, and medical—operate and how they can combine in unexpected ways to produce hybrid constellations of control, shot through with ambiguities and tensions, insofar as each distinct system of control attempts to produce outcomes consistent with the logic of their operations. I will examine these dynamics within the framework of the case study of Kozlowski-Gibson involving schizophrenia and anosognosia.

260. Therapeutic Judging: Promise and Potential

The Figure of the Judge in Kafka: Lessons for Therapeutic Jurisprudence

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This paper explores the literary depiction of the figure of the judge in works by Franz Kafka, a trained lawyer. It seeks to reveal the relationship a judge has to those seeking justice in an imperfect legal system as a parallel to other relationships in ordinary life, and as illuminated by the work of another "authority" – the author. Kafka's conceptions of law and justice are compared and contrasted with Freudian and postmodern approaches and in doing so readings of his work "The Trial" and Blanchot's "La Folie du Jour" are juxtaposed. Law calls for confession, "un récit", but such a solitary act does not entail justice, for which a listener, a reader, an other, a judge, is necessary. We can give ourselves law, but justice comes through encounter with a universal yet unique other who holds a mirror to ourselves. Judges who embody this indissoluble duality require great skill and judgement in responding to those who seek justice. In conclusion, lessons are drawn for judges engaged with therapeutic jurisprudence from the life of Kafka, the contexts in which he wrote, and the insight his work generates that the judge is both fount of authority and reader of souls.

Towards Court Excellence: Therapeutic Jurisprudence and the International Framework for Court Excellence

Liz Richardson, *Australasian Institute of Judicial Administration* (liz.richardson@monash.edu)

This paper discusses the intersections between two important tools for judges: the International Framework for Court Excellence (IFCE), a quality management system used by courts and tribunals in different jurisdictions around the world, and therapeutic jurisprudence (TJ), that is, the study of the law as a therapeutic agent. Both the IFCE (a specific methodology) and TJ (an interdisciplinary discourse) promote innovation and reform with the aim of creating excellent courts and tribunals that are fair, efficient, effective, impartial and that enable access to justice for their users. This paper argues that the Framework can provides the institutional setting to support therapeutic judging and by which to mainstream TJ principles and to add rigour to the operations and assessment of court innovations underpinned by TJ, such as but not limited to, problem-solving courts. TJ offers the Framework an additional dimension that has the potential to further improve the experience of court users and promote well-being.

The TJ Vineyard Beyond Procedural Justice (PJ): Voice About WHAT?

David B. Wexler, *University of Puerto Rico* (davidbwexler@yahoo.com)

Therapeutic Jurisprudence (TJ) judicial practices and techniques--sometimes called Liquid or Wine--are derived from insights in psychology, criminology, and social work. From its inception, TJ embraced the branch of psychology known as Procedural Justice (PJ), urging judicial officers to recognize the importance in court proceedings of participant voice, validation, and respectful treatment. The judicial use of PJ seems to increase perceptions of fairness and to increase compliance with judicial orders. As such, PJ should be a crucial component of TJ judging and should be used as bedrock in all proceedings. In fact, the International Framework for Court Excellence includes procedural justice as a basic element of that important international document. But the importance of PJ should not mean that judges should think of TJ as PJ and no more. In fact, there are several other branches of psychological knowledge that judges can use to promote rehabilitation and participant well-being. For example, principles of relapse prevention planning, of health care compliance, and of desistance from crimes have all been used in the TJ literature as part of the ""wine"" of TJ. PJ speaks about according participants ""voice"" and these other parts of the vineyard address themselves to the question of voice about particular subjects: for example, what got me into trouble before and how I propose to avoid falling into that trap in the future. This presentation will show how a court conversation derived from these additional parts of the vineyard can lead to a richer, more nuanced, and more effective dialogue than would be a dialogue governed by procedural justice alone. The bottom line, then, is that PJ is a necessary but not sufficient component of judicial conversation regarding rehabilitation.

Considering the Psychodynamics of Therapeutic Judging

Tania Sourdin, *Monash University* (Tania.Sourdin@newcastle.edu.au)

Richard Cornes, *Essex University* (rmcornes@essex.ac.uk)

The dynamics of conflict may sometimes require that all of those involved in a dispute to work together to build an outcome with the support of a judge where the judge may engage in amore therapeutic manner through the use of therapeutic judging (TJ). Whilst judicial behaviour in the context of TJ has often been explored in a theoretical sense, and there are numerous examples of successful TJ programs, there has been little focus on the implications of psychoanalytical perspectives on judicial behaviours for TJ. There are however numerous parallels and whilst many judicial behaviours may have resulted from frustration with the inadequacies presented by more traditional hierarchical judging models, other judges may have been influenced by an increasing emphasis on procedural justice, communication skills as well as the increasing exploration of the expansion of the judicial role to include management, conflict resolution and administration. However, as Wexler (2015) has noted, TJ involves more than these expanded foci in that it has a primary goal, which is ‘to apply and incorporate insights and findings from the psychology, criminology, and social work literature to the legal system.’ This session considers the motivations underpinning TJ and the impacts on the practice of TJ.

The Promise of Therapeutic Judging in Cases Involving a High Level of Sensitivity

Karni Perlman, *College of Management Academic Studies* (kperlman@colman.ac.il)

Following the project of mainstreaming TJ, and Prof. Wexler's metaphor of putting therapeutic content ("new wine") in existing procedures, this presentation will discuss the promise and the potential of using therapeutic judging in judicial processes that include a high level of sensitivity. The presentation will introduce some judicial methods that are found in the Israeli court system, which can be identified as therapeutic, such as a new judicial way of writing a verdict in family cases. It will also discuss how to handle cases dealing with "psycho-legal soft spots", for example, the question of what can be written on a family member's gravestone. The presentation will propose using therapeutic judging as a qualitative way to overcome difficulties in handling family divorce cases that include child participation. The use of therapeutic attitude while making judicial attempts to create settlements in cases that include a high level of sensitivity will also be considered, for instances such as labor cases when there is a question of professional evaluation.

The Road to Mainstreaming

Kevin Burke, *Minnesota State Court, Minneapolis, USA* (kevin.burke@courts.state.mn.us)

Many judges have grown to accept even occasionally champion the idea that the legal system has the power to heal as well as punish. Unfortunately the experience of many therapeutic courts has been that the programs are not to scale (i.e., the number of participants is less than the program design and/or the number of participants is less than the community's drug or mental health problem). Failure to "get to scale" threatens the viability of therapeutic courts for, among other reasons, the cost (time and money) per case is hard to justify. It is essential that therapeutic courts "get to scale" and become a "mainstream" part of the justice system. Four steps need to be taken. First, judicial training needs to improve. Second, attention has to be focused upon probation departments. Probation department recommendations carry great weight, particularly with new judges. New judges even with extensive criminal law experience are frequently risk averse or may not fully understand how to more effectively utilize a therapeutic approach. If probation officers are not grounded in therapeutic jurisprudence principles, many judges are unlikely to apply them. Third, holistic defense needs to become a common practice by legal defenders. Finally, evidence-based sentencing cannot be perverted into a budget excuse not to deal with the therapeutic needs of defendants.

261. Therapeutic Jurisprudence and Higher Education / Legal Education

Adressing Academic Difficulty and Dissapointment in Higher Education: Developing TJ Complaint Procedures

Shelley Kierstead, *Osgoode Hall Law School* (skierstead@osgoode.yorku.ca)

Higher education plays a critical role in society. Philosophers, scholars, critics and commentators have expounded upon the many purposes of the university. To name just a few, the university is a place for the advancement of knowledge in the social sciences, hard sciences and the arts; a place of hope for the future; a place where those previously marginalized can attain a role of influence; a place of intellectual enrichment; a place for serious, thoughtful discourse in the examination of ideas; and, a place for preparation to engage in the professions. One of a university's most important roles is facilitating the growth and maturation of students to reach their highest potential both as individuals and as members of society. For some students, this journey includes encountering and coping with academic difficulty and disappointment. To address these circumstances, students may seek relief from the consequences of academic failure arising from medical or compassionate circumstances, or appeal from grades with which they are dissatisfied. In both circumstances, academic institutions become administrative decision-makers whose members must adopt structured procedures while responding to unique situations that often involving highly private and emotionally charged student information. This session will examine the potential application of a therapeutic jurisprudence approach to influence the development of institutional procedures that both respond to administrative law requirements and respond to unique, sensitive student circumstances in a manner that fosters their ability to achieve their highest potential.

Addressing Workplace Bullying, Mobbing and Incivility in Higher Education: The Roles of Law, Cultures, Codes and Coaching

David C. Yamada, *Suffolk University* (dyamada@suffolk.edu)

The realities of the higher education workplace can be at significant odds with idyllic visions of academic life. Bullying, mobbing, and incivility are often among the costly and destructive manifestations of psychologically unhealthy academic climates. This presentation will apply concepts and research from therapeutic jurisprudence, industrial/organizational psychology, and employment law to shed light on the roles of the law, organizational culture, in-house codes of conduct, and coaching interventions in addressing these undesirable aspects of the academic workplace. More specifically, this presentation will start by discussing workplace bullying, mobbing, and incivility in the context of higher education. This will include distinguishing these

forms of interpersonal aggression and identifying common scenarios. It will then consider potential legal and liability issues that may shape organizational responses and the influence of organizational cultures in enabling or discouraging these behaviors in the academic workplace. Finally, it will examine potential interventions, including codes of conduct, education and training, and individual coaching. Guiding this inquiry will be an emphasis on TJ-informed outcomes, i.e., examining how we can use the substantive law, policies and procedures, and best practices to create psychologically healthy academic workplaces. This presentation will draw upon a growing body of research and commentary on workplace bullying, mobbing, and incivility, both generally and in higher education; and primary and secondary sources on legal protections for severe workplace bullying and mobbing behaviors.

TJ and "Hot Button" Issues in Higher Education

Carol L. Zeiner, *St. Thomas University* (czeiner@stu.edu)

Higher Education plays a critical role in society. Philosophers, scholars, critics and commentators have expounded upon the many purposes of the university. To name just a few, the university is a place for the advancement of knowledge in the social sciences, hard sciences and the arts; a place of hope for the future; a place where those previously marginalized can attain a role of influence; a place of intellectual enrichment; a place for serious, thoughtful discourse in the examination of ideas; and, a place for preparation to engage in the professions. One of a university's most important roles is facilitating the growth and maturation of students to reach their highest potential both as individuals and as members of society. Today in North America, higher education is also "big business" with institutions competing for rankings, students, prestige and funding. Universities, particularly in the U.S., face some "hot button" legal issues that could adversely impact an institution's image, enrollment, prestige, rankings, and even its state and federal funding. Student conduct codes and processes, particularly those relating to sexual misconduct among students and campus speech, are high on the list of hot button topics. This presentation embarks on an exploration. Can TJ and related theories provide a useful tool to analyze these hot button topics? Can they provide arguments in support of one side or the other in these disputes? Rather than supporting one side, can TJ and related theories supply insights that give guidance in formulating solutions?

The Process of Building a Preventative Law School

Eric van de Luytgaarden, *Zuyd University* (Eric.vandeluytgaarden@zuyd.nl)

My research group proactive lawyering was asked in 2014 to start gradually building a new law school, the first preventive law school in the Netherlands. We designed a law programme with a focus on the human dimension, with which trends in society such as horizontalization and juridification that constantly grow in an increasingly complex world can be reversed. We were in

inspired by theory and practice of normative professionalization as well as the theory and practice of the preventive law movement. This contribution is about the process of building the school and what we encountered along the way. The focus is twofold: 1. Intra-normative professionalization, about what knowledge and skills are needed to avoid legal problems in addition to/or instead of the application of rules and codes. This is an opposing force against the one-sided focus on positive law. We designed teaching in problem areas (e.g. family, company, personal wellbeing, institution) instead of teaching traditional law (e.g. contract law, penal law, international law). 2. Inter-normative professionalization, which draws attention to a dialogue and confrontation with other adjacent disciplines, competences and skills in the training of lawyers. We incorporated multidisciplinary training in the legal curriculum, through legal labs and business simulations. The Zuyd preventive law school is experimenting with a form of education which incorporates a systematic reflection in the work of a legal professional, no blue prints, but building a humus layer for the growth of normative professionalization in the legal domain.

262. Therapeutic Jurisprudence Australasian Style: Encouraging a Focus on Vintners and Vineyards

Redefining Legal Space? The Tikanga of Ngā Kōti Rangatahi

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Katey Thom, *University of Auckland* (k.thom@auckland.ac.nz)

A number of judicial innovations have evolved around the world in response to the growing over-representation of indigenous peoples in the justice system. Such innovations include: restorative justice, problem-solving or solution focused courts, therapeutic jurisprudence and indigenous justice. In an effort to correct the disparity between Māori and non-Māori children and youth apprehension rates, Judge Taumaunu supported by the tangata whenua (hosts) of Te-Poho-o-Rāwiri marae in Gisborne, Aotearoa New Zealand established the first Kōti Rangatahi in 2008. Kōti Rangatahi is a youth court based on a marae (culturally significant tribal meeting place). In this setting rangatahi (youth) kaumātua and kuia (male and female elders) sit alongside the Judge and are given an opportunity to touch their heart and make connections through their whakapapa and pepeha (lineage). However, some Māori opponents are critical of the co-option of tikanga (principles/laws/values) Māori concepts within a mono-cultural judicial system. This paper will present the findings of a study which used kaupapa Māori research principles to conduct qualitative interviews, observations, and key informant shadowing methods to explore how this court innovation is redefining legal space. The findings will provide insights into the cultural shaping of these courts and consider how professionals, service providers, and the hāpū/iwi (sub-tribal/tribal) communities are adapting their practices to make a difference for rangatahi and their whānau (family).

The Meaning Of 'Therapeutic' in the Alcohol and Other Drug Courts of Aotearoa

Katey Thom, *University of Auckland* (k.thom@auckland.ac.nz)

Stella Black, *University of Auckland* (stella.black@auckland.ac.nz)

This presentation will explore the meaning of the term "therapeutic" as employed in the pilot Alcohol and Other Drug Courts (AODTC) in Aotearoa, New Zealand. Drawing on qualitative research that included courtroom observation, interviews with the court team professionals, and document analysis, the presentation will explore the four strands: Law, Lore, Recovery and Drug Court Best Practice, that we argue are woven together to produce a therapeutic philosophy that underpins the practices of professionals in the AODTC. Attendees will learn how the therapeutic philosophy adopted in AODTCs can be understood within the context of international conceptualizations of therapeutic jurisprudence, as well as the ways in which AODTCs may be developing organically to reflect the unique cultural, legal, and clinical practices of Aotearoa. This presentation will conclude by considering some of the challenges faced by the professional team that have the potential to disrupt the production of the "therapeutic" aspects of the AODTC.

Mainstreaming TJ: Principles and Evidence

Penelope Weller, *RMIT* (penelope.weller@rmit.edu.au)

'Mainstreaming' heralds a new phase for the TJ movement, requiring it to look toward the development of standardized and generalizable practices that is supported by sound empirical research. This a paper argues that in order to create the necessary empirical work, TJ will need to develop it own body of dedicated research. In support of this argument the paper considers the contribution of procedural justice research to TJ practice. It shows that the overarching objectives of procedural justice scholarship may not be good 'fit' with therapeutic jurisprudence objective. This is because TJ is primarily concerned with wellbeing, rather than legitimacy as its ultimate outcome. TJ concern with 'wellbeing', however, is a challenge for empirical research. Wellbeing is a subjective phenomenon. The consequences for a dedicated TJ research agenda are (a) a need for a close engagement with the experiences of people who appear before the courts, and (b) a need for the close engagement with research academics in the design and evaluation of TJ court processes.

The Meaning Of 'Therapeutic' in the Alcohol and Other Drug Courts of Aotearoa

Elisa Buggy, *Judicial College of Victoria* (elisa.buggy@judicialcollege.vic.edu.au)

Policy and program development in specialist courts in Australia is very often left to people employed to do so, and seldom involves input from the people directly impacted by the implementation of these practices. While methods of research and evaluation are increasingly providing an important avenue for the voices of people with lived experience to be heard in recommendations for continuous improvements of programs, there are few examples of participants' having direct influence over the policies adopted by specialist court divisions. Recognising the inherent limitations of leaving participants out of program development represented a major breakthrough in quality improvement for the Drug Court in Victoria, Australia. The increasing number of program suggestions being offered by participants in that program precipitated the introduction of a democratically elected Participant Representative Committee for the Drug Court whose remit was to represent the participant body in policy and practice decisions, including available incentives and sanctions, education, and community engagement opportunities. The results were both surprising and positive.

263. Therapeutic Jurisprudence in Practice: Effectiveness and Barriers to Implementation

Family Treatment Court Process and Parental Legal Outcomes: A Systematic Review

Suzanna Fay-Ramirez, *The University of Queensland* (s.ramirez@uq.edu.au)

Family Treatment Drug Courts (FTDCs) have increased in popularity over the last 15 years and generally aim to reunify families, achieve permanent placements for children in a timely manner, and address substance abuse issues among parents utilizing a therapeutic approach to justice. For child welfare cases, parental substance abuse is seen as the problem that hinders the establishment of a sable family environment that would enable the child's return to parents' care. Thus, the primary goal of FTDCs is to treat the parental legal and psychosocial issues in child welfare cases. Despite growing popularity, the evidence for FTDC effectiveness is mixed and it is currently unclear what benefits and consequences these courts hold for parents. Some research suggests that the FTDC model promotes better long-term outcomes for parents and families over their traditional courtroom counterparts while others raise concern over whether these outcomes have been driven by the FTDC therapeutic model of justice, or the extent of surveillance used by the FDTCs to monitor parents and families. We present the results of a methodologically rigorous review and synthesis of the growing number of FTDC impact evaluations to thoroughly understand whether FTDCs are effective for improving parental legal and psychosocial outcomes and how this effectiveness is related to the therapeutic tools used by the FTDC.

Encouraging a Solutions-Focus in an Adversarial World: The Fine Line between Pleasure and Pain

Elisa Buggy, *Children's Court of Victoria, Melbourne, Australia*
(Elisa.Buggy@courts.vic.gov.au)

One of the key components fundamental to the success of 'therapeutic courts' is the establishment of a cohesive and unified team comprising members from a range of organizations. These organizations can include (but are not limited to) social workers, probation officers, housing and mental health support workers, representatives from education and employment agencies, as well as the 'usual suspects' that one might expect to find in a traditional court room (Judge, legal representatives, and so on). With such diversity of opinion and personality in the room, coordinating the group to achieve positive outcomes can be a veritable nightmare. So what are the challenges for Managers and Coordinators of therapeutic courts, and how might one overcome them? This paper will seek to provide the answers administrators are searching for.

The Relationship between Mental Health and Youth Justice System Involvement: Implications for Youth Mental Health Courts

Michele Peterson-Badali, *University of Toronto* (m.petersonbadali@utoronto.ca)

Kristina Davis, *York University* (kristadavis0@gmail.com)

Tracey Skilling, *University of Toronto* (tracey.skilling@camh.ca)

Mental health difficulties are far more prevalent in justice-involved youth than in the general youth population. However, the role of mental health issues in youths' offending and justice system contact is not always well understood and this lack of clarity has complicated efforts to deliver effective practice to youth in the juvenile justice system. In terms of correctional and community practice – particularly when the goal is 'rehabilitation' – it is important to understand how mental health issues relate to risk of future offending in order to promote effective assessment and intervention practices. This is particularly critical for youth mental health courts, a type of specialty court designed to address the mental health needs of justice-involved youth, usually with the ultimate goal of desistance from future offending. However, little is known about how they facilitate change. We conducted a process evaluation of Toronto, Canada's first mental health court for youth in order to articulate the court's logic model, examine whether its operation was consistent with its stated goals and empirical literature on best practice for treating justice-involved youth, and describe how it addresses clients' mental health and criminogenic needs. Findings provide a framework for an empirically-based mental health court program for youth and suggest directions for future research and practice.

Court-Referred ADR: Perceptions of Members of The Judiciary in Australia

Nicky McWilliam, *University of Technology Sydney* (nickym@sydneymediation.com.au)

A recent study examining attitudes of 104 Australian judges across five levels or jurisdictions of the court system with respect to court referred alternative dispute resolution (CADR) employed both qualitative and quantitative methods. The study explored judicial attitudes in relation to areas including: engagement with alternative dispute resolution (ADR); the impact of CADR on court proceedings, the work of the court, judicial workload, culture in the judiciary and judicial satisfaction; and if referring matters to these processes requires judges to understand ADR and requires considerations of needs and interests of the parties appearing before them. The findings show that the use of CADR turns on the jurisdiction, the applicable and relevant legislation structure, as well as the resources and geographical location of the court. The use of CADR and its popularity in the court hinges on attitudes and the culture within the different jurisdictions but also within subgroups of the judiciary, and on the willingness of the individual judge to engage. The judges surveyed over the five jurisdictions indicated that when employed, CADR can play an important role in assisting court proceedings and the work of the court. The judge's level of training and understanding of ADR plus a judge's view about the timing of referrals play a pivotal role.

Trauma Informed Court Craft for Judges

Magistrate Pauline Spencer, *Dandenong Magistrates Court, Dandenong, Australia* (pauline.spencer@gmail.com)

A high percentage of persons coming before our courts are impacted by trauma. Trauma informed practice calls for a recognition of trauma and its impacts and invites a strengths-based approach to working with the person. Trauma informed practice is changing the way that many health and social support agencies work with people. It is also informing practice in the juvenile and adult justice sector. In this paper Magistrate Pauline Spencer from Victoria Australia will draw on literature and her own experience as a judicial officer in an adult criminal court and family violence protection order court to explore how trauma informed practice can be used to improve judicial court craft.

Running to Well-Being: A Comparative Study on the Impact of Exercise on the Physical and Mental Health of Law and Psychology Students

Natalie Skead, *University of Western Australia* (natalie.skead@uwa.edu.au)

Shane Rogers, *Edith Cowan University* (shane.rogers@ecu.edu.au)

Research indicates that, in comparison to other University students, law students are at greater risk of experiencing high levels of psychological distress. There is also a large body of literature supporting a general negative association between exercise and stress, anxiety and depression. However, we are not aware of any studies exploring the impact of exercise on the mental health of law students specifically. This presentation reports evidence of a negative association between exercise and psychological distress in 206 law and psychology students. Compared to psychology students, the law students not only reported greater psychological distress, but, in addition, there was a stronger association between their levels of distress and their levels of exercise. Based on the results of this study, we suggest a simple yet effective way law schools might support the mental health of their students.

264. Therapeutic Jurisprudence Perspectives and Practices in Criminal Sentencing

Ignorance Is Bliss: Is it Time to Promote Better TJ Awareness in Sentencing Courts?

Nigel Stobbs, *Queensland University of Technology* (n2.stobbs@qut.edu.au)

If principles of therapeutic jurisprudence are to gain real any traction in mainstream sentencing courts, we can expect that personnel in those courts will have some appreciation and knowledge of what TJ is, what it is not, and how its techniques and methods can be used to reform and optimize what happens in a court during a sentence hearing. To date, we have very little hard data about the level of TJ knowledge possessed by those working in the TJ influenced problem solving courts, let alone the mainstream sentencing courts. This paper will present the results of an analysis (survey and structured interviews) of the extent to which judicial officers, lawyers and other professionals working in Australian sentencing courts have knowledge of, background or training in therapeutic jurisprudence research and practice. It will compare those results with data from a similar analysis of problem solving court staff.

Therapeuric Approaches to Supporting Offenders with Mental Health and Substance Abuse Challenges in Community-Based Sentencing

Magistrate Greg Connellan, *Magistrates Court Victoria, Dandenong, Australia* (gtc@magistratescourt.vic.gov.au)

An examination of judicial monitoring in the context of Bail support programs and Community Corrections Order sentences. A brief examination of the legislative framework for Judicial Monitoring in mainstream sentencing courts, including consideration of the shortcomings of the

existing legislative framework, will be provided. This will be contrasted with the longstanding judicially developed process of monitoring in the context of bail, including consideration of some of its shortcomings. In this context the paper will examine anecdotally the experience of the court, particularly focusing on individuals with mental health and substance issues, exploring the relationship between the strength of their professional & personal support networks, their response to judicial monitoring and their success or lack of in terms of complying with their Bail or completing their Community Corrections Order sentence. The examination will be based on accused persons and offenders appearing before the presenter at the Dandenong Magistrates Court, Dandenong, Victoria, Australia.

A Therapeutic Jurisprudence Informed Framework for Sentencing in Criminal Courts

Magistrate Pauline Spencer, *Dandenong Magistrates Court, Dandenong, Australia* (pauline.spencer@gmail.com)

The legal philosophy of therapeutic jurisprudence seeks to improve the wellbeing of people and communities affected by the law. Therapeutic jurisprudence invites us to examine both the design of the law and the application of those laws through the legal processes and the roles of various legal actors such as lawyers, prosecutors and judges. Therapeutic jurisprudence provides a bridge between the law and other fields of knowledge such as psychology, behavioural and health sciences. We can look to these other fields to see what works to improve people's wellbeing and then use this knowledge to reform laws and legal processes. In many communities the people coming before criminal courts are often experiencing poor mental health and struggling with substance abuse. In many communities sentencing law requires sentences to specific deter offenders from committing future crimes, to rehabilitate the offender and to protect the community. Other fields of knowledge can inform how legal actors approach this task. In this paper Pauline Spencer, a judicial officer in a busy traditional criminal court, will present the framework she has developed to maximise the potential for rehabilitation, recovery and desistance from future criminal offending. The framework takes knowledge from criminology, psychology, behavioural and health sciences and addiction studies and translates this knowledge into the way she approaches the judicial supervision of offenders.

Hawaii's Opportunity with Probation Enforcement (HOPE) Program: Looking Through a Therapeutic Jurisprudence Lens

Lorana Bartels, *University of Canberra* (Lorana.bartels@canberra.edu.au)

Swift, certain and fair (SCF) sanctions have attracted both support and criticism for their apparent focus on deterrence to ensure participants' program compliance. This paper examines

the best-known SCF program, Hawaii's Opportunity with Probation Enforcement (HOPE) program, through the lens of therapeutic jurisprudence. The paper will provide an overview of HOPE, including relevant findings from process and outcome evaluations. It will then describe observations of HOPE in practice, with particular focus on the warning hearing, sanctions for non-compliance and early termination for good behaviour. It will also consider the intersections between HOPE, therapeutic jurisprudence and procedural justice. These findings demonstrate that although the focus to date – by both proponents and critics – has been on deterrence, the model in fact demonstrates many features of drug courts. The paper concludes by arguing that HOPE can be best understood when viewed through a therapeutic jurisprudence lens.

Mapping Divergent Criminal Law: An Empirical Study

Tali Gal, *University of Haifa* (tali.gal@gmail.com)

Hadar Dancig Rosenberg, *Bar Ilan University* (Hadar.Rosenberg@biu.ac.il)

Criminal law has changed its form in the past three decades. In contrast with a single, formal process, multiple innovative justice mechanisms have become common worldwide, leading to diverse outcomes and reflecting multiple goals and values. This newly-emerged multiplicity remains largely uncharted territory. Researchers have begun to consider these justice mechanisms as expanding the scope of what classical criminal law scholars described as "criminal law," but the research field lacks a comprehensive map of the boundaries of cutting-edge criminal law, the performance of the various mechanisms, and their diverging goals. The current study examines three prominent existing justice mechanisms (pre-trial settlement conferences, restorative justice, and community courts) and asks the following questions: What are their procedural and substantive traits? What are the differences and similarities between them? What are the relationships between them? And finally, what are the criteria for selecting the proper justice mechanism in given cases? Data will be drawn from observations, surveys and interviews relating to the practice of the three programs. Four coders will code these data according to 17 parameters, clustered into four groups: process-, substance-, stakeholder-, and outcome-related parameters. We will measure inter-rater agreement (IRA) to validate the parameters, examine their clarity, and identify hierarchies and redundancies within them. We will then use the aggregated coding to develop a detailed mapping of the characteristics of these justice mechanisms, and the extent to which they achieve various criminal law goals and values. The study will provide policymakers with a tool for developing innovative justice mechanisms through a process of eclectic selection of specific traits from various programs, until reaching the desired mechanism, based on what policymakers consider to be desirable characteristics. Additionally, law enforcement agencies can use this standardized measurement to refer cases to the optimal justice mechanism according to specific circumstances and preferences, in an era of divergent criminal law.

Brooks Holland, *Gonzaga University* (bholland@lawschool.gonzaga.edu) – Discussant

265. Transformation through Legal Education and Training

TJ and Professional Identity

Susan Brooks, *Drexel University* (susan.brooks@drexel.edu)

The legal profession is experiencing an identity crisis. The wider availability of legal knowledge, bolstered by new technologies, is re-shaping the practice by offering more efficient and consumer-friendly ways of delivering services. U.S. law school applications have dropped by nearly fifty percent over the last decade. Recent studies continue to show the legal profession as among the least respected and most unwell, and lawyers continue to be plagued by high levels of depression, substance abuse, and suicide. Yet, as the saying goes, crisis equals opportunity. These dramatic changes are spurring the efforts of the global TJ (Therapeutic Jurisprudence) movement begun over two decades ago: growing numbers of lawyers, judges, and legal educators striving to make law and legal practice more humanistic and holistic, and promote wellbeing. Alongside the TJ movement's efforts to "mainstream TJ," legal education is beginning to focus more on professional identity formation—helping law students cultivate the values, as well as knowledge and skills, to improve the legal culture and society. This presentation will offer guidance for adherents of TJ and legal educators concerned with professional identity development by identifying six competency areas for law graduates: (1) Aligning Core Values (Authenticity); (2) Improving Self-Awareness; (3) Developing Habits of Self-Directed Learning and Reflection; (4) Supporting and Ethic of Care; (5) Learning Communication Approaches that Build and Sustain Relationships; and (6) Developing and Strengthening Resilience. It will then examine several examples of ways to integrate these competencies in law schools through the experiential curriculum, dedicated courses, and pervasive practices.

Teaching Transformation

Marjorie A. Silver, *Touro Law Centre, New York, USA* (msilver@tourolaw.edu)

How do we create TJ lawyers? How do we produce lawyers committed to practicing law in ways that are both effective and healing? We must begin at the beginning of their legal education and integrate such practices throughout the rest of the curriculum. The presenter will discuss how she introduces the knowledge, skills and values of integrative, therapeutic law practices in her first year and upper level courses and, more comprehensively, her experiential seminar, *New Paradigms in Law and Lawyering*. This course serves as an introduction to ways to practice law, resolve controversies and administer criminal justice outside of the traditional adversarial paradigms, in ways that aspire to enhance the well-being of participants and engender relational and healing outcomes in matters that might otherwise end up in acrimonious or punitive litigation. Students have the opportunity to evaluate these alternatives and compare

them to the traditional models to which they are exposed in the majority of their classes and in other practice settings. In addition, they spend an average of four to five hours per week in an Integrative Law setting, working with and learning from, among others, problem-solving court judges, restorative justice facilitators, transformative mediators and collaborative law practitioners. The presentation will invite a conversation among participants about the challenges of swimming against the current of traditional legal education.

The Socio-Legal Clinic, When Social Knowledge and Legal Structure Collide

Inbar Cohen, *The College of Management Academic Studies* (Inbar0105@gmail.com)

Ruth Lowenstein-Lazar, *The College of Management Academic Studies* (ruthy.lowenstein.lazar@gmail.com)

The Socio-Legal Clinic, in the College of Management is an innovative teaching model. This unique clinic incorporates legal and social standpoints, while promoting social change projects, aimed to help youth and young adults at-risk. Combining the two standpoints enables to create multi-disciplinary approach to law, stressing the need for a holistic approach to legal work. The multi-disciplinary approach is manifested through various academic aspects: Students attending the clinic are from the Law school and the Behavioral Science school, the head of the clinic is a social worker specialized in therapeutic jurisprudence and the teaching model combines legal, therapeutic and criminological aspects related to youth at-risk. The students volunteer in various legal and social organizations and promote socio-legal projects. Moreover, students undergo a process of supervision by the head of the clinic, aimed to help coping with the emotional effect of working with youth at-risk and teaching ways to relate and connect with them. Greater emphasis in legal education on a holistic perspective can endow students with better knowledge of the clients whom they assist. This emphasis is consistent with the accelerated development of therapeutic jurisprudence. In the clinic, both the interdisciplinary approach to teaching and the supervision are influenced by therapeutic jurisprudence paradigm.

The Curative Power of Compassion: Countering Vicarious Trauma through Education

Jamey Hueston, *District Court of Maryland, Baltimore, USA* (jhueston410@gmail.com)

Judges and lawyers have front row seats to human tragedies, seemingly unfixable problems, intractable life issues and individuals suffering from mental health and behavioral issues to name just a few. The stress and impact of trauma on first responders is well documented; however,

legal professionals are often unnoticed as suffering from trauma's unseen and deleterious effects. Judicial education institutes and law schools offer some courses regarding the effects of stress on the court and coping strategies; however, the role of compassion and other cogent healing practices are not routinely incorporated in their educational programs. They are rarely discussed in informal legal circles or considered as viable trial or sentencing strategies. This presentation advances that judicial and legal education regarding the role of compassion and related processes is important to raise the therapeutic consciousness of legal practitioners. It posits that compassion and other "healing approaches" are not only effective with litigants, but are part of the tonic to counter the effects of trauma upon beleaguered judges and lawyers. Education and training are the keys.

266. Vulnerable Suspects and Defendants I: Fitness to Plead/Competency to Stand Trial

Unfitness To Plead: A Forensic Psychiatrist's Viewpoint

James Stoddart, *Consultant Psychiatrist, Newcastle upon Tyne, UK* (james.stoddart@ntw.nhs.uk)

The author has provided numerous psychiatric reports for court in England on issues relating to unfitness to plead and has given evidence in the Crown Court on this issue. The Law Commission of England and Wales has recently published a report on unfitness to plead (Unfitness to Plead Volume 1, Law Com No.364, 2016). This report highlights a number of concerns regarding the current "test" for fitness to plead and its strengths and weaknesses. Unfitness to plead in English law is essentially a capacity test. There are issues around the clinical and legal interfaces in this area and the author will give examples, from his clinical work, where problems have arisen. The Law Commission proposals will be looked at from a clinical perspective, and comment will be made on whether they are a) realistic and b) an improvement on the current situation.

Unfitness to Plead and the Trial of the Facts: Fit for Purpose?

Kevin Kerrigan, *Northumbria Law School* (kevin.kerrigan@northumbria.ac.uk)

The recent Report of the Law Commission of England and Wales on Unfitness to Plead (Law Com No. 364, 2016) offers an extensive critique of the existing way of dealing with a defendant who lacks the capacity for trial. The Commission is concerned about the fairness of the process and the lack of consideration of the mental element of the alleged crime in light of the seriousness of the potential consequences for the defendant. The Commission recommends a revised process that will offer judicial discretion to divert the case away from the criminal justice system, and for those that remain, require proof of the relevant mental element in addition to the proscribed conduct before a court can make any coercive disposal. This approach would make

the trial of the facts much more akin to a full criminal trial, albeit without the prospect of conviction, but would be limited by the inability of the defendant to fully participate. This paper analyses legal developments, including recent Court of Appeal decisions and asks whether the Law Commission is correct to recommend fundamental reform of the process for determining whether an accused did the act or made the omission with which they are charged.

Unfitness to Plead and the Court-Appointed Advocate

Natalie Wortley, *Northumbria Law School* (n.wortley@northumbria.ac.uk)

In England and Wales, once a defendant has been found unfit to plead, the court must appoint an advocate to put the case for the defence at the ensuing 'trial of the facts' (s.4A(2) Criminal Procedure (Insanity) Act 1964). The judge must appoint "the right person for this difficult task", as the responsibility placed on the advocate is said to be "quite different" to that involved in representing a fit accused (R v Norman [2008] EWCA Crim 1810). The advocate is not bound to follow an unfit accused's instructions but must act in the accused's best interests. An unfit accused will not usually testify in their own defence, and may or may not be present in court during the proceedings. This paper considers the lack of guidance as to the scope and ambit of the role of the court-appointed advocate in unfitness to plead cases. Some of the procedural and practical dilemmas that arise for such advocates will be discussed, and the paper will explore the ways in which their legal and ethical duties are shaped by the criminal justice system's binary approach to capacity issues. The Law Commission's proposals for the court-appointed advocate system will also be considered.

The Accommodating Court?: Seeking Procedural Justice through a Therapeutic Lens for Persons with Intellectual Disabilities within the Criminal Court Process

Voula Marinos, *Brock University* (vmarinos@brocku.ca)

Persons with intellectual disabilities (ID) in the criminal justice process experience many challenges from the point of police involvement through to the criminal trial. Persons with ID are more likely than others to be suggestible, experience challenges with memory, cognition and communication, comply with authority, and be more easily led than others. Many persons lack formal identification within the justice system or seek to appear competent for fear of bias or embarrassment. These issues place them at high risk of procedural unjust processes and outcomes. Procedural justice is central to perceptions of the legitimacy of the justice system and more likely to lead to satisfaction in the result. The justice process can be reframed to optimize procedural fairness for persons with intellectual disabilities within the court process. Without a paradigm shift towards Therapeutic Jurisprudence (TJ) and Restorative Justice (RJ), court

"accommodations" will continue to be structured as "add-ons" to the traditional process, and lead to inconsistency in identification, assessment and procedures. This paper will address various models of procedural justice for persons with ID internationally, from accommodations as "add-ons" within the law, to more enhanced, specialized programs internationally that move in the direction of robust definitions of TJ.

267. Vulnerable Suspects and Defendants II: Mental Condition Defences

Victims of Human Trafficking Who Kill: Part I

Nicola Wake, *Northumbria University* (Nicola.wake@northumbria.ac.uk)

Sara Lambert, *Northumbria University* (sara.lambert@northumbria.ac.uk)

Section 45 of the Modern Slavery Act 2015 provides a defence for individuals compelled to commit a criminal offence as a consequence of slavery and/or exploitation. Many offences, including murder, are excluded from the ambit of this defence. In cases where s.45 does not apply, reliance is placed on duress and necessity, prosecutorial discretion, and the power to stay a prosecution. These approaches are heavily circumscribed in murder cases where duress and necessity are inapplicable, the serious nature of the offence tends towards prosecution and the power to stay is invoked in exceptional circumstances. The introduction of s.45 and the approaches to be adopted where the defence does not apply provides an opportunity to consider afresh whether a (partial) defence to murder based upon compulsion ought to be available. The speakers advocate that a partial defence ought to be made available.

Victims of Human Trafficking Who Kill: Part II

Sara Lambert, *Northumbria University* (sara.lambert@northumbria.ac.uk)

Nicola Wake, *Northumbria University* (Nicola.wake@northumbria.ac.uk)

This presentation follows from Victims of Human Trafficking Who kill: Part I, which advocated that a partial defence should be available for victims of human trafficking who kill. Section 45 of the Modern Slavery Act 2015, which provides a defence for individuals compelled to commit a criminal offence because of slavery and/or exploitation, does not apply to murder. This presentation explores other potential (partial) defences that may be available to some victims of human trafficking who kill, such as self-defence, loss of control and diminished responsibility. Scenarios derived from victim testimonies in the U.S. Department of State Trafficking in Persons report are utilized to illustrate are the potential applicability of these defences, in addition to exploring limitations on the use of these defences. It is suggested that the potential availability of (partial) defences in specified cases supports the view of the speakers

that a more general partial defence for individuals compelled to commit a criminal offence because of slavery and/or exploitation ought to be available. This presentation advances a bespoke partial defence for slavery/human trafficking victims who kill based upon compulsion, which would sit cogently alongside s.45 of the Modern Slavery Act 2015.

Comparative Perspectives on the Partial Defence of Provocation

Ben Livings, *University of New England* (ben.livings@une.edu.au)

In recent decades, a disproportionate amount of academic writing has been dedicated to the partial defence of provocation and its variants when considered from the point of view of the number of cases that come before the courts each year. And yet, it is also an area of the criminal law that has received considerable focus from law reformers and legislators in a number of jurisdictions, and this reflects the important political and social issues that have been raised in some controversial, high profile cases. In New South Wales, the law was reformed in 2014, with the move to 'extreme provocation' demanding that the killing be in response to a 'serious indictable offence', but not as a result of non-violent sexual advances (Crimes Act 1900, s 23). This reform followed the abolition of provocation in Victoria and the move to 'loss of control' under the Coroners and Criminal Justice Act 2009 in England and Wales. Although the motivation and aims that spurred reform in the respective jurisdictions was broadly similar, the disparities in approach are illustrative of the challenges that this 'concession to human frailty' poses to the criminal law.

Domestic Violence and Mental Illness: Implications for Legal Engagement

Heather Douglas, *University of Queensland* (h.douglas@law.uq.edu.au)

The secondary victimisation that may be experienced by victims of crime as a result of engaging with legal processes has been clearly identified. The long-term mental health effects of domestic abuse have also been acknowledged by many researchers. When women separate from their partners after domestic abuse they often engage with the legal system to obtain protection orders, resolve issues around children and as witnesses in criminal cases. Given that each of these processes involve the perpetrator of abuse, potentially numerous court appearances and may occur over a long period of time it is not surprising that women report negative effects to their mental health, in particular depression and anxiety. This paper reports on the findings from the first two waves of a longitudinal study involving 62 women who have engaged with the legal system after experiencing domestic abuse. While many interviewees do report increased levels of stress, many women also report not choosing to seek medical assistance, hiding mental health concerns and self-medicating. Many report they are concerned that formal evidence of mental

health issues may have negative implications for their performance as witnesses and lead to damaging legal outcomes for their safety and their role as mothers.

French Language Sessions

268. Droit pénal et dangerosité

La prise en compte de la dangerosité : l'allongement des peines

Evan Raschel, *Université d'Auvergne* (evan.raschel@udamail.fr)

Lorsqu'une personne effectivement atteinte d'un trouble mental est mise en cause, sa dangerosité n'est pas prise en compte par un allongement des peines ; au contraire, le Code pénal prévoit que le juge « tient compte » du trouble pour diminuer la peine encourue, voire, lorsque le trouble abolit entièrement le discernement, déclarer irresponsable l'auteur. D'autres mesures permettent alors, dans l'intérêt de la société, la prise en compte de la dangerosité, mais il s'agit alors de mesures de sûreté. En pratique toutefois, la dangerosité d'une personne, atteinte ou non d'un trouble mental, joue souvent à son détriment. La priorité devient la protection - immédiate - de la société. Cette prise en compte peut s'opérer à deux stades : *ab initio*, lorsque le procès aura permis de mettre en lumière la dangerosité de la personne ; puis au stade de l'exécution de la peine, lorsque la dangerosité conduit à ne pas faire bénéficier la personne détenue des mécanismes classiques de réduction et d'aménagement des peines.

La neutralisation de la dangerosité : la rétention de sûreté

Ludivine Gregoire, *Université de Pau* (ludigregoire@hotmail.fr)

Neutralisation, dangerosité, rétention de sûreté : un triptyque synonyme d'une politique sécuritaire en expansion, guidée par la volonté d'endiguer la criminalité par tous moyens, même les plus discutables.L'article 706-53-13 du Code de procédure pénale précise que la rétention de sûreté est une mesure exceptionnelle, susceptible d'être prononcée à l'encontre des personnes qui *« présentent une particulière dangerosité caractérisée par une probabilité très élevée de récidive parce qu'elles souffrent d'un trouble grave de la personnalité »*, ces personnes étant alors placées dans un centre socio-médico-judiciaire de sûreté afin de bénéficier d'une prise en charge adaptée. Il s'agit donc, avec la rétention de sûreté, de neutraliser par l'enfermement, des individus qui présentent une dangerosité criminologique élevée. Mais si la mesure peut paraître séduisante en son principe, elle soulève de nombreuses interrogations, liées à sa qualification, à

son fondement, ou encore à sa légitimité. La rétention de sûreté est-elle réellement une mesure de sûreté, ou présente-t-elle plutôt les caractéristiques d'une peine? La dangerosité, notion protéiforme et complexe, est-elle un fondement suffisant, satisfaisant pour justifier une privation de liberté après l'exécution de la peine? Autant de questions qui permettent de douter de la légitimité d'une neutralisation par la rétention de sûreté.

La surveillance de la dangerosité : l'outil électronique

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Face aux personnes condamnées présentant une certaine dangerosité, c'est-à-dire présentant un risque de récidive, les nouvelles technologies permettent d'apporter une réponse inedite : la surveillance électronique. Consistant en un bracelet GPS, permettant de géolocaliser à tout moment les personnes considérées comme dangereuses, la surveillance électronique dispose en droit français d'un large champ d'application. Toutefois, la question se pose de la coherence et de la pertinence d'un tel outil. En effet, et à l'instar de la retention de sûreté, cette mesure constitue une peine après la peine, et pourtant sa vocation est de s'appliquer immédiatement, à travers des cadres juridiques qui se superposent et se confondent. De plus, dans une logique de prevention maximale de la récidive, l'on peut craindre une utlisation trop fréquente de l'outil électronique, alors que parfois il ne s'impose pas. Surtout, différentes études font apparaître le risque que présente l'utilisation de la surveillance électronique, en ce qu'elle peut se révéler être contreproductive. Stigmatisante pour l'intéressé, contrevenant à l'objectif de reinsertion, elle peut en effet conduire à une certaine désocialisation, et donc au renouvellement du comportement infractionnel.

L'évaluation de la dangerosité : le neurodroit ?

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Lors d'une expertise pour les tribunaux, l'entretien psychologique ou psychiatrique se réalise dans un cadre particulier qui est bien différent de celui de la pratique habituelle en psychothérapie. En effet, dans ce cadre, les enjeux de l'entretien clinique et de l'examen ont des impacts bien réels qui peuvent être considérables pour la vie de la personne aussi bien sur le plan judiciaire (peine de prison, indemnités financières, etc.) mais aussi professionnel, familial, etc. Dans ce contexte, les comportements de simulation prennent une dimension spécifique. Au regard du vaste domaine que recouvre la simulation, notre réflexion se centrera sur les comportements mis en place par les personnes expertisées qui cherchent à se montrer sous un jour moins favorable ou plus favorable que dans la réalité. Nous analyserons les comportements et stratégies de simulation mis en place aussi bien pendant l'entretien clinique que lors de la passation d'épreuves psychologiques. Nous questionnerons également les motivations sous-jacentes à ces comportements ainsi que l'attitude que le psychologue peut adopter dans ces

situations, notamment à travers l'entretien clinique et l'utilisation d'épreuves psychologiques à sa disposition.

269. Évolution des conduites antisociales à l'enfance et à l'adolescence suite aux services reçus selon la complexité des profils cliniques et le sexe

Efficacité d'un programme d'entrainement aux habiletés parentales en contexte de transition de la maternelle à l'école primaire : effet modérateur du sexe et du profil clinique de l'enfant

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La loi sur l'instruction publique du Québec prévoit une fréquentation de l'école primaire à compter du premier jour de l'année scolaire suivant celle l'atteinte de ses 6 ans. Or, l'entrée à l'école représente un défi de taille pour les enfants qui présentent des difficultés comportementales (DC) qui risquent de vivre des difficultés sociales et académiques. Les programmes d'entraînement aux habiletés parentales, dont Incredible Years, font leur preuve et sont efficaces pour prévenir et traiter les DC via l'amélioration des pratiques éducatives parentales. En contexte de prévention des difficultés à l'école, la présente recherche évalue l'efficacité de ce programme offert aux parents d'enfants présentant des DC, juste avant la transition préscolaire–primaire. Les 99 garçons et 64 filles dépistés présentent des DC, mais plusieurs présentent aussi d'autres difficultés, sur le plan langagier ou cognitif. Cette étude décrit le profil clinique des garçons et des filles dépistés (nombre et sévérité des problèmes présentés), vérifiera si la participation des parents au programme est associée à une diminution des DC, selon la perception des parents et des enseignantes et si la sévérité du profil clinique (nombre et nature des problèmes qui s'ajoutent aux DC) et le sexe de l'enfant influencent cette efficacité du programme.

Évaluation de l'efficacité d'un programme probant d'entrainement aux habiletés parentales pour prévenir les problèmes de comportement des enfants en contexte de protection de l'enfance

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Les problèmes de comportement compliquent la prise en charge des enfants suivis sous la Loi sur la protection de la jeunesse (LPJ) et assombrissent le pronostic pour leur adaptation ultérieure. Les programmes d'entrainement aux habiletés parentales (PEHP) sont recommandés

et souvent utilisés auprès des parents maltraitants pour modifier leurs pratiques éducatives et prévenir / traiter les problèmes de comportement des enfants. Cette présentation abordera une étude menée au Québec auprès de l'ensemble des enfants pris en charge en PJ dont les parents ont participé au PEHP probant Ces années incroyables entre 2007 et 2015. Ces enfants seront comparés à un groupe contrôle au niveau de leur taux de récurrence et des motifs de cette récurrence. Nous nous intéresserons plus particulièrement au motif « troubles de comportement sérieux » qui comprend des conduites antisociales telles que le vandalisme, les délits et les fugues. L'hypothèse émise est que les enfants pris en charge en PJ dont les parents ont participé au PEHP auront fait l'objet de moins de récurrence pour motif de troubles de comportement que ceux du groupe contrôle. Sera aussi vérifié, le rôle modérateur du sexe de l'enfant et de la complexité des motifs de prise en charge initiaux.

Lien entre les types de service reçu et la qualité de l'adaptation au début de l'adolescence d'enfants ayant des problèmes de conduites sévères : différence selon le genre

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Les problèmes de conduites qui surviennent tôt à l'enfance, reconnus pour leur persistance dans le temps, sont reliés à d'importants coûts en services éducatifs et sociaux. Si les services offerts dans le cadre de la Loi sur l'Instruction Publique du Québec, desservant plus souvent les garçons que les filles, sont plus intenses lorsque les problèmes de conduites sont plus sévères, ils ne semblent pas être associés à leur résorption. Jusqu'à maintenant, les études ne permettent pas d'identifier si des types de service spécifiques prédiraient une meilleure adaptation à l'adolescence et si leur effet serait différent selon le genre de l'enfant. Réalisée auprès de 435 enfants (44,6% de filles) présentant des problèmes de conduites sévères dès l'âge de 6-9 ans, des analyses préliminaires ont permis d'identifier trois sous-groupes selon la qualité de leur adaptation quatre ans plus tard. Le premier (n=168) se caractérise par moins de dépression, d'anxiété et de problèmes de conduites et par de meilleures habiletés scolaires et sociales. À l'inverse, les deuxième (n=196) et troisième (n=33) sous-groupes se caractérisent par une adaptation plus négative à l'adolescence. Le troisième, comprenant proportionnellement plus de filles, se démarque par encore plus de difficultés (TDAH, agression indirecte, consommation). Ces groupes seront comparés sur la prestation de services scolaires, sociaux et médicaux reçus au cours des quatre années de suivis.

Problèmes des conduites à l'enfance (PC), délinquance et réception de services en santé mentale chez les garçons et les filles qui présentent des PC précoces importants

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Les problèmes des conduites (PC) et la délinquance chez les jeunes constituent des problèmes légaux et de santé mentale majeurs. L'apparition de PC dès l'enfance a des conséquences négatives à long terme et est reliée à d'importants coûts en soins de santé mentale et en services sociaux et judiciaires. Cependant, plusieurs études reliant les PC à l'enfance et l'utilisation de services de santé mentale sont basées sur la perception rétrospective des parents ou n'ont pas considéré exclusivement les enfants dont les PC précoces atteignent un seuil clinique. Le but de cette étude longitudinale prospective est d'examiner la réception de services de santé mentale chez des enfants dont les PC sont cliniquement significatifs. L'échantillon est constitué de 450 garçons et filles (44,2% filles) âgés entre 6 et 10 ans au début de l'étude. La réception de service de santé mentale est mesurée prospectivement sur 8 ans. La relation entre l'évolution des PC et l'utilisation des services de santé mentale sur 8 ans est analysée avec des modèles d'analyse auto-régressive croisée.

Comparaison des trajectoires évolutives d'enfants recevant des services pour trouble des conduites selon qu'ils présentent ou non des traits psychopathiques d'insensibilité

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À risque élevé de persistance lorsqu'il survient à l'enfance (avant 10 ans), le trouble des conduites (TC) peut mener à l'agissement de comportements criminels à l'adolescence et à l'âge adulte. Ce risque serait particulièrement accru lorsque les jeunes qui ont un TC présentent aussi des traits psychopathiques d'insensibilité (*callous-unemotional*). La présence de ces traits constitue, d'ailleurs, un nouveau sous-type du TC, introduit dans la dernière édition du DSM pour délimiter un profil clinique particulièrement sévère et résistant à l'intervention. Toutefois, très peu d'études sur le risque de persistance associé à ce sous-type ont été menées auprès d'enfants présentant un TC précoce. La valeur ajoutée de ce sous-type demeure donc incertaine. L'étude porte sur cette question et est réalisée auprès de 232 enfants de 6,3 ans à 9,9 ans (âge moyen: 8,5 ans; *é.t.*: 0,9 ans) ayant un TC précoce et recevant des services en milieu scolaire pour leur trouble. Leurs trajectoires de problèmes sont comparées sur une période de six ans selon qu'ils présentent ou non des traits psychopathiques d'insensibilité. Les résultats sont discutés dans la perspective d'une meilleure identification des enfants les plus à risque de persister sur la voie de la criminalité.

270. Filles, jeunes femmes, femmes et mères : Profils et conséquences de divers traumas

Prévalence, cooccurrence et conséquences à long terme des mauvais traitements dans l'enfance chez les Québécoises: une étude nationale

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L'étude vise à déterminer la prévalence des mauvais traitements dans l'enfance auprès d'un échantillon représentatif de Québécoises et à évaluer la contribution spécifique de différentes formes de mauvais traitements durant l'enfance sur la santé mentale. Une enquête téléphonique a été réalisée auprès d'un échantillon représentatif de 621 femmes québécoises. Un ensemble de variables sociodémographiques et diverses formes de mauvais traitements durant l'enfance ont été mesurés. L'association entre ces diverses formes de maltraitance avec le stress post-traumatique ainsi qu'avec la dépression des répondantes au moment de l'enquête, mesurés respectivement par le *Composite International Diagnostic Interview* et le *Primary Care Posttraumatic Stress Disorder*, a été explorée. Les résultats montrent qu'un niveau plus élevé de symptômes dépressifs est associé à un âge plus jeune des répondantes, ainsi qu'au fait d'avoir vécu des agressions sexuelles et psychologiques durant l'enfance. Le fait d'avoir vécu de la violence conjugale au cours des 12 derniers mois ainsi que d'avoir vécu de la négligence et de la violence physique durant l'enfance est associé à davantage de symptômes de stress post-traumatique. Les résultats soulignent l'importance de considérer les mauvais traitements durant l'enfance et leur cooccurrence comme des facteurs pouvant expliquer la santé mentale des femmes adultes.

Facteurs associés au stress post-traumatique et à la dépression chez des femmes victimes d'une agression sexuelles dans l'enfance

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La dépression et le stress post-traumatique sont identifiés comme des conséquences à long terme des agressions sexuelles durant l'enfance (ASE). Toutefois, à l'âge adulte ce ne sont pas toutes les victimes d'ASE qui présentent des séquelles. Cette présentation vise à explorer le rôle des autres formes de mauvais traitements dans l'enfance, des caractéristiques liées aux ASE ainsi que du soutien social reçu à la suite des ASE dans la variabilité des séquelles chez les femmes adultes victimes d'ASE. À partir d'un échantillon représentatif de 1001 femmes québécoises, 199 répondantes ont rapporté une agression sexuelle avant l'âge de 18 ans. L'entrevue téléphonique a permis de documenter : 1) l'abus physique ou psychologique ainsi que la négligence subie durant l'enfance ; 2) les caractéristiques des ASE telles que le lien avec l'agresseur, l'âge au moment de la première agression sexuelle et la nature de l'ASE ; et 3) les caractéristiques liées au dévoilement ainsi que celles associées aux services professionnels reçus concernant les ASE. Deux analyses de régression logistique ont été réalisées afin de déterminer les caractéristiques pouvant être associées au stress post-traumatique et à la dépression. L'implication clinique des résultats sera discutée.

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Jocelyn Aubut, *Psychiatrist, Montreal, Canada* (aubutj@videotron.ca) – Discussant

271. La stigmatisation face au poids chez les jeunes

Le stigma du poids chez les adolescents en surpoids ou obèses

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Le poids constitue une caractéristique jugée indésirable. À une période de leur vie où il est particulièrement important d'appartenir à un groupe de pairs, les adolescents en surpoids et obèses ressortent comme étant à risque d'intérioriser la stigmatisation à l'égard du poids et les biais qui lui sont associés. L'étude actuelle s'intéresse au rôle médiateur de la stigmatisation à l'égard du poids et de la peur de l'évaluation négative de l'apparence dans le lien entre l'indice de masse corporelle (IMC) et les comportements alimentaires problématiques. Cent soixante-cinq adolescents en surpoids ou obèses ont remplis des questions portant sur l'auto-évaluation du surpoids, la peur du jugement négatif d'autrui face à l'apparence et les comportements alimentaires problématiques. Les résultats montrent que, chez les filles, l'IMC prédit une auto-évaluation négative du surpoids qui à son tour prédit une plus forte peur du jugement négatif d'autrui face à l'apparence et des comportements de restriction et d'excès alimentaires. Ces associations ne sont pas observées chez les garçons. Les résultats suggèrent donc que, chez les adolescentes, un IMC plus élevé combiné à une autoévaluation plus négative du surpoids conduisent à un risque plus grand de développer un trouble des conduites alimentaires.

Victimisation et corrélats psychologiques chez des élèves en surpoids et obèses présentant une déficience intellectuelle

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Comment contrer l'intimidation par rapport au poids en milieu scolaire?

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Le phénomène de la stigmatisation va à l'encontre du respect des droits de la personne et confronte des valeurs fondamentales, la dignité, l'intégrité et la justice. La stigmatisation peut

prendre différentes formes notamment la surprotection qui limite les opportunités, la discrimination, l'intimidation, l'abus. L'intimidation sur la base du stigma est particulièrement observée en milieu scolaire avec une prévalence élevée envers les enfants en surpoids, ce qui entraîne de graves conséquences sur leur santé mentale. Or, les recensions des écrits et méta analyses portant sur les effets des programmes pour contrer l'intimidation en milieu scolaire révèlent des résultats mitigés, ce qui laissent entendre que les victimes ne bénéficient pas de façon optimale des actions posées pour réduire ce phénomène. Une recension exploratoire de 10 recensions systématiques et méta-analyses portant sur les effets des programmes pour contrer l'intimidation en milieu scolaire a été menée pour examiner dans quelle mesure la question du poids est prise en compte dans ces programmes et pour identifier des pistes de solution spécifiques à la question de l'intimidation par rapport au poids. Les implications pour la pratique seront discutées de même que les défis méthodologiques associés à l'évaluation des effets de programmes pour contrer l'intimidation.

272. Le geste suicidaire au Québec : entre rationalité et problème de santé mentale

Le suicide chez les jeunes québécois: une analyse du contenu affectif des lettres d'adieu (1940-1970)

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À partir des *Archives du Coroner du Québec*, les auteurs ont assemblé un corpus de lettres d'adieu écrites par des jeunes suicidés âgés de 12 à 25 ans, sur une période s'étalant de 1900 à 1984, afin d'observer l'évolution des motivations exprimés par ces individus pour mettre fin à leurs jours. Ces motifs se sont-ils altérés à travers les profondes ruptures socio-culturelles qui ont marqué la société québécoise au cours du 20e siècle, que ce soit le déclin de la pratique religieuse, l'effritement des solidarités familiales, ou encore la décriminalisation et médicalisation de l'acte suicidaire ?

Il désire se détruire » : lectures psychiatriques des tentatives de suicide au Québec au 20e siècle

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À l'aide des dossiers cliniques des personnes hospitalisées pour tentative de suicide au 20e siècle dans une institution en particulier, Saint-Jean-de-Dieu à Montréal, nous analyserons les changements de lecture qui s'opèrent par les experts et les professionnels en psychiatrie à l'égard

du suicide. Les dossiers de personnes avec idéations suicidaires, tentatives de suicide et qui se sont enlevées la vie en institutions psychiatriques seront ainsi analysés sur un temps long. Nos résultats préliminaires suggèrent une gestion du risque de suicide qui obéit non pas à la tolérance sociale des Canadiens à son endroit depuis les années 1970 mais plutôt à une acceptation des cures fermées sur la longue durée pour les individus qui pensent sérieusement ou ont effectué une tentative de suicide, les privant ainsi de leur liberté. La question du « maintien absolu de la vie » se retrouve ainsi réitérée non plus par les pouvoirs religieux ou politiques mais par le pouvoir médical.

Construction ontologique du suicide dans la psychiatrie : étude des revues scientifiques de psychiatrie au tournant du XX^{e} siècle

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Le caractère pathologique du suicide est aujourd'hui largement accepté dans les sociétés occidentales. Pourtant, le suicide vu comme conséquence de la dépression n'a pas toujours été perçu ainsi. En effet, depuis l'ère chrétienne, le suicide est considéré comme un crime grave qu'il faut sévèrement punir. Au Canada, cette idée perdure jusqu'au XX^{e} siècle où il sera officiellement décriminalisé. Nous sommes donc passés d'une vision du suicide où celui-ci est considéré comme un acte déviant et criminel, à une autre où le suicide devient un enjeu de santé publique. On ne cherche plus à punir les suicidaires, mais bien à les traiter et à les soigner. Ce changement ontologique sur la nature du suicide s'est opéré dans un temps long, entre la fin du XIX^{e} siècle et la première moitié du XX^{e} siècle. Dans cette présentation, nous allons analyser les recherches effectuées sur le suicide par les psychiatres anglo-saxons et francophones afin d'y déceler le raisonnement utilisé par ceux-ci pour construire la nature pathologique du suicide. La construction de ce savoir ne s'est pas faite sans débats, et nous mettront en évidence les grandes théories mises de l'avant pour décrire, diagnostiquer et traiter les suicidaires, telles que représentées dans cette littérature

La tentative de suicide de 1908 à 1919 : une question toujours «criminelle» ou déjà «psychiatrique»?

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Dans cette communication, l'occasion nous est donnée de nous attarder à ce moment de métamorphose du suicide en problème de santé mentale; un problème qui mérite non plus de tomber sous le coup de la loi, mais qu'il faudra dorénavant prévenir et guérir. Il a été possible de

retracer dans les sources d'archives des cours de justice de Québec et de Gatineau des signes précurseurs de l'entrée en scène du discours psychiatrique à partir des années 1920. Comment s'exprime cette «décriminalisation avant l'heure», voire cette psychiatrisation, de la tentative de suicide dans les cours de justice montréalaises? L'assise empirique de cette communication repose sur les cas de tentatives de suicide repérés dans les fonds d'archives de la Cour des sessions de la paix de Montréal de 1908 à 1919.

Lien entre évènements de vie, santé mentale et vulnérabilité suicidaire

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Il n'existe pas une cause, mais un ensemble de facteurs qui se produisent souvent à travers le temps et qui conduisent certaines personnes à développer une vulnérabilité au suicide. Peu d'études abordent l'analyse des aspects développementaux des parcours de vie des individus suicidaires, ce qui permettrait d'en saisir l'évolution au fil des âges ou du temps. Nous avons développé une méthodologie permettant de faire l'étude des trajectoires de vie et tracer le cumul de difficultés et d'adversités survenant dans la vie de personnes décédées par suicide. Nos résultats indiquent deux grandes trajectoires chez les personnes décédées par suicide. Une première trajectoire se situe dans le sillage de difficultés du développement et indique un parcours, dont le fardeau d'adversité précoce et important. Une deuxième trajectoire s'explique mieux à travers des difficultés d'adaptation inefficaces face au stress de la vie. À l'analyse de ces facteurs de risque, nous observons que les bases de difficultés sont souvent jetées dès l'enfance et les comportements suicidaires qui apparaissent à un moment ou un autre dans la vie prend souvent appui sur un enchaînement de mécanismes complexes qui fournissent des indications quant aux résultats futurs.

273. Maltraitance de l'enfant, décision judiciaire et médiation psychologique

À l'écoute de l'enfant maltraité

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Recevoir un enfant est une responsabilité d'adulte. Le moment impromptu, lors d'une relation d'intimité avec un proche, soudain laisse entendre des faits graves, insoupçonnés : il faut faire « quelque chose ». Ou bien l'enfant parle durant l'entretien avec un professionnel, lors d'un suivi, d'une enquête, d'une audition. À l'écoute, sachons que l'enfant est une personne intelligente, libre de dire ou non, de vous choisir ou non, de répéter plusieurs fois ou non : ses

silences appellent le respect car, pour comprendre ses modes d'expression, sa vie, il faut prendre son temps. Or l'écoute est-elle pratiquée avec une formation et l'expérience suffisantes ? Une certaine ironie entoure le mensonge : celui de l'enfant. Si ses propos dérangent et/ou si l'on nie sa maturité, la manipulation est invoquée. Et le mensonge de l'adulte ? Ensuite, les avis sont-ils croisés, discutés, durant un bilan interprofessionnel ? Les mesures prises permettront-elles à l'enfant de cheminer vers un avenir apaisé ? De nouvelles professions sont apparues… Ces praticiens ont-ils les moyens et la liberté de relater un constat exigeant, gage d'un réel intérêt pour l'enfant, de l'urgence de sa protection et de sa prise en charge ? Nous évoquerons ces situations délétères : « *L'enfant qui souffre n'a pas le temps d'attendre* » (Alexis Danan).

La maltraitance comme cause de maladie chronique

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Maltraiter une personne engendre une maladie chronique, prendre soin d'elle est une urgence. Chez l'enfant, plus encore pour l*'infans*, les dégâts psychiques et cognitifs sont considérables. Les neurosciences attestent aujourd'hui que l'enfant construit son équilibre affectif dans un climat de bienveillance et de sécurité ; à défaut, les structures et les fonctions neuronales sont perturbées. À la naissance l'encéphale immature est vulnérable. Des expériences sur la souris, à un stade précoce de vie, tendent à montrer que des perturbations de la neurogenèse induites par le stress affectent l'état de santé mentale et, plus tard, les fonctions cognitives. Pour certains auteurs, le fonctionnement de l'amygdale peut s'altérer durablement par le stockage de peurs vécues. Pour d'autres, l'oubli par sidération est l'une des stratégies de survie d'enfants maltraités dont les souvenirs peuvent resurgir, cependant : la souffrance psychique alors désarrimée de son origine devient insoutenable. Pour favoriser la résilience, nous proposerons des dispositifs fondés sur des mécanismes projectifs et identificatoires (Strebler, 2014) qui permettent à l'enfant, ou à l'adulte qu'il est devenu, de « parler » son histoire *via* un récit vrai ou imaginé, ou bien à partir de représentations évoquant à son insu le traumatisme. Quelques cas cliniques, suivis depuis plusieurs années, seront exposés.

Conséquences de la maltraitance de l'enfant à l'école : quelles médiations?

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De la naissance à l'âge adulte, en famille, à l'école ou dans la société, certains enfants vivent des maltraitances aux graves conséquences sur leur développement psychologique et cognitif (Jacquet-Andrieu, 2014). À l'école, elles émanent des pairs, d'enseignants, de surveillants… qui « prennent l'enfant en grippe » (sens littéral), puisque la « maladie » en résultera (Strebler, même session). Si les traces physiques sont des indices objectifs, la problématique s'avère subtile car

l'enfant vit l'angoisse des actions subies, les attend, tout en voulant les éviter. La souffrance psychique est rarement placée en amont car, légalement, on s'arrête aux traces objectives. Perçoit-on alors l'absence psychologique de l'enfant, son décrochage en classe qui engendre l'échec scolaire ? En quelque mois, un brillant élève peut devenir un « cancre », sans que parents et enseignants aient le temps d'évaluer, limiter cet état de vulnérabilité : phobie de l'école, déscolarisation... Parfois, sans diplôme, l'enfant devenu adulte ne pourra accéder au métier rêvé et vivra une sur-victimisation (Romano, même session). Pour cette réflexion, deux cas en trois points : quel diagnostic neuropsychologique, face à l'échec scolaire ? Quelle médiation psychologique à la déstabilisation de la personnalité ? Comment rétablir une situation familiale et scolaire favorable ?

Maltraitance de l'enfant en tant que système complexe et évolutif : avantages et difficultés d'un tel positionnement

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Par nombre d'aspects, évidents ou occultés, l'étude de la maltraitance de l'enfant, dans le cadre familial, avec souvent des prolongements sociaux, incite à suggérer l'existence d'un système sous-jacent, classable dans le paradigme de la complexité, largement diffusé en Sciences humaines et sociales (SHS), entre autres. En effet, l'on y trouve une « enveloppe conceptuelle » identifiée (ici, la maltraitance) qu'il convient d'aborder de façon holistique, en y repérant les dynamismes à l'œuvre dans les conduites de stigmatisation (Romano, même session). En son sein, se trouvent rassemblées de nombreuses variables intriquées, diversifiées et en interaction avec le monde extérieur. La difficulté tient au fait que ces interactions non linéaires (des causes mineures peuvent engendrer des effets majeurs et réciproquement) et souvent momentanées, dépendant de conditions immédiates qui alimentent le fonctionnement du système (Cadet et al, 2015). Cette approche d'ordre méthodologique, s'attachera à traiter trois points : a) la nécessité d'éviter tout réductionnisme, b) la recherche des interactions les plus couramment relevées dans ce champ, c) l'importance de facteurs dynamiques comme substrats des conduites. Dans un tel contexte qualifiable de systémique, la discussion abordera les prises de décision, particulièrement délicates, sur le plan humain et éthique.

274. Perspectives éthiques et cliniques dans le champ de la psychologie légale

La présomption d'innocence et l'expertise psychologique

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L'expertise demandée par le juge d'instruction, avant le procès, pose souvent un problème lié à la coexistence de l'incrimination et du droit à la présomption d'innocence. Il est fréquent, en effet, que le psychologue cherche à expliquer un acte qui n'est pas avéré tant que la Justice ne s'est pas prononcée, et aussi, lors de l'expertise d'un plaignant, que le psychologue soit ou se croie mandaté pour évaluer les séquelles d'un acte qui n'a peut-être pas existé. Outre l'absurdité logique de la mission et indépendamment du fait concret que l'on connaisse ou pas la culpabilité du suspect, celui-ci a le droit à la présomption d'innocence. L'objet de l'expertise psychologique ne peut donc être l'explication du comportement incriminant mais est la description de la personnalité du suspect, hors l'acte incriminant. Le non-respect du droit à la présomption d'innocence est de nature à entraîner la cassation du jugement dans sa totalité.

Dimensions adaptatives des fonctionnements pervers et psychopathiques: une approche étho-phénoménologique

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Notre objectif est de discuter des diagnostics du fonctionnement psychologique pervers et de la personnalité psychopathique. Si les versions récentes du DSM (IV et 5) ignorent ces diagnostics, la pratique clinique suggère de conserver ces deux entités présentant une finesse psychopathologique plus grande et un pouvoir discriminatif plus important que la personnalité antisociale. Nous souhaitons interroger les dimensions intrinsèquement adaptatives de ces deux entités, mais aussi relever leurs différences sur le continuum de l'adaptation. Nous chercherons, en effet, à démontrer que le principe d'adaptation est une dimension centrale et commune aux deux entités, mais qui « se joue » de façons différentes pour chacune. Le pervers est hyper-adapté à son interlocuteur tout en présentant des moments paradoxaux d'inadaptation. Le psychopathe, avec sa faculté de chosification de l'*alter ego* et ses compétences émotionnelles paradoxales, présente une adaptation plus solitaire. Dans une perspective inspirée des paradigmes éthologique et phénoménologique, nous tenterons de cerner les différences essentielles entre ces deux modes d'être-au-monde.

Approche phénoménologique et pratique de la psychopathie

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Nous envisageons la psychopathie selon les dimensions originales de cette modalité d'*être au monde*, présentée sur la base d'une approche combinant une observation sémiologique empirique et une recension des compréhensions en termes psycho-dynamiques sur le mode de l'association libre. Il s'agit ensuite d'établir le rapport entre la (ou les) psychopathie(s) et les *désirs* collectifs culturels, politiques, scientifiques - et en particulier les désirs contradictoires et incompatibles (à somme nulle) du besoin de punition chez les garants de la sécurité publique et

d'empathie incoercible propre à beaucoup de soignants. Y a-t-il un *entre-deux* possible, là où le psychopathe semble en manquer absolument, étant égocentré et prédateur à sens unique de la réalité des autres ? Nous envisagerons les pistes de réponses aux questions que posent très souvent les intervenants dans le domaine médico-psycho-légal. Ces questions sont-elles vaines ou nécessaires, obligatoires, selon un principe éthique fondamental - et dans ce cas *jusqu'où* peut-on conserver celui-ci ?

La neutralité malveillante: de l'éthique de l'abstinence à celle de l'engagement dans le domaine du traitement de la délinquance sexuelle

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La notion de « neutralité bienveillante » reste importante dans les perspectives de psychologie dynamique. Elle est diversement interprétée par les praticiens dans leur dispositif d'intervention et peut parfois être reçue par certains patients comme un manque d'intérêt, voire une marque de mépris. Sous couvert de neutralité et de bienveillance, le psychologue peut taire ses ressentis haineux, destructeurs ou complaisants lorsqu'il est confronté à des problématiques qui suscitent souvent de vives réactions affectives et émotionnelles, comme c'est le cas de la délinquance en général et de la délinquance sexuelle en particulier. En nous référant à notre pratique clinique dans le domaine du traitement des auteurs d'infraction(s) à caractère sexuel, nous montrerons comment les méthodes actives, questionnant les faits mais aussi la position des sujets à l'égard de ce ceux-ci, nécessitent une implication de la part du clinicien toujours risquée, positionnée par rapport aux lois pénales, à la récidive et soucieuse de la ou des victime(s).

La clinique et l'éthique aux prises avec les suspicions de simulation en expertise psycho-judiciaire: Comment éviter que le psychologue ne se transforme en enquêteur?

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Lors d'une expertise pour les tribunaux, l'entretien psychologique ou psychiatrique se réalise dans un cadre particulier qui est bien différent de celui de la pratique habituelle en psychothérapie. En effet, dans ce cadre, les enjeux de l'entretien clinique et de l'examen ont des impacts bien réels qui peuvent être considérables pour la vie de la personne aussi bien sur le plan judiciaire (peine de prison, indemnités financières, etc.) mais aussi professionnel, familial, etc. Dans ce contexte, les comportements de simulation prennent une dimension spécifique. Au regard du vaste domaine que recouvre la simulation, notre réflexion se centrera sur les comportements mis en place par les personnes expertisées qui cherchent à se montrer sous un

jour moins favorable ou plus favorable que dans la réalité. Nous analyserons les comportements et stratégies de simulation mis en place aussi bien pendant l'entretien clinique que lors de la passation d'épreuves psychologiques. Nous questionnerons également les motivations sous-jacentes à ces comportements ainsi que l'attitude que le psychologue peut adopter dans ces situations, notamment à travers l'entretien clinique et l'utilisation d'épreuves psychologiques à sa disposition.

Spanish Language Sessions

275. Derechos Infantiles y Pericias Mentales Forenses

Analisis de Fallos Sobre Custodia de Menores a la Luz de los Derechos del Niño

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En Chile, recientemente, se ha suscrito la Convención de los Derechos del niño. Al mismo tiempo, se han realizado modificaciones legales respecto de temas de protección, tuición y relación directa y regular con menores, en tribunales de Familia. Debilidades y vacíos en la Ley, han resultado en decisiones judiciales inadecuadas para los menores. La Asumiendo apriori que los padres siempre serán los mejores cuidadores para sus hijos y que sólo en ausencia de éstos o frente a un acto de transgresión evidente, podría encomendarse su cuidado a un tercero, se ha vulnerado lo que se ha dado en llamar " el bien superior del niño" , de acuerdo a la Convención de Derechos del Niño. En sentencias realizadas por Tribunales de Familia, se revisaron los criterios utilizados por magistrados y profesionales asesores forenses, en relación a los Derechos Humanos y a los Derechos del Niño, y se proponen modificaciones para su optimización.

Asesinos en Serie Chilenos: Aspectos Psico-Criminológicos

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El fenómeno de los asesinos en serie en Chile, ha sido históricamente infrecuente , y por lo tanto, poco conocido . Se realizó un estudio con el fin de establecer sus características psico-criminológicas. Esto incluyó, indagar sobre aspectos de su historia vital, de su personalidad, del estado mental antes, durante y después del delito, determinar el móvil de acción, describir el *modus operandi* de cada uno y realizar un análisis sobre la victimología en cada caso. Se consideraron 6 casos de asesinos que hubieran cometido tres o más homicidios. La metodología

utilizada para tal efecto fue cualitativa, incluyendo todo tipo de fuentes abiertas de información tales como reportajes escritos y televisivos, informes periciales y antecedentes policiales. Se revisaron diversas teorías criminológicas, psicológicas y neurológicas que dan una comprensión y aproximación sobre los asesinos en serie. El presente estudio se justifica por cuanto es la primera aproximación psico-criminológica en el tema de AS chilenos, constituyéndose entonces, como un punto de referencia y de partida para nuevas investigaciones. Es además de relevancia social, judicial y obviamente psicológica.

Niños y Adolescentes Abusados, Falta de Soporte Psicológico y Psiquiátrico para Ellos y su Red de Apoyo

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Frecuentemente, los niños y adolescentes abusados sexualmente, presentan desajustes emocionales y sociales severos, destacando intentos de suicidio y tentativas de abusar sexualmente de otros niños, tanto en su entorno familiar como escolar. En Chile, existen escasos lugares donde estos menores puedan ser hospitalizados y recibir tratamiento durante episodios agudos. Por otra parte, las familias consanguíneas o de acogida no reciben apoyo especializado ni entrenamiento especial para afrontar situaciones críticas, tales como agresiones sexuales a otros niños dentro del mismo grupo familiar, creándose conflictos, rupturas y otras situaciones de mayor victimización. Los establecimientos escolares no cuentan con personal capacitado, con políticas de manejo de los niños afectados, ni de protección hacia sus compañeros. No se encontraron instancias de apoyo, ni en organismos de protección social, legal ni sanitaria a menores, tanto del área pública como privada. Se revisan casos y se proponen soluciones.

Encarnizamiento terapéutico en Psiquiatría y Psicología Forense Chile Regiones

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Este trabajo, recoge parte de la demanda de pericias en tres ciudades de Chile entre el 2013 y 2016. La Serena, Concepción y Talca. Como parte de la realidad pericial en regiones, estas evaluaciones provenían de juzgados civiles por causas de familia. Muchas terminaron con informes periciales objetando la competencia de alguno de los padres para desempeñar su rol, prohibiendo toda relación con los hijos. En este caso, la madre, periodista, perdió empleo y

custodia de los hijos, y ha debido trabajar como taxista para proveer la pensión de alimentos fijada por el tribunal, y para cumplir con los requerimientos del proceso. ¿Este tipo de informe pericial, cautela debidamente "el mejor interés de los menores"? ¿Cuáles son los estándares que rigen la formación de psicólogos y psiquiatras forenses de regiones en Chile?? ¿Sus informes, respetan su área de competencia? ¿Cuál es el rango de certeza y dispersión de los informes sobre "salud mental forense" en el Chile de regiones?

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