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Abstracts of the XXXVII International Congress on Law and Mental Health

Résumés du XXXVIIe congrès international de droit et de santé mentale

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1.   Pre-Conference (1)

The Ethics of Medical Research

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

The most basic question any medical researcher should ask oneself is: Why *ought* I engage in medical research? Like any ethical question, there are valid and invalid answers to it. These answers are the reasons *why* one should engage in this enterprise. There seem to be three such reasons.

1) Since the subjects of medical research are fellow human beings and it is for their sake medical research is to be conducted, one's first valid reason for engaging in medical research is that this research is primarily for their good, both individually and collectively. Using human subjects for any purpose other than their good is an immoral practice, hence any reason for it is ethically invalid.

2) Since medical research is science, one's second valid reason for engaging in medical research is the pursuit of truth. Falsification of data or drawing deceitful conclusions from data is an immoral practice, hence any reason for it is ethically invalid. In order for one's scientific research to be trusted as true, we have to be convinced that the researchers sharing it with us are truthful.

3) Since medical researchers are members of a scientific community already operating before they entered it, their research is their participation in a public discourse where the questions to which their research is a response have already been raised. As such, medical researchers are responsible for the common good of the scientific community by sharing their research with the community that has enabled researchers to supply answers to common scientific questions through their own research. This is the third valid reason for engaging in medical research. Taking the content of one's research as one's private property to be done with however one pleases is an immoral practice, hence any reason for it is ethically invalid. This paper will explore these three questions more fully and, it is hoped, will supply some ethically convincing arguments for what is outlined above.

Persons and Groups: Protection of Research Participants with Vulnerabilities as a Process

Pawel Lukow, *University of Warsaw* (p.w.lukow@uw.edu.pl)

Conceptualisations of vulnerability of research participants in the international standards of ethics of research involving humans underwent a shift from a group-membership (categorical) to an individual-oriented (analytic) approach to vulnerability. However, the categorical view has not been jettisoned completely, and so its role needs to be examined or explained. It is argued in this chapter that a restricted use of the categorical approach can be justified if protection of vulnerable research participants is seen against the background of the dynamics of study design, review and

implementation, and if recognition and protection of participants with vulnerabilities is construed as a process in which researchers and ethics review bodies are involved rather than as a labelling device. From this perspective, the suitability of approach to conceptualisation of vulnerability depends on the kind and scope of the available information on participants. The process of study design, ethics review, and implementation involves different users of the ethics standards at different stages in the lifetime of a project: researchers and members of ethics review bodies. The concepts of individual vulnerability (in the analytic approach) and that of group-membership vulnerability (in the categorical approach) can play their protective roles complementarily in the process of identification of vulnerabilities of participants and protection of participants with vulnerabilities.

Ethics of Expanded Access during the COVID-19 Pandemic

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During the COVID-19 pandemic, investigational treatments have been made available to seriously ill patients through so-called expanded access programmes, such as compassionate use and named-patient programmes. Many countries have regulatory and ethical frameworks in place to promote safe and responsible usage of investigational treatments outside of clinical trial settings. However, there are ambiguities regarding the roles and responsibilities of treating physicians, hospital based pharmacists, pharmaceutical companies, and other stakeholders, and practices seem to differ, not only between countries, but also within countries. We will present case studies of the use of Remdesivir and hydroxychloroquine in COVID-19-infected patients in the Netherlands, and point out the relevant aspects of these cases that are insufficiently covered by existing ethico-legal frameworks. We will show inter alia how physicians may differ in their attitudes towards expanded access, and how some may be discouraged by practical obstacles (e.g. lack of capacity or expertise, paucity of experience with and knowledge of expanded access and its legal aspects, unavailability of the drug) and/or ethical concerns (e.g. equal treatment, lack of evidence or professional guidance, 'false hope'). Also, the case studies suggest how the recent increased focus on data collection within expanded access programmes disregards the importance of a balancing within the physician-patient relationship of individual harms and benefits. Especially in the context of a pandemic, physicians must negotiate between advocating for the interests of individual patients and acting in accordance with the interests of society. Current ambiguities with regard to physicians' moral obligations leaves room, for instance, for physicians to withhold information from patients about options for expanded access, and to forego pursuing such options for their patients. Consequently, information about and access to investigational treatments may be unevenly distributed among patients or across medical centres, which raises justice concerns. In this chapter, we will critically discuss open questions with regard to physicians' obligations in the area of expanded access, and present suggestions for possible solutions.

PTSD and Biomedical Research: Ethical Conundrums

Lenore Walker, *Nova Southeastern University* (drlewalker@aol.com)

This chapter describes why the biomedical model is inadequate and even unethical while proposing different models of research for PTSD and trauma including biopsychosocial and epidemiological models, the latter from an eco-social lens emphasizing public health approaches. These research models permit the inclusion of intersecting social factors into the medical diagnoses as an integral part of the traumatic impact. They underscore the bidirectionality of the event and its impact on humans in their natural environment. It calls for new training of health care workers to be integrated with biological, psychological and social factors that may underlie treatment of victims and those who cause violence, although much of the latter research still needs to be done. Acceptance of sophisticated correlational statistics will need to be considered as acceptable methodology along with carefully analyzed qualitative studies while moving away from the standard RCT models measuring effect-sizes that are ill-suited to clarify the intersectional conditions. This does not mean all our knowledge gathered to understand cause and effect in trauma treatment should be discarded. Rather, the approach to understanding trauma will need both a broadened approach in some areas and narrowly defined targeted subgroups in other areas based on our data. The arguments presented here demonstrated the need for this new research approach by illustrating how the intersectionalities were missed using a biomedical model in discussing the impact from two traumatic events that involve PTSD; child abuse and terrorism. Without effective treatment, child abuse can and often does give rise to other intrafamily trauma and community disruption through terrorism.

2. Pre-Conference (2)

How Risky Can Biomedical Research Be?

Joanna Rozynska, *University of Warsaw* (jrozynska@gmail.com)

One of the unmet challenges for risk-benefit assessment in biomedical research is whether there should be an upper limit of risk in non-beneficial studies involving competent and consenting participants, and if yes, how it should be defined. This paper focuses on this second question. It examines the four dominant regulatory and conceptual approaches to setting a maximal risk threshold in research: no catastrophic harm/risk approach, pure procedural approach, numerical approach, and comparative approach. It then considers the pure procedural approach, which leaves the judgment of risk acceptability to RECs discretion. The approach has significant advantages, but it is not free from certain shortcomings, such as unwarranted diversity and arbitrariness of RECs judgments. The paper concludes by sketching the outlines of what is referred to as the "ELS procedural approach" that provides RECs with procedural recommendations for identifying an ethically, legally and socially acceptable upper limit of risk in non-beneficial research on volunteers. The ELS procedural approach is an improvement over the pure procedural approach. It is more standardized and accountable, but still context-sensitive and flexible.

Climate, Oceans, and Human Health: The Chesapeake Bay as a Paradigm for Predicting Infectious Diseases

Rita Colwell, *University of Maryland* (rcolwell@umd.edu)

Marine biology historically has been closely intertwined with human health. Today significant advances in technology have brought new discoveries - from the outer reaches of space, where remote sensing monitors on satellites circle the earth, to the ultramicroscopic through application of next generation sequencing and bioinformatics. Vibrio cholerae provides a useful example of the fundamental link between human health and the oceans. This bacterium is the causative agent of cholera and is associated with major pandemics, yet it is a marine bacterium with versatile genetics and is distributed globally in estuaries throughout the world, notably the Bay of Bengal, but also in our own Chesapeake Bay. Vibrio species, both nonpathogenic and those pathogenic for humans, marine animals, or marine vegetation, play a fundamental role in nutrient cycling. They have also been shown to respond to warming of surface waters of the North Atlantic, with increase in their numbers having been correlated with increased incident of infections in humans. The models we have developed for understanding and predicting outbreaks of cholera are based on work done in the Chesapeake Bay and these models are being used by UNICEF and aid agencies today to predict cholera in Yemen and other countries of the African continent. With onset of COVID-19, these models are currently being modified to predict SARS CoV-2 and incidence of COVID-19, the current pandemic of coronavirus. In summary, microbial ecology can be used to serve as a critical indicator of human health and wellness. How this is accomplished and how we are beginning to understand environmental aspects of COVID-19 will be discussed in this talk.

Applying Neuroscience Research: The Bioethical Problems of Predicting and Explaining Behavior

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Advances in neuroscience research have changed the ways in which the relationship between brain and behavior are studied and conceptualized. These advances are important and suggest the possibility of new approaches to helping people with neurological and psychiatric illnesses, but they also bring with them the risk of applying supposed breakthroughs without acknowledgment of the limits and assumptions which underlie the research. As neuroscience is increasingly used to, or proposed as, a means of controlling behavior, through criminal and civil legal systems, researchers have an obligation to articulate the assumptions, limits, and ecological validity of their findings. Yet, neuroscience researchers rarely describe the assumptions underlying the studies, the generalizability of the findings and most importantly, the limits of its applicability to real world behavior. Neuroscience research has already changed the expectations of how it can explain and predict behavior, but it does so in ways that raise significant ethical and scientific questions. Some of the current research recruits prison inmates as the subjects of studies of behavior, using brain imaging to offer supposedly predictive and character defining models. Most of the current research is cross-sectional, yet broad conclusions are offered about behavior without having established ecological validity or acknowledged how social and environmental conditions shape behavior.

Moreover, while neuroscience on the one hand demonstrates that the brain is not fixed, that the neurodevelopmental trajectory defines a changing structure and function across the lifespan, the use of the research in courts typically fails to address these changes, opting instead for static labeling approaches which ignore the very science on which it is based. In discussing these bioethical issues, I will address the importance of considering the social context of behavior; the ways in which cross-sectional studies (e.g., most neuroimaging studies) are used to make unsupported, broad claims about behavior; how neuroscience has become another tool used to label, categorize and exercise control over some people; and whether neuroscience research adequately details its assumptions and limitations when applied.

Opening Death's Door: Psilocybin and Therapeutic Meaning Response in Palliative Care

Duff Waring, *York University* (dwaring@yorku.ca)

A signal challenge of 21st century psychiatry is the effective treatment of existential/spiritual suffering in palliative care. This chapter will concentrate on research to assess the therapeutic potential of psilocybin to assuage that suffering. If a "psychedelic experience" can facilitate an acceptance of impending death, and reduce the existential suffering of those who endure it, it could prove to be a valuable intervention where one is sorely needed. The therapeutic use of psilocybin with dying patients (hereinafter patients) raises numerous questions about research trial design, the model of psychiatry that might accommodate it, and the kind of experience it induces. Are these the sorts of experience that psychiatric treatment should effect on troubled patients? Is spiritual care within the ambit of psychiatry? There are epistemological questions as to the veridicality of the psychedelic experience. How much credence should we give it? It will argue in cautious support of ongoing research to evaluate the therapeutic use of psilocybin in palliative care. This argument can be extended to research on its therapeutic use in psychotherapy. The chapter will focus on four questions: 1) what is the ethical justification for this research on patients? 2) What types of research trial design are best used to assess the purported benefits of a psychedelic drug experience? 3) What is the epistemic warrant of the "mystical" and "noetic" facets of this experience? 4) What models of a) psychiatry and b) drug action could accommodate the therapeutic use of psilocybin in palliative care?

Improving the Quality and Standard of Healthcare for Persons with Disabilities: Navigating Competing Interests in Medical Innovation

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This paper will examine the ethical and legal implications of recent and anticipated changes in Australian adult guardianship law as it relates to medical innovation. The United Nations *Convention on the Rights of Persons with Disabilities* requires states to prevent discriminatory denial of health care or health services on the basis of disability. This has been interpreted by some

to assert that a failure to provide for the involvement of persons lacking autonomous decision-making capacity in medical research amounts to a denial of access to the best possible standard of care that is afforded to the broader population. In recent law reform initiatives in Australia, such reasoning has supported the loosening of legal protections in the area of adult guardianship, with an impact on scenarios ranging from clinical trials to discrete therapeutic interventions. This invites reflection on the core functions of adult guardianship regimes and the degree to which these require reform in order to accord with obligations under international human rights law. Moreover, navigating this area requires careful consideration not only of the interests of affected stakeholders, but of competing rights and duties in healthcare systems in a global context. The analysis will thus draw upon the experience of other jurisdictions, such as Canada and the United Kingdom, in order to highlight the challenge of implementing human rights protections within Australia's constitutional framework.

3.   Pre-Conference (3)

Ethical Evaluations of Clinical Trials in France: Towards European Standardization

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In France any request to carry out research involving humans is evaluated by two distinct and independent structures: the ANSM (National Agency for the Safety of Health Products) and the CPP (Committees for the Protection of Persons). They are decision-making bodies insofar as each must issue a favorable opinion before clinical research can be initiated. Within the following year sponsors will be able to submit their clinical research applications in any European country for the inclusion of French patients. However, even with this new regulation the ANSM and the CPP will need to approve the trial for France. The French CPP are commonly called Ethics Committees since they analyze the research based on the principles of medical ethics; they have their equivalent in the majority of European countries. They evaluate the following criteria, the honesty of the previous work that led to the proposal of the clinical trial; the benevolence and foreseeable non-abuse of the patient included (absence of unjustified analyses); the appropriateness of the trial (adequacy of the objectives and evaluation criteria); the adequacy of the human and material resources; the fairness to the patient (clarity of information) and a just application of the trial throughout the population. These criteria may vary slightly among countries leading to different layers of permissiveness (highlighted in particular during the pandemic). There is competition among European countries for the organization of clinical trials as States are motivated to attract sponsors. In order to ensure that the criteria for approval of clinical research are not involved in the choice of the organizing country it is an important objective for European structures to be harmonized.

Ethical Issues in the Use of Risk Assessment

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The rise in terrorist acts around the world has called for greater attention for health care professionals to predict and report those who may commit such violence. This focus raises significant ethical questions regarding the certainty with which such predictions can be made and concurrently, problems regarding breaches of confidentiality. In some jurisdictions, we see the increasing attention paid to mandatory disclosure when there is a reasonable suspicion of harm to self or others, even before an act of terror has occurred. The questions that need to be explored are 1) whether it is possible to make an accurate prediction of future use of violence; 2) if so, what are the potential outcomes of such disclosures; and 3) what are the ethical concerns for the health care profession in general as well as the individual professional?   The European Union has passed laws under the collective heading of "Prevent "to identify those who have the potential to become part of a terrorist cell.   Does such mandatory reporting actually stop and prevent terrorist acts from occurring, or, in a broader sense, does mandatory reporting actually reduce the potential for violence. To answer these questions, we will examine the ability to predict who will commit future violence using scientific research on risk assessment . Prediction of future violence using clinical interview methods alone has been found to be inaccurate more often than accurate prompting the development of structured interviews and 'actuarials' using data from researching violent offenders (Shapiro & Noe, 2018). Ethical considerations of whether the science of risk assessment yields sufficiently high enough accuracy to warrant violation of the patient's privacy are explored. Does the violation of human rights especially in those where the predictions are inaccurate create an ethical crisis in health care?

A Framework to Govern the Use of Health Data for Research in Africa: A South African Perspective

Ciara Staunton, *Middlesex University* (c.staunton@mdx.ac.uk)

Genomic and biobank research has undergone exponential growth in Africa. Traditionally this resulted in exploitative research practices in the form of so-called 'parachute research' with little or no consideration for capacity building. However there has been a recent growth of research and consortia where capacity building and equitable research have been a key objective of the research, and attention is now focused on the governance of this research. The importance of solidarity in genomic biobank research in high income countries is well established and such an ethos reflects the communal based worldviews prevalent in many African communities. However if the governance of the research is to foster equitable research practices, there must be some reciprocal benefit. This paper will explore the impact that reciprocity will have on solidarity and how this may manifest in a governance framework in Africa. Particular focus will be given to capacity building and benefit sharing to enable the research to develop for the benefit of the local population, in a manner that promotes trust and fairness. This paper will conclude with some recommendations on how to ensure reciprocity is enshrined in a governance framework for genomic biobank research in Africa.

4.   Pre-Conference (4)

Bioethics and its Relation to Medical Research in Japan: Historical Influences and Contemporary Pressures

Darryl Macer, *American University of Sovereign Nations* (provost@ausn.info)

A central question of this paper is how we can relate the unique ethos of Japan to the ways that influences of international bioethics, civil rights and legal reforms have shifted medical research in Japan from the legacy of the structured paternalism and impunity that allowed abuses to be committed by medical researchers in the World War II era, including in Unit 731 and in medical schools in Japan, to contemporary research agendas and policies. Throughout the twentieth century, Japan has been a centre of research and innovation. The pro-technology attitudes still exist in current Japan, with the evolution of bioethics. Although we can trace the origins of bioethics in Japan back through millennia, with the Ainu indigenous practices and relationships to nature, the sophisticated hierarchical relationships expressed in the 7th century A.D. book the Kojiki, the conversion of forest to rice paddies, emergence of an integrated religious system including Shintoism and Buddhism, and the sophisticated class system supported by linguistics and social relationships, I would argue that the most influential influence for this question is the Samurai tradition. This tradition values both autonomy and informed choice, while also allowing the legacy of tolerance of the elite classes to make decisions that may sacrifice some persons for the greater good. While principles of solidarity and social justice are a solid basis for universal health insurance they also allow sacrifices when necessary. Informed consent is now widely accepted, and bioethics is part of a transition which is transforming Japanese society from a paternalistic society to an individualistic one. Among the issues that will be used to illustrate the situation, are the functioning of research ethics committees, large gene bank and epidemiological projects, organ transplantation, truth telling, euthanasia and the public health measures such as mask wearing in the current COVID-19 pandemic.

Genetic Testing for Suicide Research

Brian Mishara, *Université du Québec à Montréal* (mishara.brian@uqam.ca)

Contemporary research studies on suicide and suicide prevention are limited by specific ethical constraints, generally based upon implicit assumptions, that limit the nature of research activities that are permitted. A case in point is the systematic exclusion of potentially suicidal individuals from participating in randomised controlled trials of medications that will eventually be used to treat them. This presentation explores how different ethical presuppositions concerning suicide influence research practices. Moralist, libertarian and relativist ethical positions concerning suicide and its prevention are presented in order to clarify premises upon which ethical issues in suicide research may be resolved. Ethical concerns are differentiated from legal considerations and the implications of the vulnerability of suicidology research participants are discussed. Specific issues that arise in design, choice of participants, interpretation, diffusion of results and evaluative

research are treated, as well as contemporary challenges in conducting research using new technologies, machine learning algorithms and social media. Issues concern experimental methodologies, obtaining informed consent, deception and disclosure, studying innovative and unproven interventions, unknown consequences of participation, rescue criteria, disclosure of information to third parties, research with special populations, and risks in publicizing results assessing the potential of saving a human life in complex contexts. When specific legal obligations are lacking, ethical premises concerning the acceptability of suicide and obligations to intervene may influence research protocols. Having a clearly defined moral stance is not, in and of itself, sufficient to determine what to do when faced with important ethical dilemmas in the course of suicidology research. Morality, as expressed in the philosophical realm, is removed from the constraints and practicalities of funding decisions, obtaining the confidence of participants so that research can proceed, and trying to determine if someone is actually at risk of suicide. The handling of these ethical issues will inevitably impact on the lives and deaths of suicidal persons who are involved in the research, as well as those who could benefit from the results.

Unproven Stem-Cell Based Interventions: Addressing Patients' Unmet Needs or Causing Patient Harms?

Kirstin Matthews, *Rice University* (krwm@rice.edu)

Stem cells and regenerative medicine have been hyped over the past two decades as a cure for hundreds of diseases and disabilities. However, the clinical therapies have yet to live up to the hype. Only a few stem cell-based therapies have been approved by regulators to date, most related to blood cancers. Despite the lack of clinical data, an emerging and growing global marketplace exists with clinics providing unproven stem cell-based interventions (USCBI) for a range of diseases including HIV/AIDS, Autism and Multiple Sclerosis. Further, there are several reports of severe complications from these procedures including sepsis, cancer, blindness and death. In addition, costs for these USCBIs are not covered by traditional insurance, leaving the patient with thousands of dollars of debt from the treatments, travel required to obtain them, and any side effects.

Scholars began reporting about this marketplace in the mid-2000s; however, there is no sign of it dissipating despite efforts from regulators and scientific societies. While there have been periodic and repeated calls for a global approach to combat the USCBI market, little action has been taken. Efforts to harmonize regulations may be impacted by the divide in what many patients consider sufficient evidence to warrant the marketing of stem cell-based interventions compared to what scientists and regulators deem is safe and effective.

This chapter will define USCBI, describe the marketplace, and discuss the risks to patients, clinical research, and regulatory authorities as well as the discontent between patients and regulators regarding what is safe to use in the clinic. Current regulatory efforts will be reviewed to curb its growth, focusing on several attempt in the United States. Finally, a series of strategies will be presented that can better inform patients and harmonize regulatory efforts between countries.

5.   A Resilience View of the COVID-19 Pandemic: Implications for Mental Health Services

Therapeutic Visitation in Foster-Care Cases During the COVID-19 Pandemic

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

Therapeutic visitation is a process designed to facilitate the parent-child relationship. In fractured relationships, children often view the parents as aversive stimuli, leading to physical and emotional disengagement. The parent's presence frequently facilitates a negative conditioned emotional response in the child, leading to the child's emotional and physical disengagement. Child disengagement frequently leaves the parent feeling frustrated, leading to interactions that reinforce the child's faulty thought processes. A five-step process therapeutic visitation process of re-engagement was employed. These steps include graduated exposure, decreasing the negative emotional response associated with the parent, normalizing the parent-child relationship, and resolving the factors that initially fractured the relationship, generalizing these gains into the naturalistic settings, and stabilizing the new relationship structure. In the United States during the COVID-19 pandemic, the ability to bring children, parents, and therapists together for in-vivo sessions was severely limited. Discussed in this presentation are the modifications which were required to provide therapeutic visitation to these families and the implications of these modifications on mending the parent-child relationship and the reunification of the child and their biological parent.

A Resilience Perspective on Care and Guardianship of People Affected by COVID-19

Casey Ferri, *Hofstra University* (cferri4@pride.hofstra.edu)

During the COVID-19 pandemic, countless Americans found themselves isolated at home, caring for an ill family member who was positive for Covid-19. Many informal caregivers had no prior experience with such a high level of care and uncertainty, leading to significant burden and distress. Isolation and disconnection from typical resources further impacted the toll on caregivers. Specifically, it focuses on the impact of practicing internal coping mechanisms such as self-efficacy and optimism and external coping mechanisms such as preparedness, social connectedness, and lifestyle change while caregiving for someone during the pandemic. The contribution of these coping mechanisms to overall resilience and well-being is discussed. The relationship of COVID-19 stress will be examined as a moderator to coping variables and is anticipated to decrease resilience and well-being for individuals experiencing higher levels of such. This study adds to the limited research on predictors of individual resilience and well-being to the ongoing COVID-19 pandemic and gives insight into under-analyzed experiences held by

caregivers during these challenging times. Implications will be discussed in terms of social policy and guardianship issues.

Resilience and the Prevention of Teacher Burn-out During the COVID-19 Pandemic

Jaclyn Gordon, *Hofstra University* (jgordon3@pride.hofstra.edu)

The teaching profession has been one of the most emotionally exhausting careers due to high demands and workload, insufficient resources and support, and student behavior management. Increased stress related to teaching makes teachers highly susceptible to developing burnout, a psychological state characterized by emotional exhaustion, depersonalization, and a reduced sense of accomplishment (Maslach et al., 2001). Burnout in teachers is associated with lower levels of student achievement as students are directly impacted by their environment, including teacher well-being. With the COVID-19 pandemic that disrupted schools beginning in March of 2020, teachers needed to adapt to challenging circumstances in both their professional and personal lives. There is limited research on the impact of the COVID-19 pandemic on teachers' psychological well-being and the development of burnout in this population. Several personal factors found in the literature protect against the development of burnout, and some are explicitly associated with teachers. Optimism, intrinsic motivation, and social support are variables that protect against burnout in the teaching profession. The current study aims to expand on research regarding burnout in teachers related to the COVID-19 pandemic and whether personal variables that have previously served as a buffer against burnout remained protective in the pandemic.

Stress Resiliency and Positive Health Outcomes for COVID-19 Long-Haulers

Elyse Harrison, *Hofstra University* (eharrison1@pride.hofstra.edu)

In March of 2019, little was known about the lasting effects of COVID-19. Today, it is increasingly evident that this illness can leave lasting physical effects on the health of individuals who contract the virus. There are long-term sufferers, coined "long-haulers," who have varying degrees of symptomatology, which may negatively impact all facets of their lives. Given the recency of the pandemic and the long-term developmental nature of being a long-hauler, little research regarding the psychological effects of long-hauler COVID-19 symptoms is available. Thus, this study explored how this new chronic illness impacts its sufferers' mental health and quality of life. Specifically, the study will explore three components related to resilience: grit, social support, and optimism. Outcome variables will measure depression, anxiety, and perceived quality of life. Results will be discussed in terms of illness uncertainty (IU) and illness intrusiveness (II) mediation of the relationship between resilience variables and outcome measures.

Addressing the Psychological Impact of the COVID-19 Pandemic on Lawyers

Robert Goldman, *Chief Psychologist, TLC-Virtual Resiliency*, *New-York, USA* (Robertgoldman@virtualresiliency.com)

Like the rest of the world, the American Legal Community was not prepared for COVID-19. According to a pre-pandemic survey in 2020 by the American Lawyer, 64 percent of the lawyers reported suffering from anxiety. This is a staggering number given that lawyers are often loath to admit that they have a mental health problem. However, I witnessed firsthand via social media that attorneys were acknowledging that they were overwhelmed. Lawyers practice within the confines of rules and predictability. When the courts closed and the procedures became unknown, lawyers felt overwhelmed. As a practicing attorney and psychologist, I felt a call to action to help my fellow colleagues. Via video conferencing, I created a virtual lawyers lounge. Since the formation of the Virtual Lawyers Lounge, we have over 500 members. We meet twice and I prepare educational workshops that focus on resiliency. The group became an oasis of connectedness in the new world of social distancing. In addition to forming new relationships and better bonds, the group learned about the evidenced based techniques of becoming more resilient. For far too long, continuing legal education has been about practicing law, but they have failed to address the psychological pitfalls that are often encountered within the legal practice. Recently, the New State Bar has created a wellness task force that seeks to better understand the mental health needs of the practicing attorney and the importance of providing ways that lawyers can become more resilient. The Virtual Lawyers Lounge was born out of desperation and has grown into a new way of life for many practicing attorneys.

6.   Addressing Sex Trafficking from Multiple Sectors

Patterns of Sex Trafficking: Roles of Intervention and Victim-Centered Policing

James Gallagher, *Phoenix Police Department, Phoenix, USA* (james.gallagher@phoenix.gov)

This presentation will discuss an analysis of four years of law enforcement activities regarding sex trafficking in a large southwestern U.S. city. Exploring the 241 sex trafficking cases over four years (2015-2020), findings included important factors for victim engagement including how the case was originated, the participation level of the victim, the duration of the sex trafficking situation, and the techniques used by the sex traffickers including coercive control, forced criminality, and violence. Victim engagement was found to vary by source of referral with limited engagement for victims who were contacted during police stings and increased engagement from social service referrals. Variables that influenced the participation level of victims in the investigation and prosecution of their traffickers included the age of the victim, the duration of

their sex trafficking experiences, they level of violence of the sex trafficker, and their relationship with the trafficker. Recommendations from this study to be discussed in this presentation include community engagement for case origination, training and integration of victim-centered investigations into a police force, and partnerships with community partners for the support of sex trafficking victims.

Sex Trafficking Awareness and Detection in U.S. Jails

Byron Fassett,, *Fox Valley Community College/AMBER Alert Program, Grand Chute, USA* (fassett@fvtc.edu)

This presentation will discuss the outcomes of multiple focus groups with correctional staff from a large jail system in the Southwestern U.S. regarding the awareness and detection of sex trafficking behind bars. The focus groups identified two issues of concern regarding sex trafficking in jail settings. The first, is the existence of unidentified victims of sex trafficking among the jail population, and the second is the active recruitment of victims in jail settings by other inmates or outside traffickers. The focus group members identified key jail personnel to be trained to be able to detect the two sex trafficking situations present in jails. This included jail intake, intel, mental health and medical staff, floor staff, and release staff. Recommendations to be discussed in this presentation include ideas for the content of awareness materials for corrections settings, how to provide trainings to jail staff, suggestions for policy and procedure for sex trafficking detection development, and methods of engagement with local law enforcement.

Combat Sex Trafficking in Hawaii: A Series of Studies

Ann Charles, *Kaimas Foundation, Colorado Springs, USA* (rcharles@theriver.com)

This presentation will discuss a series of studies conducted in Hawaii exploring sex trafficking including sex buyers, victim experiences, patterns and techniques used by sex traffickers, the roles and relationships between the sex traffickers and victims, and experiences of sex trafficking. Findings include the rate of sex buyers contacting online sex selling sites and details of their area codes and interaction types. The stories of 22 sex trafficking survivors in Hawaii and their experiences with sex buyers, their recruitment into sex trafficking, and the challenges of exiting will be explored. Violence and corruption of authorities will be highlighted. Finally, the results of a statewide survey of help seeking persons found a significant involvement of parents and caregivers as traffickers and child victims experiences. Recommendations to be discussed will include using this material to train members of the criminal justice community in Hawaii and engage more social service providers to serve victims of sex trafficking in Hawaii.

Adverse Childhood Experiences and Sex Trafficking: A Study of Domestic Violence Victims

Maria Fuentes, *Arizona Office of Youth, Faith, and Families, Phoenix, USA* (mfuentes@az.gov)

This presentation will discuss a study of domestic violence victims exploring their experiences of sex trafficking and the corresponding reported adverse childhood experiences. Life history surveys completed by 80 victims of domestic violence living in a domestic violence shelter indicated significant rates of co-occurring sex trafficking and adverse childhood experiences. A review of research on the impact of adverse childhood experiences will be conducted and the link to sex trafficking victimization will be explored. A Venn diagram of the overlapping and unique features of domestic violence and sex trafficking found in the survey answers will be described. The silos of services for domestic violence and sex trafficking victims will be discussed and the need for combining services. Recommendations to be discussed include enhancing training for domestic violence providers on adverse childhood experiences and sex trafficking.

Coercive Control and Force Criminality in Sex Trafficking Cases: Tools of Retention

Dominique Roe-Sepowitz, *Arizona State University* (dominique.roe@asu.edu)
Elynne Greene, *Las Vegas Metropolitan Police Department, Las Vegas & Clark County, USA* (e4959g@lvmpd.com)

This presentation will discuss the elements of coercive control and forced criminality as found in law enforcement derived cases of sex trafficking in Las Vegas, Nevada over an eight-year period (2011 to 2018). Descriptions of the parameters of coercive control in sex trafficking will include elements of isolation of victims, monitoring activities, denying freedom and autonomy, humiliating and degrading treatment, limited access to money, threatening and violence. Force criminality will also be described including the contiguous crimes committed by victims under the direction of their traffickers including robbing customers, drug dealing, stealing goods, and in some cases the sex trafficking of others. Four cases studies were derived to illuminate the coercive control and forced criminality from the 1,640 sex trafficking cases in Las Vegas, Nevada. Recommendations for training and integration of this information into criminal case development and prosecutions will be described in this presentation.

7.   Addressing Trauma in Justice Processes and Professional Contexts

Technology Facilitated Re-Victimization: Video Evidence and Victims of Sexual Violence

Kaitlyn Regehr, *University of Kent* (k.regehr@kent.ac.uk)
Arija Birze, *University of Toronto* (arija.birze@utoronto.ca)
Cheryl Regehr, *University of Toronto* (cheryl.regehr@utoronto.ca)

With the ubiquity of technological devices producing video and audio recordings, violent crimes are increasingly captured digitally and used as evidence in the criminal justice process. This paper presents the results of a qualitative study involving Canadian criminal justice professionals, and asks questions surrounding the treatment of video evidence and the rights of victims captured within such images. It is argued that loss of control over personal images and narratives can re-traumatize survivors of sexual violence, creating technologically-facilitated cycles of abuse that are perpetuated each time images are viewed. This study finds that the justice system has little to no consistent policy or procedure for handling video evidence, or for ameliorating the impact of these digital records on survivors. Consequently, the need for a victim-centred evidence-based understanding of mediated evidence has never been greater.

Workplace Trauma in A Digital Age: The Impact of Video Evidence of Violent Crime on Criminal Justice Professionals

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Kaitlyn Regehr, *University of Kent* (k.regehr@kent.ac.uk)
Cheryl Regehr, *University of Toronto* (cheryl.regehr@utoronto.ca)

This study describes the experience of exposure to video evidence of violent crime among Canadian criminal justice professionals including police, lawyers, judges, psychiatrists, law clerks and court reporters. Themes identified address the proximity to violence through high quality video; lack of preparedness for violent content; repetition of traumatic exposures through multiple viewings; the failure of customary methods for self-protection; and the lasting effects of exposure to video evidence. Results reveal that criminal justice professionals are increasingly and repeatedly presented with deeply disturbing imagery that was once imperceptible or unknowable and thus held at a greater distance, creating a new emotional proximity to violence that potentially increases risks of secondary trauma. Videos of this nature are not solely new and improved tools for conventional criminal justice processes, but rather, exponential growth of these videos creates new calls for a deeper examination and consideration of the potentially traumatic impact they may have throughout the justice system.

Traumatic Testimony – Lessons from the Residential Schools Reparations Process

Mayo Moran, *University of Toronto* (mayo.moran@utoronto.ca)

Regimes and institutions are increasingly called upon to compensate survivors for widespread historic wrongs, often through 'reparations' processes. One result of this is the proliferation of processes which provide individual compensation to survivors of large-scale traumatic events as part of a larger effort to vindicate their rights and further the process of 'healing'. One such process, the "Independent Assessment Process" (IAP) was created as part of the "Indian Residential Schools Settlement Agreement". The IAP aimed to provide survivors with 'court level' awards

through an individualized claimant-centered adjudication process requiring individual testimony about traumatic childhood events, considerable thought was given to how to support survivors in the process. This paper will discuss and evaluate the nature of those innovations focussing on how effective they were in addressing the retraumatization of survivors. The paper will also address a less anticipated trauma associated with the IAP—that experienced by the adjudicators who presided over these hearings. Efforts to support adjudicators, particularly as the process progressed and areas where there may have been room for improvement will be discussed.

Never Waste a Crisis: Teaching Opportunities Related to Workplace Trauma, Professional Competence and Reframing the Idea of Expert Nursing Practice.

Sioban Nelson, *University of Toronto* (sioban.nelson@utoronto.ca)

During the COVID crisis of 2021 graduate nursing students were given the opportunity to integrate their workplace experiences with the course content on advanced practice competencies through practice narratives. Over the 10-week course students shared intense narratives of nursing during the pandemic, as well as other high impact events such as violent patient encounters or particularly distressing patient deaths. Despite the potentially triggering content of many narratives, students responded enthusiastically to the opportunity to reflect upon their experiences. The process of structured narrative generation actively reframed these episodes as expertise building, while the opportunity to imagine themselves in a senior role supporting colleagues in future enabled them to reflect positively on the professional growth such challenging occurrences provide. This paper offers a reflective discussion on the pedagogical risks and opportunities provided by teaching practitioners during a time of crisis. It examines the way in which students found the sharing of experiences affirming and confidence building. Finally, it discusses the potential utility of normalizing concepts such as competency and expertise in making sense of their experiences and fostering resilience for professionals with workplace exposure to trauma.

8. Advancing Health Equity in the Era of Artificial Intelligence, Data Science and Advanced Technologies: Implications for Behavioral and Mental Health

Overview of Opportunities and Implementation Challenges in AI and Advanced Analytics

Brett South*, IBM Watson Health, Cambridge, USA* (brett.south@ibm.com)

Artificial Intelligence (AI) is defined as the application of computer programs that mimic human intelligence by "learning" from available data inputs using a combination of supervised or unsupervised learning approaches. AI has great potential to revolutionize healthcare as it has the capability to make sense of big data, support patients and caregivers as they navigate care pathways, and further aid clinicians in clinical decision-making. Technologies driving these innovations, particularly in natural language processing (NLP) and machine learning (ML), are evolving rapidly. AI has been applied in a variety of ways in healthcare settings, including: (1) extracting named entities from unstructured clinical text, (2) identifying and summarizing problems contained in the structured and unstructured text of electronic health records, (3) measuring clinical similarity between patients for generating cohorts, (4) extracting information in unstructured medical literature to summarize evidence and support hypotheses, (5) integrating data from multiple healthcare providers with patient-reported data to support intelligent home-based care, and (6) deploying intelligent agents in multiple settings in the form of Chatbots using a variety of techniques to triage patients during the COVID-19 pandemic. This presentation will address the use and application of AI technologies in the clinical and public health environment, discuss challenges and barriers to widescale adoption and innovation, and present potential opportunities and solutions.

Addressing Fairness and Bias in Machine Learning

Elisabeth Lee Scheufele, *IBM Watson Health, Cambridge, USA* (elscheufele@ibm.com)

Machine learning (ML) and artificial intelligence (AI) are becoming more widespread to support overtaxed cognitive and physical workflows in medical and healthcare environments. As these techniques and algorithms continue to develop and permeate, there is a growing concern with regard to the bias that is inherent in the data used to train these models. That bias not only persists but then perpetuates the bias downstream in post implementation settings where decisions are influenced and made based on the outputs of these models. Means by which to address this problem is to apply algorithms to promote fairness that identify, evaluate and mitigate the obscure bias. AI Fairness 360 is an open-source workbench that provides an interactive environment for the user to employ these types of metrics and algorithms that are also openly available to guide them in recognizing the bias that exist in their datasets and models. We will speak to the importance of considering fairness and bias in developing ML and AI algorithms and discuss an open-source platform that provides means by which to engage numerous openly available algorithms to help identify, evaluate and mitigate the bias hidden within the data.

Ethical and Equity Considerations for Mental Health and Healthcare

Irene Dankwa-Mullan*, IBM Watson Health, Cambridge, USA* (idankwa@us.ibm.com)

The excitement surrounding potential benefits of these tools should not cloud the importance of carefully examining the socioeconomic, ethical, and political issues raised by AI, advanced technologies and machine learning. These issues include safety, trust, and the importance of

respect for the basic principles of equity and non-discrimination. Tools for data curation, tracking and monitoring, unavoidably rely on human decisions—on why it is used, how it is used, and what it is used for. As an example, biases and disparities present in large databases can be amplified or perpetuated based on predictive models or learning algorithms using such data. This presentation will highlight the challenges associated with bias in data and AI from various factors, including human bias, underrepresented populations in demographic datasets, algorithms, models being used for analysis, as well as issues around data ownership, use, sharing and governance.

Framework for Advancing Health Equity at the Intersection of AI and Technology

Metasebya Solomon*, IBM Watson Health, Cambridge, USA* (metasebya@gmail.com)

There is broad consensus that AI and advanced technologies have potential to fundamentally transform health and healthcare. AI tools, machine learning and advanced technologies powering big data will be instrumental in driving better health and outcomes for all populations. Whether progress occurs in incremental steps or in exponential leaps, attention must be paid to the mechanisms to ensure that the benefits can be gleaned by all populations, and not only by the most socially advantaged groups. With these opportunities come issues of ethics, trust, inclusivity, and transparency of data—including use of data for the global public good. A critical role in this effort is to help drive development of AI technologies that promote fairness and transparency, minimize bias, and promote health equity.

9.   Advancing Wellness in Law

Promoting Law Student Well-Being Good Practice Guidelines for Law Schools: Where Are We Now?

Caroline Strevens*, University of Portsmouth* (caroline.strevens@port.ac.uk)
Rachael Field, *Bond University* (rfield@bond.edu.au)

The Council of Australian Law Deans' (CALD) groundbreaking guidelines were published in 2013. Promoting the mental health of law students, and to a lesser extent, of legal academics was then still a relatively novel idea. In 2021 there is now a recognized and growing call to address mental health in the legal academy and the legal profession. The innovative CALD guidelines have not yet been evaluated, however, and little is known about their influence or impact. This paper reports on an international empirical study that seeks to analyze data gathered through a thematic analysis of interviews with Deans and Heads of Law Schools in Australia and the UK. Recommendations will be made for the revision and republication of the guidelines.

Confronting Stigma: Towards Trauma-Informed Legal Supervision, Training and Practice

Colin James, *Australian National University* (colin.james@anu.edu.au)

Many lawyers believe their reputation is their most important professional asset. In nations where legal practice is commercially competitive and the jurisdiction is adversarial, those lawyers may be right. A significant cost of adopting this belief is the need to present to the world not as they are, but as they envisage the court and potential clients want them to be. For some lawyers, the effects of sustaining this façade include constructing or splitting of a professional identity from their 'truer' or more sincere self-identity, and for others there is an ongoing struggle to rationalize differences in the two identities. This paper draws on research to propose that while lawyers in both groups may prioritize 'rational' mental health and intelligence, they stigmatize emotional intelligence and respond to vicarious trauma in different ways. The implications of the difference may be significant for legal clinicians and supervisors trying to motivate and sustain lawyers practicing in traumatic areas such as domestic violence, criminal law, refugee law and child abuse.

"I Definitely Lost Sight of Who I Was": An Exploration of the Importance of Relatedness, Competence and Autonomy to the Wellness of 'Millennial' Lawyers

Lydia Bleasdale, *University of Leeds* (l.k.bleasdale@leeds.ac.uk)

Well-being within the legal profession is of profound concern within the UK and beyond (Collier, 2019; Krieger and Sheldon, 2015; Field, Duffy and James, 2016; Spearing and Field, 2020). Evidence points to lawyers being amongst the most stressed in any profession, and there are concerns regarding the retention of junior lawyers due to their unhappiness with working conditions, and the effect of those conditions upon their mental well-being. While much of the commentary in this area takes for granted that long working hours, excessive client demands and unrealistic billable hours have an effect upon well-being, there is a growing volume of literature which seeks to explain why this is the case. This paper contributes to that research by analyzing interviews conducted with junior lawyers in the United Kingdom through the prism of self-determination theory. Self-determination theory, or SDT, provides a basis for understanding the psychological needs of human beings, and the role that motivation plays within the satisfaction of those needs. Basic Psychological Needs Theory, a subset of SDT, points to three psychological needs in particular – autonomy, competence, and relatedness - as important in understanding the well-being of individuals. This paper explains how the nature of lawyers' working lives potentially undermines these three psychological tenets, and suggests how they might be better supported within the legal profession.

A Systematic Mapping and In-Depth Synthesis Review of Lawyers' Well-Being

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Kevin Teoh, *Birkbeck, University of London* (k.teoh@bbk.ac.uk)

This presentation discusses findings from our systematic review of the global literature base concerning well-being in practising lawyers. Rising reports of poor well-being in the legal profession have been noted in multiple countries and jurisdictions. With increased concerns about lawyers' well-being, the volume of practitioner and academic literature has also increased. However, the literature remains fragmented and disparate, with a lack of comprehensive review in this area. A systematic scoping (mapping) of the literature was therefore conducted to characterize the current body of knowledge, and identify key concepts and contexts that are thought to influence lawyer well-being. A thematic synthesis review was then performed to integrate and analyze the available evidence and perspectives published globally within this emerging field.

The Real Face of Lawyering? Authenticity, Wellbeing and Legal Practice

Emma Jones*, University of Sheffield* (emma.j.jones@sheffield.ac.uk)

This presentation will explore the tensions and balancing acts experienced by legal professionals in their interactions with clients. In particular, it will focus on the need for lawyers to present a detached, neutral 'professional' persona whilst at the same time building rapport and connection with their client to foster a strong relationship and meet the commercial objectives of private legal practice. It will argue that these potentially contradictory requirements demand a form of emotional balancing act which requires high levels of both emotional competence (Silver, 2004) and emotional labour (Hochschild, 2003). A lack of focus on these elements of client care within legal education and training and during professional identity development mean that lawyers are often ill-equipped to navigate the delicate balance required, leading to negative impacts on their emotional and psychological wellbeing. This paper will explore these tensions and difficulties using the concept of authenticity. Drawing on theories such as Bernstein's 'bounded authenticity' (2007) it will propose the use of a form of detached authenticity as a lens through which to facilitate healthier forms of legal practice and challenge existing, problematic conceptualizations of professionalism.

10. An Ethical Perspective of Virtual Care in a Psychiatric Emergency Setting

A Physician's Perspective of Ethics in Regard to Virtual Care in a Psychiatric Emergency Setting

Usha Parthasarathi*, St. Joseph's Healthcare, Hamilton, Canada* (uparthas@stjoes.ca)

During the COVID pandemic, access to Psychiatric Emergency Services (PES) was limited due to social distancing regulations, which generated challenges for patients with emergency mental health needs. The situation was further complicated by limited access to their social support system (family, friends, work, and other social activities) and there was significant concern for deteriorating mental health in this population. A virtual PES clinic was developed to address these challenges with the goal to provide an essential service that was effective, safe, accessible and timely. By means of the virtual clinic, diagnostic and risk assessment were provided, medications were reviewed, bridging appointments were offered and emotional support was provided. From a public health perspective, visits to the emergency department were avoided and exposure to COVID was minimized. From a hospital perspective, admissions were avoided and pressure was relieved to provide safe space and resources for this type of assessment. This clinic was essential and has a definite place in the future PES care delivery models. The presenters are aware of the many ethical challenges that are inherent with this model and in this session, and they plan to highlight the ethical blind spots that may present to a physician practicing this care model.

An Ethical Review of Developing, Implementing and Overseeing a Virtual Care Clinic within a Psychiatric Emergency Setting

Lori Dunne, *St. Joseph's Healthcare, Hamilton, Canada* (ldunne@stjoes.ca)

The launch of the Psychiatric Emergency Services (PES) Virtual Clinic has allowed staff to provide acute psychiatric care though a less invasive platform- providing care options that can be offered while a patient remains at home or in their community hospital. During program development and implementation, it was found that there is a lack of research in regards to acute psychiatric virtual care and there are no best-practices; thus we had to consult with multiple stakeholders to consider costs/benefits and implementation strategies. The clinic has been born from trial and error; however, the team is moving towards developing acute care best-practices through collecting clinic data (qualitative and quantitative). The team will develop best-practices through a co-design model, involving community stakeholders, patients, families, hospital staff and police. The co-design model will promote collaboration and look at the clinic as a hospital/community initiative, requesting that all stakeholders provide their valuable input regarding clinic improvement and to support with the development of best-practices, which will drive psychiatric virtual care in the future. This presentation will be offered from a managerial perspective re: clinic planning, implementation and moving forward with best-practice guidelines- reviewing costs/benefits from a leadership and liability perspective.

An Ethical Review of Completing a Risk Assessment within a Psychiatric Emergency Setting

Laura Tobias, *St. Joseph's Healthcare, Hamilton, Canada* (ltobias@stjoes.ca)

The Psychiatric Emergency Services (PES) Virtual Reassessment Clinic provides an opportunity to rapidly connect with patients post discharge from PES in order to assess mental status, risk, medication efficacy and/or side effects and patient follow-up. The virtual environment allows the clinician to assess the patient in the community, allowing for reduction in anxiety associated with the emergency psychiatric environment. The clinician must quickly develop a rapport and assess risk through a virtual forum, which often poses challenges due to the inability to observe patient presentation (eye contact, body language, grooming, dress and etc.). In assessing risk, the clinician works in collaboration with the multidisciplinary clinic team and the patient to develop a comprehensive care plan based on risk and presenting problem. Completing virtual assessments and care planning can be challenging in the virtual environment due to patient presentation and the clinician's inability to perform physical observations, at times requiring additional emergency response from community partners. Connecting with patients post discharge from PES, provides the patient with the opportunity to be more involved in the psychiatric treatment plan, offering the choice of returning to the hospital on a voluntary basis versus continuing with out-patient psychiatric follow up in the community. This presentation will discuss the implications of this model.

An Ethical Review of Privacy within a Psychiatric Emergency Setting

Ethan Stepho, *St. Joseph's Healthcare Hamilton, Canada* (estepho@stjoes.ca)
Marta Heinrich, *St. Joseph's Healthcare Hamilton, Canada* (mheinrich@stjosham.on.ca)

There is a need for mental services to be accessible for patients in the context of restricted access to in-person appointments. The Psychiatry Emergency Services Virtual Clinic uses phone and/or video conference to provide acute psychiatric consults with patients or external hospitals. The clinician and/or psychiatrist connects with a patient through a secured hospital phone line or video conference. Documentation and appointments data are stored in the hospital's electronic records system. This information allows for improved treatment, minimal duplication, and enhanced clinical access to information. There are benefits for patients and the community to have access to this remote service. That said, with the delivery of this care there are inherent risks to secure communication and data. The team plans to anticipate possible security breaches, and collaborate with IT and the digital security department to ensure that polices and procedures mitigate vulnerabilities of communications and data. The virtual clinic team uses The Ontario Personal Health Information Protection Act, (2004) as a framework to safeguard the privacy of patients and confidential health care data. This presentation will reflect on the experience of this model.

11. An International Examination of a Continuum of Bioethical Challenges and Management of Forensic-Correctional Populations

An Overview of the Continua Bioethical Issues Intrinsic to the Successful Management and Reintegration of Forensic-Correctional Populations

James Carpenter, *Consulting Forensic Psychologist, Boston, USA* (jtcarpenter30@hotmail.com)

The bioethical care and management of forensic-correctional adjudicated mentally ill offenders extends across multiple co-existing continua from trial and incarceration, through incapacitation and treatment, to reintegration and return to their communities. Although cultural-legal contexts, and the construction of bio-ethical imperatives, differ from country to country and reflect and depend on numerous factors, the general principles have much in common. The purpose of this multi-author panel is to examine these bioethical challenges and issues as they are managed in forensic-legal and medical-social contexts for commonalities, differences, and complementarity.

Discharge Management for Released Prisoners with Severe Mental Disorders and Substance Use Disorders in Germany

Annette Opitz-Welke, *Charité – Medical University of Berlin, Germany* (annette.opitz-welke@charite.de)

The fact that the suicide rate in prisoners compared with that in the general population is notably higher can be considered to be an expression of the psychosocial stress and increased mental vulnerability of prisoners. There is a consensus that suicide screening at admission into the penal system is an important measure for preventing prison suicide. Because proportions of prisoners with dependency/addiction disorders are high, opiate and alcohol withdrawal symptoms are often observed at the start of a prison sentence. For this reason, and also because of the described protective effect against infections, ongoing opiate substitution treatment at the start of a prison sentence should be continued without complications, and where the indication exists, during substitution treatment during the prison sentence should be easily accessible at all times the prison sentence. Qualified withdrawal treatment should be provided as a matter of principle. Retrospective cohort studies have found above average mortality in discharged prisoners. Drug intoxication, using opioids in 77% of cases, was the leading cause of death in discharged prisoners. Most deaths from overdose occurred within the first four weeks after discharge from prison. In awareness of these risks, services providing treatment for infectious diseases and psychiatric-addiction disorders in German penal institutions should prepare the transition into an outpatient treatment setting.

Difficulties in Discharge of Cured Patients from Mental Hospitals: Barriers and Countermeasures

JiNian Hu, *China University of Political Science and Law* (hujinian@yahoo.com)

Difficulties in discharge of cured patients from mental hospitals are not an uncommon phenomenon in China no matter the patients are inpatients in a common mental hospital or are admitted compulsorily into a secure hospital. When cured patients can not be discharged timely from mental hospitals, it will lead to negative results. Through investigation, a number of main reasons come into sight: 1) the patients' guardian (usually, the patients' family member) has got too much power. 2) The patients' guardian and family have got too heavy burden and therefore take a negative attitude to get the patient back home from hospital. 3) social discrimination: it is difficult for patients to be employed, and the patients may be unpopular in the community. etc. It is recommended that the guardianship system shall be reformed and the community based rehabilitation system shall be established and improved.

Medical Care for Mentally Ill Offenders After Imprisonment

Justus Welke, *Scientific Advisor, Federal Joint Committee, Berlin, Germany*
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Medical care for psychiatric illness during and after imprisonment is important for the prognosis and risk of reoffending. There are many studies on the interface management between inpatient and outpatient psychiatric care, but only very few on how the transition to outpatient care for prison inmates with severe psychiatric illnesses is organized. For Germany, by means of a literature review, the current situation of the transfer to outpatient care is presented and obstacles to efficient interface management identified. The difficulties regarding financing, accessibility, safety concerns and attitudes of the doctors towards former prisoners for the further outpatient treatment of prisoners are summarized and discussed.

12. Applications of Response-Based Practice for Helping Those Harmed by Violence

Response-Based Practice and the Myth of Stockholm Syndrome

Allan Wade, *Researcher, Centre for Response-Based Practice, Duncan, Canada*
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This presentation will discuss some of the fundamental tenets of response- based practice. These include the importance of human dignity, understanding resistance to violence and mistreatment, the importance of using accurate language, and orchestrating positive social responses to those who have been harmed. It discusses the response-based framework and the ways that psychology/psychologists tend to hold victims responsible for the violence against them using the construct of "Stockholm Syndrome" as an example. The presentation will share the story of Kristine Enmark, one victim of the 1973 Norrmalmstorg bank hostage taking and how her attempts to maximize her safety were misconstrued by psychologists as pathology. It will deconstruct decontextualized notions of "learned helplessness" and "traumatic attachment" and shows how male psychologists, influenced by sexist understandings, recast a woman's critique of patriarchal

institutions, such as police and the former Prime Minister of Sweden, as mental illness. Here, the presentation also demonstrates the use of a response-based framework to convey the importance of understanding events in relation to the particular situation and context.

Stanley on the Shoulder of Giants and Understanding Children's Resistance and Responses to Violence

Shelly Dean, *Chief Executive Officer., Centre for Response-Based Practice, Kamloops, Canada* (sdean@rbpinterior.com)

This presentation discusses the presenter's approach to response-based practice and how she applies these ideas to her work with children. It draws from her co-authored paper "Understanding Children's Resistance" to discuss the ways in which children respond to adverse and violent situations. She explains how much of children's behaviour is understandable in context rather than pathological or dysfunctional. She provides examples from clinical practice which illustrate children's imagination, creativity and ingenuity in relation to self-soothing and attempts at maximizing safety. She asserts that children are not merely passive recipients or witnesses to adult/domestic violence, as is often suggested in the literature, but rather participants who often try to protect their mothers and fathers while attempting to minimize the violence and increase safety. The presentation also discusses how children act to protect their siblings, or sometimes pets, from the actions of violent perpetrators. Finally, the presentation discusses her co-authored 2021 psycho-educational book, "Stanley On the Shoulder of Giants," designed to highlight and celebrate children's agency, spiritedness and responses in the midst of adversity.

Implementing Response-Based Practice in a Yukon Shelter Setting

Barbara McInerney, *Director, Yukon Women's Transition Home, Whitehorse, Canada* (yukonbarbmc@gmail.com)

The presenter is the Director of Kaushee's Place, a women's transition home and second-stage housing organization in Whitehorse, Yukon. She has been instrumental in building up this organization and implementing principles and practices that support the safety and dignity of women and their children. She has taken a leadership role, based on principles of uplifting women and promoting safety from male violence, she and her team have implemented response-based practice as an organization approach in the organization. This means they have centered the dignity of the women service-users. The presentation will outline the various aspects of this approach including "telling it like it is", using accurate language to talk about the men's violence and the women's responses to it. It will discuss the importance of orchestrating positive social responses to victims of violence, across sectors, to promote the safety and well-being of the women and their children. She talks about supporting mothers and mothering with the understanding that the mother-child bond is one site of attack by many male perpetrators, along with other strategies to damage the mother's reputation in her community. The presenter shares her analysis of some of the successes and challenges of working from a response-based perspective.

Response-Based Psychiatry

Robin Routledge, *Cowichan District Hospital, Duncan, Canada* (routledge@shaw.ca)

In this presentation, the presenter will discuss how he has integrated response-based practice into his approach to psychiatry. He discusses his belief that it is not only psychiatric illness and problems in living that impose violence upon us, but also the well-known suffering associated with treatment can be thought of as imposing violence. He will share how, in his experience, people resist these forms of violence. He will share how he employs the therapeutic suggestions of Response Based Practice to ameliorate unnecessary suffering, providing practice examples to illuminate how response-based practice has assisted his clients. The presentation will explain how integration of response-based practice is influenced by earlier teachings from systemic family therapy, the Milan team and feminist teachings on the importance of analysing the power dynamic, both in society and in the treatment room. Examples will be presented of how this approach is used both in the "Mood Clinic" in Duncan, B.C., as well as in hospital work and private practice.

"Fitting Words To Deeds" – The Importance of Accurate Descriptions in Cases of Violence

Linda Coates, *Okanagan University College* (lcoates@okanagan.bc.ca)

The analysis of various discourses of society's social systems shows how language can be used to support victims or perpetrators. The "Four Operations of Discourse", developed by Coates & Wade, demonstrate how language is often used to blame victims and excuse perpetrators. The presenter draws from her co-authored paper "The Four Discourses of Language" to discuss how certain linguistic turns used in court and legal settings can embolden the violence of perpetrators and relieve them of their responsibility for harm. For example, it will discuss linguistic processes such as nominationalization, eroticization/romanticization, mutualization and pathologization as ways of shifting responsibility from perpetrators to victims. It makes links to the low sentencing rates in Canada for perpetrators of sexualized assault and in relation to the issue of over 5,000 Missing and Murdered Indigenous women. This presentation provides examples from this research, and from media, of popular (mis) representations of violence and how accurate language use assists in victim recovery and the promotion of social justice. Recommendations will be presented for how terms can be used more accurately to ensure that victims are not blamed for the violence of the perpetrator and that perpetrators are held duly accountable for their actions.

13. Application of the 4Ts Framework to Address Burnout in Healthcare and Technology Solutions to Prevent the Next Blaze

Global Perspectives on Clinician Burnout

Mark Davies*, IBM Corporation, North Castle, USA* (mark.p.davies@ibm.com)

Clinician burnout is a global health crisis as mental health disorders and burnout are epidemic in healthcare providers and trainees. Clinicians are found to have higher rates of suicide and mood disorders, including depression and anxiety, compared to the general public across the world. Burnout symptoms of emotional exhaustion, depersonalization, and feeling ineffective at work result from chronic work-related stress are different from, but correlated with depression. However, the contributory factors that influence burnout vary across different countries. In the US, technology, especially electronic health record (EHR) use with documentation and clinician order entry, score high in terms of factors that contribute most to burnout, while in other countries, this is not the case. Dependency on documentation for reimbursement has resulted in US clinicians spending enormous amount of time on documenting care, while documentation is not as heavily emphasized in other countries due to different reimbursement infrastructure. Numerous lessons can be gleaned from understanding the system level influences as well as individual compensatory efforts to address and mitigate burnout in healthcare environments from around the globe. These are important considerations, as burnout may lead to poor documentation and increased malpractice risk.

The Impact of COVID-19 and Burnout in Healthcare Professionals

David Gruen*, IBM Corporation, North Castle, USA* (david.gruen@ibm.com)

Prior to COVID-19, healthcare professionals commonly practiced self-medicating behaviors, such as alcohol and/or drug abuse, to cope with work-related stress, and have underreported suicide rates that are 1.2 to 2.4 times higher than the general population. The mental health consequences, particularly for clinicians on the frontlines, may be significant given that acute increases in workplace stressors may increase the prevalence of post-traumatic stress disorder (PTSD); notably, the drivers of PTSD and burnout are similar with overlapping harmful impacts on provider health. In the current setting with COVID-19, resiliency techniques targeting the individual are important, but insufficient to overcome systemic challenges that give rise to burnout; healthcare organizations, now more than ever, need to prioritize their employees' health and address the drivers of burnout. Moreover, what are the legal responsibilities of healthcare organizations to maintain a safe and healthy work environment? We will discuss the impact on COVID-19 on clinician practice, how organizations support their workforce in the face of this crisis, and the rise of telehealth to bridge care delivery gaps imposed by social distancing and other pandemic-related stressors.

Applying the 4Ts Framework to Address Burnout

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Burnout is the unintended net result of many disruptive changes to the healthcare system; its consequences can negatively impact the quality of patient care, patient safety, workforce retention, and the viability of healthcare systems. For example, burned out providers make more medical errors; further, after accounting for personal and professional characteristics (e.g., age, gender, specialty, time in practice, etc.) burnout is associated with malpractice suits. As many stressors causing burnout are system-generated, a complete understanding of the workplace interventions impacting physician burnout is essential. A recent systematic review developed the 4Ts framework as a pragmatic approach for understanding organizational interventions to decrease burnout by leveraging technology to give time back to teams during key transitions in care. This presentation will describe the importance of mitigating burnout from a public health perspective, provide an overview of the 4Ts framework, and deliver practical approaches to improve healthcare professionals resiliency in the workplace and in their communities. Leaders of healthcare organizations will derive benefit from the quality of life of their workforce, and the quality of care they provide, by assessing causes of burnout within their own systems and implementing these successful 4Ts countermeasures.

How Technology and Services Can Address and Offset Burnout

Jane Snowdon, *IBM Corporation, North Castle, USA* (snowdonj@us.ibm.com)

Advanced technology solutions can address burnout at three scales targeting the individual, an organization, and a community. Individual-directed solutions (e.g., Get Results in Transition) focus on building behavioral and emotional resiliency, improving well-being, and supporting professional development. Organization-directed solutions (e.g., DynaMedex, IBM®Watson Works, IBM® Watson Imaging Suite) have the potential to extract, synthesize, and contextualize relevant, personalized, and timely information at the point-of-care. Community-directed programs (e.g., IBM® Watson Care Manager) and social awareness interventions can facilitate human-centered contact tracing and integrated care management connecting individuals to their community services. This presentation will discuss the broad range of products and services that apply the aforementioned 4Ts framework to address burnout along individual-, organizational-, and community-levels of care delivery; additionally, we will provide insight into legal perspectives for the user and associated advantages of their implementation.

Mental Health at Work Before and During the COVID-19 Pandemic: Some Results from ELOSMET.

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Relatively few studies have sought to assess, from a longitudinal perspective, how employed people mental health evolved before and during the COVID-19 pandemic. This presentation reviews the results of an ongoing Canadian panel study to assess variations in symptoms of psychological distress and burnout. ELOSMET began in spring 2019. Longitudinal data from 1,046 employees followed twice (before the pandemic and during the pandemic) and employment from 55 workplaces are available. Controlling for gender, age, marital status, firm size and economic sector, the level of psychological distress increased by 12.6% while the level of burnout decreased by 5.2%. The variations over time between workplaces, gender and age are not significant. The health crisis related to the COVID-19 is associated with higher psychological distress, but it appears to have decreased the experience of symptoms of fatigue, physical and psychological exhaustion related to work. The implications of teleworking and occupational health and safety legislation will be discussed.

14. Bias Spanning Naivety to Corruption: Confronting Ipse Dixit

Parrying and Blocking: Litigating Psychological Injuries

Shawn McCall, *Attorney-at-Law, San Francisco, USA* (shawn@shawnmccall.com)

Legal cases regarding psychological and neuropsychological injuries often require mental health practitioners to conduct evaluations in order to help the judge and jury determine if an injury exists, the extent of the injury, responsibility for injury, and the damage from the injury. Forensic evaluators, like evaluators in other disciplines, may be susceptible to various biases. Relatedly, attorneys must consider all aspects of every assessment. Attorneys can increase the odds of securing a favorable evaluator, facilitating a positive outcome, and either defending or attacking the report once completed by examining the examiner. Participants will be able to identify numerous specific indicators of potential biases in order to explore, exploit, support, or besiege in order to achieve the maximal outcome for the client. Attorneys will benefit from the tactical and strategic aspects of this session while evaluators and assessors will learn how to best conduct their own professional practice in order to prepare for, address, and mitigate allegations of bias.

Critiquing and Commenting on Evaluations

Jonathan Wall, *University of Tennessee* (jonwall@jonwall.com)

Beyond the problem of biases compromising an evaluation, evaluators may rely on various logical fallacies to argue a point or make a recommendation. When working with two dueling experts, it may be wise to let both experts know from the start that an independent rebuttal expert will review their findings should they diverge. Hiring an independent rebuttal expert to comb through the data and follow the evaluator's reasoning line will motivate evaluators to prepare better evaluations. Rather than pitting expert against expert in court, matters will more likely settle when an independent rebuttal expert critically sifts through the data and attempts to follow the evaluator's logical argument as a means to ensure the recommendations follow the data. There is less chance that an expert will appeal for respect (argumentum ad verecundiam) by citing irrelevant, poor or false arguments if a rebuttal expert, wise to biases and logical fallacies, is charged with the responsibility to critique such findings. The presentation will elaborate this argument.

What Happens When Two and Two Don't Make Four: The Importance of Well-Constructed Forensic Mental Health Evaluations

Eileen Kohutis, *Clinical Psychologist, New Jersey, USA* (eakohutis@gmail.com)

Forensic mental health evaluators are often asked by the legal system to conduct evaluations in personal injury and family law cases. In order for these evaluations to be useful to the referral source, they need to not only address the particular psycho-legal question that the evaluator has been tasked with but they need to show how the opinion and recommendations were reached. Ineffectively demonstrating the basis for the conclusions results in dissatisfaction by the courts. In some situations, the conclusions do not follow from the stated methodology because the procedures have not been well-thought out, have not been appropriately applied to the instant case, or may not be appropriate. In other situations, the conclusions are not based on an integration of the data. That is, a conclusion may have been posited that is not grounded in the data that has been presented. This presentation will focus on helping evaluators to strengthen their reports by discussing the importance of sound methodology in conducting evaluations and will help attorneys address shortcomings in the reports done by an evaluator.

15. Biological Warfare and Pandemic Trouble Ahead: Assessments of the COVID-19 Pandemic

Pinning Down Global Convention Safety on Biological Weapons in a World Shaken by Pandemic Threat

Isaac Romano*, OWHR Institute for War Resistance and Policy Alternatives-Quebec, Montreal, Canada* (romano.program@gmail.com)

This presentation examines the global context of 'pandemics' where biological warfare becomes a viable option for non-democratic states. We are at risk of states using germ warfare against its own and other populations for the purposes of hegemony and social engineering. There is a need to move beyond the "power and domination model" of global relations, which is referred to as the "Ancient Habit Pattern." This presentation articulates a pathway for preparing international conventions, which are binding and enforceable, prohibiting the use of biological weapons. The current pandemic of COVID19 points us to a possible future of pandemics in which states may opt for non-democratic and violent means of addressing their populations. The dynamic of state violence is apparent today during the "Black Lives Matter" uprising against President Trump and police brutality in the United States and across the globe. There is a need for work and an approach that lean towards the creation of policies and conventions which align with a trans-national shared desire for states that approach its citizenry with generosity, love, caring and true security, globally. This presentation is inspired by peaceful thinkers, such as Rabbi Abraham Joshua Heschel and Rabbi Michael Lerner who state that "the moment is now to do what is right, not what is "realistic."

Climate, Oceans and Human Health: Cholera as a Paradigm for Predicting Infectious Diseases

Rita Colwell*, University of Maryland College Park* (rcolwell@umd.edu)

Climate and the oceans historically have been intertwined with human health. Significant scientific advances have brought new discoveries - in remote sensing monitors on satellites to next generation sequencing and bioinformatics. Vibrio cholerae, the causative agent of pandemic cholera, provides a useful example of the fundamental link between human health and the oceans. It is a marine bacterium with versatile genetics and global distribution, notably in the Bay of Bengal but also coastal regions and in aquatic systems of the world. Vibrio species, non-pathogenic and those pathogenic for humans, marine animals, or marine vegetation, play a fundamental role in nutrient cycling and respond to warming surface waters of the North Atlantic, with increase in their numbers correlated with increased incidence of vibrio disease in humans. Models developed for understanding and predicting outbreaks of cholera are now used by UNICEF and aid agencies to predict cholera in Yemen and other countries of the African continent. With onset of COVID-19, these models are being modified to predict SARS CoV-2 and incidence of COVID-19. In summary, molecular microbial ecology coupled with computational science can provide a critical indicator and prediction of infectious diseases.

The Implications of Pandemics in Indigenous Country in Settler-States

Catherine Richardson*, Concordia University* (catherine.richardson@concordia.ca)

This presentation will address the implications of the pandemic for Indigenous people in Canada. The discussion will be contextualized by highlighting the underlying social inequalities and unequal access to health care, the realities of colonialism, violence against women, and the particular consequences for Indigenous communities. While issues such as poverty and the

inequality of resources vulnerabilize Indigenous communities, the ongoing disregard for Indigenous people, as indicated by Canada's sluggishness to implement the recommendations of numerous reports and government Inquiries, means that Canada remains a colonial settler-state where the well-being of all citizens is not considered an equity-based imperative. This presentation discusses the implications of inactions, such as Indigenous communities banning outsiders from entering their territory.

Would You Want to Cause a Pandemic?

Alastair Hay, *University of Leeds* (a.w.m.hay@leeds.ac.uk)

As we witness governments worldwide struggle to control Covid-19 it is difficult to ask the question: "Would you really want to start something like this deliberately?" But 70 to 80 years ago even the world's leading democracies were considering using disease deliberately. At the time the preference seemed to be for disease-causing organisms that infected through contact, like the bacterium that causes anthraxm because this would limit spread and confine the outbreak largely to those targeted. In the 1700s smallpox-infected blankets were given (as presents) to Native Americans by a British official; smallpox, (a virus) spread like wildfire through communities, but was it a natural outbreak? Or can the source be traced to the devious official? Establishing where an outbreak started is difficult enough, but made much easier today by analysis of DNA, or RNA in the case of viruses, as long as you have access to samples. Performing this forensic work requires openness and sharing data. This sharing has been exemplary by those researching Covid-19. And this sharing by scientists globally has gone way beyond the requirements for confidence-building measures which the BWC asks of governments. But Covid-19 has demonstrated all too clearly that infectious viruses respect no passport-control checkpoint. A blame game has already started about the origins of the pandemic. It will get worse. The global scientific community working on Covid has a message for governments about openness and, hopefully, another about starting something you can't control.

Neuroscience and Dual Use: A Holistic Arms Control Approach

Malcolm Dando, *University of Bradford* (mrdando@bradford.ac.uk)

The life sciences are in a period of revolutionary growth. This is to be welcomed as it will bring many benefits in medical practice. Nowhere is this better exemplified than in neuroscience where a number of States have recently initiated major brain research projects. Unfortunately, there is also a history of the use of advances in the life sciences for the development of weapon systems: the issue of dual use. So, an important question is how the revolution in the life and associated sciences can be maintained while the results are protected from hostile misuse? This paper takes a holistic arms control approach to the problem. This involves three stages: an analysis of the nature of the weapons and technology to be controlled, then a review of the applicable international law, and finally, based on the previous two stages, the development of a comprehensive understanding of what more can be done to improve the control regime. Particular attention is paid to the dangers of novel chemical and biological weapons being developed and how the

Chemical Weapons Convention and the Biological and Toxin Weapons Convention can be strengthened.

16. Borders of Translation

Protecting the Therapeutic Relationship: The Primacy of Confidentiality and Allowances for Breach

Anish Ranjan Dube, *Forensic Psychiatrist, HealthCare Agency*, *County of Orange, USA* (anish.dube@gmail.com)

Central to any psychotherapeutic relationship is an assumption of confidentiality - ie. a mutual understanding that the psychotherapist will not disclose what is disclosed to them by the patient during the course of therapy. I briefly review the clinical and legal justification for the principle of confidentiality in a psychotherapist-patient relationship, allowances for its breach and special considerations when dealing with young people and their particular vulnerabilities in legal proceedings. In the context of the clinical vignette presented in this session, I discuss parental identification standards when formal government issued identification is not available or when such identification is in question and outline the mandated reporting requirements in California and the United States when child abuse and/or neglect are suspected. Finally, I visit the problematic use of a young person's confidential psychotherapy records in deportation proceedings against him in a pivotal case in the United States, and its consequent ethical imperative that we maintain confidentiality of treatment records.

"El No Es Mi Padre": An Immigrant Teen and the Family that Claimed to be His

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Rebecca Sturner, *University of California* (rasturner@health.ucsd.edu)

A 17 year old Spanish speaking boy is brought to the local inpatient psychiatric unit by American border patrol agents, after he has become aggressive, disorganized in his thinking and expressing excessive suspicion of others. He is accompanied by a Haitian couple who say they are his parents, but who the boy says are kidnappers and trying to kill him. In this symposium, we present the case of a teen who arrived to the United States from Venezuela, with a history of mental health problems and without adequate treatment, either during his voyage or while detained by American immigration officials. We start with clinical details of the case, treatment considerations and the patient's hospital course. We examine the inherent challenges of evaluating young people presenting with psychotic symptoms and difficulty of treatment when little background medical information is available and even the identity of parties may be in question. We then discuss the practical considerations in child abuse reporting when working with refugees and asylum seekers,

such as concerns that any interaction with the legal system may affect lawful entry into the host country.

Cross Cultural Considerations in Child and Abuse and Neglect

Alejandra Postlethwaite, *University of California* (alepostlethwaite@gmail.com)

Refugees and asylum seekers leave their countries of origin for a new life in a foreign land for a number of reasons, but they are all usually fleeing some form of persecution and violence. The cultural norms and expectations may be different from the host country, and sometimes may even be at direct odds. As part of this panel on the evaluation and treatment of undocumented minors, I consider cross-cultural perspectives on corporal punishment, child abuse and neglect, the contexts in which they occur and the room for misinterpretation, and how to navigate these situations with appropriate cultural humility while also safeguarding the rights of the child. I will also discuss changes in the "public charge" federal legislation in the United States and how it may affect immigrant families' access to healthcare. Finally, I will detail the role of mental health professionals in assisting governmental officials and agencies to help identify and refer children with mental health conditions for appropriate clinical care.

The Impact of Immigration Policy on Mixed-Status Latinx Families

Lucila Ramos-Sanchez, *Santa Clara University* (Lramossanchez@scu.edu)

As of 2019, there were 10.5 million undocumented immigrants living in the U.S., and approximately 58% were from a Latinx ethnic group. For many undocumented immigrants fear of deportation was one of the most common stressors. Changes in immigration policy over the last two decades have led to a significant increase in deportations, which has exacerbated this fear in the Latinx community. Mental health practitioners working with undocumented Latinx individuals are advised to become familiar with immigration policy changes in order to understand the devastating effects these policies have on the Latinx community. Evidence of these devastating effects can be found in the threat of deportation for mixed-status families. Mixed-status families refers to families where some members are U.S. citizens and others are undocumented. Approximately 9 million individuals in the U.S. were from mixed-status families, 1 million of whom were children. This presentation will focus on what school counselors should know and recommendations when working with Latinx children from mixed-status families. Specifically, how have recent policy changes affected mixed-status families, how do Latinx mixed-status families deal with potential familial separation, what are the mental health implications of Latinx children from mixed-status families, and what disparities exist within mixed-status families.

17. Building a Net That Works: Multidisciplinary Approaches to Eliminate Institutional Racism and Racial Disparities in Healthcare, the Law and Challenged Communities

Sometimes We Must Break the Rules: A Multidisciplinary Approach to Address Racial Disparities and Systemic Racism

Willard Ashley, *Consulting Psychoanalyst, New Jersey, United States* (dr.wwca@icloud.com)

"Our lives have been forever changed by the coronavirus pandemic. Hundreds of thousands of people around the world have died. Millions in the United States alone have lost their jobs" (Wise, 2020). Pandemics and natural or human-caused suffering change society. There are universals and distinctions as to how a community responds and offers care. The persons who survived the tragedy begin to explore new norms while grieving their losses. This presentation will examine the harsh reality of how disparities and systemic racism create an even more significant impact on social determinants of health and well-being of Black Indigenous People of Color (BIPOC). Equally important, this presentation calls for multidisciplinary collaboration to work across the professional and political divides to heal documented demographics who experienced violence, emotional disturbances, physical illnesses, and even death due to systemic racism and racial disparities.

Dismantling Structural Racism in Medical Centers Equates to Eliminating Health Care Disparities

Gloria Bachman, *Rutgers University* (bachmaga@rutgers.edu)

Almost 30 years ago, a black physician, Dr. Vivian Pinn positively changed the landscape in the medical care of women, when she accurately noted that women are not 'small men' and that medical interventions that are effective for men may be ineffective for women. Today, health care teams have finally recognized that structural racism is a barrier to optimal health care and institutions and professional societies have taken note that structural racism must be addressed in order to provide optimal physical and mental health care for all. Steps to resolve structural racism barriers to be discussed in the presentation will include: 1) institutional policies being commenced and enforced that actively address this, 2) conscious and unconscious bias training for the entire health care team, 3) disciplinary measures instituted when structural racism is identified both during direct patient contact and later by performance evaluation of how that patient was sub-optimally cared for, 4) recruiting more providers from minority backgrounds, 5) implementing 'stat' effective strategies on an institutional basis when structural racism is identified and 6) having

required course work on structural racism as a part of the formal education for today's health care learners, who will ultimately become tomorrow's health care providers.

Decriminalizing Health Disparities in the U.S.

Cheryl Wills, *University Hospitals Cleveland Medical Center, Cleveland, USA* (cwforensic@earthlink.net)

Bias in the U.S. gained international attention during the 2020-21 pandemic. First, members of minority and underserved groups and communities had higher rates of morbidity and mortality due to the COVID-19 virus. Then, eyewitnesses shared videos of police officers using excessive force against Black citizens, resulting in each victim's permanent injury or death. Soon after, medical organizations concluded that racism, including police brutality, can be a threat to public health. Race and health-based inequities also affect individuals who are involved in the legal system. Jails and prisons are the largest mental health systems in the U.S. and can be, in some communities, the most reliable way for individuals, especially those with chronically debilitating mental disorders to receive consistent mental health care. The presentation will address how deficient community-based services can be a barrier to accessing mental health services, resulting in unnecessary legal involvement for some people who have serious mental illness. It will discuss how untreated mental illness can impact outcomes at different stages of legal involvement, including apprehension, interrogation, arrest, adjudication, incarceration and community reentry. Recommendations for reform will be discussed.

I'm Not Who You Think I Am... and We Don't Know Where I'm Going - Identity and Possibility, Not Deficiency, In Our Brave New World.

James Tyler Carpenter, *Program of Psychiatry and Law, Metis Psychological Associates* (jtcarpenter30@hotmail.com)

As Huxley wrote, "Every man's memory is his private literature." One of the most pernicious and prevalent ways in which attributional bias and institutional racism gets hidden in plain sight is through the automatic social classification and limiting of possibilities available to those seeking to heal and repair the normal ties that bind and developing a life and vision that works them and those they love. Each client has their private narrative as well as the public face of how their pain is classified and understood and should be addressed. For the alienated and dispossessed in our midst who seek a better and more satisfying life, society and its rituals of healing do not always provide effective tools for complex passages. It's often too easy to identify the usual suspects rather than eliminating the negative and providing real psychological context for healing and change. This presentation will address the heart of therapeutic technique and change which is situated in the personal understandings and hopes for healing and transformation beyond the neglect and possibilities currently inherent in our shared perfect storm of cultural transformation among those too often bereft of shared American visions. This part of our panel will address how systemic and institutionalized injustice meets with the adaptive and personal challenges of the

human client in therapy in our social systems and how we might address their real and institutionalized goals to adapt and heal in a satisfying life and social trajectory.

18. Cannabis Use and Driving Impairment: Dangers and Detection

Strengths and Limitations of Two Cannabis-Impaired Driving Detection Methods

Bret Ginsburg, *University of Texas* (ginsburg@uthscsa.edu)

Recent cannabis use is associated with an approximate two-fold increase in automobile crash risk, but detecting cannabis-impaired driving remains a challenge. The pros and cons of two types of assessments arising from those used to detect alcohol-impaired driving are discussed in the context of cannabis-impaired driving. Some laws rely on tests to detect whether blood or breath levels exceed a legally defined threshold. These laws rely on clear and consistent relationships across individuals between detectable drug concentrations and the amount consumed, crash risk, or degree of driver impairment. However, unlike alcohol, there is poor correspondence between detected levels of the primary active constituent of cannabis or its metabolites and the amount consumed or its behavioral effects. Field sobriety tests assess impairment on functional tests calibrated to reflect actual driving-impairment and validated to predict traffic safety risk. However, functional tests for cannabis-impaired driving have not been developed or validated, and the degree of impairment resulting from recent cannabis use is difficult to distinguish from other conditions. Although standard field sobriety tests have advantages over tests for cannabis-impaired driving, limitations of both leave cannabis users and law enforcement officials little guidance in assessing an individual's driving fitness after recent cannabis use. This presentation considers general strategies for detecting and preventing impaired driving regardless of the cause would be preferable to establishing specific methods for every situation or substance that could impair driving.

19. Caught in the System? Sentencing Mentally Disordered Offenders Across Countries and Legal Realms: An Analysis of the Netherlands, Belgium and Turkey from a Criminal and Public Order Law Perspective

Sentencing Mentally Disordered Offenders: New Developments in the Netherlands

Michiel van der Wolf, *University of Groningen* (m.j.f.van.der.wolf@rug.nl)

When it comes to sentencing mentally disordered offenders, The Netherlands has long been known for its infamous TBS-order: a safety-measure of entrustment for mentally disordered offenders assessed as dangerous, consisting of treatment in high security forensic mental health facilities paid for by the Ministry of Justice and Safety. Recently, the debate concerning the TBS has been mainly on the problem of defendants refusing to cooperate with their psychological evaluation, which is generally needed to establish the criteria of disorder. A second important change in the regulations concerning mentally disordered offenders is the new possibility for the criminal court to divert someone to the (forensic) mental health system in any stage of the criminal proceedings. Before, this option was only possible for the sentencing court after establishing legal insanity for the offence. However, as this is not considered 'forensic care' it is not being paid for by the Ministry of Justice and Safety and therefore financial barriers seem to obstruct the aims of the law. Both developments will be critically scrutinized, both through a test of the practical effects against the aims that are sought and from the perspective of the legal position of mentally disordered offenders.

Sentencing Mentally Disordered Offenders in Belgium: The Way Forward

Els Schipaanboord, *University of Groningen* (a.e.schipaanboord@rug.nl)

In 2016 the ECtHR condemned Belgium in a pilot-procedure for its internment policy (September 6, 2016, app.no. 73548/13, W.D. v. Belgium). In this 'pilot procedure', the court classified Belgium's internment policy as systematically and structurally dysfunctional and imposed an obligation upon Belgium to address these problems within two years. The main concerns raised by the court were the lack of proper facilities, like mental health care institutions to detain offenders, and the absence of treatment for mentally ill offenders in prison. The court established in this specific case a breach of art. 3, 5 § 1 and 4 ECHR. This judgment was issued one month before the new Belgian 'internment-law' entered into force on October 2016. In this contribution, I will discuss whether the new law has provided a sufficient foundation for a thorough overhaul of the legal position of mentally ill offenders in Belgium and, therefore, whether it has overcome the fundamental objections raised by the court in its 2016 judgment.

New Developments on Sentencing Mentally Disordered Offenders in Turkey

Candan Yılmaz, *University of Groningen* (c.yilmaz@rug.nl)

Sentencing mentally disordered offenders was a problematic issue in Turkey until 2019, since there was no secured mental health institution, even though that was required by the Turkish Criminal Code. According to the repealed and current regulations, no punishment shall be applied to the persons who during the time of the offence suffer from a mental disorder leading to a lack of understanding or control the criminal actions. However, these persons may still be subject to security precautions. Due to the absence of secured mental health institutions however, offenders were detained in prisons, despite such treatment was against the Criminal Code. Over the years, judges claimed that this illegality can be justified considering the importance of public security and safety. Finally, in 2019, the very first institution has opened in Turkey. These new institutions and their effect on the criminal justice system will be discussed.

Sentencing Mentally Disordered Offenders in the Netherlands: A Prisoner's Dilemma?

Sanne Struijk, *University of Groningen* (s.struijk@rug.nl)

In the Netherlands many detainees appear to suffer from a mental disorder and/or an addiction and/or an intellectual disability. In order to tackle this individual and societal problem new legislation and policy has been developed. On the one hand this legislation and policy is aimed at improving the internal consistency and alignment of judicial care provided to detainees. For example, it has become possible to opt for mental health care at every stage of the criminal justice process. On the other hand, within penitentiary law and policy the focus has clearly shifted to personal responsibility. Detainees are responsible for not only the extent to which the government is willing to grant him or her internal and external freedoms, but also to invest in his or her rehabilitation. In this presentation, both of these rather divergent developments will be discussed and assessed in light of the normative legal framework of the European Convention of Human Rights.

Disciplining Mentally Ill Offenders by Responsibilization of Non-Criminal Law Actors

Michel Vols, *University of Groningen* (m.vols@rug.nl)

The way society and the justice system deal with mentally ill offenders is significantly different in current times than fifty years ago. In the contemporary Culture of Control (Garland 2001), actors outside the criminal justice system and mental health care are made responsible to address problem behaviour caused by the "unruly" such as mentally ill people. Landlords and local authorities are given and develop various instruments to discipline people. This presentation argues that this results in a fundamental change in the theoretical concepts of "offender" and "sanctions" as we know it. Moreover, the presentation shares some results of the ERC EVICT project (www.eviction.eu). A quantitative case law analysis shows that that non-criminal "sanctions" including evictions are used to discipline mentally ill offenders. This trend of using other sanctions is understudied by criminal justice scholars, mainly due to working in separate intellectual and

research silos. This presentation argues that this is highly problematic due to the serious impact on the offenders' lives and rights, and proposes a number of research approaches to analyze the theoretical and practical consequences of responsibilization of non-criminal law actors.

20. Challenges in Forensic Assessments

Defensiveness in Forensic Assessments: Why Methods Matter

Cato Grønnerød, *University of Oslo* (catogro@psykologi.uio.no)

Defensiveness is defined as "deliberate denial or gross minimization of [...] psychological symptoms". In forensic settings, the persons being tested find themselves in a voluntary, but still forced, situation where they may feel compelled to act defensively. Some of these processes are linked to actual psychological defense and the degree of conscious defensiveness might vary. The assessor needs to evaluate the degree of defensiveness and how this might affect assessment results. Different method types are therefore needed to do proper assessments. Research consistently shows, however, that the relationship between method types are weak at best, even when they both are valid predictors of the same concept. This presentation will explore the challenges this poses to the concept of validity, provide some clinical illustrations from forensic practice on divergence of assessment method results, and discuss how we might reach convergence in such cases.

Legal and Forensic Aspects of Behavioral Addictions

Austin Blum, *University of Chicago* (austin.blum@uchospitals.edu)

Several behavioral addictions—including gambling disorder, kleptomania, pyromania, and compulsive sexual behavior—pose challenges for clinicians and the criminal justice system alike. Although they possess vastly different clinical phenotypes, these disorders are all characterized by strong internal urges or drives that may undermine an individual's capacity for self-control. This talk will review the criteria for criminal responsibility in the United States and describe the phenomenological features of behavioral addictions, focusing on those aspects that may be relevant in legal settings. We will present key cases in which defendants raised evidence of having a mental disorder during trial or sentencing. We will conclude this talk with recommendations to forensic psychiatrists evaluating individuals with behavioral addictions who have been accused or convicted of a crime. In summary, these disorders raise numerous unanswered questions for psychiatry and the law. How courts will respond to our growing scientific understanding of these conditions remains to be seen.

Practical and Ethical Use of Digital Information in Forensic Assessment

Barbara Burton, *Harvard Medical School* (barbaraburtonmd@gmail.com)

Eric Drogin, *Harvard Medical School* (edrogin@bidmc.harvard.edu)

Despite the now ubiquitous presence of technology in everyday life, the subject of personal digital data (i.e. social media accounts, text messages, digital photographs, and more) remains elusive in the context of forensic mental health evaluations. Ethical concerns and limited consensus guidance on this issue have previously made it challenging to use this information in a responsible way. This presentation will discuss the practical and ethical aspects of acquiring and applying such information in the forensic assessment process, including incorporation of personal digital information into assessment as a form of collateral data. The current state of the literature on technology use and its relationship to psychopathology and risk will also be discussed. Given the important role of technology in the life of the modern individual, deeper research and inquiry into this topic will be necessary in the immediate future to establish practice standards for the safe and ethical use of digital information in both forensic and non-forensic mental health assessments.

21. Challenges to the Delivery of MAiD in Rural Settings

MAiD, Relational Autonomy, and the Deficit Perspective in Rural Healthcare Ethics

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Under ss. 241.2 (1) (d) of Bill C-14, patients are not eligible for MAiD unless "they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure." Concerns have been raised about the alleged vulnerability of persons seeking MAiD in rural communities. Some of these concerns reflect a "relational autonomy" perspective. That perspective considers the availability of alternatives to MAiD, such as palliative care. In a relational sense, rural residents might be especially constrained to choose MAiD if they have less access to these alternatives than urban residents. Much depends on what we mean by meaningful access and "external pressure." A relational perspective might also alleviate these concerns by focusing on positive aspects of rural health care that are easily overlooked. Rural communities arguably have end-of-life resources of their own that are apposite to the needs of their residents. This presentation will argue that relational autonomy need not overlap with a deficit perspective on rural healthcare that could raise concerns under ss. 241.2 (1) (d).

Medical Assistance in Dying: Representations in Canadian Media

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In this presentation, we address the ways in which medical assistance in dying (MAiD) is represented across Canadian media and the implications of these representations for rural

communities in Alberta. Since the passing of Bill C-14, news stories have shifted in their focus from whether to legalize MAiD to what the legislation should cover, to ongoing controversies about who should be eligible under s. 241. Some scholars have noted that MAiD is often depicted via one-dimensional stereotypes of health-care providers and patients as heroically conquering suffering, or caricatures of critics as religious dogmatists who lack compassion. Both representations lack important nuance. Many members of the general public learn about MAiD from these sources, which shape beliefs and attitudes about the practice. These discourses may have considerable influence on how rural Albertans engage with MAiD and who receives, provides, or avoids it. An examination of media representations of MAiD can thus inform and improve micro level policy discussions and macro level decision-making.

Capacity Requirements for Medical Assistance in Dying: The Role of Advanced Requests

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This presentation will examine the mental capacity requirements regarding medical assistance in dying (MAiD). In 2016, the federal government of Canada legalized MAiD by passing Bill C-14. This included the conditions under which physicians may carry out MAiD for patients. One condition necessitates that patients provide informed consent both at the time of the request and immediately before MAiD is provided. The prima facie ethical justification appears clear, namely to protect autonomy by preventing patients from receiving MAiD that is not in accordance with their autonomous decision-making. However, the latter portion of this requirement, that informed consent be provided immediately before the procedure itself, has led to unintended consequences. As a result of this requirement, some patients have been compelled to pursue the procedure long before they might otherwise desire, out of fear of losing capacity later in their disease progression and being rendered unable to consent. Thus, the attempt to preserve autonomy has ultimately undermined it. This presentation will argue that it is this predicament that implores us to consider the role of advanced requests for MAiD.

Rurality and MAiD: Intersections that Inform Policy Development

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MAiD may present distinct ethical challenges in small rural communities where there is less privacy and anonymity, and where people may be concerned about stigma associated with requesting, providing, or receiving MAiD. Requesting and/or receiving MAiD is further complicated by the fact that rural health care professionals (physicians and nurses) and those people providing pastoral care are highly visible in their communities and may know these people and their families outside of the professional context. Thus, longstanding relationships with their community members, friends and neighbors may also compound their feelings of duty and/or grief. Indeed, MAiD has been described as a practice contributing to moral distress. Moreover, recent analysis reveals that physicians who provide MAiD, experience challenges such as strained professional relationships, inadequate financial compensation, and increased workload. Rooted in

the literature, the purpose of this presentation is to bring to light how the rural context, rural healthcare and MAiD intersect and how these intersections might inform policy development.

22. Child Custody and Wellbeing

Fathers' Experience of Health and Mental Health Challenges in Dealing with Family Law Disputes Involving the Care of their Children

Andrew Caple, *Independent Researcher, Brisbane, Australia* (andrewcaple@outlook.com)

This presentation will review several issues of health and mental health germane to fathers as they traverse a path through family courts. Reported in this Session are the results of qualitative surveys that were sampled randomly from various father's support groups in common law jurisdictions that include the United States, Australia, New Zealand, Canada and the United Kingdom. The resulting analysis underlines some salient socio-legal issues to which fathers must attend to, and reports on various successful methods that fathers employed - or wish they had employed - to assist the promotion of their wellbeing during family law custody disputes and beyond. Key to that end is the management of emotions such as fear and anxiety in the face of potential familial alienation, and effectively building incremental capacities to rally from loss. The results may not only benefit fathers generally but may also complement legal advocates' strategies in guiding fathers through a difficult phase of life.

A Need for Speciality Guidelines for Child Custody (Care and Contact) Evaluations in South Africa

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Disputes regarding the care and contact of minor children involve decisions by the court that are sensitive and emotional to the parties. To ensure that the best interests of the minor children remain paramount and to assist with navigating the difficult waters, courts do not hesitate to appoint psychologists as expert witnesses. Although the expert evidence can be vital, the probative value is often hampered by unethical behaviour and/or an inadequate level of performance. Reviewing the record of disciplinary enquiries and complaints against psychologists registered with the Health Professions Council of South Africa (HPCSA) from 1990 until 2019 reveal that psycho-legal work emanating from child contact and care evaluations (previously child custody evaluations) contribute to the largest number of complaints. Undoubtedly, these disputes create a fertile breeding ground for disgruntlement, however, the prominence of challenges is also reflected in South African case law. The aim of the presentation is to demonstrate that the problems are fueled by the lack of regulation in the field. Currently the existing ethical code for psychologists in South Africa is vague and almost non-existent when it comes to psycho-legal work. It is argued that there is a need not only for an ethical code for psycho-legal work but also specialty guidelines in child care and contact evaluations in South Africa.

Sibling Relationships Between Foster Children and Biological Children of Foster Parents: Findings from a Multiperspectival Interpretative Phenomenological Analysis

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This presentation will explore the findings from doctoral research currently in progress on sibling relationships between foster parents' foster and biological children. Foster children can spend significant time in foster care, and the relationships they form in their foster families can be meaningful and supportive even after their placement ends. However, too often, these relationships are lost when the placement ends. Previous research has explored the benefits of a good relationship with skilled foster parents. This research uses multi-perspectival and multi-modal approaches within an interpretive phenomenological analysis framework to explore foster sibling relationships. Although foster children can form meaningful family-like relationships with their foster families, they have no legal relationship with their foster families. The anticipated findings of this study, along with other research on relationships in foster families, supports establishing a legal relationship between the foster child and foster family to mirror their affectional relationship. This presentation argues that, where warranted, foster children deserve a legal relationship with their foster family, who can support them into adulthood.

False Polarization in Family Law: The Case of Resist and Refusal Contact Problems

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A child's resist or refuse to contact a parent is among the most contentious cases for family justice system professionals to help settle. For several decades, these cases have been the focus of heated debate in academia, professional settings and in popular media. This dispute is, in part, due to a controversial set of beliefs about parental alienation that assign responsibility to one parent. Based on a survey of 1,049 family law practitioners (e.g., judges, attorneys, mental health professionals), this presentation will identify patterns of consensus and dissent about parental alienation constructs and will explore implications for intervening. The presentation will highlight practitioners' beliefs about the value and relevance of parental alienation behaviors, presumptions about the role of intimate partner violence and child abuse, and the state of the social science evidence. While there is considerable consistency across views, findings reveal certain profiles of extreme views, clustered around issues of cause(s), etiology, the role of intimate partner violence, and treatment considerations. The purpose of the presentation will be to showcase the concordance in the field, while highlighting the typologies of extreme positions that can intensify and polarize binary and simplified thinking.

Therapeutic Visitation in Foster-Care Cases During the COVID-19 Pandemic

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

Therapeutic visitation is a process designed to facilitate the parent-child relationship. In fractured relationships, children often view the parents as aversive stimuli, leading to physical and emotional disengagement. The parent's presence frequently facilitates a negative conditioned emotional response in the child, leading to the child's emotional and physical disengagement. Child disengagement frequently leaves the parent feeling frustrated, leading to interactions that reinforce the child's faulty thought processes. A five-step process therapeutic visitation process of re-engagement was employed. These steps include graduated exposure, decreasing the negative emotional response associated with the parent, normalizing the parent-child relationship, and resolving the factors that initially fractured the relationship, generalizing these gains into the naturalistic settings, and stabilizing the new relationship structure. In the United States during the COVID-19 pandemic, the ability to bring children, parents, and therapists together for in-vivo sessions was severely limited. Discussed in this presentation are the modifications which were required to provide therapeutic visitation to these families and the implications of these modifications on mending the parent-child relationship and the reunification of the child and their biological parent.

23. Child Vulnerability, Youth Offending, and the Role of Royal Commissions in Protecting Vulnerable Children

Cumulative Harm: The Trajectory to Criminalisation

Rosemary Sheehan, *Monash University* (rosemary.sheehan@monash.edu)

A funded study of 300 children brought before Victoria's Children's Courts for youth offending matters, and known also to child protection, was undertaken by Monash University and the Children's Court of Victoria between July 2016 and August 2018. Data were collected from Children's Court files and key stakeholder consultations to discover the factors which contribute to the entry and entrenchment of these children in the criminal justice system. This group of children were overwhelmingly affected by cumulative harm, socio-economic disadvantage, educational exclusion, family violence exposure, substance abuse and mental illness. They were more likely to be convicted at an earlier age than others, with more violent and more frequent offending. They experienced multi-type maltreatment; despite notification to child protection services there were few responses to disrupt these trajectories. There needed to be more effective strategies for prevention, diversion and responding to such children's criminal justice system involvement. Improved family support to reduce the impact of neglect and cumulative harm; Intensive support for children with early offending; Holistic responses to children offending and known to child protection. Children who find themselves at the nexus of child protection and

justice systems need a whole-of-government response to averting the child maltreatment to custody trajectory.

Neurodisability Among Children Crossing over from Child Welfare into Youth Justice Systems

Susan Baidawi, *Monash University* (susan.baidawi@monash.edu)

Child protection-involved children experience disproportionately high criminal justice system contact. Such 'crossover children' are at risk of earlier and more entrenched youth justice involvement as a result of a range of individual, environmental and systemic factors. Little research has investigated the role of neurodisability in these relationships, despite clear associations between disability and both child maltreatment and youth offending. Drawing on a Children's Court case file analysis of 300 children who came before Victorian criminal youth courts in 2016-17, the results illustrate the level of neurodisability among crossover children, and describe relationships between neurodisability, childhood maltreatment and other adversity, child protection involvement and youth offending. The findings emphasise the importance of attending to neurodisability in future research, policy and practice approaches in the area of crossover children.

The Experience of Implementation: Challenges in Implementing a Principle to Create

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Australian State and Federal Commissions of Inquiry into institutional child abuse have resulted in amendments to legislation and the introduction of specific requirements of organizations to make them "child safe". In 2015 the Child Safety Standards (Victoria) and in 2018 the National Principles for Child Safe Organization (Federal) became obligatory for organizations providing services to children. While the standards and principles are welcomed the process of implementing them at an organizational level is far from straightforward. Ensuring an organization is a safe place for children requires attention to culture, context, resourcing and processes. It may be formalized in the shape of standards or principles, but evidence shows that being safe extends beyond audits. It is both an individual responsibility and a collective commitment. Using an implementation framework developed by the primary authors this presentation addresses the experience of organizations in the process of developing and implementing organizational child safe plans. The organizations provide services to some of the country's most vulnerable children.

The Australian National Redress Scheme: Righting a Historical Wrong

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The Australian Royal Commission into Institutional Responses to Child Sexual Abuse was implemented in 2013 to document the testimony of adult survivors of childhood sexual abuse across a range of organisational contexts. The largest cohort presenting to the commission was adult survivors of the 'out-of-home-care' system. Amongst the recommendations outlined in the Commission's final report in 2017 was the introduction of a National Redress Scheme, partly funded by Government and by the many, often faith-based organisations which were named in the Royal Commission testimonies. It has been widely documented that many adult survivors of 'out-of-home-care' experienced life-long negative impact from their early experiences of abuse and deprivation, and abuse experiences are over-represented in homeless, mental health and incarceration rates. An initial exclusionary factor for obtaining redress was incarceration. Protests against this exclusion resulted in government modifying this exclusion, although eligibility for the scheme is still decided by each Australian State or Territory Attorney-General. This maintains a sense of ongoing state-sponsored neglect of vulnerable children. This presentation will explore the experience of adult survivors accessing the National Redress Scheme, both what it has meant for Forgotten Australians as well as provide an overview of the challenges in accessing the scheme.

Establishing Child Safe Organizations: The Role of a Royal Commission

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The Royal Commissions Act 1902 established the legal basis and purpose of Royal Commissions in Australia. Australian Royal Commissions are at State and Commonwealth level. Their role is to investigate a matter of concern to the community and to hold people accountable. The Royal Commission into Institutional Responses to Child Sexual Abuse reported to Parliament in 2017. The Commission found strong evidence of how organizations put children at risk of harm, particularly children who are already in vulnerable situations. This presentation offers an analysis of stories presented to the Commission by victims of sexual abuse in organizations demonstrating failure of these organizations to protect children. The presentation explores the Commission's process of developing ten child safe principles for organizations and its recommendation that there be greater oversight of organizations to ensure they develop a culture and policies which protect children. The Child Safe Standards were accepted by the Council of Australian Governments including the State of Victoria. The presentation will highlight the role of the Royal Commission in developing safer organizations for children.

24. Civil Religion and Civil Liberties

Can There Be a Civil Religion in a Secular Democratic Polity Today?

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

Civil Religion is secular or "nonsectarian," affirming some sort of "Supreme Being" rather than a God revealed to a particular community in history as in Judaism, Christianity, and Islam. Jews, Christians, and Muslims can accept civil religion only if it does not claim to displace their respective religions. Even secular people who are not adherents of any revealed religion can in good faith accept a civil religion's affirmation of the highest, transpolitical source of civil rights, because it functions as the most powerful antidote to the claim of totalitarian polities to be the original source and final arbiter of all civil rights and duties. Only militant atheists or "secularists," who claim ultimacy for their secular polity and its ideology, reject the affirmation of any God at all. They join with Jewish, Christian, or Islamic "fundamentalists" in rejecting civil religion, but for an opposite reason. They hold that even civil religion is still too much religion, while fundamentalists hold that civil religion is an idolatrous substitution for their own "true religion." This presentation argues for the religious and secular validity of civil religion, thus opposing both secularist and fundamentalist rejections of it.

Complex Problems and Social Institutions: Public Theology and the Covenantal Crisis

Randi Rashkover*, William and Mary College* (rlrashkover@wm.edu)

American Jewish communities have long maintained confidence in American democracy and its promise of the rights of liberty and citizenship. In his book *The Jewish Social Contract*, David Novak argues in favor of an appeal to social contract theory as the conceptual tool Jews can use to understand and justify the Jewish community's confidence in American democracy. In this essay I argue that appreciation for the dialectic of the Enlightenment is paramount for Jewish thinkers since: 1) Jewish communities are implicated in and affected by the contemporary weakening of public discourse and the range of academic, scientific and government organizations negatively impacted by the steering mechanisms of political and economic power: 2) the current state of American democracy has a negative impact upon Jewish communal self-understanding since the illegitimate retention of sovereign state power goes hand in hand with the de-legitimization of Judaism as a form of theo-political discourse; and 3) the current situation calls for a Jewish public theology that deploys the resources of the Jewish theo-political tradition for the sake of challenging the contemporary distortion of American political life.

Civil Religion: A Window into Perennial Themes of Political Philosophy

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The primary purpose of this essay is to trace a consistent civil religion tradition running more or less across the whole breadth of the Western theory canon. I follow Rousseau in conceiving civil

religion as the political appropriation of religion in light of its utility for political life (according to whatever normative vision of politics one happens to embrace). I start by juxtaposing eight classic iterations of this idea, stretching from St. Augustine to Nietzsche, in order to convey a sense of the ubiquity of theoretical reflection on civil religion within the theory tradition. My sketch of the civil religion notion includes a brief account of why the idea remains philosophically important as well as a statement of what I take to be its fatal theoretical weakness. The idea of a theoretically central and recurring theme running across centuries of intellectual history obviously raises methodological issues. In particular, it requires one to take a position vis-à-vis contextualist and "textualist" approaches to the history of political thought. The reference to "perennial themes" in the title of this essay pretty clearly aligns me with the textualist side of this debate, although it would never occur to me to seek to deny that contextualists have an essential contribution to make to reflection on the history of iterations of the civil religion theme within Western political thought.

Science and Ceremony: Remaking American Civil Religion

Heidi Ravven, *George Mason University* (hravven@hamilton.edu)

My current book project is an argument for enhancing national public ceremonies in the US, first, to inspire a re-commitment to public service, and second, to create an emotional attachment to rational scientific solutions to public problems. This model of civil religion is inspired by Maimonides and Spinoza. Maimonides' great insight was that a rational scientific worldview was absolutely necessary as the basis of a just polity. He believed that a commitment to rational causal thinking and scientific solutions to social problems depends upon a public with an emotional attachment to a scientific worldview. He reinterpreted the Jewish tradition as providing widely accessible basic popular scientific understanding as well as a vision of universal justice. Spinoza built upon the Maimonidean model with his deep understanding of political psychology. He applied his prescient proto-scientific account of the emotions, now largely borne out by affective neuroscience, to the social and political theory of the modern liberal polity. He proposed a public civil religion to bind citizens of a pluralist democratic nation to its modern liberal values and institutions. My project builds upon these two insights: 1. the need to convey a naturalistic scientific worldview to the American public at large; and 2. the need to revive and enhance attachment to pluralist democratic values and institutions –both to be accomplished through the Remaking of American Civil Religion.

Conversion as Civil Religion: Rethinking Recent Israeli Conversion Controversies in terms of Civil Liberties

Leora Batnitzky, *Princeton University* (batnitzk@princeton.edu)

Israel's state-sponsored Jewish conversion courts present a particular conundrum for thinking about the relation between civil religion and civil liberties. Because Israel's Law of Return grants the right of citizenship to "those born of a Jewish mother or who have been converted to Judaism,"

conversion to Judaism in Israel epitomizes a tension between civil religion and civil liberties. Conversion to Judaism in Israel seems to be civil religion, if we understand civil religion as religion in the service of the nation. Yet since the state Rabbinate has a monopoly on conversion to Judaism in Israel, the process of conversion to Judaism may be likened to a denial of civil rights not just to non-Jews but also to potential converts to Judaism whom the Rabbinate denies the right to convert. This paper considers a 2016 Israeli Supreme Court case Rogachova v. Ministry of Interior, which accepts for the first time the legitimacy of a non-state sponsored conversion court. I argue that the Justices' reasoning in this case presents a way forward for thinking about this tension between civil religion and civil liberties.

25. Coaching Law Students for Healthy Performance

The Late-Blooming Boxer: Adapting Principles of Boxing Training to Coaching Healthy Law Students

Heidi Brown*, Brooklyn Law School* (heidi.brown@brooklaw.edu)

In this presentation, the author of two well-being books for law students and lawyers—The Introverted Lawyer and Untangling Fear in Lawyering—shares how stepping into a boxing ring for the first time in mid-life revealed insights on how to more effectively coach and mentor law students. This presentation highlights how athletes and performers (and those who employ and coach them) attend to numerous facets affecting individual performance beyond the skills or talents that bring "glory" in the "arena." These drivers include emotions like fear, anxiety, and self-doubt; challenges like ego, temper, or resistance; the realistic need for rest and recovery; the ability to process feedback and critique; the capacity to rebound from losses and mistakes. This presentation emphasizes how legal educators can more effectively coach and mentor law students if we help students tend to their mental, emotional, and physical well-being, as vital components of healthy performance.

The Inner Game of Tennis: Channeling a Love of Tennis Into Coaching Principles for Law Students

Christopher Corts, *University of Richmond* (ccorts@richmond.edu)

How might legal education change if we conceptualized law as a type of contest, and focused on coaching lawyers for sustainably-high performance? As a point of departure, this presentation uses The Inner Game of Tennis: The Classic Guide to the Mental Side of Peak Performance, by W. Timothy Gallwey, to explore how insights from sports psychology can be applied to legal education and to coaching and mentoring law students. Gallwey's book offers techniques for "focusing one's mind to overcome nervousness, self-doubt, and distractions," "finding a state of relaxed concentration" that allows athletes to play at their best," and "building skills by smart

practice, then putting it all together in match play." The presenter will share how he channels his own love for tennis into effective coaching and mentoring principles for law students.

Meditation and Life Coaching for Law Students

Kerin Lughaidh, *Middlesex University London* (l.kerin@mdx.ac.uk)
Anthony Cullen, *Middlesex University London* (a.t.cullen@mdx.ac.uk)

According to Daniel Goldman and Richard Davidson (2017), "Meditation is a catch-all word for myriad varieties of contemplative practice, just as sports refers to a wide range of athlete activities." This presentation will describe the proven value that meditation adds to legal education. It will take as a starting point the introduction of meditation to law students at the London and Mauritius campuses of Middlesex University. The use of meditation as a means of cultivating well-being will be explored in the context of the challenges arising from legal education and the transition into professional practice. This presentation will also touch upon life coaching and mentoring relationships as a way to develop students' capacity for self-reflection, promote student well-being, and foster students' resilience to cope with the demands of legal practice, as well as helping them to clarify their personal and professional goals.

26. Coercion and Vulnerability (1)

The Covid19 Wellbeing Study: Perceived Coercion and Psychological Wellbeing During the Covid19 Pandemic

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COVID-19 (2019-nCoV) is an infectious disease that led many countries to take precautionary measures to reduce the transmission of the virus such as social distancing, self-isolation, quarantine and lockdown. The psychological impact of restrictive measures has received notable attention in mental health research where, for instance, those who perceived their hospital admission as coercive tended to have poorer prognostic outcomes. It is, however, unclear as to how such restrictions are perceived by the general population and the extent to which these perceptions impact on the general population's wellbeing. The aim of the study was to understand the lived experiences and perceptions of those who had been under lockdown in the UK, Italy and Norway. Using a psychological framework, we aimed to understand the extent to which individuals perceived the lockdown as coercive, pressures and procedurally just, and examine how such perceptions impacted on individuals' psychological wellbeing and coping. The study employed an explanatory mixed-methods research methodology consisting of an online survey, online asynchronous virtual focus groups and individual interviews. The analysis, implications of the study and areas which future research should target will be discussed.

False Child Abuse Allegations. An Epidemic in Family Law

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As family law courts in the United States and internationally face an ever increasing number of divorce and custody filings they are facing an uphill battle of what to do with the escalation of false child abuse allegations. Custody battles ensue as one parent seeks to gain an advantage in custody over the other. The social impact of false allegations far exceeds the courtroom's current ability to deter and address these issues. The current system used to defend and fight false allegations has no impact on the reduction of false allegations. Many children are left carrying scars to future generations, with many coming forward later seeking the release of a parent from prison saying they were coerced into making false allegations. Utilizing healing and empowerment models courts can utilize options to provide relief early in the process for families where child abuse allegations are unfounded and/or non sustained, to deter future filings, re-establish the broken relationship between the child and parent break the cycle of this social issue. This presentation will outline the current issue and explore empowerment models to address it.

Gender and Coercive Measures: Results of a Danish Register-Based Cohort Study

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Danish psychiatric legislation on coercive measures does not differentiate between male and female patients regarding what types of measures individuals can legally be subjected to. However, gender differences occur in several psychological, sociological and behavioural (e.g. violence) aspects in general and in other parts of the health care system. Therefore a large register-based study investigated if and how males and females differ in relation to the type of and order of coercive measures. Examined were all 131,633 cases of coercive measure use instituted in Danish psychiatric wards among 8,050 female and 9,617 male patients aged 18 and above, in the period 2011-16. Females were subjected to 75,557 episodes and males to 56,076 episodes. The distribution of types of coercion differed between the sexes. Compared to men, females were more frequently subjected to physical retention, forced feeding, ECT and locking of doors, and less often to forced medication, mechanical restraint, forced treatment of somatic disorder, sedative drug administration and involuntary detainment. The order of use also differed between the sexes. In the presentation, further analyses will be presented and possible explanations for findings will be examined.

27. Coercion and Vulnerability (2)

The Need to Update the Law Regarding Undue Influence

Thomas Gutheil, *Harvard University* (gutheiltg@cs.com)
Steven Alan Hassan, *Independent Researcher, The Program in Psychiatry and the Law, Boston, USA* (hassan@freedomofmind.com)

In British Law, undue influence is a 500-year-old legal concept. Currently, Testamentary Capacity has a very low standard of competency and does not consider modern knowledge about hypnosis, social influence, nor characteristics of predatory individuals and organizations. Several cases that show how social influence can be used to subvert an adult's capacity to give informed consent will be discussed in this presentation. One involves a case of a divorce attorney, Michael Fine, who was covertly hypnotizing his female clients to have sex with him and give amnesia to his victims, so they could not report the crime. Another case involves a 21-year-old man who was recruited into a destructive cult and who gave his inheritance to the cult guru. Two models will be presented which might be useful to begin to frame how the legal system should be looking at Undue Influence. The first is an Influence Continuum which goes from ethical, healthy influence on one end to unethical destructive mind control on the other end. The second is the BITE model of unethical mind control which uses four overlapping components: Behavior Control, Information control, Thought Control and Emotional Control to begin to evaluate where on the continuum any particular case may be. These cases and their implications will be discussed in this presentation.

Enhancing Cognitive Capacity to Ameliorate Vulnerability

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In both clinical and research encounters, one's capacity to render informed, voluntary decisions is fundamental to ensuring respect for one's inherent dignity as a human person, and determining one's competency to render such decisions is a standard legal requirement. As the history of ethical violations in biomedical research shows, a key group of vulnerable individuals, due to their limited practical reasoning and decision-making capacity, are those who possess various forms of intellectual disability. The potential to enhance human beings' cognitive capacities through biotechnological means may mitigate such vulnerability. This presentation addresses several questions related to such an enhancement project: whether cognitive enhancement is morally valuable per se; whether cognitive enhancement may improve one's practical reasoning and decision-making capacity such that the legal threshold of competency could be met; and whether valuing the enhancement of cognitive capacities may be reconciled with valuing the existence and experiences of persons with intellectual disabilities. These questions are approached from an Aristotelian/Thomistic understanding of human dignity and flourishing. This presentation concludes that we may consistently promote certain enhancements aimed at facilitating one's ability to actualize cognitive and other capacities conducive to human flourishing while also valuing the existence and flourishing of persons with intellectual disabilities.

A Critical Appraisal of the Proposed 25th Amendment Commission to Assess the Capacity of the President of the United States

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Political events in the United States in early 2021, particularly the riots at the United States Capitol, stimulated renewed public and political interest in the decision-making capacity and mental fitness of the then-President of the United States. The January 6th Capitol insurrection created enough political momentum that the invocation of the 25th Amendment to the United States Constitution was seriously discussed. This Amendment outlines the mechanism for the removal of a President if he/she is unable to perform the duties of the office. It does not state how that determination ought to occur other than that it may be executed by the agreement of the Vice President and the majority of the Cabinet, or some other body as Congress may by law provide. Lawmakers have proposed legislation which would create a Commission, consisting of psychiatrists and other physicians, which would determine the President's fitness in lieu of the Cabinet. This commission would have the ability to assess the President for incapacity and remove him/her from office. This paper offers a critical political, ethical, and legal appraisal of the proposed Commission.

Key words: President of the United States, Decision-Making Capacity, Fitness-for-Duty, Mental Incapacity

28. Cognition and Mental Health after Critical Illness

The Cognitive Toll of Critical Illness: Impact on Consent and Capacity

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A high percentage of patients with critical illness will have significant cognitive dysfunction if they survive despite no previous documentation or diagnosis of dementia. Patients often prioritize preservation of cognition over survival, yet critical illness is associated with significant short- and long-term cognitive dysfunction. Hospitalization, for example, confers a 1.5-2-fold increase in the odds of new onset dementia, and over one-third of critical illness survivors emerge with new dementia by 1 year. Furthermore, this new dementia impacts quality of life, functional disability, depression, and societal burden, yet this potential cognitive toll is not routinely discussed in the consenting process, ongoing medical care, and shared decision-making medical planning. Additionally, these cognitive deficits often go unrecognized and can lead to changes in comprehension and potentially decision-making capacity for medical and legal circumstances common after major hospitalizations. Meeting these challenges involves understanding and reducing the risks of cognitive dysfunction, undertaking preventative measures to mitigate its

impact, and increasing awareness in the community of its presence. This session will discuss the risks, implications, and prevention of cognitive dysfunction after critical illness.

Mental Health Difficulties After Critical Illness

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Survivors of critical illness frequently experience a wide array of mental health difficulties due to the profound effects of conditions such as sepsis and acute respiratory distress syndrome and experiences such as mechanical ventilation. In addition, they commonly have acute brain dysfunction, or delirium, in the hospital which is often accompanied by disturbing delusions and hallucinations. Two particularly prominent concerns, which exist in between 15% and 30% of individuals and are even more common in high risks groups, include depression and post-traumatic stress disorder (PTSD). Even higher proportions of patients have some characteristics of these mental health difficulties, such as avoidance behavior, but do not meet full criteria. These mental health difficulties subsequently impact their future decision making, in particular with regard to health care, for themselves and their family, potentially leading to negative avoidable consequences. This presentation will help attendees recognize these conditions, describe factors (both modifiable and otherwise) that contribute to depression and PTSD after critical illness, and highlight protective strategies and potential treatments that address their often-unique clinical expressions. Additional attention will be given to the importance of educating patients and family members about the emergence of depression and PTSD prior to leaving the hospital.

Out of the Frying Pan and into the Fire: Impact of Pain after Critical Illness

Christina Hayhurst, *Vanderbilt University* (christina.j.hayhurst@vumc.org)

As survival of medical and surgical critical illness improves, the chronic diseases associated with survivorship have garnered new attention. An often overlooked but hugely impactful part of this post intensive care syndrome (PICS) is chronic pain related to critical illness. Survivors of critical illness have been noted to have chronic pain up to eleven years after their index admission. There are legal and ethical implications to this degree of pain, which are rarely discussed with the patient or families prior to life-saving measures. This presentation will explore the prevalence of pain during critical illness and in the years afterwards. It will focus on the need for informed consent that includes chronic pain resulting from life-saving therapies. It will focus on the etiologies of pain, both acutely and chronically. Does analgesia-based sedation and prolonged opioid exposure make it worse? Should we all have psychologists as part of the ICU multidisciplinary team? What about virtual reality? This presentation will look at risk factors for the development of chronic pain and factors to help mitigate it so a strategy can be developed for the future.

The Duty of Care Following ICU Survival: Utilizing Clinics and Support Groups to Facilitate Patient and Family Recovery

Christina Boncyk, *Vanderbilt University* (christina.s.boncyk@vumc.org)

Increasing intensive care unit (ICU) admissions and advances in medical care have resulted in a greater number of ICU survivors each year. These survivors, however, are often afflicted by complications of their critical illness that include long-term cognitive impairment, physical disability, and neuropsychiatric disorders. This constellation of syndromes, defined together as post-intensive care syndrome (PICS), is emerging as a major public health focus as patients, and their families, struggle to navigate recovery outside of the hospital which often includes changes in employment, household responsibilities, financial burdens, and prolonged emotional impact. As medical providers, our duty to improve patient care extends beyond hospital discharge and must incorporate effective interventions that continue to decrease the burden of disease. It is the duty of community and society, however, to support this out-of-hospital care. The role of multidisciplinary Post- ICU Recovery Clinics and Support Groups have demonstrated benefit for both patients and families. Unfortunately, they are often not supported with funding, difficult to find, and under-utilized when available. This presentation will discuss the utility of Post-ICU Recovery Clinics and Support Groups in patient recovery, identify barriers of implementation and attendance, and share strategies for engaging patients, families, and clinicians.

29. Commitment and Transparency

Improving Therapeutic Relationships: The Influence of Staff Beliefs and Behaviour during Mental Health Tribunal Hearings

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In England & Wales, people may be lawfully detained in a psychiatric unit, provided conditions laid out in the Mental Health Act 1983, as amended in 2007, are met. People who are liable to be detained have a right to appeal the grounds of the detention, in which case the legality of the detention is reviewed in a formal hearing before a three-person panel. This process forms an important safeguard against arbitrary detention, but concerns have been raised that it also risks damaging therapeutic relationships. The aim of our study was to better understand the influence that the appeals process had on relationships between patients and staff, the effect that this had on engagement with therapeutic interventions, and whether patient satisfaction could be improved by changing staff behaviour before, during and after hearings. Preliminary results indicate that staff believe that their patients' chances of having their detention rescinded by a Tribunal are much higher than they actually are, and that they communicate this belief to their patients. People appealing their detention therefore go into the process with unrealistic expectations of success, which may subsequently undermine their trust in staff. We will present the results of our ongoing

work to improve transparency and support people who are appealing their detention to access accurate information about the process and make their voices heard.

Reform of the Scheme of Administrative Involuntary Hospitalization by Prefectural Governor, a Challenge in Japan

Shiina Akihiro, *Chiba University* (shiina-akihiro@faculty.chiba-u.jp)

In 2016, an ex-employee of a residence for disabled people took dozens of users and staffs' lives. As he was hospitalized according to the prefectural governor's order for blackmailing the leader of parliament, public attention was drawn to the forensic mental health systems in Japan. The government attempted to amend Mental Health and Welfare Act to address the issues of offenders with mental disorders. However, the bill was seriously criticized for the risk of violating human rights, Finally, the government reformed the scheme of Administrative Involuntary Hospitalization without amending the act. We have been engaged in the reform in accordance with the government's policy. After the government published guidelines of the new scheme, we conducted a series of national surveys to examine the influence of the new scheme. The subject of our survey included clinical psychiatrists, staffs in public health center, and police officers. As a result, it was revealed that the new scheme is widely expected to improve care for patients with mental disorders, in spite of many difficulties in it. In this presentation, we summarize the current data to propose an optimized scheme for vulnerable patients.

The Commitment of Vincent van Gogh and his Response

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Who has not wondered about the creative spirit and mental health? Whether one views creativity and psychiatric disorder as an issue of individual expression or the interference of mental illness upon the realization of one's genius, the topic stirs debate. A classic instance is that of Vincent van Gogh. Before becoming an artist, when van Gogh was in his twenties, his family initially took steps to commit him to an asylum. A decade later, in late 1888, van Gogh, was first hospitalized after intentionally slicing his ear. This led Vincent to be taken by the police to the local hospital in Arles, France. He was released after a couple of weeks, only to have another relapse approximately a month later. Several neighbors were terrified and petitioned the court for him to be institutionalized. How Vincent responded influenced his creativity and contributed to some of his greatest paintings over the next seventeen months. This session will engage a lively exchange about creativity and mental illness.

Improving the Experience of Patients, Clinicians and Tribunal Panel Members during Mental Health Tribunal Hearings: Learning from the Covid19 Pandemic

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During 2020, the lockdown imposed in England to prevent the spread of Covid19 has dramatically affected the process for reviewing the legality of detention in psychiatric hospital under the provisions of the Mental Health Act 1983. Remote hearings, either by phone or video are a new experience for many Mental Health Tribunal members. They are also a new experience for most clinicians and patients. The Mental Health Tribunal for England, the Royal College of Psychiatrists and the South London and Maudsley NHS Foundation Trust have collaborated to conduct a national survey of patients who have appealed their involuntary commitment, to explore how patients are experiencing the change to remote hearings, and whether the experience of remote hearings varies between ethnic groups and ages and genders. The group has also conducted a survey of clinicians' experiences, exploring whether the experience of giving evidence is different for different groups and whether there is potential racism within hearings. Simultaneously, the Mental Health Tribunal Members' Association has surveyed tribunal panel members, to understand judicial office holders' experiences of the recent changes. This presentation will review the findings of these studies and discuss implications for the future conduct of hearings.

30. Community Treatment Orders

CTOs in Diverse Settings: Emergency Departments, Homelessness and Physical Health Care

Chris Maylea*, Royal Melbourne Institute of Technology* (chris.maylea@rmit.edu.au)

Community treatment orders (CTOs) are often experienced as just one factor among many factors in a person's life. Unlike an inpatient admission or experiences of seclusion and restraint, which are all encompassing experiences while they are enacted, CTOs can be experienced as less encompassing but pervasive background influences with unseen repercussions into other aspects of a person's life. At the points of administration, implementation and review, CTOs are foregrounded, but their impact outside of these times is less clear. This research draws on multiple projects, examining the experience of people who are on CTOs while accessing other services. This presentation outlines the ways people experience CTOs in emergency departments, in homelessness settings, and while receiving care for chronic physical health conditions in Victoria, Australia. This provides an insight into the ways CTOs influence a person's broader engagement with services, enabling or limited these interactions. This presentation primarily draws on interviews and focus groups with people using these services, but also includes data drawn from interviews and focus groups with clinicians and other service providers.

Is There a Case for Paternalism in Chronic Community Mental Health Care?

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

Community treatment orders (CTOs) are part of the psychiatric management landscape in most jurisdictions in the Western world. Their use continues to increase, despite a lack of empirical data to suggest they provide any tangible benefit to patients. If a 'least restrictive' approach to psychiatric management is presumed the use of a CTO necessarily suggests a patient is being compelled to accept some form of treatment they would not otherwise presume to take. Such an approach, presuming again that the medical fraternity have the best interests of the patient in mind, confirms to the typical definition of paternalism. In other words CTOs represent a fundamentally paternalistic approach to mental health care. Is such an approach warranted? And if so in what circumstances? This presentation will consider, using clinical scenarios, if the case can be made for such a paternalistic approach to care and what, if any, criticisms that may exist.

Community Treatment Orders Require Prolonged Coercion for Any Effect and are Disproportionally Applied to Ethnic Minorities

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To assess whether people from culturally and linguistically diverse (CALD) backgrounds were more likely to be on community treatment orders (CTOs), as well as their subsequent effects on outcomes, a systematic search was undertaken of Medline, Embase, CINAHL, PubMed, Web of Science and PsycINFO for any study in Australia or New Zealand comparing CTO cases with controls receiving voluntary psychiatric treatment. Thirty-one publications from twelve studies met inclusion criteria, of which 24 publications could be included in a meta-analysis. Only one was from New Zealand. People who were male, single and not engaged in work, study or home duties were significantly to be CTO cases. In addition, those from a CALD or migrant background were nearly 40% more likely to be on an order. CTOs did not reduce readmission rates or bed-days at 12 month follow-up. There was only evidence of limited benefit following a minimum of two years' CTO placement. People from culturally and linguistically diverse (CALD) backgrounds are more likely to be placed on a CTO. However, the evidence for effectiveness remains inconclusive and restricted to orders of at least two years' duration. The presentation will suggest that this raises questions as to whether CTOs are a least restrictive option.

Realizing Human Rights and Equity in Community Based Mental Health Services

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Evidence abounds of the stigma, discrimination and human rights violations that people accessing mental health care experience, and yet system response to this evidence has been poorly supported and conceived. Indeed, many countries' domestic mental health laws have been found in direct contravention of international human rights covenants. Coercive practices are mediated through day-to-day stigmatizing attitudes and discriminatory behaviours and through the use of mechanisms like community treatment orders that sanction forced treatment and arguably undermine self-determination and human rights. Racialized and Indigenous populations are disproportionately impacted by mental health human rights violations. This presentation will present preliminary findings from the first year of an international study (Canada, Kenya & Australia) designed to investigate service user experiences of coercive practices and the role of recovery oriented, service-user involved organizations in advancing equity and aligning mental health services with the UN's Convention on the Rights of Persons with Disabilities human rights framework and the WHO's mental health Quality Rights Initiative.

Community Treatment Orders: Using Ethnography to Understand the Impact on Care Planning

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Community treatment orders (CTOs) remain contested in their efficacy and rationale for use. Regardless of the debate, individuals, families and clinicians are frequently required to engage within this context. CTO legislation states that treatment and care should be recovery-focused, though care is often coercive. This study sought to understand the interpersonal and broader systems issues that impact on the care planning process. Ethnographic methods of observation and interview provided a detailed account of the multi-perspectives of individuals on CTOs, their families, and clinicians over an 18-month period in a community mental health team in Adelaide, South Australia. Findings showed that 'risk' was understood differently by individuals, families and workers, with the dominant narrative informed by biogenetic understandings of mental illness. This dominance impacted on the conceptualization of individuals by workers, focus of care contacts and care pathway options. This presentation will argue that to improve care experiences and outcomes for individuals on CTOs, the narrow understanding of mental distress needs to broaden to include an understanding of the personal and social adversities individuals face. A broader understanding should rebalance care discussions, from a focus on clinical recovery to personal recovery and citizenship.

31. Comparative International Constitutional Protections

A Global Pandemic's Role in Limiting Immigration to the U.S.

Matt Adams, *Northwest Immigrant Rights Project, Washington, USA* (matt@nwirp.org)

International migration was dramatically altered across the globe with the onset of the pandemic caused by the novel coronavirus. Most countries imposed severe limits on immigration and visitation in legitimate efforts to stem the spread of COVID-19. However, some nations sought to leverage the pandemic to advance other agendas that are not focused on public health. This presentation will focus on the approach taken by the United States to manipulate public health concerns caused by the pandemic to advance the Trump administration's anti-immigrant agenda. In particular, the presenter will focus on the U.S. government's use of orders from the federal agency Center for Disease Control (CDC) to selectively limit immigrants from coming into the United States on both immigrant (permanent) and non-immigrant (temporary) visas, and to eliminate the opportunity for persons fleeing persecution to seek asylum within the United States. The presentation will address how these new barriers dramatically impact the mental health of refugees and other immigrant groups, including those who are stopped at the border, and forced to remain in Mexico for indefinite periods. This presentation will also explore the contradictory approaches taken by the U.S. with respect to expelling noncitizens who had been living in the United States during the pandemic without testing them for exposure to the virus, while at the same time precluding immigrants from entering the United States purportedly to prevent further cases being introduced to the U.S.

Emergency Powers and Human Rights: Assessing the Response to the COVID-19 Pandemic and International Law

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The global pandemic caused by the novel coronavirus has raised significant human rights issues. The issues include the treatment of individuals in prisons and other places of confinement; limitations on political protest; restrictions on freedom of movement; and discrimination on the basis of ethnicity, national origin, and other grounds. While the nature and severity of the pandemic has necessitated strong responses by governments, those responses must be supported by sound public health practices and scientific evidence and should be carried out within a lawful framework. That has not always been the case. This paper will provide a human rights assessment of responses to the pandemic. Particular attention will be given to the pandemic's impact on mental health, and the way in which a rights-respecting response must take mental health into account, such as in the treatment of individuals in government custody or control.

"Passing the Torch" From the Statue of Liberty to the "Welcoming Peace Sculpture": Possibilities for a Just Immigrant Policy in the U.S.

Isaac Romano, *OWHR Institute For War Resistance and Policy Alternatives-Quebec, Montreal, Canada* (romano.program@gmail.com)

On July 4, 1881 France gifted the Statue of Liberty to the United States of America. Today, in the same spirit of welcome and refuge, we are preparing the largest bronze sculpture in the world, "The Welcoming Sculpture." This statue will be spanning the Rio Grande at the US\Mexico Border, at Laredo, Texas, USA and Nuevo Laredo, Mexico. This sculpture is a gesture of peace and friendship, acknowledging the contribution of Mexicans and Central American immigrants. Isaac Romano, project coordinator, explores the notion articulated by Hunter of whether the torch, of the Statue of Liberty, can be passed to this new monumental bronze, to ameliorate the xenophobic populism influencing policy and attitudes towards migration through Mexico to the U.S. This presentation will discuss "impact, and legal ramifications" of U.S. policy leading to child detainment, forced familial separation and the ensuing trauma and violation of human rights. It will discuss generating a new conversation about US policy, refocused on "Policies of Generosity" and assist in reducing individual anxiety and suffering experienced by immigrants of colour, while promoting a sense of individual and group "dignity". As well, the presenter will discuss the positive psychological impact of such a sculpture on people who are typically stigmatized and excluded within society.

Mental Health and Criminal Justice in New Zealand: A Human Rights Critique

Marozane Spamers, *University of Canterbury* (marozane.spamers@canterbury.ac.nz)

The 2018 Government Inquiry into Mental Health and Addiction in New Zealand identified unmet needs and developed wide-ranging recommendations for a better mental health system for Aotearoa/New Zealand, including suggested reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the establishment of a Mental Health and Wellbeing Commission. The Inquiry identified the prison population as disproportionately at risk of unmet mental health needs, but did not delve into a review of mental health in the broader criminal justice system. This presentation will build on the findings of the Inquiry by identifying selected areas of policy and practice relating to mental health in criminal law and sentencing, policing, and corrections in need of reform to prevent potential human rights abuses and the miscarriage of justice. The discussion will consider the Bill of Rights Act 1990 and New Zealand's international human rights obligations against the interests of the individual, the community and the state.

32. Conflict and Consequences in the Middle East Crisis

Syrian Torture Survivors Testify to their Experience and its Consequences

Sammy Baker, *University of California at Davis* (sbaker@ucdavis.edu)

Syrian Security-forces tortured their citizens. This study examined the process of arrest, detention, and the impact of these traumatic events on physical and mental health.   Audio-recorded nine deep-interviews in Arabic with Syrian war refugee torture-survivors were transcribed, translated to English, and analyzed for thematic content. Participants were ≥19 years of age, and residing in Jordan.   Themes emerged in three phases. Pre-captivity, wherein participants revealed their personal and professional lives and their involvement in the revolution were investigated to build a case justifying their arrest. Captivity included extreme traumatic experiences in dungeons of torture, the horrifying survival conditions (e.g. food, shelter, medical care, space in the cell, etc.) as well as the torture methods. Survivors hardly believed they had endured such suffering. Post-captivity and the aftermath of torture, included descriptions of the adverse physical and mental health impacts of torture on the survivors' personal, interpersonal and professional lives. Torture is a process commencing before captivity and continuing for years after, with multiple health and mental health consequences for survivors and their families. This presentation will discuss the findings and argue that there should be a policy "No Tolerance of Torture" and prosecution of perpetrators.

Adverse Health and Mental Health Impacts on Syrian Refugee Children

Nour Mallat, *University of California at Berkeley* (nourmallat@berkeley.edu)

The Syrian war has caused a mass displacement of its citizens. This study examines Syrian refugee children's experiences as narrated by their mothers. Twenty-three open-ended audio-recorded interviews in Arabic were conducted between March and June 2014. Interviews were translated and transcribed via group narrative methodology. Children witnessed mass killings, experienced shelling, hunger, separation from family members, physical abuse, sexual violence, incarceration, and torture. In the host country, children faced multiple challenges, e.g. poverty, educational difficulties, local peers' hostility, domestic violence, and child labor. Traumatic events and displacement stressors adversely affect the physical and mental health of the children. Children's challenges were also related to their parents' experiences and displacement challenges, exacerbated by family stressors, intergeneration transmission of trauma, harsh parenting style, parental control, and parentification.   Syrian refugee children's need is enormous and the long-term consequences for their physical and mental health are of great concern. It will be argued that this study's findings need to be utilized to promote policies, interventions and services that are more responsive to the dire needs of this extremely vulnerable population.

Unattended Mental Health Needs in Primary Care in Lebanon's Shatila Refugee Camp

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This study examines factors contributing to unattended-mental-health-needs among primary-care-patients in Lebanon's Shatila Palestinian Refugee Camp in order to understand its prevalence and redress its consequences for vulnerable groups. Researcher-administered-structured-surveys of primary-healthcare-clinic-patients (n=254) using the K6, the PC-PTSD, and the Modified-MINI mental illness screens were completed. Logistic regression evaluated factors associated with unattended-positive-mental-health-screens. Patients (n=254) included 55% females and 45% males; aged 18-89, M=40.4 (±13). 51.6% (n=132) had positive-mental-illness-screens. Of these individuals, 11.4% (15 of 132) spoke to their physician about mental illness or had acknowledged records of psychological problems. Thus 88.6% (n=117) of those with positive-screens, had unattended-positive-screens. Logistic regression results indicated that patients with unattended-positive-screens were 36% less likely to have higher SES scores for each step up in status [OR=0.66; CI: 0.48-0.89] and 58% less likely to have access to a provider for advice or assistance [OR=0.42; CI: 0.20-0.88]. They were 2.2 times more likely to be females [OR=2.20; CI: 1.22-3.95], and 5.26 times more likely to attribute their mental illness to a physical illness [OR=5.26; CI: 2.36-11.74]. Large numbers of patients have unattended mental health needs during primary care visits. This presentation will conclude that improved communication in primary care might significantly reduce the prevalence of untreated-mental-illness.

Protective and Risk Factors in Syrian Refugees' Sexuality and Intimate Relationships

Niveen Rizkalla, *University of California at Berkeley* (rizkalla555@berkeley.edu)

War and displacement trigger relational distress and negatively affect dyadic relationships, a vital component of family relationships. The study explored the impact of war and displacement challenges on Syrian refugee women's sexuality and intimate relationships. Twenty-four open-ended-interviews were conducted in Arabic with Syrian refugee married women, ≥ 19 years old, residing in Jordan. Interviews were translated, transcribed to English, and analyzed utilizing group narrative methodology. Risk factors impacting sexuality and intimate relationships were found to include exposure to war traumatic events, poor physical health, separation from family members and loss of social-support-systems, loss of legal-status and identity, economic challenges, illegality of work in host-country, changes in physical space and sleeping arrangements, depleted mental health, and change in gender-roles and family-dynamics. Protective factors included building a new dyadic-closeness with spouse and children, finding new social-support-systems, economic-assistance, faith and religious beliefs, hope to return home, and aspirations for a better future for their children. This presentation will conclude that war and displacement have impacted Syrian refugees not only in the individual level, but also in the dyadic and familial levels. Family-friendly-

services are therefore needed to ameliorate social-stigma and to encourage openness in taboo topics such as sexuality.

Challenges of Syrian Refugees and Aid-Workers in Lebanon Before and During COVID-19

Lian Elkazzaz, *University of California at Berkeley* (lianelkazzaz@berkeley.edu)

Amidst the Syrian-conflict, service-organizations face challenges addressing the needs of refugees and aid-workers who assist them. This study examined the impact of COVID-19 on both groups in Lebanon as the conflict continues. Remote-interviews (1-1.5 hours) in English and Arabic, with 20 aid-workers from refugee-service-organizations during March/April, 2020. Interview-transcriptions analyzed utilizing a thematic analysis approach. Challenges before COVID-19 were focused on Syrian-refugee legal-status limits affecting housing, employment, and education. Lebanese hostility, most prominent in urban areas, escalated after the Lebanese uprising when the economic situation threatened service-provision. During the COVID-19 crisis, both aid-worker and refugee challenges were emphasized. Syrian-refugees, primarily working "daily jobs", have had limited ability to practice social distancing. Many experienced a dire need of food, masks and other protective measures, and increasing hostility from a fearful Lebanese community. Aide-workers shifted to remote programming, offering services from home, with increased hours, and increasing use of negative coping mechanisms to deal with feeling stressed, and finding difficulty in adjusting to social distancing. Lebanon's political and economic situation have imposed an unwelcoming hospitality towards refugees whose circumstances have become more complex under COVID-19. It will be argued that more than ever, the humanitarian sector needs assistance.

33. Contemporary Perspectives on Gender and Intimate Partner Violence

Understanding the Developmental Pathways to Men and Women's Perpetration of Intimate Partner Violence and Abuse

Jennifer Mackay, *Nottingham Trent University* (jennifer.mackay@ntu.ac.uk)

There is a paucity of research exploring female-perpetrated intimate partner violence and abuse (IPVA), meaning there is a lack of understanding of: risk factors; theoretical explanations; and intervention need. This PhD research aimed to compare women and men who have perpetrated IPVA to understand 1) the developmental pathways to perpetration; 2) the function of IPVA; and 3) the offence process of IPVA perpetration. Interviews were conducted in a qualitative study to gain understanding of the temporality of risk factors in the pathways to IPVA perpetration. Fifteen women and 14 men convicted of an IPVA-related offence and currently serving a prison sentence

took part. The interview schedule was based on a 5-P's case formulation approach. Thematic Analysis revealed many similarities across women and men in their trajectories to IPVA perpetration. Women emphasised the importance of their trauma experiences and an anticipation of being hurt in relationships; however, men trivialized their trauma experiences, despite their apparent significance. Functions of IPVA perpetration were similar for women and men (expression of negative emotion, revenge, actions of partners, substance use and self-defence) with a small number of nuanced differences. A theory of IPVA perpetration in women and men is proposed, which emphasizes the impact of trauma and mental health issues as perpetuating factors. This presentation will suggest that interventions offered to women and men should be trauma-informed, take a DBT approach and be needs driven, regardless of the gender of the perpetrator. Limitations include the use of a prison sample; future research should now examine the applicability of the proposed theory on individuals given community sentences and those not in criminal justice settings.

Looking Behind the Numbers: Assessing Abuse Profile, Context, and Outcomes for Various Victim "Groups" Upon Presentation to, and Exit from, Specialist Domestic Abuse Services in the UK

Benjamin Hine, *University of West London* (ben.hine@uwl.ac.uk)

Current understandings about how, why, and in what context victim-survivors of domestic violence and abuse (DVA) engage with and use specialist services, are limited. This is particularly the case for so-called "hidden" victim groups, such as men or those from the LQBTQ+ community. This research programme therefore aimed to use large-scale data sets to provide more detailed information on victim-survivors' engagement with specialist services and their outcomes upon exit. This study details a large-scale review of secondary data provided by the charity Safelives. Information from >64,000 cases of clients engaging with specialist services across the UK between 2007 and 2017 was anonymised and sent for analysis. Analyses included descriptive profiles of abuse, context, and outcome, as well as inferential analysis comparing relative likelihood of risk factors and characteristics across groups. Results provide important descriptive information on who accesses specialist services and in what context. Moreover, several characteristics/risk factors were found to be significantly more likely in particular groups (e.g., male victim-survivors were more likely than female victim-survivors to stay living with their abusive partner). Results also revealed the comparatively poor outcomes of LGBTQ+ victim-survivors compared to those abused by opposite-sex partners. The present study demonstrates the need, above all else, to examine service data in more rigorous detail. Specifically, there is a need to assess the relative likelihood of particular abuse/context characteristics and outcomes across groups, to ensure that services are driven by the specific needs of client groups, rather than their objective numbers. Findings and implications will be discussed in this presentation.

Neglected Victim Groups: Older Men and their Experiences of Intimate Partner Violence

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Over the last decade there has been an increase in research exploring men's experience of intimate partner violence (IPV), but there is still a dearth of research is around exploring older men's experiences. The literature describes a growing body of work with older women, but older men's experiences still remain out of the mainstream narrative around IPV. A small-scale pilot study found unique experiences of this age group related to factors such as age-related cognitive decline, health issues, and longevity of the relationship. The aim of this presentation is to discuss the findings of a new qualitative study that has specifically focused on targeting the experiences of older men (60+); this larger sample was recruited through both an anonymous online survey to facilitate disclosure but also interviews to capture a broad range of men's experiences. Findings are discussed in terms of men's experience of abuse, age specific experiences, and the impact of these experiences on both their physical and mental health. The results are further discussed in line with the practice-based need to ensure service responses are tailored to the groups they are working with and moving away from a 'one size fits all' approach.

Forced-to-Penetrate Cases in the UK: Emotional and Psychological Impacts on Male Victims, Help-Seeking, and Law Reform

Siobhan Weare, *Lancaster University* (s.weare@lancaster.ac.uk)

Forced-to-penetrate cases involve a man being forced to have penetrative vaginal, anal, or oral sex with a woman without his consent. These cases have received little academic consideration, and are not recognized as rape under UK laws. This paper reports findings from the first study in the UK to investigate this form of sexual violence against men, based on semi-structured interviews conducted with 30 male victims. The paper will first explore the emotional and psychological impacts reported by participants, the majority of whom experienced this form of sexual violence as one form of intimate partner abuse. Impacts included anxiety and depression, suicidal thoughts and ideation, and self-harm. Participants also reported negative impacts on their emotional well-being and personal lives. The paper will then move on to look at participant's experiences of help-seeking and accessing support, including barriers to engagement. Finally, the paper will consider the impacts of these findings for law, policy, and practice, including whether there is a need for law reform in the UK to better capture and reflect the harms associated with this form of sexual violence.

34. Coping Inside and Outside of Prison

Coping Self-Efficacy and Women Returning to the Community from Incarceration

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Robert Johnson, *American University* (rjohnso@american.edu)

Women are the fastest growing population in United States prisons. Most of these women will eventually return to society. Therefore, they must be equipped with skills that enable them to desist from crime and prevent them from returning to jail or prison. Research shows that high self-efficacy is one characteristic associated with successful reentry from incarceration. In our study, the Coping Self-Efficacy Scale was administered to women residing in a halfway house for women released from jail or prison. The scale was administered to the women multiple times throughout their stay at the halfway house. Additionally, the women were interviewed about their reentry experience. This study provides insight into the women's coping strategies during reentry and how their self-efficacy changed throughout their stay at the halfway house. This presentation will discuss the findings and implications of this study.

Seeking Mental Health Treatment in Prison: Peer Support Provides a Promising Avenue for Reducing Stigma and Increasing Access

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Accessing mental health treatment can be stigmatizing for anyone, but the stigma is particularly salient for those confined in prisons, where any sign of weakness can put an individual's safety at risk. Suicide rates in prison are four to six times higher than among the general population, varying by country. While the need for better access to adequate mental health care in prison is well-documented, very little research investigates effective solutions to help people access services they need. This study uses interviews and observations to better understand how men residing in two U.S. prisons view mental health treatment and how peer support might improve service access. Findings suggest that peer support can help individuals manage the stigma and negative perceptions associated with accessing mental health care while in custody, which could increase access for those most in need of services. Implications for criminal justice and mental health agencies are discussed.

Self-Preservation in the Prison Context: A Content Analysis of Letters from the American Prison Writing Archive

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Against the theoretical backdrop of Pufendorf's and Freud's divergent approaches to selfpreservation, this paper conducts a content analysis of letters collected by the American Prison

Writing Archive. Humans possess an inclination to survive, and this is no different among incarcerated persons. Natural law and psychoanalytical theories elevate self-preservation as a key and rigid principle of human life that is closely connected to social milieu. However, it is unclear in the extant sociological literature how the instinct to preserve oneself operates in confinement, wherein incarcerated persons have little control over their lives and lack social interaction. Using a qualitative research design, concepts and themes relating to the desire to protect and preserve oneself will be identified in letters from incarcerated individuals. The study seeks to demonstrate the persistence of self-preservation in the prison context and identify a number of common ways in which these individuals attempt to physically protect themselves and preserve their mental and emotional health.

Defense of An Incarcerated Person's Right to Self-Preservation

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Prison is generally deemed a violent and dangerous place, where incarcerated individuals and staff face the ever-present threat of violent victimization, including assault and even homicide. Jails and prisons enclose impulsive and often angry individuals in tight quarters regardless of their mental state and previous crimes, creating a powder keg for potential violence. Violent predators are sometimes placed in cells with vulnerable inmates who are offered little protection by staff. As a result, incarcerated individuals face acute levels of fear and anxiety on a daily basis because they live with at least some degree of fear of victimization. To stay sane and alive, they are forced to develop coping mechanisms and survival tactics in order to manage fear and adapt to prison life. The purpose of this piece is to show that acts of violence in prison are, in some cases, a necessity for survival. Incarcerated individuals may find themselves forced to engage in acts of violence as a means of pre-emptive protection.

The Law of Self-Defense in American Prisons

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In the United States, when one is charged with certain types of crimes, he/she can claim that the crime was committed in defense of oneself. However, incarcerated individuals are not always able to claim self-defense when they are accused of committing an assaultive act while incarcerated. Notably, whether they are afforded this right is largely dependent upon who will hear their case: a court, or a jail/prison disciplinary body. Despite the plethora of philosophical and legal arguments for a right to self-defense in prison, courts in the United States vary in the degree in which they protect this right. This paper is a survey of state and federal case law in the United States involving the right to self-defense while one is incarcerated. Additionally, it examines the law of unlawful force on the part of correctional officers and the ability of incarcerated individuals to defend themselves against correctional officers. We argue that the right to self-defense should be a fundamental constitutional right for all, and that by not affording incarcerated individuals the right

to defend themselves against attacks, they may be punished for simply trying to stay safe from harm.

35. COVID-19 and the Family: Lessons for Law and Policy in a Post-Pandemic World

Women's Struggles during COVID-19, Mental Health, and Socialist Feminism

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Women, especially those with children, have faced severe struggles during the COVID-19 pandemic. Many have lost their jobs or quit in order to care for their children, which now may include schooling them at home. These crises have had significant effects on family dynamics as well as on women's mental health. Therapy appointments are hard to get, as mental health professionals work long days trying to address what has become a national mental health crisis. The United States has traditionally left care work within families to the private sphere. For the first time, discussions of necessary public interventions have begun, even across party lines – and the word "socialism" has entered the conversation. This presentation will describe the mental health problems of women and families during COVID and the promise of socialist feminism as an approach to analyzing and addressing them, drawing upon Bowman's research on the history of socialist feminism.

The Gender and Race of Public Support in the United States

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Laura A. Rosenbury, *University of Florida*, (rosenbury@law.ufl.edu)

The pandemic has exposed gaping holes in the American safety net, sparking new conversations about public support for distressed families. These conversations and the particular government interventions that COVID-19 has produced (and has failed to produce) reflect gender- and race-based assumptions and biases. In this way, today's discussions and support measures mirror those in earlier times, from the Moynihan Report in 1965 and the demise of the constitutional welfare rights thesis in the 1970s to "welfare reform" in 1996 and efforts to attach work requirements to food stamps and Medicaid in the Trump administration, to name just a few examples. This presentation will examine public support in America through the lenses of gender and race. It will conclude with a look at some proposals, past and contemporary as well as domestic and foreign, that hold promise for mitigating the assumptions and biases long infecting the American approach to public support.

Justice and Child Care in the United States

Anne L. Alstott, *Yale University* (anne.alstott@yale.edu)

We all know (and many of us experienced firsthand) the child-care disaster that accompanied COVID-19. On the positive side, the mass disruption of child care underscored the fact that child care is a key part of our social infrastructure, with benefits far beyond the "private" family. I will discuss how an egalitarian theory of justice could (and should) shape reforms in the U.S. child care system. The most important reforms, I will suggest, would improve the mental health and well-being of children, parents, and child-care workers while creating the reliability and flexibility necessary to weather any future pandemic.

COVID-19 and the Architecture of Care

Melissa Murray, *New York University* (MurrayM@mercury.law.nyu.edu)

Work-family conflict is surely a driver of continued gender inequality in our society. But what if it is not the only driver—or even the most important driver? What if, in our attention to the conflict between work and caregiving, we have overlooked an equally pernicious force in entrenching sex role stereotypes and fueling inequality? In this presentation Murray draws upon her forthcoming book, *The Architecture of Care*, for a critical assessment of the way in which the physical infrastructure of our society produces and entrenches norms that allocate caregiving to the home and to women, and in so doing, stymies progress toward a more equal and equitable society. Although we have focused on work-family conflict as a principal driver of gender inequality, in fact, the architecture and structure of public spaces also contribute to the formation and entrenchment of gendered caregiving norms and sex-role stereotyping around caregiving. The pandemic has reinscribed the home as the principal site of caregiving and women as primary caregivers. However, the prospect of reopening may lead to new opportunities to disrupt and transform these norms and our physical environment

What is the Biology of Parenthood?

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The COVID-19 pandemic has amplified concerns over the welfare of parents and children – as families face financial hardships, health struggles, and weak childcare support. Discussions about these problems generally proceed from the assumption that we know who is a "parent." But the law systematically excludes many parent-child relationships that exist in fact from recognition and protections. More specifically, nonbiological parents and their children have found the conditions of the pandemic even more daunting—for example, worrying about custody in the event of a legal parent's incapacity. This project interrogates the law's failure to value nonbiological parent-child relationships from the perspective of science. Research on parents and children challenges the law's conception of the biology of parenthood and instead suggests a different conception—one

that prioritizes the act of caregiving, over biological ties—that should inform governmental support for parent-child relationships.

36. Creating, Implementing and Evaluating Trauma-Informed Systems

Creating Trauma-Informed Organizational Change : What Are the Steps?

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Trauma is a growing public health concern that impact all. Trauma-informed care is a means of ensuring universal precaution for trauma which requires individuals, organizations, and systems to intentionally neutralize the environment and interactions for re-traumatization. Creating trauma-informed organizational culture change is a process that often takes multiple years to achieve and thus requires a strategic plan to efficiently facilitate. The Trauma-Informed Organizational Model developed by the Institute on Trauma and Trauma-Informed Care provides the framework, assessments, and tools for any organization plan for, implement and sustain trauma-informed change. This presentation will review the overarching trauma-informed framework used to inform the model, including re-traumatization and the guiding values of trauma-informed care. The stages and key development areas for trauma-informed change and specific considerations within each will be discussed. The presentation will also provide concrete strategies at the organizational level to facilitate change in various settings, including law and mental health, and direct participants to resources and tools for planning and implementation.

Implementing Trauma-Informed Educational Practices in School Districts

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Although it is not usually the role of schools to provide trauma treatment to students, trauma can impact a student's ability to succeed in the school environment. Repeated exposure to adverse and traumatic events especially during development, can alter the brain and body and make the processes required for learning difficult. Based on the awareness of the prevalence of trauma—including many situations involving the legal system—the goal of a trauma-informed approach is

preventing re-traumatization while promoting healing through increasing safety, trustworthiness, choice, collaboration, and empowerment in all interactions. Creating a trauma-informed school district involves responding to the prevalence of trauma by making changes to all levels of district functioning to prevent the potential for re-traumatization of students, families, and staff. While training is critical, becoming trauma-informed requires strong leadership investment and a strategic implementation plan. This presentation will describe implementation examples from work done in various school districts to implement and sustain trauma-informed educational practices district-wide, including evaluation, training, coaching, making changes to policies and procedures, and collaborating with other systems.

Implementing Trauma-Informed Medicine in Hospitals and Community Health Centers

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Health care professionals are increasingly recognizing the long-term impacts of trauma on a person's health. Many traumatic events involve violations of an individual's body integrity, and thus experiencing trauma can also impact attitudes toward medical care in general. As rates of trauma exposure in primary care patients are estimated to be high, and justice-involved individuals are likely to both have histories of trauma and various health concerns, it is critical that health care professionals understand the relationship between trauma, adversity, and health, as well as approaches to create environments that are less triggering for both patients and staff and promote recovery and healing through the services they provide. Preliminary research has demonstrated that trauma-informed care has the potential to increase patient engagement in treatment and preventive care, improve patient experience of care and health outcomes, as well as promote genuine healing. Trauma-informed care does not require health care professionals to know if a person has a trauma history, but rather to change practices that are used with all patients and staff as universal precaution for re-traumatization. This presentation will describe implementation examples from work done in hospital and community health center settings to train health care professionals and implement trauma-informed medicine at an organizational level.

The Brief Measurement of Trauma-Informed System Cultures

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As law, mental health and other service sectors continue striving to become trauma-informed, there is an increased need to develop brief assessments that monitor trauma-informed care implementation processes. The Trauma-Informed Climate Scale 10 (TICS-10) was refined from the original, 34-item TICS to accomplish this aim. The TICS-10 contains two items from each of Harris and Fallot's five value model of trauma-informed care, including safety, trustworthiness,

choice, collaboration, and empowerment. The analytic and conceptual approach for scale reduction included analysis of internal (discrimination parameters and item-total correlations) and external (correlations with related constructs of burnout and organizational commitment) item quality factors. The two items from each subscale of the TICS with the highest internal and external item qualities were retained for the final TICS-10. In this presentation, the psychometric properties of the TICS-10 will be described, including its reliability (Cronbach's α .91) and construct validity (demonstrated through confirmatory factor analysis). Recommendations for the administration of the scale, including instructions for scoring and practical uses, will also be discussed.

37. Criminal Justice Involvement in Social Context among People with Serious Mental Illness

The Association of Prior Criminal Justice Involvement and Stress, Trauma, Co-Morbid Physical Health and Service Utilization among People with Serious Mental Illness

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People with mental illness are overrepresented in jails and prisons. Approximately 14-17% of individuals entering jail (15% of men and 31% of women) meet criteria for serious mental illness-prevalence rates that are about three times higher than the general population. Perhaps even more troubling than the prevalence of mental illness in the criminal justice system is the differential effect of incarceration on these individuals. While incarcerated, people with serious mental illness have more difficulties than those without mental illness, are incarcerated for longer, and are more likely to be viewed as noncompliant. They are more likely to be victimized while incarcerated compared to the general population, contributing to the increased trauma and psychological toll of incarceration. However, less in known about the lasting impact of prior criminal justice involvement on health and psychosocial factors beyond the period of incarceration. Using a sample of 156 adults with serious mental illness who are living in community settings, we will compare those who have an arrest history (i.e., ever been arrested, N=92, 56%) with those who have never been arrested to examine the association of prior justice system involvement with current experiences of stress, trauma, co-morbid physical health, and service utilization. Implications of the results will be discussed in this presentation.

Examining Network Factors among Treatment Court Participants

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Treatment courts (TCs) were developed to divert people with mental illnesses and substance use problems from serving lengthy stays in prison to community-based treatment and services. It is unclear what role network factors play in TC participants' engagement and recovery. The purpose of this research was to explore baseline mental health and network factors among a group of people entering TCs in one county in the midwestern United States. Two research questions were explored: (1) how do mental health factors relate to perceived network support and control? (2) how does perceived self-efficacy relate to mental health and network factors? Questions were addressed using an exploratory, non-experimental research design. Participants were recruited from four TCs – mental health, drug, veterans, and DWI. Participants were primarily charged with felonies. Three quarters of the sample reported at least one period of homelessness with their first episode occurring as young as five years old. Mental health and self-efficacy were significantly related to perceived social support and control from network members. Although networks were fairly small (3-4 people), networks had high rates of drug use, stress, and perceived support. This presentation will discuss the findings and suggest that this preliminary work helps identify the services this population may need as they take part in TCs.

What Gets Measured in Re-entry Research? A Scoping Review on Prison and Jail Re-entry for Persons with Mental Illnesses

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Despite decades of research on re-entry for those with mental illnesses leaving jails and prisons, little is known about what works and for whom. Growing our understanding of community re-entry among individuals with mental illnesses requires comparative effectiveness approaches, yet more specificity and standardization of outcome measurement is needed to engage in this type of research. The scoping review discussed in this presentation aims to provide clarity about re-entry research by ascertaining which outcomes are measured and how they are operationalized. A search of multiple databases yielded 412 articles for potential inclusion. After independent document review by two of the authors, fifty-seven articles were included in the scoping review. Across the articles, 152 outcomes were reported with the category of recidivism being the most commonly reported outcome. Behavioral health factors were the second most frequently reported category and outcomes concerning basic needs, quality of life, or social aspects of re-entry were rarely reported. There is additionally a lack of consistency in how these outcomes were operationalized and measured across studies. Establishing common definitions and consistent reporting of outcomes is needed in order to build an evidence base in re-entry research. This is especially important as the array of re-entry services expands for this population. Findings and implications will be discussed.

Decarceration and Serious Mental Illness: An Examination of Bail Reform in one of the United States' Largest Jails

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Recent decarceration efforts in the United States include pretrial reforms aimed at reducing the population of local jails. We assessed the impact of Illinois Bail Reform of 2017 on the registration of detainees with serious mental illness (SMI) into the Cook County Jail. Using electronic health record data, we created a high-sensitivity measure of SMI. We conducted interrupted time series analysis comparing total jail registrations with the subset with SMI with or without co-occurring substance use disorder (SUD) before and after implementation of bail reform. Compared to a clear decline in total jail registrations during the quarters leading up to the implementation of bail reform, we did not detect any significant declines in the number of registrations of detainees with SMI ± SUD, neither before nor after bail reform. Consequently, the proportion of jail admissions with SMI increased between 2015 and 2019 from 26% to 35%. Illinois Bail Reform did not have any measurable effects on the diversion of SMI from jail, and in fact increased the degree of disparity. The presentation will discuss intentional efforts involving cooperation by the health and social services sectors to translate the impact of decarceration onto the population experiencing SMI.

38. Criminal Responsibility and Societal Culpability

Criminal Responsibility in Delinquency Cases: Should Societal Culpability be Taken into Account

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In the United States and other countries (Brazil, Paraquay) where "color" is a determinative factor in every stage of a criminal law prosecution, the proportionality of incarceration rates is almost always higher among those with darker skin. (Examples are Blacks in the U.S., darker indigenous people in Central and South America, and in Western Europe.) These rates correspond in large degree to the poverty levels of each group. Discrimination permeates the society by way of job and housing discrimination, and access to health care and adequate schools. This presentation asks the question: should criminal justice courts consider poverty and racism in determining the quilt or innocence of its people, especially its children, who have been born into poverty through no fault of their own? Legal dogma, generally requires bright line rules so that the mens rea

requirement of a criminal act requires mental incapacity to eliminate intention. No societal factors subject to interpretation are allowed. For example, if a child is raised in a poor slum with poor health care and nutrition, attends a school performing less well, and is taught from the beginning that their future is limited to the same as their parents, they may be more inclined to commit a crime. The criminal justice system should incorporate an analysis of "opportunity to thrive" in legal judgments to reduce sentences or dismiss the charge altogether.

Criminal Intent and the Social Indicators of Justice

James Bell, *Haywood Burns Institute for Justice, Fairness and Equity, Oakland, USA* (jbell@burnsinstitute.org)

Dr. Martin Luther King observed that discrimination is a hellhound that gnaws at black folks in every waking moment of their lives to remind them that the lie of their inferiority is accepted as truth in society dominating them. The criminal justice system in the United States was constructed from the beginning to exercise social control over the "other". Our criminal jurisprudence reflects hundreds of years of legislation and precedent perfecting social control under the euphemism "public safety". Which begs the question—safe from whom? This presentation will explore challenging criminal intent to acknowledge the social determinants of law violations such as witnessing violence; worrying about whether your immigrant father will be home for dinner or deported; fearing that your sexual identity will make you a target for violence; or enduring chronic stress because the color of your skin makes you an object of fear when you walk down the street. This presentation will make the case that the deliberate disinvestment in communities of concentrated poverty must be take into account for alleged misbehavior.

The "Good" vs. "Bad" Immigrant: A False and Harmful Narrative

Ashley Melwani, *Legal Services for Children, San Francisco, USA* (ashley@lsc-sf.org)

The United States is overwhelmingly a nation of immigrants (just over 2% of the population is Native American). Yet in recent years, the topic of immigration – namely who should be allowed to come (or stay), and how they should do it – has become one of the most politically divisive in the country. Much of the current discourse in the United States regarding immigration is based on notions of the "good" vs. "bad" immigrant, and the idea that there is a "right way" to immigrate, and a "wrong way." The public's attitude toward immigrants, its policies, and its laws, seek to divide people into these two categories - promising reward to those in the former (opportunity, legal status, and praise), while harshly punishing those in the latter (incarceration, family separation, and removal). How does the myth of the "good" vs. "bad" immigrant play out in removal proceedings, where the majority of individuals are poor, unrepresented, people of color? And as the face of migration from Central America and Mexico has increasingly become the face of children – many of whom arrive at the border alone – what societal responsibility does and should the United States bear with regard to their wellbeing? How can advocates fight for the rights of the most vulnerable without playing into a false and harmful narrative?

An Innocent Abroad: The Amanda Knox Story

Anne Bremner, *Attorney-at-Law*, *Seattle, USA* (abremner@freybuck.com)

This presentation will examine the story of American exchange student Amanda Knox through the lens of accomplished attorney Anne Bremner. Beginning with Ms. Knox's background as a college student from Seattle, Ms. Bremner will introduce how she became involved in Ms. Knox's case. Her presentation will also explore the cultural distinctions between Ms. Knox's hometown of Seattle and her study-abroad town of Perugia, Italy, setting the stage for what became a globally publicized murder trial. Once the stage has been set, Ms. Bremner will dive into the legal issues at play in the trial, analyzing the factual and psychological influences Ms. Knox faced as a foreign defendant unfamiliar with the Italian criminal justice system. Ms. Bremner will also provide an examination of the role played by both traditional media and new-age social media in escalating Ms. Knox's story rapidly and incorrectly, and the effect this played on the public's perception of Ms. Knox. The presentation will also describe the aftermath faced by Ms. Knox after her exoneration, which includes her life in Seattle, treatment by the media following the exoneration and reunions with supporters.

Time to Move On from "Assess Me, Refer Me, Manage Me" in the World of Homelessness? A Possible Answer from the World of Homeless Veterans

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The dominant paradigm of homelessness is that the situation keeps getting worse. Much is to done to relieve the distress for those involved but recidivism and involvement with agencies such as the criminal justice system are common. We contend that people experiencing homelessness often have the capacity to lead full and contributing lives. The current practice at Veterans Aid sees an average of 90% of graduates being successful. We present the measurement methodology, the data and the change process framework that underpins the results. Welfare to Wellbeing © is the basic process which encompasses four core elements: gateway interventions, unpacking, getting sorted out, and graduation. These elements empower the client to reclaim control and rebuild a real future, redefine who they are, reconnect with supportive relationships and create a sustainable life. We think this is a useful framework in which to have a future which is more than an existence. Both quantitative and qualitative survey and interview data are presented that speak to contexts and processes of change, including self-efficacy, community connections, and re-joining the community; in addition, clinical observations are included to provide case study information on the processes involved of moving towards social inclusion.

39. Crises within Crises: Legal and Ethical Issues for Individuals with Substance Use and Related Disorders in the Age of COVID-19

Telehealth, Substance-Related and Addictive Disorders, and COVID-19

Stacey Tovino, *University of Oklahoma* (stacey.tovino@ou.edu)

In the United States, the provision of telehealth services is heavily regulated by a variety of federal and state health insurance laws, health care fraud and abuse laws, health privacy and security laws, and licensing laws, just to name a few. The COVID-19 pandemic has raised a number of questions regarding the desirability of these regulations in the context of individuals with substance-related and addictive disorders. Using the powers available as a result of federal and state declarations of public health emergencies, the Secretary of the federal Department of Health and Human Services and state governors have either—temporarily and on an emergency basis—(1) waived certain sanctions and penalties for good faith violations of these regulations; (2) declared that they will exercise enforcement discretion with respect to good faith violations of these regulations; (3) stated that public health care programs and/or commercial insurance will cover telehealth services provided in patients' places of residence; and/or (4) waived or reduced patient cost-sharing for telehealth services. This presentation will examine how these waivers, declarations, and statements affect individuals with substance-related addictive disorders and will propose that certain of these changes remain in effect even after the passage of the COVID-19 public health emergency.

SUD, Chronic Pain, and American Health Surveillance Exceptionalism

Jennifer Oliva, *Seton Hall University* (jennifer.oliva@shu.edu)

The American prescription drug overdose crisis has instigated the rapid rise of patient surveillance through prescription drug monitoring programs ("PDMPs"). PDMPs collect, maintain, and analyze troves of sensitive patient prescribing data. No longer passive collection systems, PDMPS now employ robust data-analytics software using algorithms to mine patient health information to assign individual prescription-drug "risk scores." Today's PDMPs threatens vulnerable patients' care by discriminating against them on the basis of disability, gender, race, class, and place of residence. PDMP algorithms apply undue weight to certain factors, such as childhood trauma, criminal history, and the distance from a patient's residence to treatment facilities while under-valuing other relevant criteria. Moreover, the COVID-19 pandemic is in the process of breeding a whole host of additional "public health" surveillance tools, including contact "track-and-trace" applications, that burden this vulnerable patient population. This presentation will (1) discuss the long history of American surveillance exceptionalism as applied to these populations; (2) argue that such exceptionalism exacerbates discrimination by incentivizing both provider abandonment of patients and patient abandonment of the health care delivery system; and (3) explore the tension between the public health surveillance and individual harms to highly stigmatized groups.

COVID-19 and Individuals with Substance Use Disorder Experiencing Homelessness

Kelly Dineen, *Creighton University* (kellydineen2@creighton.edu)

The COVID-19 pandemic has exposed new vulnerabilities for already marginalized populations. In the United States, public response was driven by notions of dessert as often as by solidarity-based values. The pandemic response, including social distancing measures, have exacerbated existing health care inequities for marginalized communities. This presentation will address the particular problem in the United States of providing safe temporary housing for people experiencing homelessness and substance use disorder in the midst of COVID-19. Safe housing for quarantine or isolation for illness not severe enough to require hospitalization is an urgent need for this population. However, the reality of active substance use, including IV drug use, raises concerns for front line workers as well as community members. The state sanctioned stigmatization of substance use through criminalization in the United States, coupled with widespread rejection of harm reduction efforts by communities, renders individuals with substance use disorder, potential or actual active infection with COVID-19, and experiencing homelessness invisible and dispensable in the United States. This presentation will offer legal and ethical solutions that acknowledge the dignity of this vulnerable population on individual and public health levels.

Treating Substance Use Disorder in American Prisons and Jails

Valina Betty, *Arizona State University* (valena.betty@asu.edu)

The American health care system has failed the victims of the ongoing pharmaceutical overdose crisis; as a result, there has been considerable advocacy for meaningful change. Far less attention, however, has been paid to the role of American prisons and jails in exacerbating the overdose crisis and needed reform. According to the Center for Prisoner Health and Human Rights, approximate half of incarcerated individuals satisfy the criteria for substance use disorder (SUD); the overwhelmingly majority of them serving sentences for drug-related crimes. Yet, only about 10% these individuals receive any treatment for the condition. The COVID-19 pandemic has further exposed the harms to incarcerated individuals with SUD and other vulnerable health statuses. As of April 30, 2020, approximately 70% of incarcerated individuals tested for COVID-19 test positive. This presentation will (1) provide an overview of the SUD treatment regimes in American prisons and jails; (2) detail best and worse practices across those varied systems; and (3) recommend much-needed treatment reforms. The presentation will also explore the ways in which the pandemic has exposed the abysmal state of prison and jail health care and propose reforms designed to avoid such outcomes in light of ongoing and potential public health crises.

40. Current Forensic Mental Health Issues: Research and Practice in Canada

Polypharmacy in Populations with Intellectual Disabilities and Co-Morbid Mental Health Difficulties

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The use of psychiatric medications is common practice in treating aggressive symptoms, dysregulated behaviours and distress in individuals with Intellectual Disabilities (ID) and co-morbid mental health difficulties. Polypharmacy - the concurrent use of multiple medications - can have negative consequences for the individual such as adverse drug reactions, undesirable drug-drug interactions, and medication nonadherence. While psychiatric medication may suppress aggression and help manage certain behaviours in some individuals with an ID, it may also suppress collateral behaviors, learning, and cause serious side-effects. Despite the various negative outcomes of long-term use of polypharmacy, reduction of polypharmacy in populations with ID and comorbid psychiatric diagnoses is rare, and the effects of such practice is underexamined. We conducted a preliminary evaluation of the methods for, and impacts of, decreasing and discontinuing harmful medications for patients diagnosed with ID and comorbid psychiatric diagnoses. In particular, we examined the impact on harmful behaviours, negative side effects and psychiatric symptoms. The presentation will review findings of this evaluation and provide suggestions for future research and program-level evaluation.

Tracking Behaviours in Aggressive Clients with Intellectual Disabilities

Sarah Brown, *Consulting Psychometrist, Winnipeg, Canada* (sbrown@roblinfg.ca)

Prevalence of challenging and aggressive behaviours in people with Intellectual Disabilities (ID) range between 10-50%. Aggressive behaviour threatens the safety and well-being of the individual with ID and increases risks for stressful events, obstacles to social integration, and exclusion from educational, work and social settings. Moreover, because of their recurrent character, challenging behaviours tend to become a lifelong challenge for the individuals with ID, their family and the involved services. Pharmacotherapy is often used to manage and treat aggressive behaviours in individuals with ID. Due to the potential for adverse effects, clinicians are recommended to regularly assess the efficacy of psychiatric medication and the feasibility of decreasing dose or withdrawing medications. However, assessing efficacy in ID can be challenging, as self-report can be difficult to obtain and many behaviour tracking tools require extensive time / resources or

provide a single time-point analysis. The current project aimed to develop a behaviour tracking tool that is (a) clinically relevant, (b) continuous, (c) does NOT rely on self report and (d) can be effectively used to assess the impact of medication changes. Development, implementation and feasibility of behaviour tracking in this population will be reviewed and preliminary program review findings will be presented.

Independent Assessors in Contrast to Treating Physicians as Expert Witnesses in Canada

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In civil and criminal proceedings, there are factors inherent in the role of a treating physician such as advocacy and other duties owed the patient, in contrast to expert opinion provided by an independent assessor which is required to be objective. Misunderstanding or unawareness of the differences in treating versus expert physicians can lead to decision-makers relying on potentially biased information. Recent decisions in Canada have allowed for opinion evidence by treatment providers (Westerhoff v. Gee Estate), which seem to ignore the potential bias of the treatment provider. The lack of clarity by which decision-makers perceive the role of physician witnesses poses a significant issue for physicians, who must balance competing interests, equivocal processes and concerns regarding bias and conflict of interest when providing medical information to a decision-maker. This presentation attempts to clarify the essential differences between information provided by a treating physician as opposed to an expert opinion provided by an independent consultant in Canada. Discussion around privacy legislation will be used to highlight some differences. It is hoped that a clearer understanding of the information the decision-makers are receiving will promote an improved understanding of that information and, subsequently, an improved decision-making process.

The Use of Cannabidiol (CBD) to Manage Aggression in Individuals with an Intellectual Disability and Co-Morbid Mental Illness

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Individuals with intellectual disabilities (ID) with co-morbid mental illness often show aggressive behaviours towards themselves and/or others and struggle with their emotions. Psychiatric

medication is often prescribed to manage these difficulties when other behaviour interventions are not available or do not work. However, studies assessing the effectiveness of psychiatric medications to treat aggressive behaviors are lacking, and existing studies yield inconsistent findings and harmful and long-term side effects. Early studies about use of medical cannabidiol (CBD), a non-intoxicating cannabis extract, show it may work to treat emotional dysregulation and difficult behaviours in adults with mental health difficulties and youth with IDs. Studies of CBD in humans and animals also found few harmful side effects; this may be a safer treatment alternative. Currently there are no studies about use of CBD to help individuals with IDs that have co-morbid mental health illness and there is a scarcity of information on clients' and care-providers' perceptions of CBD use. The study discussed in this presentation aimed to examine the impact of replacing psychiatric medication with CBD to treat aggressive behaviours and emotional difficulties.

41. Current Issues in Mental Health Legislation in the United States

Scope of Practice Bills: Who is a Doctor and Who is Qualified?

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A law passed in the 2020 Minnesota state legislative session allows Physician Assistants (PAs) to provide medical care nearly independently, and removes the requirement for physician oversight. Another law passed in the same session grants prescribing authority to pharmacists for a limited number of medicines. Additionally, in Minnesota, Advanced Nurse Practitioners (APRNs) have enjoyed independent medical practice privileges since 2014. These laws are in line with a recent surge of laws across the United States granting medical practice privileges to professionals who have not attended medical school. (i.e. Physician Assistants, Pharmacists, Psychologists and Nurse Practitioners). Proponents claim that such laws provide greater access to medical care, especially in areas where physicians are in shortage, while critics have argued that the brief clinical training imparted in these para-medical professions is insufficient and increases the risk pf poor patient outcomes. While the current landscape of medical practice is rapidly changing with the advent of these laws, the central question discussed in this presentation remains – who is a doctor, and who is qualified?

Guns and Mental Illness: Legislative Updates from the U.S

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The United States has long struggled to enact meaningful national legislation aimed at preventing mass shootings, leaving the country with a state-by-state patchwork of laws designed to address firearm violence. Rightly or wrongly, mental illness is often cited as a cause of firearm violence in the U.S. Therefore, much of the state and national legislation focuses on restricting access to

guns for individuals with certain mental health histories and conditions. In this presentation, we briefly review these restrictions and discuss the role of forensic psychiatrists in their implementation. We consider innovative state programs such as "Red Flag Laws" (temporarily removing an individual's guns when they are a danger to themselves or others, regardless of mental health diagnosis) and the evidence of their efficacy in preventing firearm violence and suicide.

Opioid Legislation: Overdue or Overcorrection?

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In 2018, opioid overdose deaths in the United States declined for the first time in almost two decades. Compared to 2017, the age-adjusted rate of overdose deaths involving opioids (14.6 per 100,000) decreased by 2.0%, and notably the age-adjusted rate of overdose deaths involving prescription opioids (4.5 per 100,000) decreased by 13.5%. However, as this still represents at least a fourfold increase from the age-adjusted rate of opioid-related overdose deaths in 1999 (2.9 per 100,000), legislative and regulatory efforts have continued with the intention of curbing this ongoing crisis. This presentation will review federal and state policy initiatives, including mandated provider training and education, prescription oversight, prescription drug monitoring programs, and medication-assisted treatment access. Additionally, unique approaches, such as involuntary civil commitment, pharmaceutical marketing directed to treatment courts, harm reduction strategies, and opioid use disorder being classified as a qualifying condition for medical marijuana, will be briefly examined. Overall, the recent U.S. opioid overdose crisis will provide a backdrop for broader discussion on how legislative, regulatory, and policy responses to public health crises become necessary and when they may potentially impact physician autonomy and established practices.

Big Marijuana: Legalization vs. Public Health in the United States

Maya Prabhu, *Yale University* (maya.prabhu@yale.edu)

A growing number of US states have passed legislation allowing for both recreational and medicinal use of cannabis. The rationales for such legislation include the need to avoid racial disparities in the enforcement of drug laws; the alleged benignity or even medical utility of marijuana; and the destigmatization of recreational marijuana use. In addition to growing public support for marijuana legalization there is also evidence that many state initiatives have been propelled by the cannabis commercial lobby. Yet simultaneously, cannabis continues to be illegal at the federal level creating complications for marijuana research, enforcement and public health measures. This presentation will review the US marijuana legislation across states and consider the role of forensic psychiatry. Anticipated future areas for forensic consultation may include the role of cannabis in motor vehicle accidents, psychosis and violent offenses, malpractice and appropriate use in a therapeutic setting. Finally, this overview will consider the lessons for public health interventions given the history of legalization of other addictive substances.

42. Decision Making and Informed Consent in Challenging Patient Populations

Children who Refuse Surgery and Medical Care

Elisabeth Hughes, *Vanderbilt University* (elisabeth.hughes@vumc.org)

Obtaining informed consent for surgery, anesthesia, and other medical care is a common and ethical practice prior to elective medical procedures. In the pediatric population, the parents or guardians of the patient are often providing the consent for the minor child. There comes an age whereby a child is still legally considered a minor legally; however, they are able to assent to, or in some circumstances dissent and explicitly refuse, important care including surgery. When this occurs, it is important for medical providers to know what is legal, what is ethical, and how to proceed in a way that will result in appropriate care for the minor. Often this includes utilizing other hospital resources such as social services and the ethics committee. This session will discuss the legal implications when children refuse surgery, the legal and ethical rights of minors in the United States, and options for healthcare providers when this difficult situation occurs.

Establishing Consent for Opioid Prescribing in Chronic Pain

Christopher Sobey, *Vanderbilt University* (christopher.m.sobey@vumc.org)

The treatment of chronic pain has undergone a re-examination over the last decade with growing evidence demonstrating enhanced risks with treatment of controlled substances such as opioids. Acute risks such as sedation, cognitive dysfunction, and respiratory depression have been supplemented by risks of prolonged use such as abuse, misuse, addiction, and diversion. This has brought into question the continued use of this class of medications as a component in chronic pain management from both efficacy and ethical perspectives. With the concerns of opioids contributing to a growing public health crisis, government and law enforcement entities have placed more restrictions and safeguards on prescribing with the goal or reducing negative consequences of medical and non-medical use. The environment regarding compliance with applicable guidelines of use has become highly scrutinized from a liability perspective, placing physicians and other medical providers in challenging scenarios in managing pain or altering previous treatment plans. The session will discuss the background, updates, pearls, and pitfalls of establishing informed consent and treatment planning in the setting of opioid prescribing to patients with chronic pain.

Barriers to Informed Consent in Low-Resource Environments

Jenna Sobey, *Vanderbilt University* (jenna.m.helmer@vumc.org)

In developed countries, informed consent is a required prerequisite for all non-emergent surgical operative and non-operative procedures, which includes risks for anesthesia services as well. The same applies for any medical research conducted in this area. These documents are securely stored in physical or electronic medical records. In low- and middle-income countries, there are several barriers to achieving the typical standard of consent, including document storage constraints, language barriers, and conveying a clear understanding of the details and risks of the procedure and/or research intervention. For visiting medical care teams on humanitarian missions, written consent is required to be obtained but often difficult for these reasons. Even obtaining consent through an interpreter loses nuance, where those with good intentions risk circumscribing the discussion out of respect for local cultures. In this session we will discuss the specific challenges encountered for obtaining and maintaining record of consent for clinical care, as well as ethical considerations for obtaining consent for medical research studies, in low- and middle-income countries.

The Challenge of Cognitive Dysfunction in Ill Geriatric Patients

Christopher Hughes, *Vanderbilt University* (christopher.hughes@vumc.org)

Invasive medical treatments and surgery are common in older adults and typically performed to improve functional status or prolong life. A high percentage of older patients, however, will have cognitive impairments despite no previous documentation or diagnosis of dementia, but screening for cognitive impairment (one of the primary risk factors for post-illness cognitive decline) is not routinely performed and may confound the consenting process. Complex medical decision-making capacity is increasingly needed in the aging population to understand the potential risks and benefits of treatments, surgery, and hospitalization. This capacity, however, is paradoxically impaired by illness as well as by interventions aimed to improve health. Older adults often prioritize preservation of cognition over survival, yet acute illness, surgery, and hospitalization are associated with significant short- and long-term cognitive decline, which is not normally discussed in the consenting process. Meeting this challenge involves understanding and reducing the risks of post-illness cognitive decline and undertaking preventative measures to mitigate its impact. This session will discuss the risks, implications, and prevention of post-illness cognitive decline in older patients.

43. Decision-Making Processes Within Forensic Psychiatric Assessments: Information Sources and Potential Pitfalls

The Decision-Making Process In Swedish Forensic Psychiatric Investigations

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Forensic psychiatric investigations in Sweden can have a major impact on the choice of sentence in criminal cases. Previous research shows that the decisions in several forensic fields, including forensic psychiatry, can be affected in a negative way by factors not relevant to the case. In the present study, the decision-making process of forensic psychiatric investigations was explored by using semi-structured interviews with experts (*n*=38), analyzing these interviews thematically. The results showed that the decision-making process is both complex and iterative, where the experts use and shape a substantial amount of information to reach their decisions. The experts work in teams, which add both benefits and risks to the process, and considered that particularly time constraints may reduce the quality of their decisions. In summary, the decision-making process of Swedish forensic psychiatric investigations creates a potential for high validity. However, the structure also contains risks for certain kinds of bias effects that could warrant further mitigation as well as future exploration of how they may impact praxis.

How Do Forensic Psychiatric Experts Use Information When Assessing Typologically Different Cases: A Qualitative Approach

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The decision-making process of forensic psychiatric experts can be influenced by several types of information, among others, case-specific information. However, the impact of case-specific characteristics on which information is gathered and what kind of hypotheses are generated by experts in a forensic psychiatric investigation (FPI) is relatively unknown. This was investigated, by using a qualitative approach, regarding on what information basis and what kind of hypotheses, decisions were made by experts within FPI:s regarding: a)presence of severe mental disorder and b)kind of psychiatric diagnosis. Three case vignettes were used, each describing a relatively ambiguous case but nevertheless indicated problems within 1) psychotic spectra, 2) personality disorder and 3)neuropsychiatric/developmental disorder respectively. The participants were FPI experts (n=41): psychiatrists (n=15), psychologists (n=15) and social workers (*n*=11). A qualitative content analysis illustrated that experts reason both in a general manner and in a case-typological manner. The content analysis showed what kind of information experts from different professions were partial to request when the case context indicated suspicion of psychosis, personality disorder or neuropsychiatric problems, and which kinds of information that were always asked for regardless of type of case.

How Do Forensic Psychiatric Experts Use Information When Assessing Typologically Different Cases: A Quantitative Approach

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The purpose of this study was to illustrate experts' practical use of information sources within forensic psychiatric investigations (FPIs) in general and in different types of cases to ascertain the presence of severe mental disorder and differential diagnosis. The participants were forensic psychiatric assessment experts (*n*=41): psychiatrists (*n*=15), psychologists (*n*=15) and social workers (*n*=11). A quantitative approach was used, including both variable-oriented and person-oriented analyses, exploring the consensus between experts regarding a)which kind information sources had been used most often within general FPI praxis during the past year, b)which kinds of information were considered most important in general and in specific types of cases (here: using vignettes that require further information, but with indications of a)psychosis, b)personality disorder and c)neuropsychiatric/developmental disorder, respectively). Expert consensus, both within and between professional groups, regarding decisions of severe mental disorder and psychiatric diagnosis in these different types of cases were also explored. Overall, more consensus than difference was found between experts regarding information gathering and conclusions of diagnosis and severe mental disorder, but with some interesting variations. The implications of these results for FPI praxis are discussed from the perspective of expert consensus and regarding different kinds of decision-making pitfalls.

44. Delinquency and Comorbidities: Understanding Clinical Complexity

Autism in Juvenile Delinquents

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Delinquency and delinquent behavior are defined as criminal offences. The delinquency is defined as offending behavior: violent conduct, threatening behavior, property destruction, drug offences, theft, sexual offending, fraud, motoring offences and murder. The people with ASD generally tend to obey rules, but specific symptoms of ASD can predispose individuals to offending behavior; for instance, the abnormal or restricted interests that are typical of ASD can play a role in delinquent behavior. The ASD symptoms of oversensitivity and difficulty in recognizing facial expressions were seen as relevant. Also, patients that present limited interest, rigidity and social and communicative problems, may be more susceptible to delinquent behavior. Impaired ability to understand social cues can lead to misinterpretation of others' intentions and feelings and can, for example, lead to undesirable sexual behavior. (Several case reports described the role of ASD empathy deficit in offending behavior) The role of empathy deficit in offending by people with ASD has been described repeatedly in case reports. On the other hand, it has also been argued that some symptoms of ASD protect this population from involvement in criminal behavior, such as the overactive sense of right and wrong and usual awareness of not breaking the law.

Neurodisability Among Children Crossing over from Child Welfare into Youth Justice Systems

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ADHD is one of the most prevalent mental disorders, affecting 5% of children and 3% to 4% of adolescents and adults; prevalence rates in juvenile justice system are even higher (45%). Disruptive disorders, such as conduct disorder (CD), are frequent comorbidities (40%-60%). Several studies have shown that ADHD in childhood specifically predicts future delinquency, especially if it is associated with CD, presenting great clinical impact and higher costs with public health and correctional system. This presentation aims to explore the role of ADHD on the course of delinquency in young span. There is growing evidence that children with ADHD are more likely to offend in adolescence and to be involved in the legal system. This troubling path begins early, with problems at school, at home, with peers and drugs misuse, and is associated with deficiencies in self-control. Moreover, these individuals are at an untimely and unremitting risk for offending at all severity levels and across a wider variety of crimes. In conclusion, literature provides that ADHD can have a modulating effect in delinquent behaviors and is an important risk factor for recidivism and for faster relapse in youth, confirming the need for adequate interventions in the general population but also in forensic samples.

Understanding Delinquency Associated with Bipolar Disorder (BD) and Comorbid Conduct Disorder (CD)

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Psychiatric comorbidity is a prevalent phenomenon and remains a challenge for mental health services. Comorbid conduct disorder (CD) may exist in a large portion of young patients with bipolar disorder (BD), confusing its clinical presentation and appears to be associated with a somewhat worse clinical course, increasing risk of severe psychosocial consequences, substance use disorder and delinquency, The purpose of the presentation is to explore the overlap of BD and CD, since both have some similar clinical characteristics, such as irritability, aggressiveness and impulsivity, showing the need for prompt identification and treatment. It is always a challenge to diagnose BD and CD in youth given the variability in the clinical presentation, lack of awareness, overlap of symptoms with other psychiatric disorders, effects of development on symptom expression and children's difficulties in verbalizing their emotions. For instance, some adolescents with BD evidence serious "acting out" behaviors, including burglary, stealing and vandalism. Although an episode of acting out in such cases may essentially reflect the behavioral disinhibition that characterizes bipolar illness. On the other hand, literature shows that identifying and treating BD in youth properly could mitigate the course of comorbid CD and consequently decrease the risk of delinquency.

45. Digital Technologies and Mental Health

Tele-Mental Health Care – An Offer You Can't Refuse?

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As the experience of the Covid-19 pandemic shows, telemedicine, in comparison with the traditional form of provision of health care, has a number of advantages. Its running costs are lower, it does not require travel and saves time, is more accessible via apps or mobile devices, makes response to patient needs faster, etc. Thus, it seems that telemedicine is inevitably going to constitute a significant share of health care services in the near future. However, since success in mental health care relies significantly on the relationship between the patient and the psychiatrist, it is important to identify the areas in mental health care in which the more traditional forms of care will remain necessary not only from the point of view of their effectiveness but, crucially, from the ethical point of view. This presentation will attempt to identify the key ethically significant aspects of the psychiatrist-patient relationship which can become the basis for the choice between the traditional in-person form of mental health care and its telemedical counterpart.

Translational Bioinformatics and Mental Health: Legal and Ethical Aspects

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The purpose of the presentation is to draw attention to the dynamic progress which has been made in Translational Bioinformatics (TBI) and its achievements, that may have significant application in the field of mental health (MH). Undoubtedly, the development of TBI is considered as a challenge for law and ethics, and as such is accompanied by ethical and legal dilemmas which are closely related to mental health. There are several legal aspects that should be considered to create a legal framework for TBI. The legal aspects include the protection of the right to privacy, the right to mental freedom, protection of biomedical data and good scientific practice issues. There are also ethical aspects of using TBI for medical purposes associated with MH, which mainly include the question of the limits of intervention in human integrity in its mental and physical aspects, as well as the goals of medicine. In the presentation, special attention will be paid to the impact of the development of the TBI and its use for clinical purposes in relation with MH.

Digitally Spread Pan(dem)ic: Mental Health and Online Information During The Covid-19 Pandemic

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The outbreak of Covid-19 pandemic resulted in widespread anxiety, periodically even panic, what together with quarantine and lockdown measures implemented in many countries have seriously impacted the mental health of a large number of people. While the demand for mental health services is increasing the pandemic has at the same time disrupted or halted access to them in most countries worldwide. The Covid-19 pandemic is also considered the first digital pandemic and an inevitable surge in the use of digital technologies is widely observed due to the social distancing norms. Due to the difficulty in obtaining professional help, many people look for support in other sources, including social media. The presentation will focus on key legal and ethical issues, benefits and risks associated with the online dissemination of (mis)information on mental health and mental health counseling, both professional and unprofessional.

Ethical Aspects of Patient Information in Internet And Mobile-Based Innovations (IMIs)

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The recent progress of digitalization brings new possibilities for health care in general and clinical psychology and psychotherapy in particular. Internet and mobile-based interventions (IMIs) such as chatbots are increasingly being implemented in the care of mentally ill people. IMIs have been positively evaluated as time and place independent platforms for information and communication in mental health issues. However, from the ethical point of view, the application of IMIs in medical practice raises several questions. Central in this is the evaluation of questions of patient's self-determination. Especially important issues relate to patient information. In order to provide service that is ethically sound and comparable in results with a classic therapeutic situation, an appropriate level of patient information needs to be guaranteed. It should involve an evidence-based, participative, and transparent process of information. Such a process should be carefully designed and evaluated from the very beginning of the IMI's development. Using the examples of selected IMIs, the presentation will focus on the analysis of information provided to the users from the ethical point of view and propose recommendations for the content and process of patient information in IMIs.From the legal point of view, several challenges arise with respect to use IMIs. First, the central challenge comprises the questions of privacy. Insofar as the data resulting from the use of IMIs are processed by the service provider or other third parties, the specifications of the European General Data Protection Regulation (DSGVO) must be observed. Under this provision the purpose of data collection must be the treatment and not processing for statistical purposes, scientific research or the further development of algorithms. Second, insofar as IMIs are used alongside or after a psychotherapeutic treatment, liability of the treating person can arise under the treatment contract. This could be the case, for example, if the IMIs are used contrary to the judgment of the practitioner, or if the application proves to be technically unsuitable for the present clinical picture and causes a worsening of the disease. Third, when using digital health applications, the question arises as to whether and which services are reserved for the physician/psychotherapist or a medical/psychotherapeutic prescription. Different regulations within the legal system reserve medical treatment to medical professionals. This raises the question of whether the use of IMIs is considered as "practice of medicine".

What Can DNA Analysis Tell Us About Mental Health?

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The sequencing of the human genome and the falling costs of DNA analysis and sequencing have given rise to the idea that in the near future everyone would have his DNA sequenced, and this sequence could be mined for data on health, disease risk and also possibly mental health. Most such analyses have been performed by genome-wide association in hundreds of affected persons and appropriate controls. More recently larger numbers of cases have been analyzed but still using the same method, namely genome-wide association. The newest results have been obtained by sequencing either only the protein-coding part of human DNA (the exome, only 2% of human DNA) or - with falling costs whole genomes are being analyzed. Some interesting results have already been obtained for schizophrenia and Alzheimer's disease. I will discuss genes which affect mental health and present some examples of attempts to use the results of DNA analysis in legal proceedings to try and explain the perpetrator's behavior.

46. Disability, Law and Society (1)

COVID-19 and the Disproportionate Impact on the Treatment of People with Mental Disabilities

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Given the allocation of scarce health care resources during the COVID-19 pandemic, physicians have had to make difficult decisions which ultimately determine who lives and who dies. Triaging – the process of determining the priority of patients' treatments based on prognosis – relies on judgments about the value of life and who is "deserving" of life-preserving treatment. People with mental disabilities have reason to fear being deprioritized. In Ontario, healthcare triage protocols developed in response to the pandemic ensure that people with cognitive disabilities and advanced neurogenerative diseases are less likely to gain access to critical care. Some American states expressly stipulate that people with neurological impairments, advanced dementia or severe traumatic brain injury may be denied ventilators. This presentation critically examines the concept of triage in the health care system during times of crisis. Article 25 of the UN Disability Convention recognizes the right to the highest attainable standard of health without discrimination. This paper argues that Ontario's pandemic triage protocols discriminate against people with mental disabilities by increasing the likelihood that they will be denied critical care for no reason other than their disability. This raises important moral and constitutional issues that could undermine the legitimacy of the pandemic response.

Disability Law and States of Exception

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The law of modern liberal states typically provides exceptional legal regimes that apply to individuals who are unable to participate in the law as rational independent actors. This presentation draws on the work of Giorgio Agamben to argue that people with disabilities are placed in 'states of exception' where they are subject to exceptional legal regimes. In 'states of exception' rights and entitlements are suspended, meaning that people with disabilities become exposed to violence and abuse without consequence. This presentation considers the question of whether, given Agambem's analysis of states of exception, it can ever be acceptable to have a different law. The ever present danger of separate laws is violence, different treatment and inevitable reversions to best interest considerations. This presentation argues that different laws for those with disabilities, such as mental health, guardianship and disability laws may be acceptable provided they are conceived through a human rights stance of substantive equality.

Autonomy in Canada's Civil Mental Health Laws: Implications for Care and Coercion

Sophie Nunnelley, *University of Toronto* (s.nunnelley@mail.utoronto.ca)

The legitimacy of coercion is one of the core dilemmas of mental health law. This paper takes up this dilemma by drawing out and problematizing the competing ideas of autonomy that are employed in Canada's civil mental health laws authorizing "coercive care". The concept of autonomy is rightly central to modern discussions of informed consent and health care decision-making. Philosophically, autonomy is the boundary concept supplied by political liberalism for demarcating legitimate paternalism. Legally and practically the concept finds expression in capacity laws. Yet, these autonomy concepts are often curiously absent in mainstream discussions of mental health law. Instead, mental health law is frequently framed in terms of a political balance, wherein a community might choose between respect for autonomy and care. This presentation argues that coherent analysis and critique of mental health laws necessitate a return to the core question: who is to be considered an autonomous agent and why? Using this autonomy lens, it investigates the implicit and explicit rendering of the autonomous person in Canada's civil mental health laws. It then turns to the concept of relational autonomy to ask how conceptualizing autonomy in terms compatible with support might aid in mental health law assessment and reform.

The Ethics of Inclusive Play Spaces

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"Nature herself…requires that we should be able, not only to work well, but to use leisure well…the first principle of all action is leisure. Both are required, but leisure is better than occupation and is its end" – Aristotle, Politics. Leisure, or play, is a part of full human living. In

fact, I will argue that play is essential for human flourishing. Play contributes to human flourishing by stimulating our minds, invigorating our imaginations, providing exercise, and fostering relationships. Children in particular need to play. In the United States, there are designated play spaces for children – parks, playgrounds, and similar spaces. Of these play spaces, a significant portion of the population for whom these spaces are intended to serve are excluded from play. Those most often excluded are children with disabilities. Although exclusion is often inadvertent, it occurs even when ADA regulations are met. As Jill Asher explains, "Just because I can access something doesn't mean I can enjoy it." Inclusivity for all children, therefore, is the goal for play spaces. This presentation examines various philosophies of play through the lens of disability studies in order to offer a more complete framework for developing play opportunities. It will conclude by examining some models of universal design that enable broader accessibility and engagement in play spaces.

Repression, Appropriation, and Inequities: Black Music in America

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The 1619 arrival of enslaved Africans to North American colonies that became the United States of America marked the beginning of 250 years of chattel slavery, 100 years of "Jim Crow" segregation, and over 50 years of post-civil rights movement state sanctioned laws and actions that observers have dubbed "the new Jim Crow". It also marked the beginning of the use of music as a means to help face the challenges inherent in the inequities suffered by those victimized by this approximately 400 years of systemic racism. Though the successive genres of music that followed contributed enormously to the fabric of American society and have been celebrated around the world, they simultaneously became the object of ridicule, marginalization, repression and, paradoxically, appropriation. Repression, Appropriation, and Inequity: Black Music in the United States explores the dynamic of this incongruity, with hope of creating dialogue that maybe useful in creating a more just world.

47. Disability, Law and Society (2)

Law's Formulation of Disability and Gendered Violence Against Women and Girls Labelled with Intellectual Disability

Tess Sheldon, *University of Windsor* (tess.sheldon@uwindsor.ca)

Women and girls with disabilities are at risk for a range of inequitable reproductive health outcomes, including sexual assault, coercive sterilization and loss of child custody. Women who are group home residents face barriers to accessing parenting supports. The law permits the removal of children of institutionalized mothers, either directly or by interfering with the maintenance of those relationships. Similarly, incarcerated women face barriers to mother-child programs in correctional settings. Those mechanisms that deliberately exclude "undesirable" and

institutionalized mothers are linked to historical and ongoing eugenical practices, and the role of the "institution" in enacting/erasing disability and gendered violence. This presentation will discuss the implications of these issues.

The Vulnerable Subject at the End of Life: Autonomy, Vulnerability, and Medical Assistance in Dying (MAiD)

Margaret Hall, *Simon Fraser University* (margaret_hall@sfu.ca)

Theories of autonomy and vulnerability lie at the core of the Supreme Court of Canada's reasoning in the 2015 case of Carter v Canada (finding the "blanket prohibition" on MAiD created by the Criminal Code to be unconstitutional) and the continuing debate about how and why access to MAiD should be enabled and/or limited. This presentation looks critically at the problematic construction and application of "autonomy" and "vulnerability" in Carter and considers the difference it would make to place an alternative account of these ideas at the principled centre of analysis. Carter's conflation of the distinct legal concepts of self-ownership and self-direction within a unified category of "autonomy" is a source of confusion within the case, and has muddied the ongoing controversies about MAiD eligibility in Canada. The concept of vulnerability applied in Carter (that wise doctors will be able to recognise and respond to "vulnerable persons" as opposed to an invulnerable norm) is also problematic; how would the reasoning in that case be changed by re-imagining vulnerability as universal, rising and falling in connection with changes in body, mind, and social/material and relationship context?

COVID-19, Family Law, Education and Medical Ethics: The New Norm

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COVID -19 creates an unprecedented mixture of global legal, medical ethical, and school chaos for family courts and child custody evaluators. US Judges with help from GAL (Guardian Ad Litem) make ill- considered decisions of where and how parents educate their children based on rate of virus spreading in specific locations and any available alternative virtual learning platforms. Decisions not necessarily based on science. Family values and community engagement are considered and redesigned by pediatricians and medical researchers acting as experts in the field of pandemic disease, at a cost to student academic, social and emotional development. A recent case study written by this presenter and appearing in the American College of Forensic Psychology Journal (Vol 38, Issue 3, 2020) is evidentially offered to demonstrate the fight between the legal, medical, and education communities. Advocacy in utilizing experts with more sound training and familiar with both education matters and dealings within Family Court proceedings is highlighted and discussed with attendees.

ACTon: Accommodating students with disabilities in higher education clinical placement and experiential education

Roxanne Mykitiuk, *York University* (rmykituik@osgoode.yorku.ca)

Experiential education programs like clinical placements and practicums provide students with important "real life" experiences to bridge classroom education with professional learning and skills development. However, there is a scarcity of accommodations for students with disabilities (SWD) in placement, which has significant implications for access and equity upon graduation. The ACTon study is developing and evaluating a multimedia resource to support students in higher education who use accommodations in clinical placements. Working virtually with placement instructors and SWD, we used participatory video methods and interviews to identify key barriers and supports that impact a student's access to accommodation in experiential education settings. Video data was analyzed in a participatory fashion with the student participants. Interview data was subsequently thematically coded by the research team to further nuance the initial findings of the video-based findings. The project worked with 13 York University SWD and 11 instructors from four faculties (Health, Social Work, Education, and Law). Findings are presented as a model with three pillars (When to address accommodation needs; Identifying appropriate accommodations; Who to consult) with cross-cutting themes (stigma, institutional gatekeeping, and communication and relationship building). We conclude that SWD show great resilience and creativity in clinical placement and practicum settings. Course instructors and placement supervisors require access to professional development in disability rights and pedagogical instruction in universal design learning. There is also a critical need for university policies and support services to consider the unique needs of SWD in placement contexts.

Compensation for Negligently-Inflicted Psychiatric Injury

Elaine Gibson, *Dalhousie University* (elaine.gibson@dal.ca)

Historically, courts have refused to award compensation for psychiatric injury that had been negligently inflicted if the person did not also suffer physical injury. Gradually this harsh stance has been softened in recognition that psychiatric injuries can be at least as or more disabling in comparison to those that are physical in origin. Nevertheless there has been lingering concern regarding the assessment and valuation of psychiatric injury, and judges around the world have placed a series of restrictions on the possibility of recovery. The Supreme Court of Canada has issued two judgments in recent years that substantially alter the landscape in expansive direction. It is no longer necessary to link psychiatric to physical injury, nor to bring expert evidence as to the psychological effects of the injury on the person. In this paper I explore the potential impact of these cases both within Canada and in other common-law jurisdictions throughout the world.

48. Disability, Law and Society (3)

Mental Health Legislation, Disability Rights and the Covid-19 Pandemic in Ireland

Suzanne Doyle Guilloud, *University of Bristol* (suzanne.doyleguilloud@bristol.ac.uk)

In response to the Covid-19 pandemic, the Irish government introduced a number of amendments to the Mental Health Act 2001 by way of the Emergency Measures in the Public Interest (Covid-19) Act 2020. These included: provision for remote Mental Health Tribunal (MHT) hearings; the reduction of the required number of members of MHTs; changes to how independent psychiatric assessments could be carried out; and, where deemed necessary by a MHT, the extension of admission and renewal orders for individuals detained involuntarily in psychiatric units. This paper assesses the compatibility of those amendments with Ireland's obligations towards persons with disabilities under international human rights law, with the UN Convention on the Rights of Persons with Disabilities (CRPD) as its normative framework. The changes to Ireland's mental health legislation will also be placed in the broader context of other jurisdictions' responses to issues around psychosocial disability in light of the global emergency, with a particular focus on involuntary detention for psychiatric treatment.

Keeping Older Adults with Cognitive Disabilities Safe from Harm: A Supported Decision-Making Perspective

Joan Braun, *Lakehead University* (joan.braun@lakeheadu.ca)

This workshop presents the results from a recent study on response to elder abuse under British Columbia's Adult Guardianship Act. This statute authorizes designated responders to investigate and intervene when abused or neglected adults are unable to seek support and assistance on their own. Most cases involve older adults with cognitive disabilities. Study participants, who are designated responders, were asked how they interpret and apply this statute, including how they understand the guiding principles that stipulate that least restrictive and intrusive forms of support, assistance or protection should be used. According to participants, one strategy is to use support networks to keep older adults with dementia safe from harm. When support networks do not exist, responders may create them. Participants explained that it is possible to intervene in a minimally intrusive way, without compromising an older adult's autonomy, where support networks can be mobilized. In this workshop, study findings will be elaborated on, and a comparison will be made to existing literature on supported decision-making. The workshop will conclude with an examination of how supported decision-making can be used to prevent abuse of older adults with dementia.

Neurolaw Consulting and Research Institute

Joseph A. Wszalek, *Neurolaw Consulting and Research Institute, Wisconsin, USA* (josephwszalek@uwalumni.com)

Modern legal systems, notably those with common-law traditions, are rooted in conceptual frameworks that emphasize the role of individual actors. Communication is no exception, and the law views communication almost exclusively as a phenomenon that arises from, and must be resolved by, individuals. Over the past two decades, however, empirical research findings have shown clear links between language and communication ability and legal outcomes at population or group levels. In particular, so-called neurolaw research has begun to demonstrate that certain vulnerable groups underperform their peers on tasks that expressly involve legal language and communication. These data all suggest that the law's conceptual framework has a critical flaw: It overlooks the role that systemic language and communication elements play in substantive and procedural outcomes. This talk will summarize recent neurolaw research from individuals with Traumatic Brain Injury and discuss how tensions between the law's atomized viewpoint and systemic communication barriers create serious risk for individuals with language and communication deficits. Recognizing these systemic risk factors is a critical step in efforts to promote systemic adaptations that encourage procedural justice and that better address the root cause of the law's language and communication hurdles.

49. Distinct Populations

Shoplifting in Eating Disorders

Nishardi Wijeratne, *Queens University* (nishwij@gmail.com)

Shoplifting is a serious problem among patients with eating disorders (ED). We reviewed the literature on shoplifting among patients with ED from 1990-2019 using PubMed and Embase databases. We reviewed eating disorder histories and subtypes, biological markers for severity of illness, comorbidities, past forensic involvement and sociodemographic factors among this subgroup of patients. We found that lifetime shoplifting prevalence was as high as ~30% in some studies. There is significant heterogeneity among studies. Depression, alcohol use, illicit substance use and low self-esteem appear to be associated with lifetime shoplifting, while illness duration and ED symptom severity were not. We have concluded that shoplifting is common in ED patients although the causal relationship between shoplifting and EDs remains inconclusive. Shoplifting may be associated with impulsive behaviors (e.g., alcohol and illicit drug use), depression, and low self-esteem, but not with ED severity or duration. Future research should focus on mechanisms responsible for the relationship between shoplifting and eating disorders as well as treatment options.

The Least Restrictive Environment for Providing Education, Treatment, And Community Services for Persons With Disabilities: Rethinking the Concept

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

In the involuntary confinement of the dangerously mentally ill, the education of the child with disabilities, and the location of community group homes for the intellectually disabled, disability advocates have sought integration and mainstreaming as a common theme. Why is the mainstreaming approach to persons with disabilities such a prevalent concept? Are persons with disabilities always appropriately served utilizing a strict mainstream approach? Are educational institutions using the least restrictive environment(LRE) to underfund educational programs? Are psychiatric hospitals abiding by the requirement that in-patient hospitalization be provided only if a LRE is not appropriate? The presentation will discuss and analyze the LRE concept prevalent in the ADA and IDEA as well as US state laws related to involuntary commitment and community based treatment. A historical perspective of the LRE will be examined. An exploration of the various uses of the LRE in civil commitment laws, special education, group homes and community based treatment, guardianship, and architectural accessibility will occur. A new approach will be offered with recommendations for service providers, educational institutions and government entities.

Providing Effective Accommodations 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. While the anchor for my analysis is the Americans with Disabilities Act ("ADA"), I will cover concepts and recommendations that can be applied across other jurisdictions. The 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.

Transgender Violence

Julian Gojer*, University of Ottawa* (juliangojer@gmail.com)

Transgendered individuals have only recently had their place in society acknowledged. Many transgendered individuals face discrimination in different areas of society, like employment, use of public facilities and more importantly when they are incarcerated. They run the risk of being assaulted both within and outside the carceral system. When assaulted and they defend themselves juries and judges need to be educated on the plight of the transgendered accused. The trauma that is often present is not acknowledged and is actually an important part of whether such individuals have been suffering from PTSD at the time of an offense, sufficient to impact on viable defenses, or to be taken into consideration at the time of sentencing. This presentation reviews one such case and will adopt a psychodrama style of presentation.

50. Elder Abuse During Crises

The Mistreatment of Older People During Crises

John Williams, *Aberystwyth University* (jow@aber.ac.uk)

Although many studies have addressed the effects mistreatment during crisis conditions upon persons in general, the impact registered by older persons is substantially disregarded. Studies may fail to include older subjects, or the data may not have been disaggregated with respect to age. The number of people aged 60 years or over exceeded 1 billion in 2020, and will exceed 2 billion by 2050. The largest increases will be in the developing world. Although awareness of this population is increasing, older people are comparably invisible within the international law discourse about crisis management, with the possible exception of age-related medical pandemic sequelae. Isolation is a major problem in light of the older person's complex family obligations—especially in "skipped generation families." What protections against treatment does the international community afford? Do existing provisions provide at least some relief? If not, what should be done? The mistreatment vulnerability of older persons during crises must be addressed by the international community to ensure that human rights and associated psychological well-being are protected to the greatest extent possible. These questions will be canvassed during this presentation.

Cultural Iatrogenesis and Elder Abuse During Crises

Sarah Wydall, *Aberystwyth University* (sww@aber.ac.uk)

Particularly in times of crisis, people experiencing abuse in the home are often transformed by welfare and justice interventions into "cases" processed through bureaucratic systems that can lead to outcomes in which their safety, choice, and wellbeing are compromised in the best interests of maintaining family life. The presentation will use case studies to explore how cultural norms and practices across different professional domains may inadvertently lead to a form of iatrogenesis in which older people's views are not always sought and their best wishes are overlooked. In the light of these findings, the research team at Aberystwyth University are working

collaboratively with policy-makers, practitioners and lay people to critically assess how Restorative Justice approaches could be used during pandemic and other situationally imposed crises. In particular, attention will be given to how victims might play a more active role in safety planning and decisions taken to promote their health and well-being under crisis conditions.

Perpetrator-Victim Dynamics in Elder Abuse During Crises

Alan Clarke*, Aberystwyth University* (ahc@aber.ac.uk)

With heightened economic and other financial pressures imposed by pandemic and other crises, coupled with enforced confinement at close quarters, the already complex constellation of perpetrator-victim dynamics is populated with additional variables that compel the attention of researchers, policy makers, and caregivers alike. A review of risk factors in isolation fails to present a complete picture, and as such is unlikely to result in practical and effective solutions. What is the contextually driven and informed nature of the interactions that precede, constitute, and comprise specific patterns and instances of elder abuse? What data insist to lend insight into the motivations and intentions of the perpetrator? This presentation will explore how the definition and categorisation of elder abuse can shape policy responses and intervention strategies. Data from an ongoing, grant-funded study of elder abuse in domestic settings are used to identify perpetrator types and their implications for intervention strategies during crises.

Dementia and Decision-Making During Crises

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 that persons with dementia approach decision-making. Dementia is defined by the newly revised International Classification of Diseases (ICD-11) as an acquired brain syndrome characterised by a decline from a previous level of cognitive functioning, with impairment in two or more cognitive domains (such as memory, executive functions, attention, language, social cognition and judgment, psychomotor speed, visuoperceptual or visuospatial abilities). Missing from this broad definition is a recognition of how critical environmental factors—such as those imposed by pandemic and other crisis conditions—can exacerbate the very symptoms that contribute to that diagnosis. Dementia can be over-diagnosed amongst older persons because of such factors, and at very least its severity can be overestimated. This presentation identifies legally significant decision-making deficits and corrective strategies that are associated with dementia, and then describes their manifestation when crisis-related stressors such anxiety, isolation, and impoverishment are additionally present.

Investigating Elder Abuse in Prisons via Telehealth During Crises

Carol Williams*, Aberystwyth University* (cas55@aber.ac.uk)

The aging nature of the global prison population is a constant source of tension and concern for institutional settings that involve incarceration. The vulnerability of older persons to abuse—in an environment largely populated by younger persons with poorly modulated behavioral controls and concomitant deficits in the skills needed for social interaction—greatly taxes the financial and organisational capacities of modern prisons. Investigating allegations of elder abuse in these environments becomes exceptionally complicated by crisis-imposed travel restrictions and access barriers, often resulting in a need for forensic mental telehealth assessment (FMTA). There is a long-standing (albeit spare) thread of studies concerning the reliability of psychological testing and forensic interviewing conducted via the Internet. In light of such concerns, investigators of elder abuse in these settings will need to be able to explain the appropriateness and utility of FMTA when subsequently composing reports and testifying about their findings. This presentation will additionally address practical approaches to scheduling and conducting FMTA in prison settings.

51. Emerging Perspectives on Engagement with Interventions for Intimate Partner Violence

Relationship Between Intra-Individual Change and Recidivism Following a Non-Mandated Partner Abuse Intervention Programme

Dominic Pearson, *University of Portsmouth* (dominic.pearson@port.ac.uk)

Systematic reviews of partner abuse intervention programmes (PAIPs) have indicated that PAIPs lack clear effects. Since group-level outcomes may mask differential outcomes for individuals, there has been increasing interest in 'reliable and clinically significant change' (RCSC). RCSC measures whether post-programme, individual clinical cases resemble 'normal' non-clinical cases on the psychometric tests relating to programme outcomes. Few studies have investigated RCSC in domestic abusers. Evidence of change would substantiate the PAIP's theory and clarify the factor's status as a criminogenic need. Twenty-two abusers referred to a community PAIP completed baseline measures of pro-criminal attitudes, anger, locus of control, and recidivism risk. Each was randomly assigned to the PAIP (a one-to-one needs-based cognitive-behavioural intervention with different pathways for low, medium, and high-risk clients) or to 'usual care' (standard case management). This presentation presents the RCSC change categories and their association with recidivism in relation to 13 PAIP clients and nine usual care clients. We expect to see more improvement under PAIP, despite usual care clients possibly being more motivated to change as demonstrated by attending for follow-up testing.

Formulating the Interactional Effect of Factors Involved in Intimate Partner Violence

Brian McKenzie, *University of Portsmouth* (brian.mckenzie@port.ac.uk)

From the view of a relatively rare occurrence involving the physical achieving of control, there is now potential for a more encompassing model where intimate partner violence (IPV), may be seen at times in a far greater proportion of relationships. Alongside this IPV has come to be seen in terms of interactional dynamics, although the evidence and the specifics of the interactional pattern(s) are yet to become established. There, is however, a strong body of evidence for factors associated with IPV. One area being explored concerns mediating factors in the relationship between insecure attachment patterns and later violent relationships; this also raises questions concerning responses to legal involvement. The model proposed is that individuals with insecure attachments will, in the face of domestic conflict, react with higher levels of emotional reactivity and disturbed cognitive analysis leading to negative attributions of each other's behaviour. The verbalisation of these negative views with high levels of emotionality constitutes psychological violence, leading to a negative spiral into physical violence. This in turn is associated with high levels of emotional arousal and dissocial personality features. Two studies will be presented as supportive of this model.

A Case Study Exploring the Roles of Vulnerability and Shame in Intimate Partner Violence

Yvonne Shell, *University of Bournemouth* (ysbconsultancy@gmail.com)

Shame is experienced as one of the most aversive and painful of human emotions and is often suppressed and replaced by other emotions such as anger. Feelings of vulnerability, often interpreted as weakness, can further increase feelings of shame. Intimate partner violence (IPV) may generate feelings of control, replacing feelings of shame with feelings of agency, mastery and even pride. Shame may also be experienced in response to the violence perpetrated and might affect cooperation with the legal system and its recommendations. Conversely, shame experienced by the abused partner may give rise to withdrawal and social isolation, acting as a barrier to help-seeking and leading to feelings of powerlessness, worthlessness and loss of a sense of self beyond self-blame and further shame. These dynamics are explored in a case study that suggests that, whilst shame is an acknowledged reality for victims of IPV, for perpetrators it is often a hidden presence. The sensitivity with which therapists approach shame in IPV is critical to allow both perpetrator and abused other to recognise the role of shame in the IPV encounter and emerge with a focus on recovery.

Trauma, Transition, and Related Processes in Intimate Partner Violence by Veterans

Adrian Needs, *University of Portsmouth* (adrian.needs@port.ac.uk)

Contrary to stereotype, most veterans do not have major mental health problems, overwhelming difficulties in adjusting to civilian life or propensities to act outside the law. Nonetheless, intimate partner violence (IPV) can be a significant issue for some. Research into IPV perpetrated by veterans and serving military personnel has often focused upon areas such as post-traumatic stress disorder, developmental factors, problematic notions of masculinity and alcohol misuse. However, a more

nuanced and integrated approach to trauma and transition, combined with emerging issues in the civilian IPV literature suggests new possibilities for analysis, intervention and prevention. The presentation explores how a more differentiated, systems-based understanding of trauma and transition incorporating concepts of identity, meaning, control, belonging and intersubjectivity can highlight processes of more general relevance to violent and coercive behaviour. Such an approach also has substantial implications for facilitating engagement and maintaining change.

52. Elderly Care, Dementia and Capacity

Distinguishing Mental Illness from Dementia and Other Causes of Decline in the Aging Population

Dorothea Constas, *Attorney-at-Law, New York, USA* (dconstas@gmail.com)

This presentation will discuss the issues that arise as individuals with and without mental illness and cognitive issues age. The idea of capacity and what defines capacity is an area of controversy and ever changing definition within the healthcare field and the legal community. Persons with cognitive impairments have varying degrees of competency and this can make it difficult for caregivers and, in a broader sense, society to form a procedure and approach to persons whose cognition is affected by aging, disease, pre-existing mental illness, and forms of dementia arising through early onset, stroke and other avenues. Our approach to mental illness, aging and dementia varies depending on the society and culture we live in. Decision making and autonomy are an integral part of a person's identity and sense of self, and intervention by caregivers and society in the area of healthcare decisions, estate planning and everyday decision-making by those suffering from cognitive impairments must be recognized and formulated to meet the needs of the individual. Exploring and comparing these issues in populations in varying cultures in the United States and internationally is a timely and important area of inquiry as modern medicine extends our lifespan.

Elder Law Strategies

Andrea Risoli, *New York Law School* (andrea@risolilaw.com)

This presentation will explore and compare various elderly populations. It will discuss how to properly manage for elder care both financially and medically. In addition, it will survey how to access a proper individualized plan by strategic collaboration and integration discussions including specific case studies. Caring for the elderly can present a myriad of significant challenges and navigating the appropriate health care systems and government benefits available is fundamental to success. As modern medicine advances, a significant population of elderly persons will have a life expectancy of over eighty (80) years old. More than half of this population will suffer from some form of dementia and/or other infirmities. This vulnerable population will no longer have a strong voice in their own decision-making process. Therefore, exploring various elderly populations and cultures both in the United States and internationally is a robust topic for discussion that will most likely affect all of us in one form or another.

Legal Counseling with the Elderly and Diminished Capacity Client: Testamentary Capacity

Jay Rubin, *Fordham University* (j.rubin.esq@gmail.com)

This presentation will discuss the issues to be considered by an attorney when counseling clients in the preparation of their Wills with a focus on the client who due to age, dementia, or mental illness, may be vulnerable to a Will contest. The responsibility to and respect owed to the aging population by all professionals is an important topic which arises especially when counseling and advising a client regarding how they wish their assets to be distributed both during and after their lifetimes. The standard for testamentary capacity: understanding what it means to make a will, knowledge of one's assets, and awareness of who might have a claim on those assets in the absence of a will; may on its face, appear to be a straightforward assessment, however, the practitioner should undertake a patient and client-centered approach with this population as a means for establishing the client's state of mind. Such a client may have difficulties with perception, impulsivity, and judgment, which can interfere with his or her appreciation of the consequences of the Will. The attorney should understand that the presence of such conditions does not necessarily mean that the patient is incapable of making a valid will. However, this may be the last opportunity to substantiate the validity of the document being executed. The issue of counseling the elderly and diminished capacity client is an important and timely area of inquiry and goes beyond the particular capacity issues with regard to proper testamentary planning.

The Legal and Ethical Issues of Capacity Related to Mental Illness and Aging

Carolyn Wolf, *Mental Health Law Practice, New York, USA* (cwolf@abramslaw.com)

Capacity issues have increased substantially, in both the legal and health care communities, as we have seen an aging demographic, greater incidence of Dementia, and an increasing number of cases involving serious mental illness, substance and/or alcohol abuse. While the standards of capacity for specific legal transactions vary according to relevant statutes and case law in each state and/or country, there are similar, overlapping principles. An assessment of capacity is especially relevant in areas related to elder law and estate planning such as executing advance directives and guardianship proceedings. In this presentation we will discuss the "red flags" or signs of "diminished capacity" that one may observe in a client or patient as well as the ethical guidelines for assessing capacity in accordance with ABA Model Rules of Professional Conduct, Section 1.14. Last, we will explore the "Mental Health Legal Tool Kit", offering creative legal solutions to difficult mental health issues related to elder law and estate planning.

53. Emotional Well-Being

Collective Case Study Review of the Bernese Method: What We Learned From Our Clients?

Tracey Rickards, *University of New Brunswick* (strickar@unb.ca)

The opioid crisis has focused attention on the dangers associated with the use and abuse of opiates, the connection with unlawful behavior, and the requirement for more rehabilitation programs that are effective and fit the needs of people living with substance use disorders. The client is frequently the silent partner in these healthcare relationships, at the mercy of the medical field and feeling ill-equipped to advocate for themselves. The Bernese method, which is more tolerable and associated with fewer side effects, consists of a gradual induction of overlapping buprenorphine with methadone or opiates. Using a collective case study method and thematic analysis we gained an in-depth understanding of a small cohort of 6 participants who used Bernese; focusing on historical background, the cases themselves, and contexts of each case. Findings demonstrate that there are important, unique, individual circumstances influencing the progress of people using Bernese with similarities helping inform practice. Access to opiate substitution therapy facilitates decreased unlawful behavior and a return to some state of stability.

Care Experiences of People Who Use Drugs in the Emergency Department

Kimberly Wilbur, *University of New Brunswick* (kimberly.wilbur@unb.ca)
Kathryn Weaver, *University of New Brunswick* (kweaver@unb.ca)

Although people who use drugs (PWUD) experience lower levels of health than the general population, they often avoid traditional healthcare systems. The requirement for abstinence combined with discrimination by providers and labelling as "drug seeking" creates barriers of distrust and fear of involvement with formalized services. Consequently, PWUD present with advanced disease requiring hospitalization. In Canada, the number of deaths, poisonings, and overdoses related strictly to opioid has risen exponentially. Associated healthcare costs have placed a significant burden on emergency departments with a higher number of visits, increased hospitalizations, and supports from justice and social services. To better understand the healthcare needs of PWUD and the need for increased spending to address these needs, it is imperative to interact directly with PWUD through a non-threatening researcher familiar to PWUD. Working as a community health nurse in priority neighbourhoods with PWUD has allowed for long term and trusting relationships to be developed. These relationships facilitate elicitation of PWUD accounts of their experiences with health and social service providers. Ethnography supports observation, field work, and interviews and expands current knowledge to improve engagement in care and inform professional practice. The strengths of using an ethnographic approach with PWUD will be discussed.

Hostile-World Scenarios along the Life Span: Mapping Perceived Threats in Various Populations

Dov Shmotkin, *Tel Aviv University* (shmotkin@tauex.tau.ac.il)

The concept of hostile-world scenario (HWS) refers to one's image of actual or potential self-perceived threats to one's life, or more broadly, to one's physical or mental integrity. The HWS is the individual's belief system about possible inflictions, such as climate disasters, wars, accidents, violence, crime, abuse, illness, breakup of close relationships, loss of beloved ones, aging, and death. The HWS may become more salient at old age due to aggravating threats (e.g., disease, death of spouse, loss of abilities). HWS-related threats signify critical life events in which individuals may need protection of the law or otherwise be in questionable juridical situations. Research showed that the HWS monitors one's expected dangers and regulates one's well-being. Studies assessed the HWS in the community as well as in diverse populations such as high-school students, gay youths, mental health hotline volunteers, bereaved parents, older gay men, older handicapped persons, and Holocaust survivors. The findings highlight the need that professionals such as counselors, lawyers and clinicians, who help people in times of specific adversities, be attentive to the HWS, which presents the larger image of threats that these individuals deal with. The HWS can thus be a key to the individual's vulnerabilities and challenges.

What if We Did Everything Different?

Julie Dingwell, *Avenue B Harm Reduction Inc., Saint John, Canada* (Julie.dingwell@avenueb.ca)

What might be different in our justice system if training for those wanting to be the justice servers such as police, prison guards, prison medical staff, etc. had mandatory trauma-informed training including a deep look at the ramifications of poverty? What if we tested aptitude for work in the criminal justice system based on a kindness scale and the ability to show openness to adopting new methods of practice? What if mercy was standard justice procedure – that we see the person and the hurt before we see a criminal? What if we need to start over, can we do it without throwing law enforcement under the bus? What if we don't start over? What if we did everything different? This presentation is intended to inspire a *leading together* approach, one that moves us away from criminalizing the most hurting among us towards understanding the lived reality of too many people to count. Are we ready to really get to talking about how law enforcement can be part of preventing harms, often-repeated, to the most vulnerable among us? Imagine justice as part of a larger movement to stop the injustice of using the most hurting among us to sustain a system based on dreadful assumptions about what brings people to be involved with the criminal justice system. Just Imagine.

Non-Economic Costs of Fraud to Victims

Stacey Anne Wood, *Scripps College* (swood@scrippscollege.edu)

Recent research on the emotional impact of financial fraud has consistently found that victim's perception of the emotional impact of fraud victimization is more severe than the victim's perception of the financial losses across fraud types. The majority of individuals in a study of Madoff victims reported anxiety, depression, sleep disorders, health related problems, and increased use of prescription medications. This research has demonstrated that a catastrophic financial event can result in a clinical picture very similar to PTSD. Financial fraud victimization has been linked to physical symptoms such as poor health, poor sleep and poor quality of life secondary to the high level of stress experienced by victim. Victims often blame themselves. Families may blame the victim for squandering resulting in unexpected financial burdens. The change in social support can result in decreased quality of life. We will present data from a mixed methods project that includes survey data as well as in depth, in person interviews with fraud victims to better characterize the non-economic impact on victims of white collar crime important to establish for damages in civil litigation.

54. Ethical Challenges in Representing Unrepresented Patients with Disabilities

A Second-Personal Approach to Surrogate Decision Making for Unrepresented Patients with Disabilities

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"Unrepresented persons" – namely, those who "lack decision-making capacity and a surrogate decision-maker"— comprise approximately 16% of ICU patients and are frequent recipients of life-sustaining treatment (Byju and Mayo 2019; Kaplan 2019; White 2006). A significant portion of these patients have some sort of disability, which is the population of concern in this paper. When a patient has no one to represent them and has no advanced directives, then there are three standard options for surrogate decision making: physicians, court-appointed surrogates, or an ethics committee. This paper carves out an alternative option that focuses on closing the "subsidiarity gap", namely, the gap between spheres of relationship with the unrepresented person. A common weakness of the three standard options is their distance from the patient and lack of relationship with them. Thus, I propose a sphere of "inter-personal representation" that operates as a mediator between the representatives at the state level and the individual herself. This sphere of representation requires developing second-personal relationships, relationships characterized by communication and connection, with the vulnerable person in order to develop an understanding of the patient's interests. After developing and defending the inter-personal representation model, I will explore how best to implement it.

The Appropriate Ethical Standard for Life-and-Death Decisions for Unrepresented Patients with Disability

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Unrepresented patients—those who lack decision-making capacity, have not left any indication of their wishes, and do not have any surrogate decision maker—are among the most vulnerable patient groups. Disabled persons account for a significant percentage of unrepresented patients. A key question is the appropriate ethical standard for medical decision making for unrepresented patients. Two options are considered in this presentation: (1) the less demanding best interests standard, which says that life-sustaining treatment can be withheld or withdrawn if it is not in the patient's best interest; and (2) the more demanding medical futility standard, which says that life-sustaining treatment can be withheld or withdrawn only if it is so harmful or so contrary to the patient's interests that it would be medically inappropriate to provide it. This presentation explains how these two standards are distinct but related, examine arguments for and against each standard, and contend that the medical futility standard is more just when it comes to life-and-death decisions for unrepresented patients. Given that many unrepresented patients are disabled, and end-of-life decisions often involve disability-related considerations, it will be argued that the medical futility standard provides greater protection for disabled patients.

Ethical Challenges in Representing Incapacitated Patients with Disabilities: Cognitive Biases

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Patients with disabilities who lack decision making capacity constitute a significant portion of unrepresented patients. For these patients, an individual or committee may be called upon to function as a surrogate decision maker on their behalf, often with the goal of advocating for the patient's best interests. The presentation will argue that just as cognitive biases may undermine our own autonomous decision, certain cognitive biases may undermine surrogates' decisions on behalf of unrepresented patients with disabilities. Among others, those who make decisions on behalf of unrepresented patients with disabilities may be particularly susceptible to the following biases: in-group bias, the bandwagon bias, and optimism bias. The presentation will show how these three biases are particularly applicable to the identified patient group. Finally, it will suggest that certain safeguards ought to be taken by the various decision making entities, whether individuals or groups, so that these biases do not improperly influence decision making for unrepresented patients with disabilities.

55. Ethical Considerations in Healthcare Decisional Autonomy for Minors

Kirstin Matthews, *Rice University* (krwm@rice.edu) - Discussant

What Role Should Children and Adolescents Play in Their Health Care Decisions?

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Judgments about the role children and adolescents may or should play in health care decision making, including decisions about research participation, are controversial. Numerous policies, guidelines, and laws address questions of who should make decisions concerning children and adolescents and how those decisions should be made, including what role children and adolescents themselves should play. These matters are controversial in part because our views turn largely on understandings of the family (which themselves may be informed by cultural or religious commitments) and judgments about the cognitive capacities of children and adolescent (which are informed by clinical judgments and research, particularly research conducted by mental health professionals). This presentation reviews, compares, and contrasts the spectrum of positions on the role children and adolescents may and should play in making health care decisions with attention to laws, recommendations or guidelines from professional societies, and the bioethics literature from different countries. It also introduces some of the empirical research that has been used to support various positions.

Autonomy and Decisional Capacity in Adolescents: A Critical Controversy

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Autonomy, as vital as it is to decision making in health care, is necessarily nurtured and supported relationally. As a consequence, the question whether and when a choice is authentic is especially significant for adolescents, who are often at a critical juncture of deciding whether and how to internalize the moral education they have received from their families. When is an adolescent's health care decision autonomous? Is a decision the product of rebellion, of immaturity, or of family pressure? Examination of these questions differs between philosophical and psychological approaches. This presentation will consider a health care decision that changes depending on whether the adolescent is alone or with family present. Potential analogies with case examples of capacity-affecting diagnoses will be examined. The presentation will conclude by arguing that mutuality and interactivity are essential in order to provide children and adolescents with the capacity to become genuinely contributing members of their societies. That capacity depends on protecting, supporting, and promoting their access to a range of services that meet their needs and help develop their abilities to function effectively in their societies.

Genetic and Genomic Testing for Mental Health Disorders

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Genetic and genomic testing and screening raises numerous ethical, legal and social considerations. While these issues have been the subject of extensive analysis with respect to the research and clinical settings, genetic and genomic testing related to mental health disorders raises unique issues. Among the areas where such special considerations might arise are prenatal genetic screening/testing, pre-symptomatic testing in children, adolescents, adults, and the criminal justice system. A greater understanding of the ethical, legal, or social implications of genetic and genomic testing and screening for mental health disorders as well as the mechanisms for addressing or mitigating/managing them can improve policy and practice. This presentation demonstrates the results of a scoping review of the literature in medicine and psychology that addresses genetic and genomic testing and screening for mental health disorders.

COVID-19 and Study at Home: The Narrative of Minors Studying Under Lockdowns

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The spread of COVID-19 in the spring of 2020 resulted in numerous countries going into some version of a "lockdown" that resulted in school closures with children restricted to their homes. Many schools migrated instruction to remote delivery systems. This paper examines the narrative around the process of studying at home as the initial novelty of the process wore off and the remote delivery posed numerous challenges that included diminishing motivation, frustration with technology and some outcomes that bordered on mental disorder. The key challenge was a technologically determined process where the pedagogic needs were trumped by technological wizardry which left the young students confused. This not only resulted in diminished learning but some mental trauma resulting from difficulties with the technology and the loss of the traditional classroom. An examination of the process allows for a better understanding and possibly more careful management of the process in the future.

Children, Adolescents and Health Care Choices: Case Examples from a Hospital Ethics Consultation Service

Arlene M Davis, *University of North Carolina* (arlene_davis@med.unc.edu)

This presentation responds to the issues raised in this session regarding the role children and adolescents should play in decisions about their health care. It does so by offering case examples where young patients' observations, anxieties, and curiosities about their own illness or health care needs requires both families and members of the health care team to overcome any reluctance to engage with them as diagnoses are made and plans of care are developed. For the child shielded from his surgical wounds, the adolescent who tosses away her transplant medications, or the young patient who pleads with his nurse to keep his mother away from the bedside, how should decisions about their care be made? In reviewing such cases, the presentation will illustrate how childhood

illness experiences are critical moments that inform and shape children's moral selves and emerging autonomy.

56. Ethical Liability Issues Consequent to Trauma Experienced by Youth in Public Services Facilities (1)

Legal Liability Issues associated with Trauma Experienced by Youth in Public Service Facilities

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Trauma plays a pivotal role in the criminal justice system, length of involvement, and success of rehabilitation attempts. Judges are often asked to consider the age at which a youth entered the State's care. Too often that is through the foster care system - where these children have been removed from their homes due to some traumatic experience. Foster care may then expose them to repeated adverse childhood experiences in the form of physical, sexual, or emotional abuse; neglect, or just constant removals creating a sense of instability. These children may respond with behaviors that include increased aggression, distrust, and rule breaking. They are then placed in new schools repeatedly or in youth facilities for misbehavior, where they can experience racism, discrimination, and isolation that pushes them further along the pipeline to prison. These traumatic experiences can be taken into consideration by judges and juries in making decisions about sentencing mitigation and rehabilitation options. Courts may be required to look at whether discrimination or failures in these systems should result in financial, civil, or criminal liabilities to the government, corporations, and individuals involved. If the State takes on the role of a parent, then it will be held responsible for abuse of this responsibility. This presentation will discuss how these acts of trauma can be viewed in a court of law.

Policing as Trauma: Litigating Race, Adolescence and Trauma in a Juvenile Case

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In this presentation attendees will learn how to incorporate "policing as trauma" arguments into their advocacy. The nation—and the world—has watched with outrage the brutal killings of Black and Latin people. While these high-profile incidents have shed some light on the abuses of police power, defenders know all too well that police "brutality" is much broader than these horrible deaths. Black and Latin youth are oppressed by aggressive policing in every aspect of their lives—at home, in school, on the bus, in their parks, and on the street. For many youths, the daily, discriminatory and unnecessary encounters with police is overwhelming and traumatic. Attendees

will learn how to incorporate "policing as trauma" arguments into their advocacy at every stage of a criminal case, including client interviews, detention and probable cause hearings, Fourth and Fifth amendment motions to suppress, motions for a trauma-informed mens rea, self-defense arguments, motions to dismiss in the interest of justice, disposition hearings, violations of probation, and introduction of expert testimony. Participants will: learn from the research and studies on the trauma of policing and racism; identify the psychological and emotional trauma caused by policing such as stop and frisk, interrogation, detention, consider the impact of police trauma on the attorney-client relationship and client interviews; and develop arguments that raise policing as trauma in a delinquency case.

Is Therapy Always Helpful? Ethical Considerations for Psychotherapeutic Interventions with United State Juveniles in Short Term Correctional Facilities

Alicia Coleman, *Consulting Forensic Psychologist, Dallas, USA* (aliciacolemanphd@gmail.com)

Recent research with the juvenile justice system has shown that many juveniles meet criteria for mental health problems related to trauma. As a result, supportive and rehabilitative efforts, such as psychotherapeutic intervention, are employed in a growing number of juvenile systems in the United States and a fair number of large juvenile justice systems collaborate with American Psychological Association (APA) programs to provide the juveniles with services. Although well-intentioned and generally seen as beneficial support, this presentation will take a closer look at some of the underlying issues inherent in providing psychotherapeutic treatment with a short-term detention population that may prove to be incompatible with ethical codes of conduct. There are classic concerns, such as a juvenile's mental ability to competently consent to treatment, and currently given that there is an over-representation of ethnic minorities in the juvenile justice system, a therapist's competence with diverse populations should be assessed and considered. Lastly, there are nonmaleficence and beneficence concerns related to the therapist inadvertently contributing to the juvenile's allostatic load and the possibility of implicit racial bias regarding the juvenile population. Ideas for remediation of these ethical concerns include increased diversity training for therapists, increasing diversity within APA accredited psychology training programs, continuation of and expansion of efforts to establish uniform objective assessments to better assess for trauma in juveniles, and establishing a community-based therapy model where the juvenile receives more consistent therapeutic support.

The Crossroads: How COVID-19 has Exposed Racism in Society and Medicine

Otis Anderson, *Consulting Psychiatrist, Tennessee, USA* (oanderson3@rocketmail.com)

This presentation will address potential ethical violations of the American Psychiatric Association (APA), The Principle of Medical Ethics, that may result in traumatic experiences for ethnic minority youth as recipients of services. Ethical conduct by psychiatrists requires more than

knowledge of ethics. It also requires that psychiatrists consistently apply that knowledge in their day-to-day professional activities. A psychiatrist should not be a party to any type of policy that excludes, segregates, or demeans the dignity of any patient because of ethnic origin, race, sex, creed, age, socioeconomic status, or sexual orientation. Competent practice is influenced by advances in variety of disciplines, including the behavioral, social, and biological science, and religion, and the complex social and economic contexts of practice. Psychiatrists treat challenging illnesses and are influenced by complex and cultural contexts, co-morbid conditions, and discrimination. Patients in small or underserved communities may encounter greater barriers to care. The nature of modern psychiatric practice extends his or her contacts to such people as judges, teachers, juvenile and adult probation officers, psychologists, attorneys, welfare workers, agency volunteers, and neighborhood aides. In referring patients for treatment, counseling, or rehabilitation, the psychiatrist should ensure that the allied professional is a recognized member of his or her discipline and is competent to carry out the therapeutic task required.

Law Enforcement, Students, Threat, and Race: An Empirical Study

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This Article provides the first in-depth empirical study of data spanning a decade that identifies characteristics of American schools more likely to have regular contact with law enforcement. Our analyses reveal that a school's sustained contact with law enforcement is not as heavily influenced by factors one might presume and the normative literature supports, such as actual school disorder and perceived external threats. Instead, our analyses suggest that the primary drivers relate to, in one form or another, perceived internal threats of disruption and violence by the students themselves. Relatedly, and even more troubling, our findings suggest that student race influences decision-making to some extent. For example, until very recently, when contact with law enforcement officers became even more commonplace, the concentration of African-American students in a school was associated with regular law enforcement contact, even after controlling for school disorder, perceptions of neighborhood crime, school size, and other school characteristics. This suggests that racial bias may influence to some degree school officials' decisions to establish relationships with local law enforcement agencies, as empirical evidence indicates that individuals implicitly associate areas populated with larger concentrations of African-Americans with disorder, danger, and crime.

57. Ethical Liability Issues Consequent to Trauma Experienced by Youth in Public Services Facilities (2)

The Disproportionate Representation of Minority Youth in America's Juvenile Justice System

Randy Nelson*, Bethune-Cookman University* (nelsonr@cookman.edu)

This presentation will address the disproportionate representation of minority youth in America's juvenile justice system. The overrepresentation of Black youth in America's juvenile justice system has a traumatic effect on youth, families, and communities of color. Black youth often recognize society's limitations and low expectation of them at an early age, creating a negative self-awareness, which can continue into adulthood. At the individual level, the trauma associated with the physical, mental and social anguish of carrying this perpetual baggage is reflected in Blacks in general. The overrepresentation of Black youth within the juvenile justice system also impacts the family as an institution. Low-income families are less likely to have the knowledge, resources, or influence to effectuate a positive outcome from their involvement in the juvenile justice system than families with financial means. The higher level of documented juvenile delinquency involvement within poor minority communities can be causally linked to the lack of educational and employment populations, structural racism, and other related matters. Cumulatively, these factors contribute to the continuous traumatic stress experienced at the individual, family, and community levels. Whereas most research focuses on Post-Traumatic Stress Disorders, the need to expand and increase research on the impact of the Continuous Traumatic Stress inflicted upon people of color at the individual, family and community domains is warranted.

The Crossroads: Racism in Society and Medicine

Karriem Salaam*, Consulting Psychiatrist, Houston, USA* (karriemsalaam@gmail.com)

This presentation will discuss ways in which ethnic minority youth may be exposed to trauma experiences when they are clients of child protective services, in schools and education programs, or clients of justice-related systems. The precipitator of trauma is often Adverse Childhood Experiences (ACEs). We will discuss the role of psychiatrists in reducing the incidence and consequence of ACEs. The term "adverse childhood experience" refers to a range of negative situations a child may face or witness while growing up. Generally, there are three broad types of ACEs: ABUSE (emotional, physical, sexual); NEGLECT (emotional, physical); HOUSEHOLD DYSFUNCTION (mother treated violently, substance abuse in the household, mental illness in the household, parental separation/divorce, incarcerated household member). Not every person who has suffered a rough childhood grows up to be maladjusted or unhealthy. Some children are less susceptible to the negative effects of their surroundings and carry less stress with them into adulthood. Sustained activation of the body's stress response, toxic stress, impacts many of the brain's vital systems, including but not limited to dysregulated HPA Axis, decreased hippocampal volume, decreased gray matter in prefrontal cortex, evaluation of reward, and brain connectivity. Toxic stress also affects children as they grow older and leads to many common health and behavioral issues later in life. Why address trauma? Trauma is widespread. The impact of trauma is broad and touches multiple life domains. The impact of trauma is often deep and life-altering. Violent trauma is often self-perpetuating. Trauma is insidious and preys particularly on the most vulnerable among us. Trauma affects the way people approach potentially helpful relationships. Trauma has also often occurred in the service context itself.

Race in the Criminal Justice System

Roger Taylor, *County Juvenile Department, Dallas, USA* (roger.taylor@dallascounty.org)

Youth of color most often enter the criminal justice system with a host of past adverse-childhood experiences that have gone unaddressed and undiagnosed. Initial assessments and screenings do a fair job in exposing some of those traumatic experiences that often involve emotional, physical and sexual abuse and domestic and community violence. Youth of color statistically have far more traumatic exposure, history of arrest and incarceration than any other race. Black youth are also disproportionately likely to experience trauma of an arrest and penetration of the criminal justice system. They are less likely to be diverted to an informal court progress. Rather, they are prosecuted and placed in short and long term youth facilities. In order to uphold the social contract and prevent youth from experiencing secondary post-traumatic complications from the criminal justice system, coordinated cross-system collaboration of diversion programs is needed to ensure safety and protection, address traumatic stress symptoms, and minimize re-traumatization. Youth-serving systems that should be brought into this collaborative progress as early as possible include juvenile justice, child welfare, mental health, schools, and advocates. This presentation will focus on how informal and formal diversion fit into the construct of addressing youth trauma.

The Denial of Reproductive Justice as Trauma for Girls

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Reproductive Justice (RJ) is a concept developed by Black Women activists in the United States in the 1990s to provide a different framework to explore how systemic oppression impacts reproductive decision-making. The mainstream reproductive rights movement, which emerged following the 1973 Supreme Court decision *Roe v. Wade*, focused primarily on protecting the right to not have children. This movement did not address protections and support for those who wished to have and raise children, nor did it secure access to abortion for those who could not afford it. Applying the human rights principle of positive rights, RJ supports each individual having all the necessary resources and education to make decisions about whether or not to have children. It also calls on governments to provide safe and healthy environments in which to raise children. RJ encompasses the human rights to health, education, housing, equality, and natural resources, and freedom from both personal and state violence. Laws and policies limit the reproductive autonomy of marginalized communities. Youth constitute one such community subjected to reproductive oppression. This presentation will explore how various public systems, from schools to foster care to health care, inflict trauma on girls, especially low income Black girls, in an attempt to limit their reproductive autonomy and decisionmaking.

58. Exercise for People Living with Dementia and Their Careers

Walking the Parks – Keep Me Walking!

Jitka Vseteckova*, The Open University* (jitka.vseteckova@open.ac.uk)

It is great for everybody to get outdoors once in a while. But that is not so easy if you are living with dementia either in community, or in a care home. The Parks Trust in Milton Keynes and The Open University are working together to evaluate a new initiative social event including walking outings for people with dementia, their families and carers. Evidence suggests that regular exercise is crucial to maintaining physical and mental health. This is particularly important for people living with dementia. Although we know that exercise interventions for people living with dementia have the potential to support their wellbeing, little is known about what supports continuous engagement with such interventions. We propose a mixed methods evaluation (as we plan to collect both qualitative and quantitative data) of Walking Programme set out currently as 5 Ways Cafes events that include walking outing organized for older people living with dementia in Milton Keynes to further understand the factors that may hinder or facilitate the uptake of and continuous engagement with the outdoor walking groups' activities. This project is trying to understand what works to keep people with dementia engaging with the walks and outdoor environments.

Barriers and Facilitators to Adherence to Walking Groups in Older People Living with Dementia in Community and in Residential Care

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Targeted exercise while ageing, especially walking, is important for maintaining mobility, good postural stability, preventing falls, keeping a degree of independence, good mood and quality of life for older people in general and specifically for older people living with dementia living in community or in residential care. Benefits are known to last for as long as we exercise. Adherence to walking groups and learning in 3rd & 4th age are of primary importance. Unfortunately, little is known about the barriers and facilitators to adherence to walking groups amongst older people living with dementia in community or in residential care. A series of systematic literature reviews (3 interconnected reviews) have been conducted between 2016 – 2020. Narrative analysis focused on barriers, facilitators, and adherence. All studies reported on barriers and facilitators. Where reported, adherence ranged from 47-89%. Walking in groups has positive benefits for those with dementia and their carers. Carers' willingness to engage, their circumstances, perspectives and previous experiences of exercise seem to play a key role in facilitating adherence. The need for such activities to be part of a wider 'programme of care', tailored to the needs of the individual, involving carers, flexible and convenient was highlighted through this research.

Observations from the Walking the Parks Study

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Abigail Methley, *Senior Clinical Psychologist, Northamptonshire, UK*
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This presentation will outline the findings from an evaluation of the Walking the Parks project for people living with dementia and their families, which will be an exemplar of interest to a wide range of care homes and volunteer organizations. We have measured the engagement and impact of the Walking Programme on the care home residents, through interviews with family members, Walking Programme organizers and residents, and observations on the engagement of residents at each walk. We plan to produce a set of strategies for continuous engagement with Walking Programmes in care home residents living with dementia. We are currently in the process of writing up the results, which will be presented at the Congress. However, one of the preliminary findings is that there seem to be a gender disparity in who brings their spouses/partners living with dementia to the outings and outdoor events organized, as the prevailing carers who bring their spouses seem to be women. We are keen to investigate this area and see whether other researchers have experienced a similar disparity.

Participation in Group Outings, Gender Related Profiling and Preferences of Outings for Carers who Care for their Partners/Spouses Living with Dementia' Systematic Review

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Through researching/ carrying out observations as part of The Walking the Parks study, we have realized there seem to be a gender disparity in bringing spouses/partners living with dementia to outings and outdoor events organized. We are currently investigating this area and trying to understand what has been published and whether other researchers have experiences a similar disparity we have on our study. It seems that systematic review of the literature is the best start to explore this interesting phenomenon. We are currently working on a protocol. The next steps will include searching through databases, screening titles, abstracts and full texts of potentially eligible papers and writing up the paper as a response to our initial query. We expect this review of literature to bring findings that will complement the existing systematic reviews around the subject of carers for people living with dementia as well as the carers approach to physical activity and also highlight reasons for participation in such outings.

Series of Systematic Reviews on Unpaid Carers and Physical Activity

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Several people in the UK rely on friends and family for caring responsibilities, with a high percentage of these carers not receiving any pay. Unpaid carers' support is valued at £132 billion a year, however many carers suffer from several health issues, including loneliness, social isolation, and physical health problems as a result of their caring role. Given the physical and emotional challenges of caregiving, and carers reporting more negative health behaviors than non-carers, the potential of physical activity to enhance caregivers' health is recognized. However, currently the barriers and facilitators to physical activity in this population are unknown. It was therefore the aim of these four systematic reviews to explore: 1. The prevalence of physical activity amongst unpaid carers, and 2. Any reported barriers and facilitators of physical activity in unpaid carers. We have been searching the literature in the UK and worldwide.

59. Expanding Access to Behavioral Health Services among Delinquent Youth in the Community

The Missing Link(Age): Multilevel Contributors to Service Uptake Failure in Youths on Community Justice Supervision

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Youth in the US juvenile justice (JJ) system often do not access behavioral health (BH) services. Based on the Behavioral Health (BH) Services Cascade model, the prevalence of Screening, Identification of Need, and Referral to and Initiation of BH treatment of youth undergoing intake, and at what steps their access is most challenged. Data were drawn from administrative records of 33 community JJ agencies in 7 states (N=8307 youth) to examine contributions of youth, staff,

agency and county characteristics to identification of BH needs and linkage to community services. Approximately 70% of youths were screened, with over half being in need of treatment. Among those in need, only a fifth were referred to treatment, yet among those referred, 68% initiated treatment. Overall, fewer than 15% of identified youth initiated services. Regression analyses identified contributors to service-related outcomes, with youth's level of supervision among the strongest predictors. Community justice agencies appear to focus identification and linkage practices on youth with criminogenic, rather than BH needs, although both contribute to re-offending. Implications for practice in BH agencies will be discussed. It will be suggested that local BH and JJ agencies should coordinate efforts to support communication in the referral and cross-system linkage process.

Understanding Site Differences in Improving Referrals of Youth on Community Supervision to Substance Use Treatment: An Experimental Mixed Methods Study

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Most US juvenile justice system (JJS) youth are under community supervision and have substance use or mental health problems, but behavioral health (BH) is typically not prioritized. Coordination and collaboration between JJ and BH systems are problematic, decreasing the ability to adequately identify substance-involved youth and refer them to appropriate treatment. The JJ-TRIALS cooperative agreement included a multisite cluster randomized trial in which 34 sites received implementation interventions to improve coordination and collaboration between JJ and BH, and reduce unmet substance use services needs along the BH Services Cascade. We analyze treatment referrals among youth identified as in need of treatment, and found increased referrals over time but wide variation among sites. We used multivariate multilevel models to analyzed factors affecting overall referral rates and changes over time. In addition, we incorporate qualitative data from staff focus groups, needs assessments, and monthly site check-ins to identify key facilitators and barriers to referrals and increasing referrals over time. These include organizational, staff, systems, contextual, youth, and family issues. This presentation will discuss findings that help identify multilevel factors that can either increase or hinder the ability of juvenile community supervision agencies to identify youth in need of BH services, and refer them to appropriate treatment.

From Fidelity to Site Engagement: A New Approach to Measuring Agency Involvement in Large-Scale Multi-Phase Studies

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Large-scale multicomponent interventions involving multiple research centers and investigators are at significant risk for intervention drift, that is, disparities in program implementation content and quality across jurisdictions. To date, implementation fidelity has served as the key means through which to determine agencies' adherence to a study protocol. This investigation recognizes the value of traditional fidelity monitoring, but argues for a more rigorous multidimensional approach to measuring and tracking site engagement. Site engagement permits researchers to measure varying degrees of milestone achievement and distinctive types of project participation for the duration of an intervention, thereby revealing divergent engagement levels and trajectories among agencies. The value of site engagement conceptualization and operationalization is demonstrated with data from the NIDA-funded JJ-TRIALS project. Site engagement can be a valuable predictor and mediator in multiagency randomized controlled trials. We report here that the JJ-TRIALS intervention was carried out as designed, yet site variation in engagement is also evident. These findings highlight that future implementation studies should track not only adherence to delivery of intervention components as designed, but also monitoring measures of site engagement when evaluating impact of intervention strategies.

The Effectiveness of an Enhanced Implementation Approach to Increase Substance Use Service Receipt among Justice-involved Youth

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Juvenile justice (JJ) systems and behavioral health (BH) agencies must collaborate to effectively identify youth with substance use (SU) disorders and link them to appropriate treatment. A delayed-start, cluster-randomized trial examined the comparative utility of two implementation intervention strategies designed to improve receipt of services along the BH Services Cascade (SU screening, identification of need, referral, initiation, engagement, and continuing care; Belenko, et al., 2017). Twenty communities (representing N=18,647 youth) were paired, with one randomly assigned to Core implementation (interagency workgroups, data-driven decision making) and the other to Core plus Enhanced (external facilitation). Multilevel analyses examining experimental condition and change over time indicated that Cascade penetration was differentially affected by condition. Five pairs showed higher penetration among Enhanced sites, four showed higher penetration among Core sites, and one showed no significant difference. Subsequent analyses indicated greater homogeneity and sustainment of differences during later study phases when Enhanced was superior (compared to Core-superior pairs). Youth in need of services were also more likely to progress to later points in the Cascade. Implications for policy and future research will be discussed.

60. Externalizing Behavior, Developmental Psychopathology and Psychiatric Disorders – Trajectories and Subgroups

Break the Vicious Circles: Developmental Pathways to Serious Mental Illness Among Individuals in Residential Youth Care

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Previous studies suggest that mental health problems in residential youth care are substantial. Follow-up studies show that individuals who have been subject to RYC consume psychiatric inpatient treatment at a much higher rate compared to others. However, little is known about developmental pathways and specific risk factors of serious mental illness in this group. Knowledge and tools to identify this group early in development is crucial to build an efficient organization for prevention and treatment. The current study aims to describe specific risk factors in the development of serious mental illness among youth in RYC and to develop a risk assessment instrument based on this data. All subjects, aged between 20-30 yrs at follow-up and previously discharged from RYC will be recruited from the Swedish national registers. Life-course register-based follow-up data are then collected from Swedish national registers and analysed in relation to a matched control group. Descriptive data will be presented, correlation analyses will be performed and subgroups will be identified through cluster analytic methods. The results will then form the base for a web-based risk assessment instrument. Data collection will start in 2021and results will be used to identify youths with a high risk of developing serious mental health problems and subsequently initiate evidence-based treatment to prevent suffering and other negative consequences.

Patterns of Healthcare Utilization and Psychiatric Morbidity Among Violent Offenders: From Early Childhood into Adulthood

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Externalizing disorders, such as oppositional defiant disorder, conduct disorder or ADHD, are risk factors known to increase the risk of numerous adverse outcomes in adulthood, including violent offending and serious mental disorders, without the adequate support and treatment these disorders often require. Early intervention and preventive measures in externalizing disorders are of utmost importance in effort to reduce its risk of developing into future antisocial behavior or psychiatric disorders. Patterns of childhood healthcare utilization in people convicted of violent crimes and its association to psychiatric outcomes in adulthood are today, however, somewhat unclear. Studying a group of violent offenders (n = 269) and comparison group (n = 10.000) through national

Swedish registers, we explore distinct patterns of healthcare utilization and concurrent psychiatric disorders in childhood and whether patterns of healthcare utilization may alter the risk of adverse outcomes in adulthood, including severe mental disorders and psychiatric inpatient care. Preliminary results will be presented, projected to show elevated levels of childhood healthcare utilization and psychiatric morbidity among violent offenders compared to the comparison group. Additionally, a pattern indicating a general reduction of outpatient healthcare and an elevation of psychiatric inpatient care are expected among violent offenders in adulthood.

Autism in Forensic Psychiatric Care: Subgroups and Patterns of Psychopathology

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The prevalence of autism is approximated to 1%. Individuals with autism do not seem to be more prone to commit crimes than the general population. Yet, the prevalence of autism within prison-settings and forensic psychiatry is greatly elevated. The aim of this study was to describe a large cohort of forensic psychiatric investigees with autism, identify subgroups based on patterns of comorbidity and psychosocial characteristics and predict the sanction of forensic psychiatric treatment (FPT). All individuals with autism going through an extensive forensic psychiatric investigation (FPI) in Sweden 2002-2016 were included (n=714). All data originated from the FPIs and included diagnoses according to the DSM-IV five-axis-system, offence information and sanctions suggested by the FPI team. A hierarchical cluster analysis was performed to identify patterns within the cohort. A logistic regression analysis was executed to predict FPT. We identified five clusters characterized by (1) male sex, intellectual disabilities (ID), affective disorders, pyromania, paraphilias and OCD, (2) ADHD, personality disorders and substance abuse, (3) males with no comorbidity (4) female sex, ID and impulse control disturbances and (5) psychotic disorder and drug abuse. Seven variables contributed significantly to the prediction of FPT and correctly classified 87% of the FPT cases; low levels of psychosocial functioning, psychosis, autistic disorder, problems in social environment and arson predicted FPT, while delusional disorder and problems with the legal system were negatively related to FPT.

Self-Harm and Aggression in Forensic Psychiatric Patients: A Sub-Study of Onset of Psychiatric Illness, Drug Abuse and Criminality

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Forensic psychiatric patients exhibit a variety of psychological and social problems but also an increased risk for both self-harm and aggression. Many of these patients are suspected of having had an early onset of mental illness, including self-harm and aggression and a possible contact with child and adolescent psychiatry and habilitation services. However, knowledge about their early care experiences during childhood and adolescence is lacking. The aim of this study is to look at the onset of contact with child and adolescent psychiatry and habilitation services in a cohort of forensic psychiatric patients and study earlier diagnoses and interventions. We will also

look at the patients estimated debut in drug abuse and the patients estimated debut in crime. A consecutive cohort of 100 forensic psychiatric patients being cared for at a major forensic psychiatric clinic in Sweden will be studied. Data collection, regarding early health contacts, criminal background, mental health including self-harm and aggression, emotion regulation, externalizing behaviors and childhood trauma, will be performed through patient interviews, self-assessments, journal review and register studies. Data collection will be finished in September 2020. This study is important from a public health perspective as well as from a clinical perspective in the prevention of serious suffering for individuals and significant costs to society.

61. Financial, Practical and Diagnostic Issues in Different Socio-cultural Settings

Alcohol Beverage Household Expenditure, Taxation And Government Revenues In European Who Region

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Alcohol beverage industry became a significant source of income for the economy. WHO's Global Health Observatory Data Repository and EU's Excise duties Alcoholic beverages allowed calculation of incremental gains and losses as annual and total net changes. Time horizon spanned 6-23 years referring to 69 countries(Europe; CIS). Household expenditure on alcohol grew since early 2000s in only three countries (Ireland+1.7%). Annual revenues from alcohol excise tax grew significantly across Europe from + US$ 8,388.05million-UK to + US$ 2.86 million-Malta. Contraction of government revenues was steadily falling from -7% Estonia to -0.2% Iceland. Total net increase of revenues (consumption taxes - excise duties and charges other than VAT) recorded bold growth particularly in Western European, EU-15. (ethyl-alcohol, intermediary products, beer, sparkling wine and still wine sales factsheets). UK dominates revenue growth. Nations across EU, CIS and intermediary regions, were decently successful in employing and persisting with alcohol industry taxation policies. ln future we need a global programme to reduce the amount of alcohol intake in the population, but we also need special programmes for alcohol-abusing and alcohol dependent patients. The long-term consequences of these efforts remain yet to be seen in the upcoming years.

Transcultural aspects and difficulties in Europe

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In Austria we had during the last years problems with refugees, mainly an increasing number of refugees from Afghanistan and Chechnya, while 80 % of the Syrian refugees are integrated and already work in Austria. The Afghanistan persons, mostly very low educated, came to Europe because they had worked as e.g drivers etc. for the US troops and connected persons. When the US troops left the country these persons were left unprotected. Local warlords threatened them

with death, because of this work and threaten their families because of "collaboration" for the Americans. Many of them fulfil the criteria of severe posttraumatic disorder. In the following time the covid 19 pandemic markedly increased this problem, because it is even more difficult to find treatment possibilities.

Classification Systems: How to Use Them for Forensic Questions

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Since more than 100 years WHO developed the ICD classifications.. Until ICD-9 WHO tried to follow an etiology-oriented strategy, but all research data showed that all diagnostic entities are caused by very heterogeneous psychological, sociological and biological disturbances. In ICD 10 WHO tried to assess only syndromes, but in the introduction they made clear that this syndrome information alone is not useful for treatment , long term course and for forensic questions. ICD-11, which was published in 2018, tried to define severity degrees as well as long term course descriptions following more a dimensional approach. Using the diagnosis dependence the differences between ICD 11 and DSM 5 will be demonstrated and following the approaches of W. Platz the minimal standards in the use of forensic questions will be shown. Typologies, onset, family burden of addiction, severity degree, and the interaction with the delinquency are some of the facts which has to be used answering forensic questions

62. Fractured Families – When a Child Refuses Contact with a Parent

Fractured Families: When a Child Refuses Contact

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Practitioners and the judiciary are faced with the complexities associated with addressing, and seeking to remedy, Refuse/Resist Dynamics (RRD) in custody matters. Of critical importance for attorneys/Courts is being able to assess RRD at the inception of contested custody matters, in an effort to triage issues, create a team of professionals to support the family and provide for consequences when treatment protocols are ignored. Working collaboratively, there is the ability to promptly implement an array of professionals including Parent Coordinators, individual, reunification and family therapists. These professionals can be utilized, in tandem, to create customized treatment teams capable of assessing, treating, and sometimes resolving RRD. Families benefit from wrap around supports during litigation, and beyond. Knowledge of an action plan, the necessary professionals to implement and a thorough understanding of the RRD is critical in being able to successfully advocate before the Court on the needs, services and professionals which must be implemented. RRD bears features of "alienation" and "estrangement." Assessment by the requisite professionals, at the inception of a case, is critical to being able to successfully

advocate for a client, but above all else, to ensure that the best interests of the child/children are being met.

Creating a Team: Introducing Professional Roles

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With Refuse/Resist Dynamics (RRD), a highly specialized family therapeutic approach is needed to address the complicated dynamics. This type of therapy typically needs a collaborative and a team approach to assist with navigating the family out of the toxic chaos and into a healthier family dynamic. The team can apprise of multiple professionals such as a Parent Coordinator (often the team captain to assist in organizing the professionals and overseeing the work), Guardian ad Litem (often appointed by the Court to oversee the child(ren) best interests and guide the Judge to help make Court Ordered child focused decisions), a focused evaluation (often needed to help diagnose the issues and help set up the team members), and a reintegration therapist (the provider who treats the family unit). The reintegration therapist should determine if the family members need individual therapy, in addition to family therapy. There is mixed data in terms of individual therapy being helpful or harmful to this type of fractured family. This presentation will focus on creating a professional team to help families who suffer with the Refuse/Resist Dynamics before the parent-child bond is irreparably harmed.

Therapeutic Options for Treating RRD

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High-conflict divorce often has its own set of problems for children, one of the most prominent being when a child refuses or resists contact with a parent. This is currently known in the literature as Refuse/Resist Dynamics (RRD). There are different causes of contact refusal, and when it is not deemed to be realistic estrangement, the situation becomes tox for the children and the entire family. Time is of the essence in these situations, as the longer it continues without intervention, the more difficult it becomes to treat and repair. Refuse/resist dynamics constitute a family systems problem. Each family member has a role and must be involved in order for treatment to be successful. These matters are often very complicated, and a team of professionals often yields the best results in treating a family. This presentation will focus upon the treatment options that exists for parent/child contact problems. Outpatient Reunification/Family therapy as well as different types of multi-day Family Intensive Treatment programs are available and will be described. All of the treatments require a thorough understanding of RRD dynamics and expertise in the area of high conflict divorce.

When Treatment Fails, What Are the Options?

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Often in Resist Refuse matters the implementation of treatment is delayed, the dynamics have been misinterpreted or never properly evaluated, and or the Family or community lacks the resources to address these difficult and complex cases in a timely manner. As a result, the Resist Refuse Dynamics become intractable, finances become depleted and the reality sinks in that outpatient resources may no longer be the best option. There are also those situations in which the rejecting child or the preferred parent are too emotionally disturbed, self-destructive or non compliant. Most experienced professionals dealing with this population have struggled with these extraordinarily severe cases where even temporary custody modifications have not been successful. This presentation will focus on the intervention options for these challenging and sometimes hopeless cases of resist-refusal. Various custody modifications, neutral settings, boarding and residential treatment schools and "Saying Goodbye For Now" will be discussed as to timing and implementation.

The Five-Factor Model for the Diagnosis of Parental Alienation

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The definition of parental alienation is a mental state in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent (the favored parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The Five-Factor Model is a method for diagnosing parental alienation by understanding and identifying the components of this condition. Factor One: The child manifests contact resistance or refusal, i.e., avoids a relationship with one of the parents. Factor Two: The presence of a prior positive relationship between the child and the now-rejected parent. Factor Three: The absence of abuse, neglect, or seriously deficient parenting on the part of the now-rejected parent. Factor Four: The use of multiple alienating behaviors on the part of the favored parent. Factor Five: The child exhibits many of the 8 behavioral manifestations of alienation. The 8 signs of parental alienation are manifested by alienated children, while the 17 common alienating behaviors are manifested by the favored or alienating parent. The Five-Factor Model appears to be a reliable way to identify parental alienation; it can be used to differentiate between alienation and estrangement.

63. Forensic Neuroscience: The Potential Usefulness of Neuroimaging Techniques

The Relative Importance of Neuroimaging in Criminal Justice

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Neuroimaging techniques are increasingly applied in criminal trials, and in particular in insanity evaluation. Neuroimaging techniques, applied together with a comprehensive neuropsychological and psychopathological assessment, might be particularly useful to mitigate some limitations of the classical psychiatric assessment. The latter presents intrinsic limitations mainly due to the low inter-rater reliability of psychiatric diagnosis, low inter-rater reliability of insanity evaluation and presence of unconscious cognitive biases. In this presentation a real forensic case of insanity evaluation is presented, aiming to explain the importance of a multi-disciplinary evaluation, including clinical, psychiatric, neuropsychological, psychopathological assessment, as well as a brain magnetic resonance that, in accordance with the principle of convergence of evidences, provided independent evidence concomitantly supporting the presence of insanity in the defendant. This presentation will propose that a trans-disciplinary evaluation might be extremely relevant to mitigate the limitations psychiatric evaluation is drenched of.

Behavioral Profiling of Neuroimaging Results in Criminal Justice

Sarah Genon, *Heinrich Heine University* (s.genon@fz-juelich.de)

The behavioral profiling technique allows to link topographically defined brain regions with corresponding psychological processes. Through the analysis of databases of aggregation of activation experiments, this approach allows to identify which kind of psychological processes are most likely to activate a given region and, consequently, which kind of psychological processes are expected to be defective due to a deficit in that specific region. This approach becomes extremely relevant to assess the anatomo-clinical correlations in insanity evaluation. In other words, this technique allows us to answer to the following question: are the cognitive deficits expected due to the lesion location correspondent to the cognitive deficits observed in that specific defendant? In this presentation, the real-life application of behavioral profiling technique is presented. In particular, the technique has recently been applied to identify cognitive deficits that are to be expected in cases of acquired pedophilia (i.e. pedophilia emerging as a symptom of a neurological disorder). Critically, the expected cognitive deficits completely overlapped with the cognitive deficit observed in each case.

Brain Reading: The Future of Forensic Neuroscience?

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The application of Machine Learning algorithms to neuroimaging data has allowed to decode individual mental states from the analysis of brain scans in laboratory settings. For this reason, these techniques have been referred to as "brain reading". In summary, this approach allows to create a model of brain data and to generalize it to make predictions. Such predictions can be applied to both stable conditions and specific task-related mental states. For instance, it is possible

to reliably recognize whether a subject is watching a picture of a face vs. a building, or which object is being perceived, from the multivariate pattern of brain activity. According to several neuroscientists, the brain reading approach can potentially be a useful tool for forensic neuroscience in the future. For instance, it could be applied to test whether a suspect has previously experienced a crime scene. This presentation will share the results of a study on the decoding of real-life autobiographic exposure to specific scenes by means of fMRI. The potentialities and pitfalls of the forensic application of this approach are discussed.

Neuroimaging in Criminal Justice: Legal and Ethical Issues

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In some criminal cases, neuroimaging is used to inform the court, for instance, about a defendant's criminal responsibility. A brain scan may reveal a tumor, which, possibly, influenced the defendant's behavioral choices at the time of the crime. In view of neurotechnological progress, the role of neuroimaging in criminal justice is expected to increase in the coming years. Meanwhile, not everyone is convinced of the value of neuroscience for answering legal questions. For example, it has been argued that legal concepts and criteria are behavioral in nature, not neurobiological. Others have pointed to ethical problems that may arise for forensic practitioners who use these brain imaging techniques, for instance regarding the reliability of the procedures. In this presentation, some ethical and legal issues concerning neuroimaging in criminal justice will be discussed, focusing on the pre-trial and trial phases. Attendees will not only consider current technologies, but also possible neurotechnological developments in the near future.

The Role of Neuroscience in Predicting Future Dangerousness in Dangerous Criminals: A South African Criminal Law Perspective

Geert Stevens, *University of Pretoria* (philip.stevens@up.ac.za)

The prediction of future dangerousness in dangerous criminals remains a contentious issue. Within the context of South Africa dangerous criminals are dealt with in terms of section 286A of the Criminal Procedure Act 51 of 1977. Whenever a Superior Court or Regional Court convicting an accused person of one or more offences is satisfied that the accused represents a danger to the mental or physical well-being of other persons and that the community should be protected from such person, the court may declare such an accused a dangerous criminal. In determining whether an accused represents such a danger, the court may direct that the accused be sent to a psychiatric facility. Neuroscience has recently received a lot of attention in terms of not only being invaluable in terms of assessing criminal responsibility, but also in respect of predicting future dangerousness. In this presentation the author will reflect on the nature and substance of neuroscience and more specifically how it can apply within the context of the prediction of future dangerousness as an alternative method of assessment as opposed to the traditional assessment within the context of mental health professionals. It will be indicated that neuroscience can be a valuable addition to

other expert evidence. The role of neuroscience will be addressed against the backdrop of section 286A in the South African Criminal Law context within the context of sentencing.

64. Forensic Psychiatric Evaluation in China's Criminal Proceedings: Key Issues and Recent Reforms

Psychiatric Evaluation Law in China's Criminal Cases and Recent Reforms

Zhiyuan Guo, *China University of Political Science and Law* (guozhiyuan@hotmail.com)

Psychiatric Evaluation is widely used in criminal cases to screen people with mental disorder because mental health issues can either exempt criminal responsibility of the offender or mitigate his/her criminal punishment. The operation of psychiatric evaluation in China used to carry a typical characteristic of civil law tradition, but recent reforms have strengthened the procedural safeguards for psychiatric evaluation and its presentation in criminal trials. This presentation will provide a comprehensive overview of psychiatric evaluation law in China and update the audience with China's recent psychiatric evaluation law reforms. After a brief historical overview of psychiatric evaluation law and policies in China, the presenter will introduce the current legal framework of psychiatric evaluation, show how psychiatric evaluation is conducted, how the psychiatrist's opinion is presented and examined as evidence in criminal trials in China. The presenter will also discuss critical issues surrounding the operation and examination of psychiatric evaluation and propose potential solutions to these loopholes or problems.

Issues of Forensic Psychiatric Expertise in Chinese Criminal Proceedings

Qinting Zhang, *Academy of Forensic Science, China* (zhangqinting@126.com)

Forensic psychiatric expertise is occasionally used in criminal proceedings in China. Mental status of the suspect/defendant with mental disorder has an important effect on the status of their legal capacity, such as criminal responsibility, competence to stand trial, witness capacity, etc. The forensic psychiatrist opinion can exempt criminal responsibility of the offender, mitigate his/her criminal punishment, or affect the suspect/defendant's legal status in criminal proceedings. This presentation will first introduce the content frame and main assessment point of forensic psychiatric expertise in China criminal proceedings from a forensic psychiatrist's perspective. Secondly, the requirement of the forensic psychiatric expert and the qualification control for the forensic psychiatric expertise will be clarified. Last, the linkages and distinctions between forensic psychiatry and clinical psychiatry will be discussed.

Development and Current Status of Evaluation of Capacity for Criminal Responsibility

Ji'nian Hu, *China University of Political Science and Law* (hujinian@yahoo.com)

Evaluation of capacity for criminal responsibility (CCR) has been traditionally an important work in forensic psychiatric evaluation though the number of evaluations in civil cases increased remarkably in recent years. Over the past four decades, great progresses have been achieved in evaluation of CCR. Its necessary to review at this moment the pathway of the development of evaluation of CCR so that we can choose the right direction for future development. Major developments include among other things: 1. the concept and guidelines of the evaluation. Generally, it has shifted from "biological" to "legal". 2. Standardization of evaluation. A series of evaluation guidelines, standards and scales have been put into use to improve the agreement rate of evaluations. 3. Team composition. More evaluators have received formal training. 4. the adoption mechanism of forensic psychiatric opinions. The legal status of the evaluation changed from "conclusion" to "opinion". 5. The management mechanism of forensic psychiatric evaluation. Administration and industry management are more effective. With all these changes and improvements, currently, CCR evaluation can basically meet the needs of criminal justice, but there are also some prominent problems that will be discussed. With continued improvements in these areas CCR evaluation will improve the delivery justice.

An Empirical Analysis of Forensic Psychiatric Evaluation: Based on the Documents from China Judgments Online

Bangda Chen, *East China University of Political Science and Law* (chenbangda@hotmail.com)

Based on the empirical analysis of the information from China Judgments Online, this presentation compares the cases in which courts conduct forensic psychiatric evaluations and reject such requests in recent years, and finds that the reasons for judges' reluctance to conduct forensic psychiatric evaluations include three concerns: concerns about the credibility of forensic tests, concerns about the controversial compulsory medical treatment, and concerns about the pressure from the public. Once conducted, the forensic test may lead to multiple tests. Once the defendant was determined insane, litigants will not be properly treated. Once the defendant is determined not criminally responsible, judges will be under the pressure both from the victim's family and the public. Based on the consideration of performing the social management function, judges are cautious about the initiation of forensic psychiatric evaluations. In order to improve this system, the circumstances under which forensic psychiatric tests is conducted should be stipulated in detail to limit the judicial discretion, while we remain within the inquisitorial system. Judges should explain the reasons when they reject the forensic requests. Parties should be entitled to appeal for remedies.

The Function of Psychiatric Evaluation in the Chinese Criminal Involuntary Commitment Procedure

Yinglong Wang, *Beijing Technology and Business University* (yinglong5566@163.com)

Criminal Involuntary Commitment Procedure which was established by Chinese Criminal Procedure Law in 2012 aims to commit dangerous insane offenders who are not criminally responsible. One key factor whether to commit or release the insane offender is psychiatric evaluation. In order to show what the function of psychiatric evaluation plays in the process of deciding to commit or release the inane offender, the presenter has collected many criminal involuntary commitment cases since the procedure has been implemented and will conduct quantitative research based on these cases. The presenter divides these cases into two groups, one involving the question whether to commit the insane offender and the other to release the offender. Through the quantitative research, the presenter will show what the function the psychiatric evaluation plays in two different groups and if there is any difference. Except the psychiatric evaluation, the presenter will introduce other factors which will influence the outcome of the committing or releasing of insane offenders.

65. Forensic Psychiatry: The Law and Ethics of Fitness to Stand Trial, Dangerousness and Mental Capacity

Supporting Accused Persons and CRPD Requirements for Unfitness to Stand Trial Laws

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This presentation concerns a research project on pre-trial and trial support for accused persons with intellectual, cognitive and psychosocial disabilities in Australia. The researchers developed a support program that was directed to Indigenous Australians with disabilities who were at risk of being found unfit to stand trial. Unfitness to stand trial laws in Australia can result in the indefinite detention of people with disabilities, often beyond what they would have received in a typical trial. The program tested whether non-legal advocates could work alongside legal counsel to optimize the participation of clients with disabilities and improve the accessibility of court proceedings. The researchers also analyzed relevant legislation through a human rights lens and identified multiple failures to ensure procedural due process and substantive equality for accused persons. The call to abandon mental capacity tests, based on the Convention on the Rights of Persons with Disabilities, was also considered. The presentation will summarize the findings and offer several law reform recommendations.

Mental Disorder and Preventive Detention

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The most far-reaching preventive measure in Dutch criminal law is *terbeschikkingstelling* (TBS, penal hospital order). TBS is a form of preventive detention, which can be imposed on account of the dangerousness of the mentally disordered defendant, in addition to or instead of a prison sentence. The prison sentence is always served first. Crucially, this form of preventive detention is applicable only to defendants who suffered from a mental illness at the time of the crime. Meanwhile, empirical research does not show a strong connection between mental illness and dangerousness. This raises the question whether, from the perspective of dangerousness, it is justified to make a distinction between defendants who suffered from a mental disorder at the time of the crime and those who did not, and to subject only the former category to preventive detention. In this presentation, we first examine empirical data on the relationship between mental illness and risk of recidivism. Second, in light of these empirical findings, we discuss whether distinguishing between offenders with and without a mental disorder at the time of the crime is justified in the context of preventive detention. Third, we consider preventive detention in countries like Germany and Norway, where preventive detention does not always require the presence of a mental illness. Finally, we draw some conclusions regarding the justification of unequal treatment of mentally ill offenders in the context of preventive detention.

Forensic Implications of the 'Fusion Law' Proposal

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A common criticism of a 'fusion law', a generic law covering all instances where a person's ability to make a treatment decision is impaired, regardless of the cause, and furthermore which only allows non-consensual treatment if it is in the person's 'best interests' – is that it fails to deal adequately with the protection of the public. This presentation examines the implications of a 'fusion law' where a person with an 'impairment or disturbance of mental functioning' has committed an offence or where the person has been found 'unfit to plead' or 'not guilty by reason of insanity'. It is argued that within the parameters of a fusion law, unfair discrimination towards those with a mental impairment placed on treatment orders by a court as exists presently in nearly all jurisdictions can be avoided while at the same time achieving satisfactory public protection. This can be achieved through hospital treatment, voluntary or involuntary depending on the person's decision-making ability and best interests (or best interpretation of 'will and preferences'), and a form of supervision order in the community that is supportively structured but includes special conditions to ensure compliance.

Clinical Decision-Making in Relation to Involuntary Treatment in Forensic Hospitals: Results of a Qualitative Study in North-Rhine Westphalia, Germany

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Since changes in the law in 2017, involuntary treatment in forensic psychiatry in Germany can be initiated not only to avoid or reduce dangerousness to self or others, but also to bring about "the capacity to be discharged" (Entlassfähigkeit). This capacity is not specified further in the law except for a reference to the patient's insight into the necessity of voluntary medication. To gain insight into clinical decision-making, normative justification and legal procedures in relation to involuntary treatment in forensic psychiatry, we examined four cases in which an application was filed for involuntary treatment with the aim of bringing about the capacity to be discharged. For each case, we conducted two interviews with two members of the treatment team who were either involved in the decision-making process leading up to the application for involuntary treatment or closely involved in the treatment of the person concerned. The first interview was conducted shortly after the submission of the application for involuntary treatment and the second interview three months after the first application of medication. We asked mental health professionals about their views on the clinical decision-making process, the normative justification, the legal procedures and the clinical effects of involuntary medication in the case at hand. The data from the interviews was complemented with the anonymized application forms and progress reports of the examined cases. This presentation will review the implications of these findings.

66. Gender, Morality, and Insanity – Recent Discoveries in Jury Decision-Making

A Look at Insanity Defence Trials

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Previous research has demonstrated gender differences in jury deliberation in a variety of types of trials; a separate body of literature has shown that individual juror decision-making in insanity defence trials may differ as a function of juror gender. The current study combines these areas of interest by examining the role of gender in jury deliberations in insanity defence trials. Ten juries (ranging from 5 to 11 jurors, total $N = 83$) deliberated a trial involving a male defendant invoking the defence of Not Criminally Responsible on account of Mental Disorder (Canada's version of

the insanity defence). Text-based analysis of the deliberation transcripts using Linguistic Inquiry Word Count software reveals a number of interesting trends and significant differences as a function of gender on overall word count per juror, number of positive and negative emotion words used, need for affiliation/power/achievement, and proportion of words spoken in deliberation. Relationships between individual-level attitudes (insanity defence attitudes, punishment orientation) and these measures of deliberation participation/content will also be discussed.

Moral Foundations and the Insanity Defence

Susan Yamamoto, *Carleton University* (susan.yamamoto@carleton.ca)

There is a longstanding culture of hostility against the insanity defence in Canada, where jurors are often hesitant to find defendants Not Criminally Responsible on Account of Mental Disorder (NCRMD). While this hesitancy is in part attributable to misinformation about the defence, it might also be seated in moral intuitions about fair punishment. In this mixed-methods study, Canadian jury eligible participants ($N = 83$) completed a measure of punishment orientation, read a fictional murder case involving a claim of NCRMD, then took part in 45-minute deliberation sessions. A summative content analysis of these data will be discussed in the presenttion. First, hierarchical linear modeling analyses revealed that punishment-prone mock jurors were less likely to defer to the authority of the defence psychiatrist. Second, a qualitative description of key-word flagged utterances (using the Moral Foundations Dictionary) revealed that mock jurors relied on moral intuitions about authority, harm, and fairness in justifying their positions. Findings imply that mock jurors' decisions stem partially from moral conceptualizations of insanity rather than the evidence alone.

Does the Gender of a Sexual Assault Nurse Examiner Impact Trial Outcomes?

Twila Wingrove, *Appalachian State University* (wingroveta@appstate.edu)
Evelyn Maeder, *Carleton University* (evelyn.maeder@carleton.ca)
Patricia Ferreira, *Appalachian State University* (ferreirapa@appstate.edu)

Sexual assault is a pervasive problem world-wide. While prevalence is difficult to estimate, as many as 25% of women and 5% of men have experienced sexual violence. Due to the traumatic nature of this type of violence and associated specialized health needs, some nurses seek specialized training as Sexual Assault Nurse Examiners to better support victims, as well as provide stronger legal evidence in court. Both field research and experimental research suggests that SANEs are effective at increasing conviction rates in these types of cases. However, most SANEs are female and most of the research has focused on female SANEs. The purpose of this experimental study discussed in the presentation was to evaluate whether SANE gender influences legal outcomes, and whether that influence varies for male and female victims of sexual assault. In addition, because researchers tend to focus on legal outcomes for cases of sexual violence

against women, this is one of few studies that explores legal outcomes for cases of sexual violence again men.

67. Growing Challenge of Addiction in South Korea

Verification on the Moderating Effect of Self-efficacy in the Influencing Relation of Internet Game Addiction and Aggression among Korean Adolescents

Sun Kyung Kang, *Sogang University* (skshin2000@sogang.ac.kr)

The purpose of this study was to examine the moderating effects of self-efficacy that can change and predict adolescents' behavior in the influence of internet game addiction on aggression. For this purpose, an online survey was conducted for middle and high school teenagers using smartphone during August 8th and 16th 2019, and a total of 811 people were used for research analysis. As a result, first, the group with high risk of internet game addiction was more aggressive than other groups. Second, it was empirically verified that self-efficacy is a variable controlling the relationship between adolescents' internet game addiction and aggression. On the basis of the above results, social welfare and educational intervention measures are suggested to reduce the problem behaviors of addictive use and aggressiveness of internet games.

A Phenomenological Study on the Experiences of Suicide Attempts and Recovery among Koreans with Gambling Addiction

Jun Hyeok Kang, *Eulji University* (jhkjeju@naver.com)

The purpose of this study was to explore the experience of suicide attempts and the recovery experiences of gambling addicts. One-to-one in-depth interviews were held with ten gambling addicts who had experienced suicide attempts. The data collected through the interviews were analyzed by the phenomenological method proposed by Giorgi. This presentation will discuss the main findings. First, it will discuss the extraction of five themes including 'the ruin and suicide attempt,' 'fluctuation,' 'support of others,' 'awareness,' and 'finding a new way of life.' Second, it will explain how the researchers unified all the topics and extracted the essential theme of "overcoming the suicide crisis caused by the ruin experience with the support of others and awareness and finding a new way of life, not gambling." Based on the results of the study, in cooperation with gambling specialists, the researchers were able to help suicide attempters with gambling problems and utilize restorers who experienced a gambling addiction as specialists in practice. It will be concluded that the results suggest to simultaneously consider both emotional and economic problems and to help the clients to change their perceptions through cognitive therapy or volunteer programs.

A Fragment of Victim: Life Restructure of a Child of Korean Family with Alcohol Addiction

Yoon Choi, *Sogang University* (yoon47277034@daum.net)

This presentation details a study reconstructing the story of the life of a male alcohol recovering addict who grew up in a family with alcoholism through narrative research. By analyzing the story of a narrator who has lived a lifetime between a father of alcoholism and a mother of extreme depression, the experience of being represented as a victim of alcoholism can be analyzed in terms of the continuity of 'time', the 'space' of the physical speaker, in the context of 'interaction' with society, tried to find out if the story of the victim is reconstructed. Through the analysis procedure adopted by Clandinin and Connelly, the narrative was reconstructed. The result of the reconstruction was that "The shadow of despair and fear", "The boy who wanted to be loved and leaned", "The ego wants to be hide", "Self-reflection in the mirror", "Parents' shadows that won't disappear", and "The deep-rooted tree". The research suggests the change alcohol recovering addicts and children of the addiction family to the social awareness of the addicted family from the viewpoint of the victim, reflecting the reality of the domestic society.

Does Cycle Racing Gambling Relieve Stress or Trigger Addiction?

Sang Jun Kang, *Sogang University* (ksj962969@gmail.com)

This presentation will explore whether aspects of leisure activity or gambling addiction are strongly represented in cycle race off-track betting. Motives for participating in cycle race-off track betting may reduce stress but also increase the tendency of gambling addiction. This study aimed to understand that participating in cycle race off-track betting enhances addiction. The characteristic of cycling racing gambling is that participants are likely to become addicted if they indulge too much, as in ordinary gambling. The same addiction phenomenon is reported in areas such as Internet addiction other than drugs, such as in clinical psychology and psychosocial studies. This presentation argues that adoption of cycle race-off-track betting policies to boost government finances leads to deepening addiction to gambling. Cycle-off track betting increases access to gambling in the community through legalization. This is showing signs of causing negative social problems.

A Study of Factors Related to Use of Court-Ordered Treatment among Offenders with Substance Addiction

So Young Lee, *Sogang University* (iso7@sogang.ac.kr)

In South Korea, illegal drug use is a crime and this is a barrier to obtaining treatment until they enter the criminal justice system. This presentation reports a study into factors associated with use

of court-ordered treatment among offenders with substance addiction. This study involved secondary data analysis of "A Study of People with Drug Addiction and Courted-Ordered Substance Addiction Treatment and Evaluation." Data was collected through the self-report survey and 153 participants were collected in 2016. Logistic regression was conducted. The dependent variable was use of court-ordered treatment. Independent variables included gender, age, education, employment status, knowledge of confidentiality, and depression. Results showed that the level of education and knowledge of confidentiality were statistically significant with use of court-ordered treatment. Based on the findings, at the beginning of court-ordered treatment a detailed explanation is needed about the nature of confidentiality along with tailored treatment considering the level of education among offenders with substance addiction. In addition, this research suggests the need for establishing policy about the early screening and intervention system of substance addiction.

68. Guardianship Abuses and Legal Responses

Historical Development of Legal Guardianship

Nathalie Boulos, *Saint Louis University* (nathalie.boulos@health.slu.edu)

This presentation will introduce the topic of guardianship and provide a brief overview of potential abuses. A review of historical perspectives about the development of substituted decision making as a legal construct will be followed by an overview of how the guardianship construct has been transformed throughout history. This presentation will briefly present different types of guardianship and conservatorship and how they have been interpreted by the courts. Appointed guardians can be family members or appointed public administrators. Potential abuses can occur with either group. Participants will review specific abuses that have been perpetrated by guardians and potential legal protections that can be utilized by individuals with guardians and their loved ones. This presentation will provide an overview of case law in the United States involving legal guardians who were criminally charged and will also discuss similar issues that have been reported internationally and how they have been addressed legally.

Clinical Challenges with Obstructive Legal Guardians

Joe Nassif, *Saint Louis University* (joe.bounassif@health.slu.edu)

This presentation will discuss three patients treated at Saint Louis University Hospital who arguably had obstructive legal guardians providing an overview of their cases and explain the roles and attitudes of their legal guardians. In each case, the guardians' approaches were perceived by their treatment teams as obstructive. In one instance, the guardian remained appointed to the individual despite never having met him during the one-plus year he had been appointed as that individual's legal guardian (despite working close to where the individual had been treated and placed). Participants will review aspects of each case that were problematic and equate each situation with the case law presented by Dr. Boulos. This presentation will explain the challenges

of addressing those issues with the system that remained in place in the relevant jurisdictions and will also discuss the counter-transferential issues experienced by providers working with obstructive guardians, including trainee perspectives.

National and International Guardianship Laws

Ryan Wagoner, *University of South Florida* (ryanwagoner@usf.edu)

This presentation will provide an overview of the guardianship laws between different regions in the United States, including if there are any trends in states that have stricter versus more liberal guardianship policies. Participants will review examples of nations that employ dramatically different interpretations of substituted decision making and the available literature on how outcomes differ between different countries. A special emphasis will be placed on how the underlying concepts of paternalism in different cultures leads to the development of different legal standards. This presentation will conclude with an analysis of how the differences in guardianship laws can lead to interactions with other topics within forensic psychiatry, including testamentary capacity. Specific cases vignettes will be used to emphasize how an expert could be asked to evaluate complicated cases involving both guardianship and other competing legal rights in individuals who seek to test the bonds of what a guardianship can prevent them from doing.

Financial Aspects of Legal Guardianship

Brianne Newman, *Saint Louis University* (brianne.newman@health.slu.edu)

This presentation will discuss potential financial benefits that may be available to different groups involved in the guardianship process and the source of these financial benefits. These groups include publicly appointed guardians, attorneys, family members, physicians, and placement facilities. The individuals involved in the guardianship process may receive appropriate and/or inappropriate benefits. Participants will review costs typically associated with both private and public pursuit of legal guardianship. Participants will review different avenues available to individuals of different socioeconomic statuses and will provide data about the direct and indirect costs associated with managing individuals with legal guardians. Many of the funds allocated to individuals with legal guardians are distributed directly to payees or administrators of facilities such as group homes and nursing homes. Participants will receive specific examples of misappropriated funds, possible repercussions of fraudulent management by guardians, and appropriate routes of reporting concerns of fraudulent guardianship.

Systemic Changes to Guardianship Laws

William Newman, *Saint Louis University* (will.newman@health.slu.edu)

This presentation will review specific cases which have provided examples of serious abuses of guardianship. Concerns related to abusive and neglectful legal guardians have been increasingly brought to the forefront of the public's attention, particularly within the last decade. Recent United States government investigations and reports have helped shed light on the issue. The popular press has similarly highlighted the issue. This presentation will additionally synthesize the information presented throughout the panel, providing an overview of important systemic changes which have already occurred, as well as systemic issues which remain ripe for change. Abuses can be perpetuated by a combination of lacking resources, lacking oversight, and nefarious individuals. Challenging ethical issues must routinely be considered and discussed whenever there is a system designed to assign substitute decision makers, many of whom wind up in control of financial resources.

69. He Ture Kia Tika, Let the Law be Right

Contextualizing the Crisis of Mass Incarceration in New Zealand

Khylee Quince, *Auckland University of Technology* (khylee.quince@aut.ac.nz)

Aotearoa New Zealand has a rising and costly prison population complicated by the fact that 91% of prisoners have been diagnosed with either a mental health or substance use disorder within their lifetime. We have also witnessed the mass incarceration of Māori, where in some communities, imprisonment has been described as part of life for some whānau. Many offenders have also been subject to victimisation, making it difficult for us to clearly separate victims from offenders, yet as a society we continue to take punitive approaches. Upon release, we know that 52% of those previously convicted are likely to end up back in prison within 2 years. This presentation will draw on the findings of a project that aims to contextualize the overlaps and compounding factors that impact those who become incarcerated. We will report statistical data gathered from multiple government databases, as well as draw on the years of literature that help explain the factors at play that are continuing to increase our prison population.

Co-production in Mental Health, Addiction, and Criminal Justice Worlds

Dave Burnside, *Odyssey House, Auckland, New-Zealand* (daveb@odyssey.org.nz)
Stella Black, *Auckland University of Technology* (stella.black@aut.ac.nz)

This presentation introduces a co-production project that aims to develop a solution-focused framework to improve outcomes for whānau who experience mental distress and/or addictions while in the criminal justice system. Although there is a growing body of work in mental health around co-production models, less is known about how to do this kind of research in criminal justice settings with a decolonization of research agenda. We will focus on describing the theory and application of our Kaupapa Māori and co-production methodology. This approach requires a shift in the focus of research from 'doing to' to 'doing with' people involved 'in project'. Both

methodologies aim to empower participants as experts and disrupt western hegemony. The presentation will explore how we brought together a large group of diverse people to build our methodology and how we actualize it in our everyday research practices.

Stores of Incarceration, Mental Distress and Addiction

Jessica Hastings, *Auckland University of Technology* (jess.aries1@gmail.com)
Shelley Turner, *Specialist Reports Ltd, Auckland, New Zealand* (info@specialistreports.com)

In this presentation we focus on the findings of a study that aimed to explore the lived experience of offending, mental distress and/or addiction. The methodology involved collecting stories that focused on participants journeys towards whanau ora (wellness and connectedness) and desistance from offending. The objective was to draw on the collective of stories to create ideas for transformation of New Zealand's criminal justice system to better recognize mental health and addiction needs of most people incarcerated in New Zealand. This presentation explores the processes for collecting the stories in partnership with the participants, and then reflects on the findings of the study. A sub-section of the 40 stories collected will be presented in their entirety, and themes across the whole sample will be explored to show the depth of understanding that can be found from asking those who are closest to the problem we are hoping to alleviate through policy and law changes. The presentation will conclude with key ideas for change indicated from the stories.

Using Evidence to Inform Criminal Justice Law and Policy Change

Katey Thom, *Auckland University of Technology* (katey.thom@aut.ac.nz)
Khylee Quince, *Auckland University of Technology* (khylee.quince@aut.ac.nz)

In 2018, the Chief Science Advisor of New Zealand indicated that policy and law changes to our criminal justice system need to be evidence-based. The research that points to the social determinants of offending and ideas for early intervention were highlighted strongly. In this presentation we aim to expand and push the boundaries of 'evidence base' to include the voices of those who have experienced the criminal justice system, and challenge the tokenism that is paid to "co-design" and "co-production" in institutional systems. The presentation will draw on the findings of a project called, He Ture Kia Tika or Let the Law be Right, that aims to not only draw on conventional research but also the lived experience of people who have been incarcerated to create policy and legal solutions. Our envisagement of a solution focused framework will be presented that provides a path forward for New Zealand to reduce its mass incarceration of people with the compounding experiences of mental distress and addiction.

70. Health Data and Mental Health

Legal Novelties in Deep Phenotyping for Psychiatric Disorders

Nathan Cortez, *Southern Methodist University* (ncortez@mail.smu.edu)

Researchers have been evaluating how data gathered from multiple novel sources (smartphones, wearables, social media posts, text messages, and the like) can be combined with more traditional data sources (health records, clinical interviews, MRI scans) to diagnose and treat severe psychiatric disorders. These data streams can be processed through machine-learning techniques to identify factors that may anticipate the likely onset of symptoms of severe mental illness, with the goal of guiding earlier and more effective clinical and/or behavioral interventions. For example, smartphones and wearables can track a patient's GPS location, sleep and wake cycles, skin temperature, and use of certain language or imagery in social media posts and text messages to predict the patient's future behavior, such as a relapse into manic or depressive episodes. The collection and use of such data raises difficult questions regarding the return of research results to the patient, obtaining proper informed consent, and maintaining data privacy and security. The presentation will discuss the ongoing work of a project I joined to develop consensus legal and ethical considerations to guide deep phenotyping research, funded by an NIH Bioethics Administrative Supplement grant via the McLean Institute for Technology in Psychiatry. Given the speed of developments in this area and the fractured legal and regulatory jurisdiction over these practices, consensus guidelines are needed to safeguard patient interests and validate the uses of deep phenotyping research.

Causes and Consequences: Bias in our Mental Health Outcome Measures

Teneille Brown, *University of Utah* (teneille.brown@law.utah.edu)

The ill-planned and drastic lockdowns that governments imposed during the COVID-19 pandemic fostered public debates about whether societies should prioritize the economy *or* health. Unfortunately, this framing assumed that the two are diametrically opposed. Evictions, unemployment, poverty and lost health insurance are all already triggering mental health crises in the U.S.—the effects of which will last for decades. The project subject to this presentation seeks to better understand how our choices about what governments measure impact our assessments of causation and moral blame. Aside from quantifying more extreme proxies like increases in overdose deaths, domestic violence arrests, and insurance claims for mental health visits, in the U.S. we are likely insufficiently capturing the overall net negatives on mental health from the pandemic, such as modest but widespread increases in anxiety, substance use, and depression. Research shows that attributions of causation can be heavily biased by the perceived morality of actors, as well as the data we gather and how broad we cast our net. In other words, causation is not an objective, discoverable act of nature, but is influenced by social norms, cognitive biases, and morality. There is a strong human (and legal) tendency to focus on proximate and direct causes, and to ignore predictable, long-term consequences when making policy decisions. We also focus on blunt endpoints like death, rather than significant reductions in well-being. This can create a feedback loop, where we selectively measure only what we find morally salient, which in

turn feeds into a biased assessments of causation when evaluating our policy choices. This presentation will explore possible biases in assessments of causation in the context of the mental health effects of the COVID-19 pandemic.

Virtual reality-based psychiatric therapy: Legal questions

Jennifer Chandler, *University of Ottawa* (Jennifer.chandler@uottawa.ca)

Increasingly immersive virtual reality offers possibilities for psychiatric treatment, including forms of exposure therapy for anxiety or avatar therapy for psychosis. These new treatment modalities raise key questions regarding risk and consent, therapeutic deception, patient confusion and iatrogenic harm. At the same time, they offer remarkable possibilities for assisting patients in safe and controlled environments, and, with the inclusion of artificial intelligence, to expand access to otherwise cost-prohibitive therapies. Intriguing questions are posed for the law about the nature of harm and reality, how to handle fluctuating capacity, and the legality of acts or content in virtual worlds that would be illegal in the real world. Should virtual worlds be used for harm reduction, allowing a space for behaviours that would be harmful and strongly discouraged "in real life"? These issues will be discussed in the presentation.

Femtech at Work: Designing Regulation to Mitigate Women's Mental Health Risks

Elizabeth Brown, *Bentley University* (ebrown1@bentley.edu)

As biometric monitoring becomes increasingly common in workplace wellness programs, there are three reasons to believe that women's mental health will suffer disproportionately from the data collection associated with it. First, many forms of biometric monitoring are subject to gender bias, among other potential biases, because of assumptions inherent in the design and algorithms interpreting the collected data. Second, the expansion of femtech in particular creates a gender-imbalanced data source that may feed into existing workplace biases against women unless more effective safeguards emerge. Finally, many femtech platforms encourage the kind of information sharing that may reduce women's reasonable expectations of privacy, especially with regard to fertility data, thus increasing the risk of health data privacy invasion and associated risks of anxiety and depression. This triple threat to women's mental health may be offset somewhat by the benefits of health data collection at work and may be remedied at least in part by both legislative and nonlegislative means. The current trend toward greater health data collection in the wake of COVID-19 should provoke a reexamination of how employers collect and analyze women's health data to reduce the impact of these new gender bias drivers.

71. Here's a Radical Idea… End Racism Through System Change

Addressing Racism Through Organization Change

Daniel Lee, *Deputy Superintendent of Equity, California Department of Education, USA* (dlee@cde.ca.gov)

The presentation will address consequences of stereotypes and negative identity issues in a large government organization. Racism overwhelms people of the global majority (i.e. Black, Indigenous, and People of Color) and healing becomes challenged by prominent and distressing reactions which influences personal and professional identity development. These distressing reactions come in various forms that may be identified in our day-to-day lives as complacency, programmed cultural Amnesia, visceral disappointment, John Henryism and White fragility. These reactions tend to feed one of the purposes of racism – the perpetual marginalization and isolation of people of the global majority from their identity, each other, and their history. Through the use of "othering," institutions potentially emphasize negative stereotypes and support the growth and maintenance of conscious and unconscious biases. However, a racially protective community is one where members of that community understand the definition of racism; learn about the impact of racism; learn to identify their own reactions/responses to racism; recognize cues in the environment that trigger their racist reactions and responses to racism; and ask for help and provide assistance to others through the lens of cultural humility. How can we use this framework to transform systems? What strategies are needed to support positive identity development? These questions and implications will be discussed in the presentation

Understanding the Importance of Organizational Culture and Using These Elements to Create Equitable and Brave Spaces

Pamela Kadakia, *Equity Project Manager, California Department of Education, USA* (pkadakia@cde.ca.gov)

The presenter will discuss the processes and procedures by which internal systems changes and cultural shifts can be approached. Drawing from personal experiences of anti-racist and anti-bias work within a large 2-year university system and a K-12 state government agency, the presentation will share about the importance of employing specific tools for sustainable systemic change along with the necessary component of activating change agents who are personally and professional equipped for the task. The presentation will discuss insights on what should and should not be done as we all learn together and strive for social and racial justice. The goal of the session is to provide attendees with takeaways that will inform their systems change and cultural shift work.

Data Is Key in Managing System and Policy Change and Embedding Anti-Racist Practices

Michael Ishimoto, *Researcher, California Department of Education, USA* (mishimoto@cde.ca.gov)

This presentation will explore the ways that 'big data' and critical statistics are used to advocate and develop policies to benefit the public good but can also be used to hamper social justice progress. Governments and organizations have recently dedicated themselves to using data to influence decision making but see quantitative analysis as absolute and objective. With the advancement of qualitative, quantitative, and mixed methodology that focus on race and intersectional oppression, it is important for institutional researchers to employ these advancements in their own work. This session will explore and provide examples of various approaches to ensuring equitable data use and analysis. Michael will draw on real world data from the California Department of Education and other public databases to show how to acknowledge systemic oppression and integrate anti-racist practices into institutional research. The goal of the session is to show participants that 'big data' is not sterile, objective, or self-evident, but a tool that is situated in context, history, and messy.

Sustaining Change Requires Educational and Communication Plans. Learn How to Integrate Edutainment is a Key Resource in Your Change Work

André Robert Lee, *Filmmaker and Anti-Racism Facilitator, Many Things Management, New-York, USA* (schedulingwithandre@andrerobertlee.com)

This presentation will discuss what it means to challenge audience members and participants to understand racism as clearly as possible as an effort to take step towards deconstructing racism. Getting to the root of the problem is often a radical step towards solution building and action planning. The presenter uses art and film to facilitate difficult dialogue. Art often decreases the fears individuals face when asked to face their internal dialogues and explore levels of understandings of self as one registers their role in large organizations. Difficult dialogue experiences in professional environments can be precarious as participants tend to worry about job security and personal relationships. There are strategies and approaches that have proven successful and offers positive results. The presentation will explore these with the panel and participants.

72. Hong Kong Riots

Development of Violent Extremism in 2019 Hong Kong Riots

Totti Karpela, *Peace of Mind Ltd., Hong Kong* (totti.karpela@peaceofmind.hk)

This presentation will provide an insiders overview of the several months of unrest in Hong Kong from the summer of 2019 and onwards and the development of radicalisation in the city. The presentation will give a timeline of major incidents which shaped the perception of people towards the government and especially law enforcement. One effect which demands more attention has been the deterioration in Hong Kongers' mental health. It will cover how the polarisation took place in a calm and civilized society and how the development of radicalisation and targeted violence started and how regional politics, inequalities in the society, economic exclusion, mistreatment of certain groups, growing diversity, failing sense of security, and 'canalisation' of violence impacted the process. The deterioration in mental health has several causes, from the direct involvement of protesters, the police force in violent conflicts, to the exposure to such violence of those working nearby. Other problems that were created as a by-product of the disturbances will be looked at, such as polarised workforces, fear management of people and the aftermath and recovery in society. The disintegrating of social roles and support networks and financial difficulty can lead to housing, educational and social problems, which are known to trigger or exacerbate mental health problems.

73. How Do We Know What We Don't Know?

How Bias Can Influence Forensic Mental Health Evaluations In Family Law

Eileen Kohutis, *Private Practice* (eakohutis@gmail.com)

When a forensic mental health evaluator is asked to conduct a child custody/parenting time evaluation, the expectation is that it will be done in an objective and impartial manner and this expectation is outlined in guidelines set forth by various psychological and psychiatric organizations. Such an evaluation is set-up in a quasi-scientific fashion. Hypotheses are formulated, test reliability and validity is stated, data is reviewed and conclusions are reached that either support or disconfirm the hypotheses. But, what other factors affect the conclusions that are reached? We know that there are many types of bias that may influence the conclusions the evaluator draws and that there are some strategies that may help minimize bias, but what happens when we are unaware of what we don't know? What does bias mean about the assumptions we make in performing an evaluation? How does bias affect the conclusions and recommendations made to the courts and the families? This presentation will discuss some of the ways that bias permeates family law evaluations, what evaluators can do to mitigate its effects, and what attorneys need to do when it is evident in the expert's report.

Neuropsychologically Informed Parental Fitness Evaluations

Jonathan Wall, *Private Practice* (jonwall@jonwall.com)

A spouse is diagnosed with post-concussion disorder after a marital quarrel gets physical. A grandparent with a family history of early dementia uncharacteristically touches their grandchild. A parent becomes paranoid after a stroke or disinhibited after a car accident. How much weight do you put in a diagnosis of post-concussion disorder? What can you recommend to minimize the risk of a family member whose stroke or accident compromises their executive functions and induces personality changes? This presentation encourages evaluators and therapists to consult with neuropsychologists when faced with disturbed or regressed behaviors in their clients that may emerge after traumas and accidents. Rather than dismissing a parent as characterologically disordered, neuropsychologically informed evaluators can help educate the court that some parents suffering from self-regulatory impairments stemming from emotional and neuropsychological traumas can still parent with adequate support and treatment. Insights derived from neuropsychological findings can help us better understand why a parent behaves as they do, whether they are exaggerating symptoms or exhibiting uncharacteristic behaviors after suffering from a neuropsychological trauma.

What Do I Do When We Can't Agree the Sky Is Blue?

Shawn McCall, *Independent Practice* (shawn@shawnmccall.com)

One of the most challenging situations to appear at the intersection of the law and family therapy is refusal and rejection dynamics. There is great controversy and polarization surrounding such circumstances when a child is not wanting to spend time with one of her parents in the wake of a separation or divorce. In particular, there are often strongly contested representations and allegations made by any or all parties. Specifically, there can be allegations of abusive behavior by the rejected parent offered as a justification for the child's refusal. Alternately, the rejected parent may posit that he or she and the child used to have a fine relationship, and it was not until the other parent began to turn the child that the relationship soured. This presentation will consider various approaches to determine if, when, and how to seek verification as well as how different professional roles may approach and address the concerns that these challenging cases present.

74. Human Trafficking

Family Controlled Trafficking in the United States: Victim Characteristics, Systems Response, and Case Outcomes.

Jennifer Middleton, *University of Louisville* (Jennifer.middleton@louisville.edu)
Emily Edwards, *University of Louisville* (emily.edwards@louisville.edu)

Child trafficking is prevalent and poses a serious problem in the United States, particularly in Kentucky. This study used administrative data from Kentucky's child welfare system to identify case characteristics of alleged victims of child trafficking in Kentucky and trends in case outcomes and system responses. Analyses were based on 698 alleged victims of child trafficking reported

between 2013 and 2017. Important findings revealed cases were more likely to be substantiated and/or founded when law enforcement was involved and a forensic interview was conducted, but that having a family member perpetrator predicted that case would not be confirmed. Findings suggest that victims of family-controlled trafficking were more likely to have a higher number of perpetrators, live in rural communities, and be younger. Findings suggest opportunities for research and practice to address child trafficking among overlooked and underreported populations, and emphasize the need for standardized, trauma-informed training across the system of care in order to better prevent and alleviate victimization. To make a significant impact on the reduction of family-controlled trafficking, this study sheds light on the need for enforced penalties for family members as traffickers.

An Eight-Year Analysis of Labor Trafficking Cases in the United States

Kristen Bracy, *Arizona State University* (kbracy@asu.edu)
Dominique Roe-Sepowitz, *Arizona State University* (dominique.roe@asu.edu)

Although there has been a recent increase of attention and interest on the issue of labor trafficking in the United States of America, there continues to be limited research on the incidence of labor trafficking cases and characteristics. The ASU Office of Sex Trafficking Intervention Research examined labor trafficking cases from throughout the United States of America from 2011 to 2018. The research identified 180 persons arrested for labor trafficking of migrant workers and U.S. citizens and 273 victims of labor trafficking during this time period. Out of 50 states in the United States of America, there are 29 states and one US territory that have documented arrests for labor trafficking from 2011 to 2018. Two-thirds (n = 120, 70.2%) of the cases included transportation across national borders from 23 different countries. Almost one in five victims (n = 51, 18.7%) originated from Mexico. Almost half (n = 76, 42.2%) of the labor traffickers crossed state lines with their victim(s) and moved victims to up to nine different states. Details about the cases will be explored and characteristics such as transportation, recruitment, and control tactics will be presented. Recommendations for future research and community action will be discussed.

Child Labor Trafficking in the United States

Bandak Lul, *Arizona State University* (blul1@asu.edu)
Claudia Nthabiseng Letsie (MISSING AFFILIATION/UNIVERSITY)
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Child labor trafficking in the U.S has proven to be difficult to research and very little is known about the scope, severity, or common characteristics of child labor trafficking situations. The goals of this study are to: gain insight into the factors that contribute to children becoming victims of child labor trafficking in the United States; explore the outcomes of arrest cases of labor traffickers of children and trends of victims' involvement in cases; and add to the literature regarding the vulnerabilities of migrant and domestic workers exploited by child labor traffickers. This study explores 34 cross-section child labor trafficking criminal cases in the U.S. between 2011 and 2018.

The majority of the cases (73.5%, n = 25) were child labor trafficking only while 26.5 percent (n = 9) were both child sex trafficking and labor trafficking. Fifty-eight percent of the victims were children from foreign countries. Techniques for recruitment and retention used by the traffickers included psychological, physical, and sexual violence along with offering shelter to the victims. Recommendations include the need to increase research and awareness about child labor trafficking in the U.S, and to improve child victim benefits and compensation in the United States.

Experiences and Impact of Economic Abuse for Victims and Survivors of Sexual Exploitation

Kristen Bracy, *I Rise FL, Inc*., *Arizona, USA* (kristen@irisefl.org)

The injustice of economic abuse has been widely discussed and studied in the intimate partner violence space. Yet, scholarship on the experience and ramifications of economic abuse on victims and survivors of sexual exploitation is minimal. Anecdotally, economic abuse is known to be the hallmark of sexual exploitation. However, deeper examination of how victims and survivors of sexual exploitation experience economic abuse and the long-term effects of this form of violence must be investigated to develop informed solutions and resources for ongoing healing and recovery. In this presentation, findings from a groundbreaking study on the experiences and impact of economic abuse for victims and survivors of sexual exploitation will be discussed. Methodology, findings, and recommendations will be offered, including the presentation of an innovative program to support financial independence and workforce readiness for survivors of sexual exploitation.

75. Impacts of CRPD on Mental Health Law Reforms in China, Ireland and India

Scrutinizing China's Mental Health Law Reform and Family Members' Decision-Making Power

Bo Chen, *Macau University of Science and Technology* (bchen@must.edu.mo)

After ratifying the United Nations Convention on the Rights of Persons with Disabilities in 2008, China enacted its first national Mental Health Law in 2013 that regulates non-criminal psychiatric treatments. It adopts the Voluntary Principle in psychiatric diagnosis and inpatient treatment unless the patients impose harm or danger to self or others. It is widely believed to be progressive compared to the local mental health regulations before 2013, under which medical protective admissions, essentially based on the consideration of mental capacity without any requirement of dangerousness, were generally endorsed. However, based on qualitative interviews from the fieldwork and a systematic review of courts' rulings after the MHL entered into force, detention for involuntary treatment authorized by family members without solid evidence of dangerousness

is still common in psychiatric practice. Moreover, it is not unusual that family members' decision-making power expands to those decisions for detention that should be made by psychiatrists as prescribed by the MHL. The presentation will explore why it is the case and what we can learn from China's mental health law reform in the context of the global debate on reforming direction against the CRPD requirements.

Ensuring Fair Trials for Persons with Mental Disabilities in China

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The 11th Amendment to the Criminal Law of China in 2020 lowered the age of criminal culpability from 14 to 12, which may have indirect impact on the debate of the culpability of persons with mental disabilities as their 'ability to recognize their act' shall be under more strict scrutiny. Meanwhile, the implementation of the Criminal Procedural Law and the national human rights action plan asks for better safeguards of the rights to fair trial for persons with mental disabilities. In serious crimes, the judicial review of forensic identification evidence on mental disability is problematic and could be criticized according to the Article 14 of ICCPR and the Article 12 and 13 of CRPD. Access to lawyers and effective defense consists of another major challenge for suspects with mental disabilities. Duty lawyers in the plead guilty and expedited trial could hardly respond to the vulnerability of mentally challenged detainees. Divided opinion between community rights advocates and general public makes the debate on substantive equal treatment more complicated. The balance of procedural justice and substantive justice through the human rights approach set out by the ICCPR and CRPD highlights a possible

Psychiatric Commitment and Community-Based Treatment in China

Zhiyuan Guo, *China University of Political Science and Law* (guozhiyuan@hotmail.com)

China has conducted major reforms to mental health law after ratifying the United Nations Convention on the Rights of Persons with Disabilities in 2008. Except adopting its first comprehensive modern civil mental health law in 2012, China completed a major revision of its Criminal Procedure Code to include a psychiatric commitment hearing. CRPD and other international treaties play an important role in shaping China's mental health law. However, there is still huge gap between Chinese institutions and the international standards. Article 19 of the CRPD generally requires recognition of "the equal right of all persons with disabilities to live in the community". According to the general comments of CRPD, "the segregation of persons with disabilities in institutions continues to be a pervasive and insidious problem that violates a number of the rights guaranteed under the Convention." Deinstitutionalization must be achieved to solve this problem. More and more countries adopted community-based treatment model, but China is

still in its infancy in this area. This presentation will evaluate the appropriateness of current compulsory treatment model and explore potential community-based treatment model in China.

Irish Mental Health and Capacity Law: Reflections on Law Reform and Ireland's Obligations Under International & European Human Rights Law

Charles O'Mahony, *National University of Ireland Galway* (charles.omahony@nuigalway.ie)

Ireland was one of the first countries to sign the UN Convention on the Rights of Persons with Disabilities ("CRPD") in 2007 and the last Member State of the European Union to ratify CRPD. Notwithstanding the delay in ratification of the CRPD, it has featured prominently both in the discourse on reviewing Irish mental health law and in the formulation of the Assisted Decision-Making (Capacity) Act 2015. The experience of Ireland's incorporating CRPD requirements into its domestic mental health laws will provide helpful reference for other countries. This presentation will critically reflect upon the impact of the CRPD upon these processes of law reform, and consider its future impact on relevant Irish law and policy. It will then examine key challenges with the legislation, issues regarding implementation and ongoing controversies about some important issues. This presentation will also consider the reforms needed for the Irish legal framework to meet both its obligations under international and European human rights law.

India's Mental Healthcare Act, 2017 and the United Nations' Convention on the Rights of Persons with Disabilities

Brendan D. Kelly, *Trinity College Dublin* (brendan.kelly@tcd.ie)
Richard M. Duffy, *Consultant Psychiatrist, Dublin, Ireland* (duffyrm@gmail.com)

India's Mental Healthcare Act, 2017 was commenced on 29 May 2018. The legislation explicitly seeks to comply with the United Nations Convention on the Rights of Persons with Disabilities. Among other measures, the 2017 Act grants a legally binding right to mental healthcare to over 1.3 billion people; provides new definitions of 'mental illness' and 'mental health establishment'; revises provisions relating to 'capacity'; addresses 'advance directives' and 'nominated representatives'; articulates broad social rights for the mentally ill; establishes governmental authorities to oversee services (as well as Mental Health Review Boards); revises procedures for 'independent admission' (voluntary admission), 'supported admission' (admission and treatment without patient consent) and 'admission of minor'; introduces various other rules; and decriminalizes suicide. This presentation examines key challenges with the legislation, issues regarding implementation and ongoing controversies about specific measures (e.g. the ban on electro-convulsive therapy without muscle relaxants and anaesthesia). The presentation will conclude that the new Indian legislation offers substantial potential benefits and insights not only for India but also for other countries seeking to protect and promote the rights of people with mental illness through the Convention on the Rights of Persons with Disabilities.

76. Improving the Mental Health of our Resettled Refugee and Asylee Populations in the Age of COVID: Clinical, Ethical and Legal Perspectives

Social Determinants of Refugee Mental Health

Tanner McGuire, *Northeast Ohio Medical University* (tmcguire@neomed.edu)

This presentation will delve into the mental health related factors associated with the resettlement of refugee and asylee populations and will present those social determinants that have had a negative impact on mental health in the age of COVID. Focusing on the Nepalese speaking Bhutanese refugees in my community, this presentation will outline clinical and public health scenarios which the other speakers in this session will address from legal and ethical perspectives. To begin, it will briefly outline the experiences of resettled refugees and asylee populations during traumatic evacuation from one's home, constrained living in a refugee camp, and resettlement in a new host-country that have led to the severe current mental health disparities. Social determinants impacting mental health (economic stability, neighborhoods and physical environment, education, nutrition and exercise, community and social context, health care system, and legal system) will be discussed in the context of the current COVID pandemic and the accompanying increase in racial intolerance and xenophobia. It will focus on what clinicians can do to improve mental health care among refugees and asylees who have been resettled.

Improving the Welfare of Resettled Refugees through Legal Justice

Daniel Yozwiak, *Northeast Ohio Medical University* (dyozwiak@neomed.edu)

This presentation will examine the legal barriers of effective mental health care and the lack of sustainable legal resources throughout the resettlement period. This presentation will offer evidence of global failures to uphold basic human rights laws and to provide asylum-seeking individuals with adequate care and opportunities during resettlement. This presentation demonstrates how access to legal resources is a necessity for refugee and asylee populations, and how barriers to these resources can negatively impact the overall mental wellbeing of refugees. Refugees may continue to face a multitude of legal issues, even after resettlement (related to immigration status, rights and benefits, involuntary hospitalization, civil matters, etc.). This makes understanding the legal system and having access to legal resources all the more important for our resettled refugee communities. It will also address added stressors to 'legal systems' and accessing resources caused by COVID-19. Finally, this presentation identifies positive legal programs and policies being implemented to serve these vulnerable populations in addition to a set of

recommendations for law professionals to continue to improve access to legal resources for our resettled populations.

A Social Justice Framework for Improving Refugee Mental Health

Julie Aultman, *Northeast Ohio Medical University (*jmaultma@neomed.edu)

This presentation will examine how the COVID pandemic has re-traumatized survivors of violence, oppression, and poverty, and has increased health disparities due to a lack of effective public health communication and absence of cultural humility. It will explain, from an ethical perspective, that while nonprofit agencies, universities, and clinics have made a positive impact on the health of this population since the start of the pandemic, more concentrated efforts in the health care sector to improve access to care, public health policies specific to refugee populations; enforced anti-discriminatory laws are needed from a social justice perspective. These needs, however, cannot be met without incorporating cultural humility into practice along with a justice-based approach. It will present three types of justice-based approaches (Communitarianism, Capabilities Approach, and Classical Liberalism), and argue that a narrative-based capabilities approach can best identify the unique needs of our resettled refugee and asylee populations and best aligns with and enforces the importance of international human rights. It will describe how advocates and ethicists can work with health care professionals, public health experts, and legal professionals to develop sustainable community support, better access to mental health care, and involve refugee and asylee representatives in deliberative, social justice initiatives.

Improving Resettled Refugee Mental Health through Inclusion in School Curriculum

Katie McGuire, *Kent State University* (kmcgui13@kent.edu)

This presentation evaluates the inclusion and consideration of resettled refugees in the United States' education curriculum, the mental health issues resulting from their underrepresentation in American history and the importance of increasing cultural humility among educators, policy makers and community members. Using history education as a case study, it explores the historical narrative taught in secondary education United States public school classrooms since the early 20th century by analyzing textbooks and history curriculum. Educators engaged in curriculum design and implementation ignore refugee populations, refer to them incorrectly, or group them as one immigrant population. This not only leads to their underrepresentation in society, but can contribute to mental health challenges and their sense of "otherness." These issues in American history classes convey the need to reevaluate the inclusion of resettled refugees in all academic curriculum. Though resettled refugees come from a myriad of backgrounds and experiences and cannot be represented perfectly in curriculum, resettled refugees seeing representations of themselves in curriculum enables a feeling of inclusion in the story of the country in which they live. It will be argued that educators, policy makers and community members must develop

cultural humility and teach it to others, recognizing the vast experiences of past and present refugees and valuing their important contribution to the nation's story.

77. Indigenous Approaches to Mental and Holistic Well-Being

Miskâsowin – A Cree/Métis Path to Finding One's Place In the Circle

Vicky Boldo, *Concordia University* (vicky.boldo@concordia.ca)

In this presentation, Concordia University's on-site elder and knowledge keeper Vicky Boldo will discuss her approach to personal and collective healing and well-being. Vicky often draws from her personal experience as an adoptee in the 1960s period of federal assimilation policies to teach about how the natural world helped in her recovery from abuse and mistreatment. Vicky discusses the ways in which government law and policy, such as "The Indian Act" and the 1952 legal changes giving Canadian provinces the jurisdiction over child welfare impacted her own life as well as the lives of Indigenous people in Canada. Vicky will discuss her role on the "Sixties Scoop" advisory board and her approach to individual and collective healing in the aftermath of colonial violence. Vicky is now a ceremonial leader and knowledge keeper and supports many of the Indigenous youth in Tiohtià:ke who are trying to find their way back to culture and belonging away from home. Her approach to healing is holistic and integrates land, spirituality, the elements and more-than-human life forms, such as trees and animals, in the process of healing the human heart and restoring hope.

An Indigenous, Maori-centered Psychotherapeutic Framework

Donny Riki, *Consulting Psychotherapist, Levin, New Zealand* (driki@hotmail.com)

This presentation will present Donny Riki's approach to working with clients in Aotearoa/New Zealand. Her clinical practice is informed by the teachings of taonga tuku iho (spiritual inter-generational intelligence) and the historical trauma framework. This approach supports Māori to make meaning of colonial oppression, genocidal, ethnocidal and ecocidal suffering. Despite ongoing research and practice of Māori health models, they are required by New Zealand practice codes, to have formal mental health diagnoses by DSM to receive treatment for their distress. Western psychiatry fails to address privilege, power, inter-generational racism, structural racism and historical violence; but instead works actively to exclude Maori and in doing so, maintains ethnic disparity and breaches "The Treaty of Waitangi" – (the legal founding document of Aotearoa/New Zealand). This presentation will discuss the use and significance of traditional ceremony and ritual to reconnect families with their tribal land, reclaim self-identity, process historical trauma, resist violence, restore dignity and mobilise political self-determination. She reconceptualizes attachment theory to hold up the significance of human relationship to the land,

to culture and to spiritual connection. She also shares insight into the creation stories of Ranginui and Papatūānuku (Earth Mother and Sky Father) which shapes the very essence of Māori being.

Kaupapa Moaori Health Initiatives in Aotearoa

Charlotte Mildon*, Meadowsweet Wellness, Hawke's Bay, New Zealand*
(charlotte.mildon@icloud.com)

This presentation will discuss her psychotherapeutic practice "Kaupapa Maori", which integrates matauranga Maori and traditional Maori healing. Challenges arise due to the fact that Kaupapa Maori health initiatives for the Indigenous peoples of Aotearoa are embedded within a colonial framework through which laws and policies attempt to limit practice to western-centered methods. The state's control over Maori healing violates the Treaty of Waitangi and disrupts processes of Maori self-governance. In order to practice culturally-appropriate or culturally-centered models, Charlotte has studied and practiced the integration of Indigenous healing rituals within the standard New Zealand service-delivery framework. Many Maori today are living with the consequences of colonial violence, including having a limited land-based, mainstream cultural imposition in virtually all areas of their life and a British-oriented colonial justice system. The separation from culture and land has resulted in a psychological disconnection and pain which some seek to address by "emotional management" through the use of substances. Charlotte will discuss the ways in which her Maori-centered and Indigenous-centered approaches activate healing on the emotional, physical and psychological levels, helping people to restore health and well-being in relation to physical illness as well as historical trauma and painful childhood memories.

Askiy Kishinahamakono: Mother Earth Teaches Us

Elizabeth Fast, *Concordia University* (elizabeth.fast@concordia.ca)

This presentation will discuss Indigenous perspectives on mental and holistic well-being, particularly for the Tioh:také/Montreal First Nations, Métis and Inuit youth population, based on her research and practice related to urban Indigenous youth. Her recommendations discuss the challenges for youth mental health faced in the system and will present the land-based interventions she is developing which promote culture, identity and belonging. Elizabeth will discuss her ongoing initiatives to reform the government child protection system and re-affirm the rights and sovereignty of Indigenous people and communities to provide care, psycho-social interventions and cultural education for Indigenous youth. Canada's Indian Act continues to reduce the self-governance and sovereignty for First Nations, Metis and Inuit youth. Western colonial processes, such as education, law, psychology, mean that Indigenous children are typically "ushered" through various institutions starting with foster care and ending up in residential care and then prison or mental institutions. Culturally-based interventions offer an opportunity to challenge or bypass these forms of incarceration and offer hope and promise for Indigenous youth, as well as prevention in terms of suicide, of which rates for Indigenous youth are disturbingly high in Canada.

Response-Based Approaches to Indigenous Health Liberation

Catherine Richardson, *Concordia University* (catherine.richardson@concordia.ca)

This presentation will discuss response-based practice and its role in promoting the mental and holistic well-being of violence survivors. In Canada, as well as other former British colonies, "the colonial code" is embedded into psychology and the helping professions as well as into various legal and social services. The Indian Act continues to restrict Indigenous movement, rights and services, despite initiatives by activists and the United Nations to decry the injustices. Income equities mean that Indigenous families suffer more from other social challenges, such as the COVID19, and Indigenous peoples are denied opportunities to extend their land-base or exercise governance over lands and resources while governments invade communities for the purposes of extractivism. These dynamics mean that systemic inequality, along with racism, must be addressed and challenged in order to offer support and opportunities for healing/recovery. This presentation explains how response-based practice integrates contextual considerations and histories of resistance in healing interventions in alignment with ethical practice and human rights.

78. Indigenous Epistemologies and Approaches to Research and Practice

Applying Traditional Anishinaabe and Indigenous Teachings to Create Safety and Support in the Classroom

Lindsay Morcom*, Queens University* (morcoml@queensu.ca)

The education system in Canada has been used as a tool for Indigenous genocide and aggressive assimilation. Federally, the most well-known assimilative education policy is the residential school system, which was brought into law through the Indian Act in 1884 and continued until 1996. Indian day schools ran under separate policy but with the same assimilative goals, and attendance at either a residential school or an Indian day school was made mandatory in 1920. Both systems continued until the end of the 20th century. Provincially, the education system in Ontario has, and still does, demonstrate systemic and epistemological racism, resulting in a failure to meet Indigenous students' needs, and incomplete education for non-Indigenous students. Pre-service teachers must grapple with the damage that has been done through education while also considering how to work within a system that is deeply change-resistant. This presentation explains how to create safe Indigenous education classrooms for both Indigenous and non-Indigenous students through the application of Indigenous philosophies and teachings such that they may consider their positionalities, ask difficult questions, and ultimately consider their roles in moving forward in decolonization and Indigenization as teachers and as individuals accountable to one another and to the land.

Fire in the Belly: Indigenous Midwifery and Cultural Birthing Practices

Cheryllee Bourgeois, *Ryerson University* (cbourgeois@sgmt.ca)

In this presentation, Ms. Bourgeois will discuss the exemption clause for Indigenous midwives in the Ontario Midwifery Act and its intersection with her role in the establishment of the midwife-led and Indigenous-governed Toronto Birth Centre and in leading a collaborative process to develop Indigenous Midwifery Core Competencies, a ground-breaking process in Canada. While Ontario's Indigenous midwifery exemption clause is held up in Indigenous communities as a way of bringing midwifery back to the people through incorporating Indigenous knowledges and values, the inherent tension between government, the broader health care system and the exercise of Indigenous sovereignty will be explored. She will discuss her research and the positive outcomes for Indigenous mothers where birthing processes are grounded in cultural integrity and Indigenous realities, supporting the self-determination of Indigenous communities. In this presentation, Cheryllee acknowledges the Anishnawbe, Haudenasonee, Huron-Wendat, and Mississaugas of the New Credit peoples on whose land she is privileged to live, work and raise her children.

S'TEN̲ISTOLW̲ Means Moving Forward: Transforming Indigenous Education Through Collaboration

Kundocq. Jacquie Green, *University of Victoria* (jlgreen@uvic.ca)
Naadli Todd Ormiston, *Northern Tutchone/Tlingit, Camosun College*
(ormiston@camosun.bc.ca)

S'TEN̲ISTOLW̲ is a SENĆOŦEN term which translates into 'moving forward'. In this spirit, the presenters will discuss their role in the organization of a conference, held every three years, to advance Indigenous education in British Columbia, on Turtle Island. This conference is designed to honor educators and to center revitalization and the need for self-determination within Indigenous education. They will share examples of how Indigenous education is at a sacred turning point, with increased possibilities for transforming Indigenous post-secondary education. They discuss the role of knowledge sharing through publishing as one way of documenting approaches to the being and doing of Indigenous post-secondary education. Transformational leaders hold particular forms of knowledge and dispersing these knowledges in a mindful way is critical for considering student success, for connecting with communities, and for promoting strong Indigenous identities. The presenters will discuss processes of embedding Relationality, Living our Values and Indigenous Pedagogies in Indigenous educational settings .

Indigenous Frontline Practice as Resurgence

Sandrina deFinney, *University of Victoria* (sdefinn@uvic.ca)

This presentation will extend attendees learning on land- and water-based pedagogies to outline broader debates about upholding resurgence in front-line practice with Indigenous children, youth and families. "Indigenous frontline practice as resurgence" shares key learning from an Indigenous land- and water-based institute facilitated by faculty mentors and knowledge keepers from local First Nations in western Canada. The purpose of the institute was to convene a circle of Indigenous graduate students and faculty to engage in land- and water-based learning and meaningful mentoring connections with Indigenous Old Ones, Elders and knowledge keepers. Students participated in land- and water-based activities, circles and a writing workshop, and were invited to develop and share culturally grounded frameworks to inform their frontline practice with children, youth, families, and communities. Drawing on a storytelling approach to share our learning from this institute, this presentation will explore the praxis and challenges of resurgence in deeply damaging colonial contexts. Our individual and collective reflections on Indigenous land-based pedagogies focus on local knowledges, our own diverse perspectives and frontline work, and ethical land and community engagements as integral to resurgent Indigenous practice. The stories stemming from the institute amplify our integration of Indigenous ways of being and learning, with a focus on local knowledges and more ethical land and community engagements as integral to Indigenous post-secondary education.

79. Indigenous Law and Community Well-Being

St'exelemc Laws from the Land

Nancy Sandy, *Lakehead University* (nsandy@lakeheadu.ca)

This presentation recounts a journey to uncover the foundation of the laws that kept children safe at T'exelc – the place where the salmon charge up the river. T'exelc is one village on Secwepemculécw – land of the Secwepemc People. The people who live at T'exelc are known as St'exelcemc. Their laws are drawn from the land and unearthed in the stories of the Stet'ex7ém – the Elders reminiscing about how they were raised, the stories they heard and how they lived their lives. The Stet'ex7ém place themselves first on the land to describe the activity they are involved in, the people who they do their work with and the ways they stay physically and mentally well. This rich methodology is our legal process to define the laws that still govern our relationships to the land and its resources, with our kinship ties in our community of relations, and those of other surrounding Indigenous nations. We understand that mental and holistic well-being are connected to this methodology - Stsqey'ulécw re st'exelcemc – St'exelemc laws from the land, and each story captures the values and legal principles that form the ctk'wenme7iple7ten – all the laws in every aspect of our lives.

Gladue Reporting and Contextualizing Indigenous Experience in Legal Processes

Shanne McCaffrey, *University of Victoria* (smccaffr@uvic.ca)

This presentation will discuss Gladue Reporting, its origins and how this process is used in court processes with Indigenous (First Nations, Metis and Inuit) individuals. It will discuss and present examples of colonial law and its impacts on children, youth, families and communities, parties who often find themselves entangled in the child welfare system, experiencing blame for colonial violence inflicted upon them. Gladue Reporting offers Indigenous families an opportunity to present their historical experience, the ways they have been harmed through systemic and structural violence and how these harms should be considered in sentencing. This presentation will draw attention to how one might understand those scars from the history of colonization, trauma, mental, emotional, physical health issues, addictions, ongoing land theft, dispossession, racism, structural and system racism and inequities, poverty, residential schools in the justice system, child welfare, etc. It will be argued that Gladue reporting or what might be called Indigenous Family Reports can be presented to the judge to see if remedial and support work can be planned in a thoughtful way for the family with advocates, lawyers and practitioners.

Weaving Wahkotowin and the Revitalization of Metis Law

Kerry Sloan, *McGill University (*kerry.sloan@mcgill.ca)

Metis law is not a singular system, but a weaving together of laws that have Indigenous and European origins. The way these laws have been woven together, however, is distinctively Metis and is foundationally Indigenous. This presentation will highlight law as practised in three Metis legal institutions: 1) the BC Metis Assembly of Natural Resources (harvesting and conservation in British Columbia); 2) the Central Urban Metis Federation Inc in Saskatoon, Saskatchewan (parenting, family support, child custody and access); and 3) the Metis Justice Institute (support for Metis in the criminal justice system in Manitoba). A consideration of these institutions reveals that common laws and legal principles inform quite different expressions of Metis law. This suggests that, while Metis law is rooted in tradition, it is fluid in its application. Learning about and using Metis law helps Metis individuals and communities deal constructively with harms and conflict. It also contributes to nation-building. Practising Metis law is part of the revitalization of Metis culture, and fosters individual and collective well-being.

Who is Failing to Protect Whom?

Catherine Richardson, *Concordia University (*catherine.richardson@concordia.ca)

In Canada, as well as in other western nations, child protection inquiries are guided by a policy and principle called "Failure to Protect." In cases of wife/spousal abuse and violence towards women who are mothers, the victims of unilateral violence are responsibilized and held accountable for the violence of men/male partners. Therefore, in court hearings, whether related to cases of child custody or child protection, mothers face child removal because they are labelled "unfit". Psychological pathologizing by professionals renders mothers as "traumatized" or too distressed to parent, regardless of context or levels of support. In similar ways, mothers who plan for safety during visits with a violent father, often court-ordered, are accused of being "an

alienating parent." Increasingly, mothers who are deemed as failing to protect or as alienating are losing their children, who are then placed in state care or in the home of a violent father. For Indigenous mothers, this further constitutes a human rights violation as the state is "failing to protect" Indigenous women from colonial and male-perpetrated violence. Implications will be discussed in this presentation.

Mino-ganoonidiwin: aaniin minik maamawi gaa-pimi-ayaayang/The Reception of Anishinaabe law in Keewatin/Grassy Narrows

Darren O'Toole, *University of Ottawa* (darren.o'toole@uottawa.ca)

The word "Keewatin" comes from giiwedin in Anishinaabemowin, referring to the north or the north wind. As a verb, it means "there is a north wind" and includes the verb giiwe – "s/he goes home, returns". This "returning" relates to the mental and holistic well-being of the Anishinaabe people. As the Supreme Court of Canada has stated, the founding principle of the honour of the Crown recognizes "the tension between the Crown's assertion of sovereignty and the pre-existing sovereignty, rights and occupation of Aboriginal peoples" (Mikisew [2018] at para. 21). As the Court has also established that "aboriginal title originates in part from pre-existing systems of aboriginal law" (Delgamuukw, [1997] at para. 126), "reconciliation" should have not only involved an Anishinaabe perspective but also Anishinaabe law when it came to interpreting Treaty #3. The Keewatin case presented the Court with a unique occasion to finally include the Anishinaabe laws underpinning Treaty #3 and thereby revisit their glaring absence from the St. Catharine's Milling and Lumber case in the late 19th century. This presentation outlines Canada's lost opportunity to integrate traditional Indigenous legal approaches in court processes and to restore the well-being of people who rely on land and justice.

80. Inmate Victimization and the Correctional Psychiatrist

PREA and the Correctional Psychiatrist

Abdi Tinwalla, *Consulting Forensic Psychiatrist, Glendale Heights, USA* (atinman1@aol.com)

Allegations of sexual victimization in adult correctional facilities nearly tripled from 2011 to 2015. Correctional administrators reported 24,661 allegations of sexual victimization in prisons, jails, and other adult correctional facilities in 2015. The Prison Rape Elimination Act (PREA) was created in 2003 to eliminate sexual abuse in confinement. PREA applies to all correctional facilities, including prisons, jails, juvenile facilities, military and Indian country facilities, and U.S. Immigration and Customs Enforcement (ICE) facilities. The final National Standards to Prevent, Detect, and Respond to Prison Rape (PREA Standards) were signed into law in 2012. These standards require agencies to train all medical and mental health practitioners who work regularly in its facilities on certain topic areas including detecting signs of sexual abuse and sexual

harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and harassment, and proper reporting of allegations of sexual abuse and sexually harassment. Correctional psychiatrists should be actively engaged in curriculum development and training efforts. They have critical roles in the assessment, management, and treatment of sexual assault survivors. PREA creates an opportunity for psychiatrists to take key leadership roles in this defined area.

Inmate Victimization and the Correctional Psychiatrist

Lawrence Farago, *Consulting Psychiatrist, New Hartford, USA*
(forensicpsychiatrist@gmail.com)

Inmate victimization can take many forms in a correctional setting. Most of the time, victimization does not occur directly in front of medical providers. Verbal abuse, general violence, and denial of basic needs, e.g. food, medication, recreation etc, occur with regularity. Further, the inmate-patient has an increased sensitivity to victimization than the community population. That said, mental health providers must have an awareness that these behaviors can and do occur, so we may clinically address situation driven symptoms and behaviors in our inmate patients. For example, violence in correctional settings is common and plays an integral part in inmate victimization. Community violence victimization rates are estimated at approximately 2%, inclusive of robbery and sexual assault, and physical assault. In contrast, one studied estimated that in a six-month period of time 10% of inmates reported being physically assaulted and 20% reported they were robbed by other inmates. In addition, studies have also demonstrated the psychological effects of those working in a prison environment and their treatment of prisoners over time, which can increase the likelihood of inmate abuse. This aspect of the discussion will look at some of the factors influencing victimization and how they interact with mental health treatment in a prison setting.

Victimization of Transgender Inmates

Ariana Nesbit-Bartsch, *Consulting Forensic Psychiatrist, San Diego, USA* (ariana.nesbit-bartsch@sdcounty.ca.gov)

The transgender community is a small but vulnerable group of individuals who are overrepresented in correctional settings. Transgender inmates face disproportionate rates of victimization including humiliation, verbal abuse, general violence, and sexual violence. This presentation will begin by providing an overview of the epidemiology of transgender inmates. It will then discuss the safety issues for transgender inmates in correctional facilities and then go on to describe the effects of this victimization. Attendees will then review the legal and political landscape that affects the victimization of transgender inmates. And finally, it will provide recommendations regarding what can be done to prevent victimization.

Vicarious Trauma of Correctional Psychiatrists Treating Victimized Inmates

Elizabeth Ferguson, *Hogan and Associates, Palm Coast, USA* (elizabeth@frmrisk.com)

Typically, when the public thinks of treating inmate patients, they think of mental health providers working with people who have victimized others. However, as those in the field of correctional psychiatry well know, these patients have often been victimized themselves. The victimization, of course, does not only occur prior to incarceration, but may occur during incarceration. This creates an unusual set of circumstances for the correctional psychiatrist delivering care to the inmate patient. Unlike psychiatrists working in the community with victims, correctional psychiatrists are often, themselves, in the same setting where the trauma occurred. It is easy to see that the vicarious trauma experienced by psychiatrists in correctional settings might have additional layers to it. It is useful to review those to better understand the vicarious trauma our correctional psychiatrists might incur. The concepts of secondary trauma, compassion fatigue and burnout will be commented upon, as well on the coping styles of psychiatrists who experience vicarious trauma. The difficulty of having a positive, rather than a neutral or negative spectrum of responses will be discussed. Finally, the concepts of radical self-care to aid in the prevention of and recovery from vicarious trauma will be discussed.

81. Innovations in Medical Education with Special Populations (1)

Design and Implementation of a Pilot Client Navigation Program for Asylum Seekers in South Florida

Jordan Brooks, *University of Miami* (jab639@miami.edu)

Asylum-seekers suffer numerous physical and psychological health issues following persecution in their origin countries. Substantial socioeconomic, political, and cultural barriers also deter this population's access to medical assistance in host countries and pose a significant health hazard. The Human Rights Clinic of Miami (HRC) is a student-run clinic providing pro bono forensic medical evaluations to asylum-seekers in South Florida for use in their case for legal residence. After evaluation, HRC historically gave asylum-seekers an untracked referral for relevant healthcare. In order to evaluate client access and barriers to healthcare, HRC initiated a pilot client navigation program (CNP). HRC consulted academic literature, a panel of lawyers, and student-run CNPs at other clinics to determine the feasibility and steps of CNP implementation, alongside possible ramifications on clients' legal cases. Retrospective, observational data from the HRC client database regarding the prevalence and associated risk factors of physical and psychological trauma were used to further inform CNP design. Here, we present the structure, logistics, goals, and consent processes instituted in the initial phase of data collection for the pilot program. While CNP effectiveness remains undetermined, CNPs are a

logical method to quantify referral utilization and address the complex issues asylum-seekers face in accessing care.

Establishing a Medical Student Led Free Clinic in Little Haiti

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Little Haiti is a historic neighborhood of Miami, Florida comprised mostly of Haitian immigrants. This community faces countless barriers to health care including cultural stigmatization, language barriers and ineligibilities for health insurance. Furthermore, it is established that Haitian women receive less healthcare than their male counterparts and suffer worse health outcomes than women of many other immigrant groups. Medical students from the University of Miami recognized the need for culturally competent health care and have since established a health clinic to provide this to community residents. The presentation will provide insight on how to establish a student-run clinic and care for vulnerable and transient immigrant populations. It will outline the process of building the clinic under state guidelines, identifying community needs and attitudes toward healthcare, ensuring follow up care to the uninsured, providing affordable women's health care, and providing learning opportunities for medical students.

Medical Education Regarding Sex Trafficking

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Many cases of sex trafficking begin before the age of 18, when one would be considered a minor, and continue through adulthood. Through critical age-related developmental transitions, victims of sex trafficking must also navigate transitions from pediatric to adult health care as they carry with them the physical and psychosocial issues related to their trafficking into adulthood. 85% of sex trafficking survivors admit to having seen a healthcare professional while being trafficked. Despite this, many cases of sex trafficking are overlooked by providers due to lack of screening and poor symptom recognition. As well, many trafficking cases present to the emergency room where patients often do not receive the full workup and screening due to the transient nature of emergency departments. This presentation will discuss the way medical students are taught to screen for sexual abuse and trafficking in medical school. It will explore both the effective

measures and the gaps in current screening methods in adolescent healthcare, behaviorally and symptomatically, and how these gaps are being captured in the current medical training of future physicians.

82. Innovations in Medical Education with Special Populations (2)

Code Rise: An Unorthodox Educational Approach to Human Trafficking

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This presentation will explore Code Rise. Human trafficking is the world's fasting growing form of international crime. Hospitals are an effective yet under-valued strategy for trafficking intervention. Being a high health-risk population, many victims interact with healthcare systems and yet the majority of time, victims go unrecognized by healthcare providers. Secondary/tertiary prevention begins with redefining medical education. Disease diagnosis is achieved by pattern recognition. We must train physicians to not only recognize traditional disease patterns, but also the patterns of non-traditional psychosocial diseases (ie. human trafficking). Evolution of diagnostic thinking begins by training the untrained eye, future physicians – medical students. Code Rise is a medical student organization focused on educational and awareness projects for human trafficking in hospitals and the greater community. The initiative's success can be attributed to two factors: First, recognition of the multifactorial complexity in human trafficking. The initiative fostered a melting pot of unorthodox collaborations; from launching awareness strategies with ride-sharing apps to world class art expositions (Art Basel 2019). Secondly, the effectiveness of empowerment - shifting the mindsets of young professionals that they can be effective agents of change. Empowerment and innovative creativity yielded effective outcomes for human trafficking awareness that can be adapted to other cities and psychosocial diseases.

Initiation of One of the First Medical Student Led Teledermatology Clinics in the Setting of COVID-19 Pandemic In the United States

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Jackson Memorial Hospital (JMH) is a county hospital serving the underserved population of the communities in South Florida. Serving our patients calls for impeccable cultural competency and translation services to ensure the highest quality of care. Our medical education strives to provide students and training physicians with outstanding interpersonal skills and bedside manners. COVID-19 has dramatically shifted the way many of our healthcare services are provided; our Dermatology department began strict social distancing measures including cancelation of most non-urgent visits and abrupt transition to telemedicine. Rapid shift was accompanied by numerous challenges, an example being the fact that many of our patients do not possess smart phone, computer, or email address required for a virtual visit. Medical students at the University of Miami came together to lead one of the first student-assisted teledermatology programs in the country. Particularly, students took charge to troubleshoot the challenges, contact patients in an attempt to schedule virtual appointments, educate patients about downloading Zoom application and the flow of the virtual exam. The presentation will focus on structure of this pilot program, its evaluation and quality improvement, and roles and responsibilities of medical students as liaisons between patients and providers.

Inequalities in Access to Mental Health Care for Asylum Seekers in France: New Perspectives

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Migrants, and particularly asylum seekers and refugees, are at increased risk of psychiatric disorders in comparison with natives. At the same time, inequalities in access to mental health care are observed. In order to know whether the French system is optimally structured to meet the needs of this population, we analysed data from the Parisien public mental health care facilities. We examined rates of service use and prevalence of mental health problems. We found that higher treatment rates than natives but inequalities in pathways to care, with more hospitalisations and, at the same time, underutilisation of specialised and outpatient facilities, suggesting increased risk of discontinuity of care. Migrants with common mental disorders, seeking asylum and unstable housing were the most likely to not receive care. In light of these data, we will discuss the need of more tailored approaches through the example of two ongoing mental health care projects in the Parisien public system aiming peer support and integrative approach.

83. Innovations in Public Safety

Case Processing of High Utilizers from Arrest through Reentry

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The Seattle Police Department has experienced hundreds of people that are involved in a revolving door with the criminal justice system due to Mental Health. The Seattle Police Department has implemented and expanded crisis intervention policies and practices in recent years including the development of a Crisis Intervention Committee, a Crisis Intervention Policy, expansion of training, and collaborative partnerships to respond to incidents involving behavioral crisis with the goal of diversion from the criminal justice system and reduction in use of force. This paper reviews the policies, practices, and initiatives used by the City of Seattle and the Seattle Police Department to address the case processing of high utilizers. The Seattle Police Department's Crisis Intervention Policy and citywide efforts to address high utilizers from entry into the criminal justice system will be presented with attention to how case processing of high utilizers creates a service-focused community re-entry system while noting the significant challenges in relation to competency to stand trial. Insight on the court processing of crimes involving mental illness and behavioral crisis and collaboration efforts involving police and community partners and innovative programming to assist with mental health will be discussed.

Suicide Risk Among Community-Dwelling Persons with Recent Arrest: Opportunity for Intervention

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Suicide is a leading cause of death for persons in correctional facilities. This statistic has driven research, policy, and standards of care in an effort to reduce suicides in jails and prisons. Less work has been done to examine suicides in community corrections samples, but research has demonstrated that suicide rates are higher than the general population among community-dwelling persons on parole and probation and those with recent arrests. The current study looks at suicide risk amongst persons with community criminal justice involvement by using self-report data from the 2008-2014 U.S. National Surveys on Drug Use and Health. We will present results of the 12-month prevalence of nonfatal suicide attempts amongst persons with community criminal justice involvement. Our analysis reveals that adults with recent arrest had higher risk of suicide attempts than those with parole, probation, or no criminal justice involvement. Comparisons will be made to prior research on suicide risk for persons with recent arrest who are in correctional lock-up and jail facilities. The findings suggest a role for increased attention and policies to reduce suicide risk in persons who have recently been arrested.

Community Perceptions of Policing and Public Safety: Results from the Seattle Public Safety Survey 2015-2020

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The Seattle Police Department implemented the Micro-Community Policing Plans (MCPP) in 2014 to improve police-community engagement and public safety at the citywide, precinct-wide, and micro-community (neighborhood) levels. A component of the Micro-Community Policing initiative is the development and implementation of the Seattle Public Safety Survey, a non-probability annual survey administered since 2015. The survey includes questions regarding community members' perceptions of police and public safety and top crime and public safety concerns and scales that measure perceptions of elements of public safety and neighborhood quality of life including: Police legitimacy, social cohesion, informal social control, fear of crime, and social disorganization. This paper presents findings from the Seattle Public Safety Survey from 2015-2020. Results show that top crime concerns in Seattle over the time frame are relatively stable with the top citywide concerns car prowls and property crime and increasing concerns about homelessness and mental illness and police capacity to address these social issues at the citywide, precinct, and micro-community levels. The Seattle Public Safety Survey offers a model to collect ongoing data on community perceptions of crime and public safety at the micro-community (neighborhood) level. Implications of the findings to improve police-community relations and public safety is discussed.

Automated Natural Language Processing Triage for Critical Offense Types: Operationalizing Intelligent Decision Support in the Investigation of Bias Motivated Crimes

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As has been observed of homicide and other criminal investigations, time is critical. The clock starts once the offense is complete. Witnesses and evidence become more difficult to locate and less reliable or admissible as time goes on. Additionally, perceptions of legitimacy and victim satisfaction degrade with every day that passes without resolution to their open complaint. Finally, linkage analysis and pattern detection is essential to interdiction of certain patterned crimes. When those crimes target vulnerable populations or negatively impact public trust in the police, the impacts can be broad. In the summer of 2020, the Seattle Police Department partnered with Seattle University and the not for profit AI4All, to engage underrepresented youth with the problem. A Natural Language Processing (NLP) classifier was developed and implemented in a Machine Learning (ML) environment to provide Intelligent Decision Support (IDS) to investigative resources focused on Bias Motivated Crime (BMC). The collaboration launched a new model of technology development focused on open source and outreach to communities not typically engaged by law enforcement. All code and implementation instructions were released, free of charge, to the public. Implications for policy, practice and future development will be discussed.

Police-Mental Health Co-Response versus Police-only Response: Outcomes of a Randomized Study

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Police are often first to respond to emergencies involving mental health crises; however, they are not typically specialized in identifying or de-escalating crises involving persons with a mental illness. For this and other reasons, people with mental illness are disproportionately involved in the criminal legal system. To address this issue, some jurisdictions have developed teams in which police officers partner with mental health specialists to respond to behavioral-health related emergencies. These teams vary in terms of organization, operations, and structure, but they share common goals of diversion from the criminal legal system and treatment connection for persons experiencing a mental health crisis. Despite recent popularity of these teams, there is limited evidence of their effectiveness. . The presentation will outline the 1-year outcomes of a randomized study of a co-response team in a large city in the US (Indianapolis). This model consists of a police officer and a mental health clinician who self-dispatch to eligible mental health crises as they listen to police dispatch radio. Outcomes of interest are subsequent 9-1-1 emergencies, emergency department admissions, arrest, and treatment engagement.

84. Innovative Practices for Supporting Youth Who Have Experienced Marginalization

Strengths-Based Clinical Practice with Indigenous Youth

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In Canada, Indigenous youth are significantly over-represented in the criminal justice system. Aligned with this reality, common perceptions of Indigenous youth are anchored in a deficit-based narrative, wherein popular media typically pairs Indigenous youth with crime, violence, and poverty. However, bleak statistics highlighting inequities in health and social outcomes between Indigenous and non-Indigenous Canadians are often disconnected from the root causes of such inequities; namely colonization. Moreover, many Indigenous youth have shown resilience and fortitude in the face of challenges, drawing on rich cultural, spiritual, and community strengths. The use of a strengths-based approach has gained traction in applied disciplines such as clinical psychology, and represents a promising framework for supporting Indigenous youth. However, as with the application of any general approach, service providers may intend to use a strengths-based perspective without a complete understanding of what this entails. This presentation will provide a discussion of what it means to enact a strengths-based clinical practice with Indigenous youth. Drawing on case examples, the presenter will share the ways in which strengths-based practice is compatible with a culturally safe approach as well as practical strategies for meaningfully building on the strengths of Indigenous youth in the context of clinical psychology.

Help over Harm: Police Officers in the Lives of Sexual and Gender Minority Youth

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Sexual and gender minority (SGM) youth face higher rates of discrimination, comprehensive health challenges, and negative social repercussions than their heterosexual or cisgender peers. As a result, they are more likely to engage in substance use; ideate about, attempt, or die by suicide; drop out of high school; and/or be involved with the justice system. SGM youth are also less likely than their peers to be raised in supportive home environments. Therefore, it is critical to examine the ways in which support from non-familial adults can function as a protective factor and promote positive adjustment, health, and wellbeing for SGM youth. This has become an increasingly researched topic, however, due to the historical mistreatment of SGM individuals by law enforcement officials, police officers are not often included in this research. This presentation will discuss how police officers can act as caring adults in the lives of the SGM youth with whom they work. Findings will be shared from interviews with SGM youth and school resource (police) officers, as well as experiences from working in a daytime shelter for street-involved SGM youth. Risk and protective factors, as well as suggested inclusive training practices for law enforcement officials will also be discussed.

Understanding How Teen Parents' Experience of Self-Compassion Improves Mental Health

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Teen parents generally experience marginalization due to such intersecting barriers as their age, developmental level, gender, sexuality, poverty/class, race, and experience of stigma. Of particular concern is the stigma and discrimination faced by teen parents from myriad sources, including the media, general public, and peers. Such experiences can negatively affect teen parents' mental health and wellbeing and contribute to risk for poor outcomes including justice system involvement. This is concerning given that teen parents' mental health already represents an area of vulnerability when compared to older parents and non-parenting adolescents. Self-compassion may be a critical adaptive skill by which teen parents can improve their mental health and guard against the negative effects of stigma. Drawing on findings from a qualitative, community-based participatory research study, this presentation will discuss how teen parents understand and have experienced self-compassion. Enhancing knowledge of effective supports for teen parents is fundamental to circumventing negative outcomes and improving the health and wellbeing of this population. This presentation will share key information as to how self-compassion can be an effective tool for supporting marginalized populations at risk for justice system involvement, with relevance to program developers, program administrators, front-line service providers, and researchers.

Mentoring Youth in Care: Policy and Practice Implications

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Improving supports for youth who are in care of the child welfare system is a critical concern. In Canada, youth in care are at significantly higher risk, relative to their peers, for poor outcomes across virtually all domains of health and wellbeing as well as severed ties to families, peers, and community. Aligned with this elevated risk, youth in care often face trauma and are vulnerable to justice system involvement. Mentoring has been found to be a successful, low-cost intervention for youth that has the potential to mitigate these risk factors, but evidence regarding mentoring youth in care is fragmented. To identify and map the literature in this area, a scoping review was conducted. The academic and grey literature was reviewed using relevant search terms, and studies were selected based on specific inclusion and exclusion criteria. Based on the findings of this literature review, the benefits and challenges of supporting youth in care through mentoring will be discussed. In addition, promising practices for mentoring children and youth in care will be shared along with policy implications relevant to the systems that serve this population, with the ultimate aim of taking steps to inform interventions and improve outcomes for this population.

85. Insanity and the Cognitive Sciences

Squaring Delusions with the Insanity Standard

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This presentation will explore how delusions operate within jurisdictions' insanity standards. Most U.S. jurisdictions employ an insanity test modeled on the rule articulated in M'Naghten's Case. An understudied rule in that case holds that, when the defendant labors under a "partial delusion only," her culpability must be assessed as if the factual content of her delusion were true. Commentators have long dismissed the delusion rule as obsolete, but a comprehensive review of the case law reveals that nine jurisdictions—California, Florida, Georgia, Nevada, Oklahoma, Tennessee, Texas, and the federal and military systems—give special significance to delusions. These jurisdictions vary in their understanding of how the rule relates to general insanity; whether the rule functions only to establish (not defeat) insanity; and whether it operates as a background principle or manifests in jury instructions. This presentation examines the justness of the rule by applying insights from the cognitive sciences on delusions. Research suggests that the cognitive and emotional impairments that contribute to the origin and maintenance of delusions impair the capacity for moral decision-making in delusional individuals, at least in the context of decisions connected to those delusions. Implications will be discussed.

Dementia in the Courtroom: Assessing the Insanity Defense

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We have seen rising rates of contact between the criminal justice system and dementia sufferers. Cases range from theft to dangerous driving and even murder. The traditional criminal justice process separating those who act willfully and truly pose a danger to society from those who suffer from a mental illness are particularly ill-suited for dementia sufferers. Dementia's diagnosis, progression, and manifestations differ markedly from the more typical mental illnesses to which these processes apply. Some dementia sufferers do end up facing trial for their actions. However, traditional criminal defenses like insanity are a poor fit for such cases. There has been no real attempt to fashion a defense for dementia patients. Instead, attorneys have attempted to squeeze insanity to fit this need. These efforts have been clumsy and do a disservice to the legal system. Dementia is a broad based term covering a large range of symptoms and behaviors, each affecting criminal culpability differently, leading to consistency concerns. A new defense must be devised. This presentation explores the basis of the insanity defense and its inadequacy as a defense for the looming challenge of dementia patients facing criminal prosecution and suggests a new approach.

"To live or not to…": Physician-assisted Suicide in Dementia: A Medico-Legal and Ethical Analysis from India, Based on Human Rights and Autonomy

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Over the years, there have been extensive debates and legislative discussion regarding to legitimacy of Physician Assisted Suicide (PAS) in advanced stages of dementia. This presentation incorporates recent Indian studies and legislation in the context of the international discourse on end-of-life decisions in dementia and role of physicians in assisting. The Supreme Court of India has recently legalized passive euthanasia in a landmark judgement. The Indian Psychiatric Society (IPS) has conducted multiple studies in last two years to gather perspectives and opinions from cognitively healthy older adults, their primary caregivers, palliative and geriatric physicians in this regard. This presentation will compile these studies taking a balanced and critical vantage point for PAS in dementia. The Indian scenario will be compared with legislation in various other countries. Ethical questions of autonomy, conceptual understanding and evidence-based discussion of the findings will be highlighted, both from a psychiatric as well as ethical viewpoint. People living with dementia share the same rights which include the right to die with dignity. The age-old dichotomy of "Right to Live vs Right to Die" is rather a continuum which necessitates balanced and tailored decision-making based on comprehensive evaluation of the person, respecting the rights & personal choices, transparent & independent assessment of capacity and finally encouraging advance directives that are drafted well in advance.

86. Integral Ecology and Bioethics

Integral Ecology: A Place of Renewal of Medical Ethics

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The concept of integral ecology, which requires considering all beings in their interdependent relationships with other beings, can be regarded as the source of a profound renewal of medical ethics and the legal and policy implications thereof. Since its inception, contemporary medical ethics has primarily focused on principles, at the top of which the autonomy of the patient is placed. If we consider not only the patient, but also the caregivers as beings in relationship, no individual's autonomy can be set up as an absolute for either clinical decision-making, legal determinations, and the formation of public policies. A decision will only be ethical if it seeks the good of the patient, his family and other close relationships, the healthcare team, and the common good more broadly. Each of the principles of medical ethics can thus be questioned in a new way through the lens of integral ecology. Implications will be discussed in this presentation.

Returning to the Roots of Bioethics

Jason Eberl, *Saint Louis University* (jason.eberl@slu.edu)

Pope Francis's encyclical on the environment, Laudato Si', addresses ecological concerns among a range of ethical issues regarding human life, health, and well-being. This widened scope returns "bioethics" to its origin in the work of Van Rensselaer Potter, which referred to the integration of scientific and normative reasoning to address both medical and ecological issues, understanding both arenas to have a direct impact on human health and survival – biology and the biosphere viewed as intrinsically linked. This link coheres with a Thomistic understanding of the natural world and the interrelationships therein. While Thomistic natural philosophy has traditionally placed human beings at the top of a pyramid of being, Francis's call for a wider scope of moral concern, while not displacing the interests of human beings, places them alongside those of other animal species and the planet as a whole. Bioethics, while not denying the value of the interests of the anthropoi, should move away from purely anthropocentric concerns. This change in focus calls for a reorientation of both our ethical engagement with ecological issues and what legal apparatus is necessary or appropriate—Francis, e.g., has called for the creation of a global authority to enforce large-scale ecological regulations.

Integral Ecology and the Failures of Humanist Philosophies

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COVID-19 is only the most recent crisis that defies easy solution. It can be seen in many lights. It can be seen as a problem of viral mutation, or a mechanism of the evolutionary process. It can be seen as an inflammatory response of human biology to viral infection. It can also be seen as a failure of public health within countries, or a failure of border control, or a failure of international law and cosmopolitanism in international relations. Each of these ways of sizing up the problem falls short of the reality because of the limitations of humanist philosophy. In this presentation, I will briefly describe the shortcomings of humanist approaches, especially the impossibility of law to solve the problem. I will also argue that a holistic reading is required, which the various

humanisms cannot achieve. I will argue that the world's religions are practiced at seeing the world and its problems as irreducible to humanist frameworks. As an example, I will appeal to Pope Francis's Laudato Si' and his appeal to "integral ecology." I will argue that religions generally and Pope Francis's Christianity specifically are the social location that have the capacity to imagine the irreducible whole.

Integral Bioethics: Technologies, Ecologies and Enchantments

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Before the pandemic, the fate of bios and its relation to ethos and technē seemed caught between divergent regimes of the living. The first, epitomized by the rise of genome editing and its posthuman dream of life-as-information, promised a diachronic compression of the living: life's history reimagined as an engineerable set of motifs, whose reconstruction and exploitation can be endlessly intensified and exploited. The second, drawing on a legacy of spiritual integralism, though better glossed as ecological materialism, contrastively proposed a synchronic expansion: life as a re-enchanted ecology of selves characterized by tangled life-histories. Despite clear reversals, this second also promised a posthumanist future—albeit of a very different sort. These renderings have been positioned as opposed, requiring stark political and legal choices: a regime of the living anchored in the reductive, ownable, and algorithmic, or in the extensive, personified, and non-patentable. Yet with the coming of the pandemic and its reassertion of the power and presence of the unseen (at once horrifying and moving), the insufficiencies of this simple opposition are being laid bare. Turning to a third way indicated in Pope Francis's Laudato Si', this presentation asks: what else is possible?

87. International Adaptations of Forensic Psychiatry to COVID-19

COVID-19 Pandemic and Russian Psychiatry

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The COVID-19 epidemic significantly changed the methods of providing psychiatric services, the character of contacts between mental health specialists and patients as well as patients and their relatives. At the first stage of the epidemic, the coordination between different branches of local, regional and central medical and social administrations was clearly insufficient. It resulted in a shortage of personal protective equipment for medical personnel and unreasonable and unsafe transfers of some potential COVID-19 + psychiatric patients from one place to another. Another problem was the difficulty in transferring suspected COVID-19 patients from psychiatric institutions for long-term mental health services administered by the Dept. of Social Services to the facilities for patients with suspected COVID-19 administered by the Dept. of Health. In April 2020, voluntary psychiatric admissions to mental hospitals practically stopped

for one or two months. Some large psychiatric hospitals organized special units for COVID-19 + psychiatric patients. Outpatient psychiatrists were advised to prescribe more widely depot - medications in order to reduce the number of visits to outpatient clinics. Compulsory outpatient treatment also changed to some degree, shifting from outpatient facilities to patients' homes.

The Impact of COVID-19 in Italy: A Lesson for Evidence-Based Recovery and Prevention in Forensic Psychiatry Settings

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Italy is the first European country severely to be hit by the COVID-19. The COVID-19 outbreak in Italy had a strong impact also on the Italian forensic psychiatry facilities, the REMS (Residences for the Execution of the Security Measures). According to the Inter-Agency Standing Committee (IASC) guidelines for "*Mental Health and Psychosocial Support*" during emergency situations, a wide variety of strategies should be used, such as identifying vulnerable groups, preventing long-term negative outcomes, adopting participatory approaches, and building on existing resources. Addressing the organizational gaps and the long-term clinical outcomes in forensic psychiatry settings was one of the key challenges for the public healthcare system in Italy during the COVID-19 pandemic. In our REMS, an initial problematic aspect was presented by the lack of scientific evidence for psycho-rehabilitative treatments. The challenge of the COVID-19 pandemic calls for the implementation of telepsychiatry technology as an integrated modality for the management of the inpatients. Telepsychiatry may be effectively applied to the administration of assessment measures and delivery of psychotherapy. As shown, such tools may increase the self-management skills of less severe inpatients. In addition, they may be helpful for staff meetings, thus in improving the staff communication when in-presence meetings may not always be possible.

COVID in Chile as Experienced at a Private Psychiatric Clinic for Women

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The first COVID 19 case in Chile was reported on March 3, 2020. On March 15, the Saint Celilia Psychiatric Clinic was closed. This brought an end to outpatient clinic consultations and family visits. Rotations for paramedics were reorganized and precautionary measures instituted which included hygienic practices and food disinfection. The two nuns who managed the clinic made frequent trips into the community, returning with food and medical supplies to keep the clinic functioning. Despite these efforts, there were indications that the epidemic was expanding. The government took precautionary measures in the health and social fields and in deploying police to control civil unrest and massive protests in the poorer areas of Santiago where the higher population density and unemployment contributed to social discontent as well as the risk of contagion. Controversial issues included timing of interventions, extremity of quarantine, amount

of resources needed, type and amount of financial allocations, and the measures needed to protect health care careers and health care personnel from infection.

A Collision of Instructions and False Foundations for Standards: A Gap in the Management of the Pandemic

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In the University of Chile Body Donation Program, since the arrival of the COVID-19 pandemia, since March 2020, we reviewed what is known about the spread of the virus from corpses, to avoid contagion, false beliefs and panic. The global and local regulations and proposals were contradictory regarding the use of personal protection equipment, environmental measures and body disposal. In Chile, as a backdrop of pandemics, there was a social protest. For years, people had been requesting that the Constitution be changed, and that successive governments take charge of profound social inequities. In October, a revolt broke out throughout the country, resulting in numerous civilians and police being injured, great material losses and significant social and economic deterioration. The government confronted a credibility crisis, which added to the health crisis. This level of social discord and distrust indicated that there were problems of access to training, communication of information, informed consent, and application of ethics and legal criteria. At the University of Chile, a public university, we carried out training for health and funeral service personnel, emphasizing the implementation of solutions that allow ethics and legal regulations to be brought closer to daily practice, as a way of closing gaps.

Today's COVID-19 Crisis in the USA Informs Strategic Planning for Tomorrow's Mental Health and Forensic Services

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The world was unprepared for COVID 19. As of this day (January 2021), we in the United States are still reeling from this plague and its social and economic impact. With intensely polarized media and politics, one must strain to dispassionately peer through the fog of today's crisis to anticipate and plan for tomorrow's pestilential threat. Yet peer and plan we must, especially for the patients, forensic and civil, we are dedicated to serve. We continue to cross-titrate viral precautionary measures against supporting a healthy economy. Although vaccines and therapeutics were developed in record time, we continued to rely on a variety of social distancing and barrier methods to protect patients and mental health care providers in both hospitals and outpatient clinics, with heavy reliance on remote audio-visual technology. Prisoners were released in large numbers to reduce contagion and many were re-arrested in the community after committing new crimes. More contingency resources will be identified and stockpiled (ventilators, etc.) for future contingencies. Finally, in the age of unrelenting downsizing and closing of state mental hospitals, including forensic facilities, the concept of flexibly responsive hospital capacity may warrant studied consideration.

88. International Comparisons of Dispositions of Insanity Acquittees

Conditional Release of Insanity Acquittees within the Context of Criminalizing Individuals with Mental Illness in the United States

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Within the criminal justice system in the United States, institutional mental health services have been veering in divergent directions. In recent decades, defendants found not guilty by reason of insanity have been channeled into time extended and service intensive treatment programs including ample hospital treatment, graduated security step-down procedures, risk-assessment-informed dispositional decisions, conditional release and proactive community treatment. A growing number of outcome studies demonstrate the success of these programs in reducing relapse, rehospitalization, revocation of conditional release and criminal and violent recidivism. In contrast, four states no longer have an insanity defense, one has an insanity defense/verdict with the possible consequence of imprisonment, at least eight jail-based competence restoration programs circumvent hospital care, and many inmates with severe and worsening psychosis have no access to hospital care until and unless they are found incompetent to stand trial or not guilty by reason of insanity or are diverted into a community treatment program, often after months of delay and neglect. Implications will be discussed in this presentation.

Dispositions of Insanity Acquittees in Hong Kong

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Not Guilty by Reason of Insanity is a special verdict in Hong Kong. As governed by the Mental Health Ordinance, Chapter 136, Law of Hong Kong, there are four possible outcomes for the acquittees. First, discharge to the community with psychiatric treatment arranged with no compulsory order. Second, a Supervision and Treatment Order which may include a requirement that the supervised person shall be admitted, during the whole or part of such period as specified in the order, to residential treatment in a hospital with a view to the improvement of his mental incapacity. Third, a Guardianship Order which confers on the Director of Social Welfare or any authorized person as guardian, the power to require the mentally incapacitated person to reside at such place as may be specified by the guardian and the power to require the mentally incapacitated person to attend places and times so specified by the guardian for the purpose of treatment. Fourth, a Hospital Order which is a compulsory psychiatric inpatient treatment order in a mental hospital (medium security unit) or a Correctional Services Department Psychiatric Centre (maximum security prison with outreach psychiatrist services), for an unspecified period, with future discharge to be reviewed by the Mental Health Review Tribunal. Patterns of use and implications will be discussed in this presentation.

Closing Italian High Security Hospitals: New Forensic Psychiatry Facilities

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Since it was established (Royal Decree n 260 of 1891), the Ospedale Psichiatrico Giudiziario (OPG) has been the only security measure for NGRI offenders at risk of recidivism in Italy. Since the first OPG was established, five others have been operating until 2014, when the Decree-Law of May 30, 2014 (Number 81) set the final closing date of the OPGs and the discharge of all the inpatients as April 1, 2015. The afore mentioned Decree Law determined the closure of the OPGs and the establishment of one or more REMS (Residences for the Execution of the Security Measures) in each of Italy's 20 regions. REMS are mental health community facilities with 20 beds each, suitable for the accommodation and treatment of socially dangerous NGRI offenders. The same Decree planned at least one prison Clinical Centre in each Italian region for the treatment of the prisoners who become mentally ill during their imprisonment. After this cultural and scientific transformation, Italy will pursue innovative investigative and evaluative methodologies, involving closer mutual collaboration and reciprocal exchange of knowledge between mental health providers in the different sectors of Italy's mental health system. Implications of these reforms will be discussed in this presentation.

NGRI Acquittees in Lebanon: Imprisoned Nonetheless

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Forensic mental health services are a necessity for some individuals involved in the criminal justice system. Such services involve two generally independent functions: assessment and treatment. The Lebanese code tackles the rights and protections given to a mentally disordered defendant in the criminal justice system, but only to a limited extent. The penal code recognizes an insanity test that has a cognitive and a volitional component; one of those components must be met in order for a defendant to be adjudicated not guilty by reason of insanity (NGRI). Per statute, defendants adjudicated NGRI are then committed to a psychiatric institution until they are proven to be "cured" in a court of law. However, based on our review of several cases, there does not seem to be a uniform process regulating the use of the insanity defense. Furthermore, procedural steps vary between cases. In most cases, the insanity defense was unsuccessful; nonetheless, the defendant's diagnosed mental illness was sometimes used as a mitigating factor to reduce the prison sentence. Based on our findings, we explore in this presentation avenues for potential improvement in the Lebanese forensic mental health system to better protect the rights of mentally-disordered defendants while upholding the safety of the general public.

NGRI Placements in Russia

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In Russia, there are five options for placement of defendants who are found NGRI. They include: (a) four types of compulsory psychiatric treatment and (b) psychiatric treatment on the same grounds as an ordinary psychiatric patient receives. As for (a), according to the Art. 99 of the Criminal Code of the Russian Federation, a court may designate the following "compulsory measures of medical nature": (1) Outpatient compulsory observation and treatment by a psychiatrist. (2) Inpatient compulsory treatment in a general psychiatric facility. (3) Inpatient compulsory treatment in a specialized psychiatric institution. (4) Inpatient treatment in a specialized psychiatric institution with intensive supervision. Selection of a specific form of compulsory treatment depends on the offender's mental state and level of dangerousness resulting from his/her mental state. Compulsory psychiatric treatment is designated for an indeterminate period and a court reconsiders the necessity of its extension annually. As to (b), in rare cases when, in the court's opinion, one found NGRI is not dangerous the court may send materials to the local administrative medical or social security agency for the psychiatric treatment of such a defendant on general grounds or for placement in a specialized institution for mentally disabled. Implications of these avenues will be discussed in this presentation.

89. International Perspectives on Prison Mental Health – A Latin American and UK Collaboration

International Perspectives on Prison Mental Health

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The international prison population presently stands at around 11 million people, and prisoners are known to present with a substantial excess of mental health conditions. Globally, many issues arise amongst prisoners that can have adverse effects on their mental health, acting to compound existing mental health conditions, or, in some cases, cause new conditions to arise. Serious problems include overcrowding, excessive pre-trial detention, inadequate delivery of healthcare services, bullying and victimisation, gang activity, torture and abuse. In this presentation, global issues relating to prison health are explored before consideration is given to specific issues arising throughout Latin America, where the overall prison population is said to have increased by 175% since 2000, out-stripping increases in other parts of the world. Finally, the talk turns to some fundamental questions: What particular issues arise for people with mental health conditions in Latin America? What current service responses exist? What has been the impact of Covid-19? And what future research would be useful in this area?

A 'Hellish World': The Mental Health Crisis Overwhelming Bolivia's Prisons

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In Bolivia the lives of prisoners are very difficult due to lack of food, poor infrastructure, and healthcare and basic services. Among the prisoners there are a large percentage of elderly people, terminally ill, disabled people, pregnant and/or breastfeeding women and women with children under 5 years of age. Prisons are overcrowded, underfunded, and in poor condition, resulting in harsh and life-threatening conditions. Violence is pervasive due to inadequate internal security. Some reports have revealed high rates of psychiatric disorders among the prison population. The systems for diverting those with mental disorders in the criminal justice system towards mental health services have not been established. There are no legal means by which prisoners with serious mental disorders can be transferred to a psychiatric hospital in order to receive appropriate treatment and care. Suicides during imprisonment in Bolivian prisons are frequent and under-reported. Usually, prisoners with psychosis are not able to access any mental healthcare and there are no safeguards for them in prisons because there is not a specific legislation.

Mental Health in Paraguayan Prisons: The Debate Between What Is Urgent and What Is Important

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Mental health in Paraguay's prisons remains imprisoned within an inefficient State, which has cornered persons deprived of liberty into situations of poor mental health and very few opportunities for treatment and rehabilitation. The lack of resources and access to mental health services is a constant in Paraguay's prisons, which generates situations of discrimination, exclusion, poor health, drug abuse, relationship difficulties and violence. In this presentation, we will discuss the mental health situation in Paraguay's prisons, making a distinction between what is urgent and what is important for improvement.

A Latin American Research Collaboration for Offender Mental Health

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In 2021, academic psychiatrists from five universities in Bolivia, Chile, Paraguay and the United Kingdom established a unique collaboration to advance research and development across offender mental health pathways in Latin America. The collaboration acknowledges existing inequalities in research funding, publication and knowledge exchange in the scientific community. It recognises the commonly encountered barriers to effective cross-cultural collaboration such as communication deficits, unconscious cultural bias and power imbalance. Encompassing key Sustainable Development Goals and principles of the health ecosystems approach, the research

collaboration is committed to tackling offender mental health inequalities within and between nations, involving stakeholders, investing in the mental health workforce, and translating knowledge into policy and practice. Within the presentation, the history and the emerging vision and aims of the collaboration are shared. The strengths and challenges of the collaborative model are discussed. Lastly, examples of completed and planned work by members of the collaboration are presented.

90. International Perspectives on Psychopathy

Concepts of Psychopathy: Between Disease and Bad Character

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Within the broad range of personality disorders, the antisocial/dissocial personality disorders and especially their psychopathic subtype occupy a special position. They are mainly defined by deviant behaviors and by personality traits which are typical for persons with a general propensity to criminal acts. The other personality disorders on the other hand have many signs and symptoms in common with mental disorders in a narrower sense. This raises the question whether antisocial/dissocial and psychopathic traits of defendants in court can qualify for the concepts of diminished responsibility or even irresponsibility in the same way as it is the case with mental disorders. Problems of a differentiation between disease-related and character-related dispositions for the occurrence of criminal behaviors are discussed. Without such a differentiation, the acceptance in society for the insanity defense and the protection needed for persons with mental disorders is endangered. The benefit of the detection of psychopathic traits in offenders lies in the area of prognostic evaluations and not in the area of responsibility. The benefit of identifying psychopathic traits lies in informing prognostic evaluations, not criminal responsibility. One could even call into question whether psychopathic personality should be viewed as a personality disorder comparable to the other personality disorders. This presentation will discuss the implications of this view.

Psychopathy in Sex Offenders: A Study on a Sample of Apulian Prisoners

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Sexual offenders constitute a diversified group with mixed specifics, motives and criminal acts. As part of a national project, all sex offenders of Puglia were selected among the prisoners detained in special section of Puglia prisons. Psychopathy levels were measured through the PCL-R. Item 8 of te HCR-20 v.3 was used to evaluate history of traumatic experiences and victimization episodes. Criminological information was also collected. All data were analyzed. From this data emerged the finding that the recruited detainees had received convictions for child sexual acts in 70% of cases (paraphilic disorders). The levels of psychopathy that emerged were in line with

those found in other prisoner populations and generally in the medium-low range of PCL-R scores, but prisoners with a history of traumatic experiences had higher levels of psychopathy, as measured by the total PCL-R score and Factor 1 ("interpersonal/affective") especially. This presentation will argue that these findings suggest a possible effect of early traumatic experiences in the qualitative and quantitative levels of psychopathy observed in sex offenders.

Neurochemistry of Antisocial Personality Disorder and Psychopathy

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Magnetic resonance imaging has been the dominant neuroimaging technique to better understand brain structure and function of antisocial personality disorder (ASPD) and psychopathy. However, positron emission tomography (PET) is an invaluable tool that can probe the neurochemistry of these conditions in the living human brain. This presentation will focus on recent PET studies of ASPD and psychopathy that have investigated monoamine oxidase-A (MAO-A), a brain enzyme involved in the catabolism of amine neurotransmitters, and the endocannabinoid system, which has shown to play a role in a variety of cognitive processes, as well as aggression and violence. Implications for new treatments for ASPD and psychopathy that involve MAO-A and the endocannabinoid system will be discussed.

Psychopathy and the Criminal Law in the USA

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Psychopathy and the severe personality disorder have for centuries been discussed as potentially excusing conditions under the insanity defense. Nonetheless, such conditions have been statutorily disqualified for the insanity defense and the insanity defense has become increasingly unavailable even for defendants with psychotic disorders. The United States Supreme Court recently found that abolition of the insanity defense in the State of Kansas was constitutional (Kahler). Four states have abolished the insanity defense. Once a defendant is found NGRI, he or she may encounter the "paradox of psychopathy". The Supreme Court has found that an insanity acquittee can no longer be involuntarily hospitalized if his insanity qualifying condition, usually a psychotic condition, has resolved, but he remains a danger to others because of an antisocial personality (Foucha); yet measurements of psychopathy continue to be used as predictive measures of future dangerousness which support continued involuntary hospitalization. Moreover, Arizona's recently enacted insanity verdict explicitly allows transfer of insanity acquittees, no longer "insane", but still dangerous, from the forensic hospital to a prison facility for the remainder of the individual's sentence. Finally, states with sexually violent predator laws may detain individuals whose risk of future sexual offenses is due to a mental abnormality for which psychopathy or personality disorder may qualify.

*Psychiatric, Criminal, and Demographic Characteristics of Murderers
Who Are Not Guilty due to Insanity*

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The current study examines the demographic and psychiatric characteristics of individuals who committed murder by reason of insanity and analyzes their criminal history and behavior at the scene of the crime. 69 medical files of patients who committed murder by reason of insanity and were admitted by a court order to the maximum-security unit at Sha'ar Menashe Mental Health Center between 1997 and 2019 were analyzed. The findings reveal that most participants were diagnosed with schizophrenia, had at least one psychiatric hospitalization prior to the committing of crime, refrained from regularly attending their psychiatric follow-up and did not adhere to medications between hospitalizations. The proportion of immigrants among the participants was higher than their proportion in the general population, and most of them had a background of drug use. Lastly, almost half of the participants remained at the scene of crime and occasionally even called for help. The findings offer a better understanding of the factors and motivations leading individuals with a psychotic disorder to commit violent crimes and murder and their behavior at the scene of the crime. This may assist in identifying at-risk populations and developing and implementing relevant prevention programs.

91. International Perspectives on the COVID-19 Pandemic in Prisons and Secure Mental Health Services (1)

Legal and Policy Changes in UK Secure Mental Health Services During the Covid-19 Pandemic

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This presentation will track the rapid legal, policy and clinical adaptations that took place in an English forensic psychiatry and prison mental health service, that enabled clinicians to continue to provide a safe and effective service to patients during the 2020 Covid-19 pandemic. Using actual clinical scenarios, the authors will explain the legal, practical and ethical challenges that arose during the pandemic and the efforts made by clinicians, managers and patients to respond to them. Particular issues discussed will include the management of infected patients, the isolation of new

admissions, the balances that had to be struck between protecting staff and patients from infection whilst continuing to provide effective care. Particular problems arose out of the management of self-induced choking incidents in female secure services, presenting the service with dilemmas that they had never previously faced. The authors will conclude by summarizing the lessons learned during the crisis and the longer lasting impacts on the care provided to patients with severe mental health problems in prisons and secure services in the UK.

An Indian Perspective on the COVID-19 Pandemic in Prisons and Secure Mental Health Services: Ethical and Legal Challenges

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Prisons in India are overcrowded, making it difficult for prisoners to maintain physical distancing leading to the spread of COVID-19. The rate of ingress and egress in prisons is very high. Prison staff enter and exit the prison regularly. Hence there was the urgent need to prevent the spread of COVID-19 in prisons in India. The presentation highlights the various preventive measures taken such as improving hygiene, preventive education, steps to decrease overcrowding, upgrading medical facilities and segregation of vulnerable prisoners. Initially testing was not freely available, but later testing was stepped up. Masks were made by the prisoners themselves. Various precautions were undertaken during prison processes such as admission, visits by family, friends and legal representatives. The use of video phone calls was encouraged. Special measures were taken for suspected and positive Covid-19 patients such as prison quarantine wards and referral to Covid-19 care hospital outside the prison. Various measures were initiated by the judiciary and legal services institutions such as reducing the number of persons sent to judicial custody, reducing the execution of short- term sentences and release of prisoners. Prisoners charged or convicted under serious crimes were not given bail or released. Two 'under-trials' were reported killed soon after release. Many legal and ethical challenges were faced implementing these measures.

Psychiatric Patients Committed at the Portuguese Prison Hospital at the Times of Covid-19

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Covid 19 pandemic has monopolized society and healthcare resources all over the world since the beginning of the year 2020. The approach and impact of the taken measures were not the same in

different countries. The prison environment and thus the mental health of prisoners was not spared by mental health policies and epidemiological strategies. In the only Portuguese Prison Hospital, the creation of a specific unit for quarantine of every admitted patient, according to the Portuguese general directorate of health, the organization of a structure that admits patients positive for SARs-CoV-2 and the restructuring of the patient observation circuit in the context of the psychiatric prevention, are just a few challenges that led to critical multidisciplinary reflection. These circumstances fostered physical and logistical restructuring, forcing changes in hospital dynamics and service management, especially in the Psychiatric Acute Commitment Ward. This presentation is intended to show that the largest movement of patients registered in the Prison Hospital was through psychiatric admissions under court orders, demanding a special role in the continuity and quality of the care provided to psychiatric patients, as well as to all the prison population in need all over the country.

A Psychiatric Ward for Patients with Criminal Process in the Time of Covid-19

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Guatemala has received a caution from the Human Rights Interamerican Commission (Comisión interamericana de derechos humanos, CIDH) since 2012, for the human rights violation of 334 inpatients. At the time of the Covid-19 pandemic in March 2020, the situation of the 70 male inpatients at the ward being deprived of liberty with criminal process was worsened because there was no measure to avoid the contagion. Ultimately, most of the patients suffered from the Covid-19 disease. The medical and nursing staff of the ward received minimal support to face their duties. This presentation will describe the situation at that ward and outline how it was overcome when more specific measures were taken.

92. International Perspectives on the COVID-19 Pandemic in Prisons and Secure Mental Health Services (2)

Forensic Mental Health in Victoria during COVID -19: Unprecedented Arrangements

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This presentation will set out the changes which were implemented in the forensic mental health services, in response to the COVID-19 pandemic, at Forensicare, in Victoria, Australia. Specifically, the authors will explain the changes in the work practices at the secure forensic hospital, within the prison mental health and community forensic mental health services, including the challenges of remote working. This presentation will also include discussion around Forensicare's response in managing the risks associated with this pandemic such as developing a COVID-19 management plan for the whole organization, including the development of a COVID 'Huddle' and formation of a COVID-19 'Resilience and Recovery team'. The presentation will conclude by highlighting the challenges faced by the organization in delivering effective patient care across various directorates (hospital, prison and community), and the ability of staff to adapt to these unprecedented arrangements.

Italian Forensic Residencies at the Times of Covid-19: A National Survey

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Italy during the early months of 2020 has been the epicenter of the Covid-19 contagion in Europe. The Mediterrean Country expressed the highest rates of people dead, affected and infected, for a period between March and June 2020. The radical disruption of social and living habits has rapidly put extreme pressure on the national health system, psychiatry included. Rapid and prompt measures have been adopted by the National College of Psychiatrists to cope with this emergency, including the smaller sector of forensic psychiatry. Forensic residencies have had to face the double challenge of reducing the impact of contagion and guarantee proper levels of care among their inmates. The national coordination of Italian REMS has launched a survey in April 2020 to check the conditions of the patients living there, including staff, and a monitoring of the procedures adopted for therapeutic security. In this presentation, results of the survey will be discussed as well as further updates of Italian forensic residencies in relation to the pandemic.

Bolivia, its Prisons and Mental Health Services in the Time of Covid-19

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Two months before the world's first case of Covid-19 was reported, Bolivia entered a short period of extreme social and political unrest following national elections. As the number of Covid-19 cases grew in March and April 2020, the Government implemented measures in the justice system to protect the health of the most vulnerable prisoners. Meanwhile mental health professionals faced the challenge of working in high-risk environments with limited access to personal protective equipment. By August 2020 Bolivia was the only lower middle-income country listed among the

twenty countries with the highest Covid-19 death rates worldwide. At the same time, the country faced a "second peak" of social and political unrest which affected the capability of the health service to respond to the health burden of Covid-19 causing an unprecedented level of uncertainty among mental health professionals and academics interested in prison psychiatry practice and research. This presentation adopts an ecosystems approach to discuss the degree to which the health and justice systems would have the capacity and capability to respond to the pandemic. A description will be given of how the Covid-19 outbreak was managed in the country's largest prison.

A Crisis within another Crisis: The COVID-19 Pandemic and the Paraguayan Prison System

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The COVID-19 pandemic has had an impact on a large part of the population at national and international level. People deprived of their freedom within the Paraguayan prison system have been no exception. The COVID-19 health crisis coincided with an emergency response within the prison system in September 2019 to deal with the wave of violence unleashed by the clashes that took place between criminal groups operating within the country's prisons. This conflict finds fertile ground in the precarious security conditions that promote self-government and the dispute for power within the system, putting the population of people deprived of liberty at risk. This presentation addresses the actions of the Paraguayan State to deal with the crisis produced by the COVID-19 pandemic and the scope of the measures assumed within the Paraguayan prison system, including those aimed at the mental healthcare of the prison population.

93. Intimacy & the Law: Intersections of Forensic Psychiatry & Psychosexual Health, Insights from India

Digitalization of Sexuality: Forensic Implications in the Post-Pandemic Aftermath

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Sexual practices and sexuality have influenced psychological wellbeing throughout human evolution. The need for 'personal touch' and intimate connections affect human relationships, social rituals and reproductive behaviour. With the COVID-19 pandemic creating unprecedented

havoc in our lives, the 'new normal' faces digitalization of social connectedness, including intimacy. Psychosexual health and wellbeing have been significantly affected by separation, interpersonal stressors, risks of infection and travel restrictions. India has been one of the worst hit countries in the outbreak, given its population and health resource burden. In the aftermath of an uncertain future, online expressions of love and affection are also fraught with cyberbullying, online extortion, digital abuse, unhealthy use of technology and excessive use of pornography, that can create varying degrees of dysfunction. This presentation compiles various studies in India (completed and ongoing) on the 'digitalization of intimacy' between couples, the legal implications, socio-cultural acceptance and the users' perspectives related to sexuality and relationships during the COVID-19 times. It also highlights the post-pandemic 'normalcy', critically reviewing the role of technology in promoting psychosexual health in the COVID-19 aftermath.

Paraphilias & Sexuality: The 'Grey Area' of Forensic Psychiatry

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There is a great deal of controversy regarding 'Paraphilias' and where to draw the line between normal versus deviant sexual behaviour. 'Paraphilias', now known as 'Paraphilic disorders' as per DSM-5 (Diagnostic and Statistical Manual of Mental Disorders 5th Edition) and ICD 11 (International Classification of Diseases 11th Edition) are disorders of sexual preference and characterized by atypical sexual arousal. Conceptual understanding of deviant sexual behaviours arising from a mental disorder versus those which are normal variations in sexual preference and independent of a mental disorder, have been explained in DSM-5, and are very important from forensic point of view. To prevent future sexual crimes, certain laws allow indefinite preventive civil commitment of criminals (who have completed their term) having a paraphilic mental disorder. Such proceedings can bypass the usual protections of criminal law. As the line between criminal culpability and psychiatric diagnosis begins to fade, the diagnosis of a paraphilic disorder may be misused to cover a legal loophole. 'Paraphilia' versus a 'Paraphilic Disorder' diagnosis particularly hold importance in cases where sexual crimes have been committed. This presentation deals with the Indian studies and legislations on paraphilias, highlights them in comparison to the global scenario, and outlines the legal ambiguity and discusses the way ahead for a psychiatrist.

Forensic Aspects of Sexual Dysfunction, Disorders and Relationships: Role of a Psychiatrist

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Sex and sexuality form the basic facets of human interaction. The legal and ethical aspects of sexuality and relationship issues are somewhat intertwined, confused and are usually covered, albeit briefly, in the literature and Consensus documents. Management of sexual disorders and dysfunctions comes with challenges of handling informed consent, information disclosure, and human rights. Global medico-legal and ethical regulations for the management of these disorders are variable with special concern relating to sexuality and relationship challenges in sexual minority groups (LGBTQ). With evolving sexual accepted practices among sexually marginalised groups there comes a wide array of sexual dysfunctions. The psychiatrist plays a very important role in elucidating the various nuances of the marital relationships, religiosity, psychosexual development, underlying psychopathology, personality traits all of which could contribute to the condition. Besides, issues like domestic abuse in same-sex relationships and marital rape remain medico-legally relevant yet 'grey areas'. This presentation deals with this gap in the medico-legal services provided in criminal cases of sexual offences and in civil cases involving potency, paternity and sexual issues. The role of mental health professionals can be immense in deciding the fate of legal suits involving relationships. The challenges in forensic psychiatry involving sexual dysfunctions, gender and sexual minorities are discussed in light of the recently implemented Indian Mental Healthcare Act, 2017.

94. Involuntary Psychiatric Treatment: A Critical Analysis of the 'Science' and Justifications Supporting It

Deconstructing Anosognosia and the Case Against Forced Shock

Dennis Feld, *Attorney-at-Law, Garden City, USA* (dbfeld@nycourts.gov)

Adherents of involuntary psychiatric treatment, including ECT, endorse a construct termed anosognosia in which a person's condition causes them to be unable to recognize the underlying psychiatric condition and reject the treatment prescribed to alleviate that condition. Even crediting this circular theory, there is still no valid justification for forced shock. Illustrative of this proposition is the outcome of a recent legal proceeding brought to override a psychiatric patient's objection to a proposed course of 15 shocks. The court granted the requested shock regimen but a problem immediately arose due to the facility's failure to include in its application psychotropics usually prescribed for their sedative and amnestic properties to diminish a patient's physical resistance and permit the shock to be administered. The court asked patient's counsel to explain why it should not import such drugs or other measures in its order. Counsel successfully argued that utilizing these measures for such coercive purpose renders them 'chemical and physical restraints' prohibited except as an emergency response to prevent imminent harm to self or others, adding that under State regulation ECT cannot be performed on an emergency basis. Citing relevant literature, counsel emphasized that when these restraints are combined with ECT the risk of trauma, injury and death increases. Rather than justifying these coercive measures, the anosognosia construct instead subjects the patient to this greater harm.

Coercion or Consent: The Right to Object to Psychiatric Treatment

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Persons in institutional settings are regularly subjected to efforts to compel treatment over their objection in derogation of their liberty. Such compelled treatment includes forced drugging, forced electroshock, and at times, compelled major medical procedures. This presentation will explore the constitutional rights of individuals to make treatment decisions, and the legal framework for forced treatment orders, which often require that the person lacks capacity to make treatment decisions. The presentation will consider the ways institutional actors operationalize these definitions to obtain outcomes they seek rather than to advance the liberty and safety of their patients. This presentation will explore double standards used by institutions to determine capacity and how science based claims are used to justify proposed treatment while ignoring scientific studies, professional guidelines and government regulatory determinations. Attendees will explore possible avenues of advocacy using law, outside experts and that same benchmark information to contest false or erroneous forced treatment claims. Examples of forced drugging from a prison and an involuntary outpatient treatment setting, and of forced electroshock by a state hospital will be used in this presentation.

Psychiatric Diagnosis is THE Sine Qua Non of Involuntary Psychiatric Treatment

Paula Caplan, *Clinical Psychologist, Ontario Institute for Studies for Education*, *Toronto, Canada* (paulacaplan@gmail.com)

Psychiatric diagnosis is the first cause of *everything* bad that happens in the mental health system. Once they diagnose you with any psychiatric label, they can do just about anything to you in the name of "treatment." However, as a member of the *DSM- IV* Task Force, I learned these three major myths about psychiatric diagnosis: (1) the diagnostic categories are scientifically grounded; (2)getting a psychiatric label is always helpful; and (3)there is no risk attached to getting such a diagnosis. *There is in fact, no regulation of the labels and almost no channel for redress of the harm*. The cards are stacked against advocates who attempt to protect people from involuntary treatment, because it is widely assumed that the labels apply to something "real" and proven. This leads to the assumption that the labeled person has no idea what is in their own interests and to overreliance on subjective, biased, often uninformed opinions of "experts." Various approaches to solve these problems will be presented. Also to be addressed is that the absence of science and objectivity in the enterprise of psychiatric diagnosis creates a vacuum into which rushes every conceivable kind of subjectivity, so creation and application of these diagnoses are plagued by sexism, racism, classism, ageism, homophobia, and transphobia. As a result, targets of those kinds of bias are disproportionately likely to be subjected to the greatest deprivations of their human rights, because the label greases the skids.

Involuntary Psychiatric Treatment Starts with Complete Lack of Informed Consent about Psychiatric Diagnosis

Jo Watson, *Consulting Psychotherapist, Birmingham, United Kingdom* (jowatson03@aol.com)

In the U.K, once someone has entered the mental health system they are all too often labelled with a psychiatric diagnosis. Even when accessing help outside of this system, emotional distress is largely explained in a diagnostic, medicalised way by other professionals. The medicalized narrative of 'diagnosis/disorder' is ubiquitous and culturally accepted and those seeking help are not given any information on the controversial nature of psychiatric diagnosis. This makes it impossible to give informed consent to diagnosis and 'treatment' which the label allegedly dictates. Unfortunately, the person seeking relief from their psychological suffering is never told the truth about the lack of good science behind the creation or application of psychiatric labels. What needs to be done includes spreading of awareness among therapists and among the public through activism. As an activist, I created 'Drop the Disorder' - a Facebook group, which now has 12 1/2 thousand members. And through AD4E (adisorder4everyone.com) events/conferences and an online platform this message has reached national and international audiences creating an energy and passion for change. People are more likely to be activists and not simply defer to "experts" if they feel part of a community with a larger voice that can speak the truth

95. Judicial Discretion in North American Courts

Compassion in the Courtroom

Lorne Sossin, *Judge, Superior Court of Justice, Ontario, Canada* (lorne.sossin@gmail.com)

What is the place of compassion in the Courtroom? Is compassion a reflection of our humanity or an emotion that can get in the way of fairness? Is compassion at odds with impartiality or an essential aspect of it? These questions can (and, I believe, should) be approached from several perspectives. This study explores three such perspectives. First, I look at compassion as a way of ensuring, through the decisions made in the course of a hearing, that parties, witnesses and counsel know they have been listened to and heard. Second, I look at compassion as a key factor in the exercise of judicial reasoning. Third, and finally, I examine the broader vantages on whether compassion is a threat to, or necessary component of judicial impartiality - or whether it may be both. This study also distinguishes "compassion" from other, related dynamics in the adjudicative process such as "empathy" and "sympathy." Compassion is understood in this study as "consciousness of others' distress together with a desire to alleviate it." Empathy, by contrast, involves putting yourself in the shoes of another and sharing the feelings or pain that person is experiencing. Sympathy, for further comparison, involves a feeling of pity or sorrow at someone else's misfortune. While there may not always be sharp lines separating these concepts, this study highlights the importance of these distinctions. For example, while all these emotions may involve

care for the plight of others, only compassion combines knowledge of another's pain, with the goal of alleviating that pain in some way. This understanding of compassion as premised both on understanding and action, presents particular challenges in the judicial context, but also particular opportunities to advance the goals of the justice system.

The Facts of Life: Life Sentences in the U.S. District Courts

Cassia Spohn, *Arizona State University* (cassia.spohn@asu.edu)

Alongside capital punishment, sentences to life without parole are one of the most distinctive aspects of the American system of criminal punishment. In fact, more offenders are serving life sentences today than were held in all U.S. prisons in the early 1970s. Unlike the death penalty, though, virtually no empirical work scrutinizes the decision to impose a life sentence. The current study uses logistic regression analysis and structural equation modeling to analyze several years of recent federal sentencing data and to investigate discretionary and structural sources of inequality in life without parole sentences. The analysis reveals large disparities in eligibility for a life sentence and in the imposition of life imprisonment, but finds these differences are largely attributable to structural elements of the federal sentencing system, such as mandatory minimum sentences, guidelines departures, and type of disposition. Findings are discussed in relation to ongoing debates over the growing role that life imprisonment plays in American exceptionalism in punishment.

The Devil We Know: Legal Precedent and the Preservation of Injustice

Erin Hennes, *Purdue University* (ehennes@purdue.edu)
Layla Dang, *Purdue University* (ldang@purdue.edu)

One of the hallmark features of the common law tradition is reliance on past decisions, or precedent, to resolve legal ambiguity and ensure consistency across similar cases. This presentation draws from theory and research in the behavioral and brain sciences to examine how psychological processes can contaminate precedential decision-making. In particular, we argue that the intent of precedent – to safeguard equity – may in some cases be undermined by a nonconscious human proclivity (endemic among both judges and laypeople) to justify and legitimize extant societal arrangements. Examples from case law and empirical legal studies illustrate how precedent may impede social justice in ways that are predictable from psychological theory. Highlighted in particular are barriers to justice disproportionately encountered by members of historically disadvantaged groups. The presentation closes with a discussion of opportunities for institutional reform and a call for continued scholarship examining the prevalence and impact of status-quo-maintaining biases in the legal system.

96. Lacan and Law: Contemporary Appropriations

Expertise and Psychoanalysis, Freud and Lacan

David Caudill*, Villanova University* (caudill@law.villanova.edu)

Notwithstanding the history of attempts to align psychoanalysis with science, its insights would not likely qualify as admissible expertise in contemporary courts—if a psychoanalyst testifies as an expert, he or she would likely do so as a psychiatrist or psychologist. Indeed, there is a controversy within the psychoanalytic community over whether analysts should claim scientific authority. Even as Lacan was optimistic about the scientific status of psychoanalysis, he identified science as a discourse in denial of its subjectivity—it "has no memory [and] forgets the circuitous path by which it came into existence." Terry Phillips distinguishes "Freud the confident Enlightenment scientist" from the "post-Freudian Freud," who knows that "to be an expert on the unconscious is a contradiction in terms." However, Leon McRae's recent paper entitled "Blaming rape on sleep," makes a case for psychoanalytic intervention in rape trials involving sexsomnia. The conventional legal defenses of automatism and insanity (a recognized medical condition) do not capture the defendant's condition. As a result, courts fail to require the sexsomniac to take measures to stop victimizing others or face punishment. As explained in this presentation this compelling intervention is, nevertheless, not likely to gain traction because it relies on analytical categories at odds with consensus science.

Covid, Masks and the Feminine Masquerade

Jeanne Schroeder*, Yeshiva University* (schroedr@yu.edu)

At the height of the Covid-19 crisis, President Trump refused to wear a mask in violation of his own White House policy—the presence or absence of a mask reflected the country's red/blue divide. And, unsurprisingly from a Lacanian perspective, it has become a gendered issue, with many men believing that masks make them look cowardly and effete, like veiled Islamic women. Lacan insisted that femininity is a masquerade. A "woman" understands that the universal condition of subjectivity is that we are split—our personality formed around a fundamental lack. The masquerade calls affirmative subjectivity into being—it is not resisted, it is embraced. A "man," unable to face his own lack, adopts various strategies, fantasies, to try to convince himself (and others) that he is not split but could be self-sufficient. Of course, the bravado of refusing a mask is itself a mask. In law, the subject is created by the symbolic order—and the symbolic is nothing but the community of subjects. The masculine subject insists that the law exists, that it could be complete and just. The ethics of law, however, requires the attorney to take a feminine "hysterical" view of law as split and flawed. Implications will be discussed in this presentation.

Legal Reasoning as Cure

David Carlson, *Yeshiva University* (dcarlson@yu.edu)

Law is always spoken in the future anterior tense—when lower courts are split as to what the law is, a higher court cures the split by hearing and resolving a disputed case. We do not know the law is today, but later we will have known what it was all along. This is the basis of legal reasoning. A split in lower courts is always already resolved by an antecedent law whose revelation is deferred. Future anteriority is the point at which legal reasoning coincides with the judicial opinion, when we see that law determines litigation outcomes. In psychoanalysis, an act precedes its reason—the effect precedes its cause. Only in after-the-f(act) narration—i.e., the written judicial opinion—does reason precede the act. Nevertheless, the act is a "real" event. It is pre-symbolic and therefore open to a posteriori narration where the judge claims the act was "caused" by law. A trauma interrupts the signifying chain or narrative continuum. Trauma is "the object that cannot be swallowed, as it were, which remains stuck in the gullet of the signifier" (Lacan). Trauma disrupts until it is gentrified into the symbolic order—for psychoanalysis, a "cure," and for lawyers, legal reasoning. Implications will be discussed in this presentation.

The Womanish Man and the Mannish Woman

Carla Spivack*, Oklahoma City University* (cspivack@okcu.edu)

Early 17th-century London saw a spate of cross-dressing by both sexes. Some "cross-dressers" became famous: "Moll Cutpurse" was notorious for her stage performances in male attire, a life of crime and other exploits. King James I, preachers and pamphleteers excoriated cross-dressing as promiscuous and immoral. Women who dressed like men were accused of "baseness, unnaturalness, shamefulness, and foolishness;" at the behest of James I, preachers echoed this sentiment from the pulpit. For Jean Howard, their discourse reveals a "sex gender system under pressure." Indeed, Jacobean culture was rebounding from forty years of female rule, and Elizabeth's biological gender caused profound cultural anxiety. The crisis over cross dressing constituted a response to the perceived threat to gender hierarchy under Elizabeth I; ultimately, today's hysteria over transgender rights similarly reflects anxiety over the loss of gender markers and boundaries. The disappearance of the semiotic determinacy of dress threatens the accessibility of the Symbolic order and raises the terrifying specter of the Real. "Bathroom hysteria" reveals the salience of Lacan's interpretation of the gendered bathroom signs; in this presentation I speculate about how this crucial "difference" will gradually evolve as gender roles change, and what this evolution means for how we think of psychoanalysis and culture.

Imaginary Father and Families

Allison Tait, *University of Richmond* (atait@richmond.edu)

Seminal to Lacan's thinking about family relationships and the symbolic order is the figure of the father. The father consists of a multiplicity of iterations – real, symbolic, and imaginary – and each instantiation of the father is embedded within the family in a different way. Likewise, laws

regulating the family are given substance and shape by visions of what the father has been, may be, or should be. Family governance rules have been, both historically and still sometimes currently, built according to specification for the symbolic father as a site of expression for generative, patriarchal power. Real and imaginary fathers, however, also inhabit and exist within the space of the family home, their positionalities intermediated by the presence of the symbolic father. Family homes with absent fathers are also subject to the domineering presence of the symbolic father, his amorphous animation emblazoned with the imprimatur of the state. This presentation concentrates on the questions of when and how Lacan's fathers appear within family governance rules and how Lacan's multiple fathers not only abide alongside one another in the family home but also generate dissonance within the family and between family and state.

97. Legal and Ethical Dimensions of Patients' Rights Post-Covid (1)

The Policy Consequences of New Research on Health Cost Inflation in the U.S.

Neil Buchanan, *University of Florida* (neil.h.buchanan@gmail.com)

The conventional wisdom regarding the extraordinarily high and rapidly rising cost of medical care in the United States is that health care providers have engaged in excessive testing and other medical interventions due to the reimbursement systems used by health insurers. The American system is expensive, the thinking goes, because doctors and hospitals have been told that they will be paid for everything that they do to their patients, which inevitably leads to their doing too many things to their patients. Recent research, however, has challenged this notion, finding instead that American health care is more expensive not because we do more but because everything we do is more expensive. The problem, in other words, is not that providers are being paid a lot because they are doing too many things but because they are being overpaid for doing the appropriate amount of things. If this is true, decades of policy consensus falls apart. This presentation will examine some of the fiscal and other implications of the possibility that U.S. health care is too expensive because our providers are overpaid.

The U.S. Opioid Epidemic and the Law in 2021

Abbe Gluck, *Yale Law School* (abbe.gluck@yale.edu)

This presentation will discuss the status of the opioid epidemic and litigation in the United States, with a focus on legal and regulatory responses. Included will be state and federal legislation— what has been passed and what needs to be passed-- from legislation addressing access to medication assisted therapy to expanding Medicaid and regulating the business of insurance and the practice of Medicine. It will discuss. new mechanisms of courtroom adjudication that have developed in the shadow of the sprawling litigation-- including the uniquely creative and

provocative Opioid multi-district litigation in U.S. federal court and the parallel cases in bankruptcy court and the state courts; the increase in lawsuits concerning mental health parity. Law --including and especially the structure of the American health care system--was also culpable in many ways for launching the crisis. Finally we will study the ways in which the COVID-19 crises helped and exacerbated the opioid epidemic, including supporting the uptake of telemedicine.

Voting Rights and Mental Health Policy

Wendy Mariner*, Boston University* (wmariner@bu.edu)

Elections have consequences. Elected officials enact legislation and take regulatory actions that improve or undermine population health. Yet they often ignore the needs of those who cannot vote, including people with mental disorders. This presentation examines the relationship between the ability of citizens in different U.S. states to vote, both de jure and de facto, and health policies in effect in those states. The Universal Declaration of Human Rights recognizes the right to vote as a basic human right, but many states deny the franchise to individuals convicted of a criminal offense either permanently or during incarceration. A significant proportion of prisoners suffer from mental or substance use disorders. Many states erect practical barriers to discourage eligible but disfavored voters from actually casting a ballot. Such barriers include restricting voting to times and locations that are difficult to access for people of color, homeless people, and low-income populations. States with such restrictive laws and practical barriers are more likely to have policies limiting resources for behavioral health services and access to care than states with few or no such barriers.

Pandemic Responses to Intensive Care Patients

Christopher Newdick*, University of Reading* (c.newdick@reading.ac.uk)

Covid-19 produced a problem not unknown in Intensive Care but on an entirely unfamiliar scale: How to respond to the needs of Intensive Care patients when not all can be treated. When tragic choices are unavoidable, what happens to patients who are incapacitated and unable to speak? What are doctors' duties of candour to relatives about treatment decisions, including to withhold and withdraw care? Can patients insist on best interest based treatment? How should hard choices be made when demand for care exceeds Intensive Care facilities available? One response involves clinical triage. Do scoring systems (like SOFA) illuminate or conceal transparent decision-making? And what procedural framework is best to promote fair and consistent decisions across many hospitals over time? This contribution discusses how the National Health Service responded to Covid-19, its successes and failures, and what law and ethics have learned about planning for the next pandemic.

98. Legal and Ethical Dimensions of Patients' Rights Post-Covid (2)

Kalief Browder's Legacy: Mental Health as an Eighth Amendment Violation

Michael Ulrich, *Boston University* (mrulrich@bu.edu)

Kalief Browder was sixteen years old when he was arrested for allegedly stealing a backpack. Refusing to accept a plea bargain for a crime he did not commit, and unable to afford bail, Browder spent three years in jail awaiting trial. During this time he spent nearly two years in solitary confinement and attempted suicide on three occasions. After the charges were dropped, Browder continued to suffer from his imprisonment. With no evidence of poor mental health prior to incarceration, Browder is a tragic symbol of the mental health consequences that are created by the prison system. The literature often focuses primarily on those with mental illness that end up in the prison system, but the manner in which the prison system causes mental health problems deserves more attention. Those who develop mental scars from prison are released with little resources to aid their suffering. Browder came out with not only the mental scars but a tragic skill set of how to attempt suicide, which he used to end his life at the age of 22. The Eighth Amendment's prohibition against cruel and unusual punishment presents an opportunity to demand better.

Health Disparities, COVID, and Divided Government

Nicole Huberfeld*, Boston University* (nlh@bu.edu)

Communities hit hardest by novel coronavirus are suffering economic repercussions that will exacerbate existing poverty, housing, education, and related inequalities that drive underlying determinants of health. Levels of mental and physical health in the US have been unequal, especially for people of color. The pandemic created a health and economic disaster for the entire nation, but its unequal impact was driven in part by federalism – the division of power between the federal government and states. This divided governance has allowed state-by-state health disparities to fester. It appears that residence affects levels of health care, and during the pandemic, life or death. Federalism allows predictable variability in policymaking that maintains and perpetuates these health inequities. The challenges inherent in this divided system of government were easier to ignore in a boom economy but quickly emerged in sharp relief during an emergency. As long as major policy decisions are left in the hands of states, even basic public health measures will be more difficult to implement, and disparities will remain.

Discovery Group – How and Why Patients on a Low Secure Ward Conducted COVID-19 Research During the Crisis

Anne Aboaja, *University of York* (anne.aboaja@york.ac.uk)

It was March 2020 and the gravity of the COVID-19 pandemic was realised in a UK secure mental health hospital. Lockdown was coming; psychologists and occupational therapists were moved to the frontline. Community providers informed hospital teams that they were closing to admissions. Discharge plans were placed on hold. Patients had no leave and were at high risk of boredom, frustration and loss of motivation during the Covid19 crisis. This paper presents the development of Discovery Group, an intervention born out of the Covid19 crisis aiming to alleviate boredom and guide patients along the research pathway. Within Discovery Group, patients chose to undertake Covid19 research. We will present the hospital's first patient-led research study undertaken through Discovery Group and the findings of the evaluation of the acceptability and potential outcomes of Discovery Group.

99. Legal Ethics & The Permissible Boundaries of Choice

Law, Ethics, & Body Integrity Dysphoria

Daniel Dylan, Lakehead University (dwdylan@lakeheadu.ca)

The legal rationales which currently support human rights protections for gender dysphoria have contentiously been relied upon by advocates for the legal protection of body integrity dysphoria (BID), a rare, complex and inchoately understood phenomenon in which individuals desire and seek ability reassignment/confirming surgery or elective amputation of an otherwise healthy limb in order to achieve a sense of existential or ontological "completeness" or "wholeness" which conforms to their own body image. Put more simply, individuals with BID are typically born able-bodied but seek to live in a body that is physically impaired. At present, BID—not yet listed in the DSM-V—uncomfortably fits within the existing protected ground of "disability," under existing Canadian law. Normatively, the presentation discusses whether—without diminishing the gains that trans communities have achieved—the same intersectional and legal rationales justifying the human rights protection for gender dysphoria might, from a critical disability theory perspective, similarly but imperfectly or heuristically be applied to persons seeking human rights protection for BID.

The Ethical and Legal Challenges of Mandatory COVID-19 Immunization Programs

Mariette Brennan, Lakehead University (mbrennan@lakeheadu.ca)

Since COVID-19 was declared a global pandemic in March 2020, most countries have adopted highly restrictive public health measures in an attempt to control its spread. In addition to these

restrictive measures, an unprecedented level of scientific cooperation emerged in an effort to develop either a vaccine or cure for COVID-19. In 2021, the first COVID-19 vaccines were made publicly available. Governments have endorsed these vaccines and have argued that they represent the best method available to end the COVID-19 pandemic. Unfortunately, anti-vaccinations sentiments and conspiracy theories about the vaccine have also developed. Some governments and private organizations have adopted innovative incentivization programs to encourage vaccination, while others have contemplated developing mandatory immunization programs for segments of the populations. This presentation will examine the ethics and legal issues of mandatory COVID-19 immunizations programs in the Canadian context; issues associated with the development of mandatory childhood immunization programs will be emphasized.

Mental Health, Coercive Control, Parental Alienation and Gaslighting

Frances Chapman, Lakehead University (fchapman@lakeheadu.ca)

In the 1944 film Gaslight, the protagonist deceptively persuades his wife she is descending into insanity. The colloquialism "gaslighting" has entered the legal discourse and is used to describe those who find themselves victims of reality distortions within a coercively controlling intimate relationship. The intersection of domestic violence and "parental alienation" (PA) has confounded researchers because it difficult to determine whether PA is prevalent in dysfunctional family relationships or if the phenomenon is a strategic ploy in legal disputes. Feminist researchers have shown that the abuse suffered by children and the victim parent, usually the mother, has been discredited, dismissed, or greatly minimized by family courts, and the safety of mothers and children are sacrificed in dangerous parenting arrangements that favour the manipulator. Parental alienation exists in some parenting arrangements but should be reserved for these rare and specific cases. At present, many women find themselves in the terrible position of choosing their safety or risking custody when parental alienation is alleged. Judges need to be educated on parental alienation, domestic violence, and mental health interventions to dispel the myth that PA discredits allegations of IPV. Women are being mislabelled as disordered alienators at the cost of their children.

100.   Legal Liability Issues Consequent to Trauma Experienced by Youth in Public Services Facilities

The Role of Judicial Implicit Bias and its Impact on Judicial Responses during a Pandemic

Cheryl Shannon*, Judge, 305th District Court, Dallas, USA* (cshannon@dallascounty.org)

Judicial Implicit Bias has been recognized, documented and the subject of training for the Judiciary. Currently, Covid-19, and its long-term aftermath has produced an unprecedented emergency situation that requires the Judiciary to respond in ways to not only protect the public but to protect youth in foster care and juvenile facilities. The opportunities for youth to experience (additional) trauma under these circumstances demand the attention of the judiciary. The following issues must be addressed. In the midst of this pandemic how has Judicial Implicit Bias adversely impacted children of color when Judges are faced with decisions about whether to put children in foster care, or make relative/kinships placements as an alternative? How has Judicial Implicit Bias impacted decisions involving intake or release of youth to and from detention and other facilities as well as final disposition decisions in the face of a pandemic for youth of color; and what trauma may be related thereto? This discussion will assist the Judiciary and other decision makers in recognizing how implicit bias impacts decision making in emergency situations, related long-term trauma, and adverse childhood experiences.

Protecting Trauma-Affected Incarcerated Youth through Systemic Transparency and Accountability

Laura Cohen*, Rutgers University (*lcohen@kinoy.rutgers.edu)

This presentation will address the outrage over the murder of George Floyd and other Black men and women by police officers in the United States that has led to widespread calls for greater transparency and accountability in law enforcement. Little attention has been paid, however, to the often insurmountable wall of confidentiality laws and limitations on legal responsibility that surround and protect the prison system, and particularly youth prisons, from public scrutiny. As a result, incarcerated youth, who are disproportionately children of color and have experienced disproportionately high rates of childhood trauma, seldom receive essential mental health treatment and rehabilitative programming. They also are retraumatized by the conditions and day-to-day harms associated with confinement, often without legal recourse. This presentation will focus on strategies for compelling the youth legal system to be more transparent, accountable, effective, and fair by exploring legal and procedural barriers to justice. The discussion will draw on international human rights law, U.S. domestic law, critical race theory, and case studies, among other sources, and look to other countries for possible solutions.

The Crossroads: How COVID-19 has Exposed Racism in Society and Medicine

Delane Casiano*, Consulting Psychiatrist, Philadelphia, USA* (delanecasiano@gmail.com)

This presentation will address the following issue: African American children are at very high risk for complex trauma exposure. Black children living in racially and economically segregated communities are more likely than children in other communities to live in poverty, to be placed in foster or substitute care, to be exposed to both familial and community violence, to lose a loved one to violent death, to have a family member incarcerated, to experience contacts with police and

the justice system, or to be homeless. When children are physically injured, witness violent episodes, or have friends or loved ones who have been killed or injured, they must then every day navigate streets that are constant reminders of traumatic events. Cases of individual exposure to trauma do not occur in isolation. In addition to the high rates of exposure to trauma and other types of adversities, African American children and families must cope with the effects of historical trauma and the intergenerational legacy of racism. In spite of progress, the legacy of slavery can be found in many areas of American society. There is increasing evidence that the direct experience of racism and race-based stressors is a strong predictor of emotional distress, psychiatric symptoms, and the development of PTSD. In addition to the direct services psychiatrists provide to our clients and their families, psychiatrists also provide expert consultation in resolving legal disputes.

Legal Liability in Texas Public School Districts

Allison Brim, *Texas Organizing Project, Dallas, USA* (abrim@organizetexas.org)

This presentation will explore the legal liability issues potentially incurred by public school districts in Texas due to the discriminatory criminalization of childhood behavior among Black students. In 1997 law enforcement officers were present in only 22% of schools across the United States. By 2013, that percentage had grown to 70%. Many Texas public school districts have their own police departments, allowing for increased presence of law enforcement on campuses. Black students in Texas are consistently overrepresented in referrals to school-based law enforcement by at least two times their representation in the overall student body. Often interactions between law enforcement and Black students in Texas are related to normal childhood behavior or behavior associated with a student's disability. For example, in 2016 a seventeen year old Black male special needs student was tased 7 times by an officer for attempting to escape bullying in a Katy, Texas, school. Federal laws prohibit discrimination on the basis of race and ability in all elementary and secondary school systems. Criminalizing childhood behavior on any level creates potential legal liability for school districts, and the added layer of Black students being disproportionately represented in law enforcement interactions creates an increased level of potential legal responsibility.

The Crossroads: How COVID-19 has Exposed Racism in Society and Medicine

Napoleon Higgins, *Consulting Psychiatrist, Houston, USA* (psychonap@hotmail.com)

This presentation will address legal liability issues faced generally by psychiatrists, and particularly as legal liability affects the practice of psychiatry when ethnic minority youth are exposed to trauma in habilitation and/or the provision of services. Psychiatry is defined as a branch of medicine that deals with mental, emotional, or behavioral disorders. Due to its very nature, psychiatric practice differs from that other medical specialties, which minister primarily to bodily ills and discomforts. Medical malpractice laws vary from state to state, but all are grounded in the

legal concepts of tort law. A "tort" is a civil wrong for which the remedy may be obtained, usually in the form of monetary damages. In general, in any malpractice action, four elements must be proven. These elements have been commonly referred to as the "4Ds": duty (to the patient), dereliction (i.e., negligence) of that duty, damages, and direct causation. This presentation will discuss these areas of potential psychiatrist tort liability: negligent diagnosis; drug therapy; suicide; injuries to third parties; privilege and breach of confidentiality; duty to warn; commitment; and, negligent psychotherapy. While although often the psychiatrist is not the direct provider of services; liability may inure to them based on their consultative capacities.

101. Legal, Psychological and Political Resistance in the Time of Covid

Religious Liberty Derangement Syndrome

Nomi Stolzenberg, *University of Southern California* (nstolzenberg@law.usc.edu)

A rash of cases claiming the right to be exempt from COVID-19 regulations exhibit symptoms of what *might* be called religious liberty derangement syndrome – a conception of religious liberty that has become completely unhinged from its original theoretical –and theological– foundations. The roots of this syndrome lie in a chronic form of psychological and political resistance to modernity which the COVID-19 pandemic has laid bare. The presentation analyzes how the contagion of resistance to scientific and government authority has spread within and between religious communities, and from religious communities into the courts; and the different psychological and legal strategies employed to defend the claim of a right to act in ways that threaten the lives of others. It is argued that these strategies represent an inversion of the original "pro-life" theology of humanism upon which the principle of religious accommodation rests, which allows the proponents of that anti-life theology to depict themselves as the party of life. Finally, the presentation grapples with the problem of pathologizing resistance to governmental and scientific authority and the difficulty of distinguishing "healthy" from "unhealthy" forms of resistance, with particular attention to the stigmatization of Black resistance to COVID regulations and the need to think simultaneously about religion and race.

Vaccine Resistance and the Rights of Parents

Anne Dailey, *University of Connecticut* (anne.dailey@uconn.edu)

The story of the vaccines developed to immunize people against Covid-19 is an amazing success story. Within a year of the pandemic outbreak, several vaccines had been approved for use, and all of them appear to prevent serious disease and death. Nevertheless, a strong anti-vaccination movement has emerged in many countries, including the United States. Covid-19 vaccine resistance is only a symptom of long-standing anti-vaccination sentiments. This presentation focuses on one particular manifestation of the anti-vaccination movement: parents who claim the

right to refuse to vaccinate their children. The parental refusal illuminates much broader issues regarding children's independent right to health care treatment, the failure to recognize children's affirmative rights to health and safety, and the myth of parent-child unity that operates to deny children's independent interests and citizenship. As the U.S. Supreme Court has stated in another context: "Parents may be free to become martyrs themselves. But it does not follow they are free . . . to make martyrs of their children before they have reached the age of full and legal discretion when they can make that choice for themselves." Vaccine resistance provides fertile ground for exploring children's place both within the family and the broader polity.

Gendered Resistance in a Time of Resistance to Gender

Naomi Mezey, *Georgetown University* (mezeyn@georgetown.edu)

The 2017 Women's March was a global demonstration of gendered resistance to the electoral victory of an admitted sexual harasser against the first female candidate for US president. The Women's March was followed by the MeToo movement, which has offered a technology of mass exposure of and resistance to one of the most systemic forms of misogyny—the casual acceptance of women's assumed sexual availability to men. Much subtler forms of systemic misogyny are just beginning to be exposed and resisted. For example, London protests in March 2021 have explicitly rejected the "standard" terms of female safety—that women's own choices about when and where to walk, what to wear, and how to behave are what ensure their safety and their lack of culpability if they are harmed. But gendered resistance travels in multiple directions. Trump's election and the British debate about the right to public space are both indebted to another kind of gendered resistance, that of male anxiety about perceived losses of masculine privilege and power. This presentation asks what to make of these vectors of gendered resistance precisely when sex and gender as binary categories are themselves the basis of increased resistance by queer activists and academics.

Resistance to Expertise in States of Emergency

Norman Spaulding, *Stanford University* (nspaulding@law.stanford.edu)

Resistance to experts appears to be a basic feature of 21st century populist movements. The consequences for responding effectively to states of emergency are of course profound. Indeed, whether a state of emergency is recognized at all often hinges on the ability of experts to overcome not just the proliferation of misinformation through largely unregulated technologies of dissemination, but profound mistrust of experts and the moral, political, and professional foundations of expertise. In at least one modern expert system – Freud's theory of psychoanalysis – resistance is central. Indeed, it lights the path of analysis. For 20th century exponents such as Jacques Lacan, psychoanalysis as a theory and process *is* resistance. Lacan was also famous for conceptualizing and solidifying resistance to the rise of American ego psychology – insisting that psychoanalysis not seek to overcome either the problems of resistance Freud had unveiled *or*, for that matter, the resistance it provokes in other experts. This presentation explores some of the tensions between conventional sociological and political theories of expertise and populist

resistance. It will then attempt to elaborate an alternative understanding of the role of expertise and the authority of the expert grounded in theories of resistance drawn from psychoanalysis.

Resisting the Liquid Lie: Truth in the Age of Cheap Speech

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The US Supreme Court has held it unconstitutional for the federal government to penalize false statements of fact absent evident material harm. In the context of recent assaults on fact, that position appears hopelessly naïve. Especially in the "cheap speech" landscape of the internet, the meaning and value of truth grow ever more difficult to assert and protect. Resistance to lies requires friction, and yet as Byung-Chul Han argues, we now associate freedom of information less with truth than with the glassy world of smooth, level information transfer, resulting in the accumulation of opinion rather than the assessment of falsity. What modalities of friction and resistance (e.g. defamation lawsuits; reforms to tech liability protections; critiques of algorithmic distortions) play out in these liquid speech contexts? In the age of COVID and its battles between science and superstition, are attempts to locate a ground for asserting the independent value of truth frustrated by the Court's libertarian turn in First Amendment doctrine? And how should we understand our own, perhaps unconscious, resistance to that truth-project? What are the pleasures of the lie in a liquid world? These questions will be explored in the presentation.

102.   Lessons Learned from COVID-19 Quarantine About Trauma

Interpersonal Violence During the Pandemic

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The rise in domestic violence reports during the COVID quarantine that soared to at least three times the national averages across the world could have been predicted. High stress, major life changes, children out-of-school, forced quarantine, fear, people dying, shelters filled, no visitation at hospitals, jails overcrowded with the coronavirus and protests against police violence make a perfect combination to escalate abuse in families. All the usual interventions that protect women and children have been unavailable and suicides and murders have risen. Newer safety plans and interventions became necessary to develop and disseminate via social media. It became important to teach how to recognize rising anxiety and techniques to reduce the tension in some cases and in others using strategies to avoid shutting down activities and becoming depressed. Another immediate strategy included helping each member in the family find their own safe space in their home, even if it is a chair, a corner, or a pillow on the floor and utilize time-out procedures when stress levels begin to rise. Support groups were formed for other mental health professionals and were distributed on social media. Many of those involved sat on video-conferencing platforms

providing assessment and consultation using telehealth for forensic clients. The presentation will discuss these measures.

Social Media to Help Deliver Services to Interpersonal Violence Victims

Giselle Gaviria, *Nova Southeastern University* (gisellegaviria@gmail.com)

Interpersonal violence in the family is reportedly occurring at least three times as much during the pandemic as was reported previously in 2019 all over the world. In Latin America there are spikes in helplines in places like Buenos Aires, Santiago and Mexico City for example suggest over 20 million women and girls suffer physical and sexual violence each year. Countries in Asia, Africa, Australia, Europe all report similar increases in domestic violence and decreases in child abuse reports. Governments have been forced to recognize what those working in this field have known all along; family and gender violence victims need support, especially legal and mental health interventions. Social media has been used to deliver such services internationally. Examples will be provided such as live Facebook and Zoom calls that reach workers in many different countries. Newer APPS have been developed and available on smartphones that can help people reduce anxiety, find calm, and prevent sliding into depressions. New play therapy techniques for children are available in different languages. In many cases communication among professionals across different countries has improved, making it important to support and help the helpers. The presentation will discuss these initiatives.

Virtual Domestic Violence Service Provision during COVID-19

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In response to the COVID-19 pandemic, domestic violence services have been required to shift to virtual delivery models, as the rates of domestic violence have simultaneously tripled. As a result, the dynamics of domestic violence interventions must qualitatively shift to accommodate the ethical, legal, and treatment implications of virtual service provision in addition to the increased need for services. Confidentiality, privacy, and safety planning protocols must be actively modified to account for in-home, synchronous and asynchronous individual and group interventions when domestic violence is present. This presentation will review ethical and legal issues related to virtual domestic violence services, in addition to practical technology considerations for clinicians and forensic practitioners. Particular attention will be given to domestic violence group facilitation, which is a powerful mitigator of the isolation experienced by survivors that has been exacerbated by the pandemic quarantine. Implications for trauma reduction and post-traumatic growth in a post-pandemic society will be explored.

TJ Trauma-Informed Court Suicide Prevention

Ginger Lerner-Wren, *Judge, Broward Mental Health Court, Fort Lauderdale, USA*
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As pioneer of America's first specialized problem-solving mental health court in the United States, I understood the need to establish a trauma informed court. The Broward County Mental Health Court is dedicated to the safe diversion and decriminalization of people arrested on non-violent criminal offenses. In 2016, the Court declared itself a "Zero Suicide initiative Court" based upon the rise in suicide rates in the U.S. Based upon the research, the Covid-19 pandemic has led to increased anxiety, depression, chronic stress and substance use due to economic uncertainties, fear and social isolation. This presentation will discuss the conditions which underlie the rise in suicide risk, and how the court integrates suicide prevention, awareness, and crisis response into court process.

The Trifecta of Supervision in the Age of COVID-19: Care, Compassion, and Constructivism

Karen Shatz, *Nova Southeastern University* (karen.shatz@gmail.com)

Mental health supervisors and supervisee students faced a sudden shift in training due to COVID. Both have had to move from face-to-face supervision to e-learning and tele-mental-health delivery and had to adapt to their new realities. Skills, competencies, traditional and postmodern models of supervision needed to include a higher-level attention to the fears and anxieties provoked by the COVID-19 reality. These professional relationships took on a care-taking element, focusing not only on skills, but on care-self-care and compassion. Supervision needed to include a conscious awareness and connection. Furthermore, the focus on clients' presenting problems became front and center. Risk for interpersonal violence (and other risks) had been taught and learned prior to internships, however supervisors had to micromanage the degree to which clients were protected. Supervisors became more instructive as a way of managing their own anxiety as well as their supervisees. This bred a higher than usual degree of dependence and insecurity of supervisees. Supervision had to highlight the personal experiential narrative of the times, be supportive, foster professional growth. The recent circumstances constructed supervisors and supervisees developmental growth.

Managing the Additional Complications of Co-parenting During Covid-19

Elaine Ducharme, *Consulting Psychologist, Glastonbury, USA*
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Covid-19 has created more than a physical health challenge for individuals and families around the world. It has also created a global mental health crisis. Anxiety, depression and substance abuse have doubled in the last year. Social isolation, confinement in homes with partners that don't get

along and financial worries have led to a three-fold increase in cases of domestic violence and divorce. During this same period, our legal system became paralyzed as courts shut down and could deal with only the greatest emergencies. A positive outcome has been the increased utilization of the Collaborative Divorce process and the use of neutral mental health coaches, trained in mediation and collaborative divorce. The Collaborative Divorce process includes formal training using a specific approach. This presentation will describe the collaborative divorce process and contrast it to the typical court process when couples divorce. Working individually and in teams including attorneys and Guardians Ad Litem, psychologists and other mental health professionals are helping families resolve the enormously increased stressors placed on families of divorced, divorcing and separated parents during Covid and remain out of the non-existent courts, saving families lots of money, too. This process has actually been facilitated by the use of Telehealth, since teams can gather remotely, with greater efficiency and decreased financial burden.

103. Leveraging Strengths to Improve Outcomes for Complex and Vulnerable Populations (1): Improved Understandings

The Impact of Social Support on Positive and Negative Mental Health in Youth with FASD

Danielle Mattson, *University of Alberta* (dmattson@ualberta.ca)

It is well-documented that youth with fetal alcohol spectrum disorder (FASD) are more likely to experience mental health challenges than their peers without FASD. Perhaps accordingly, much of the research conducted in this area to date has focused on uncovering factors that contribute to (risk factors) or protect against (protective factors) mental illness in this population. While this work is important, there is also more to mental health than just the absence of mental illness. *Positive* mental health, which refers to a state of wellbeing in which one feels good about and functions well within their life, is also crucial to consider when conceptualizing overall 'mental health' as focusing on mental illness alone can serve to further stigmatize and disempower individuals with FASD – especially as many of the risk and protective factors that have been identified are inaccessible as points of leverage for youth experiencing mental health challenges (i.e., are prenatal or early environmental factors). This presentation will thus focus on the results of a novel study examining the impact of a dynamic and potentially modifiable factor, perceived social support, on the positive *and* negative mental health of youth with FASD.

Interpreting Risks: Analysis of Risk Appraisals in Emerging Adulthood

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Risk behaviours increase the likelihood of negative health outcomes as the harmful habits formed can last a lifetime. Risk, a multidimensional construct, involves two subtypes of behaviour: reactive risk behaviours (e.g., impulsive behaviour), and reasoned risk behaviours (e.g., strategically planned behaviour). The way an individual perceives and interprets risks and benefits can impact the decision-making process in risky situations. The present study aims to investigate the impact of perceptions of risks and/or benefits in emerging adulthood. Specifically, 1: Do past experiences of reactive or reasoned risk behaviours influence the expectation of future behaviour for risky events? 2: How does an individual's perceptions of risks and benefits influence his/her expectation of engagement in risk-taking in the future? 3: What is the association among age, sex, adversity exposure (e.g., adverse childhood experiences), or antisocial activities and expected future involvement? To develop intervention and prevention programs, it is important to understand how individuals are making appraisals about risks. Further understanding of how perceptions and past experiences impact appraisals of risk behaviours will promote the prioritization of health and well-being in the emerging adult population, fostering the development of healthy outcomes through an individualized focus.

Black Youth Mental Health: Calls to Action for Mental Health & Justice Services Professionals

Eki Okungbowa*, University of Alberta* (eki@ualberta.ca)

There is a limited but growing body of research that shows Black youth face significant barriers in accessing mental health services. Black youth with mental health concerns are in a double crisis when they call for help and seek specialized care: 1) mental health conditions, and 2) racism are protrusive risk factors that increase their likelihood for maltreatment during their interactions with mental health professionals and justice system workers. Emergency services are often the first point of contact for people experiencing a mental health crisis. Yet compared to other groups, Black individuals face a higher risk of poor and harmful outcomes during their interactions with these services. Research reveals that implicit and explicit racial bias contribute to race disparities across sectors, including mental health and justice services. This presentation will offer a systematic review of literature related to these topics. Theoretical frameworks such as the social determinants of health, bioecological model, and critical race theory will guide the interpretation of findings. This presentation will emphasize strengths-based approaches to mitigating risks and addressing inequities. Case studies will be used to help illustrate how calls to action can pragmatically be applied to improve practices and policies. Evidence-based and community-informed recommendations will be shared.

A Review of Strengths-Based Approaches to Promoting Healthy Outcomes for Offenders Across the Lifespan

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Individuals with fetal alcohol spectrum disorder (FASD) are overrepresented in criminal justice settings and have complex, forensically relevant clinical needs. Co-occurring mental and physical health issues, along with higher rates of adversity among individuals with FASD combine to further contribute to an elevated risk of contact with the criminal justice system. To date, research in this population typically applies a deficit-model to understanding adverse social outcomes. As such, risk factors for criminal justice involvement are frequently discussed in the literature. In the most recent conceptualization of FASD offered by a nationally recognized research body (Canada FASD Network), the importance of recognizing strengths in the context of deficits and needs is strongly emphasized. Therefore, experiences of families/individuals with FASD that have had contact with the criminal justice system, and what has promoted positive outcomes following contact will be discussed in this presentation. Further, resiliency and wellbeing for both the individual and their family following justice involvement will be examined.

Understanding Aggressive Behaviour, Anger, and Violence in Children and Adolescents with Neurodevelopmental Differences

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How we interpret and respond to behaviour is predicated on how we understand it. However, our present understanding of aggressive behaviour, perhaps especially for complex and vulnerable populations such as children and adolescents with neurodevelopmental differences, is limited. As such, the purpose of this presentation is to enhance our understanding of aggressive behaviour by providing a comprehensive outline of the conditions and underlying mechanisms that drive aggressive behaviour for children and adolescents with neurodevelopmental differences, with a specific focus on Fetal Alcohol Spectrum Disorder (FASD). This will include the introduction of an understanding model, and discussions on how the brain, environment, affect, and their unique integration lead to aggressive behaviour for these vulnerable populations. A responding model that specifically targets the conditions and mechanisms driving the aggressive behaviour will also be introduced and discussed. This review will enhance our understanding of aggression by clarifying the conditions and mechanisms driving the behaviour, through a neurodevelopmental lens. This information can be mobilized to support and/or inform intervention practices by strengthening caregivers' and clinicians' ability to understand, interpret, and specifically target the mechanisms driving the aggressive behaviour—ultimately then improving our ability to respond and promote healthy outcomes for these vulnerable youngsters.

104.   Leveraging Strengths to Improve Outcomes for Complex and Vulnerable Populations (2): Informed Pathways Forward

Meeting Them Where They're At: Social Skills Training for Adolescents at Risk Using a Gaming Format

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This presentation will discuss a study that responds to a community identified need to examine a gaming intervention approach to social skills development for adolescents at risk. This study was completed in partnership with Level Up Gaming League, a community organization that uses tabletop role playing games (RPGs) to support the social development of at-risk youth. This presentation will discuss this new area of study, as this is the first empirical investigation of the effectiveness of tabletop RPGs for building social interaction and reasoning skills. RPGs may assist youth to develop and enhance skills in ways that are less resource intensive to develop, to deliver, and to revise/tailor for the needs/ interests of specific populations. A more comprehensive understanding of the game play process is necessary to inform how to best evaluate outcomes for youth at risk. Specifically, this presentation will focus on: 1) What are the core components of intentional game play? 2) What are meaningful ways in which social and reasoning skill outcomes can be measured and identified, within a current community-based intervention, without significantly disrupting the intervention delivery? We will discuss the ways in which game play processes can help impact and evaluate outcomes for youth at risk.

A Review of Strengths-Based Approaches to Promoting Healthy Outcomes for Offenders Across the Lifespan

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In recent years, the treatment of offenders with mental health concerns have been influenced by strengths-based approaches. Strengths-based models involve addressing challenges through identifying, promoting, and capitalizing on existing strengths. Across multiple professional disciplines, including law, mental health care, and forensic psychology, there are currently several models and approaches consistent with the strengths-based approach to mitigating mental health concerns for offenders. This presentation will review the strengths and limitations of these models. Additionally, this presentation will review a recently proposed model applied to individuals with fetal alcohol spectrum disorder (FASD). This model is all-encompassing because it not only takes a strengths-based, empowered approach to treatment but also includes a developmental lifespan perspective, and considers interactive systems. Additionally, this model not only considers mental

health, but narrows in on other domains of functioning which can be used to promote positive developmental trajectories and healthy outcomes for offenders. Clinical implications for moving towards an integrated model for responding to the needs of complex youth will be discussed.

Supporting Success in Complex Youth: Recommendations Informed by Needs and Strengths

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Diagnosis and assessment of Fetal Alcohol Spectrum Disorder is a complex multi-disciplinary process in Canada and around the world. Although attaining this diagnosis can be an important part of treatment and intervention planning, caregivers and support programs often report that it is the recommendations that are most impactful. In Canada, information related to diagnosis, including recommendations made, is collected within the Canada FASD national database. In this presentation, we will review common recommendations made, with specific consideration of those identified for high risk youth, such as those engaged in the criminal justice system. Alignment with cognitive needs and strengths, developmental, demographic, and population characteristics will be considered as they inform recommendations. The presenters will discuss ways in which this point of access to high risk populations might be leveraged and informed through examination of population trends, to enhance our responsiveness and facilitate healthy outcomes.

Psychotropic Medication Algorithm for Treatment of FASD/NDPAE

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Psychopharmacological treatment of the consequences of prenatal alcohol exposure (PAE) lags behind the advancement in psychosocial interventions. There is an over representation of mental disorders among individuals diagnosed with Fetal alcohol spectrum disorder or neurodevelopmental disorder due to prenatal alcohol exposure (FASD/NDPAE).Complexity, comorbidity and lack of funding are responsible for the slow speed of development. No current regulatory agencies have approved any medications specifically for the deficits associated with FASD/NDPAE, despite its recognition in the diagnostic and statistical manual for mental disorders. A number of retrospective, case series studies and cross over randomised clinical trials have identified stimulants, dopaminergic antagonists, adrenergic agonists and antidepressants as conferring various levels of efficacy when administered among individuals with FASD. A systematic review concluded that the current evidence does not support a particular psychotropic agent as the drug of choice. Many individuals with FASD receive psychotropic medications and

sometimes, in large doses with negative outcomes. To address the gap and improve functioning using psychotropic medications, an international panel combined the current evidence and their experience in the field to develop an algorithm by consensus. The algorithm simplifies the treatment targets and supports reduced polypharmacy.

Evaluation to Support Complex Populations: DeafBlind Support Services

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Program evaluations provide insight into how to meet the unique needs of complex populations, including mental health, communication, and equity. DeafBlindness presents one such unique disability; DeafBlindness is comorbid hearing and vision loss severe enough to impact communication, and access to information and the environment. DeafBlind individuals experience a loss of sensory systems required for expressive and receptive communication, mobility, and independent living skills. This can significantly compromise the quality of life and mental well-being experienced by individuals living with dual sensory loss without adequate support services and advocacy in place. To address these needs, a pilot program was created in Alberta, Canada to provide DeafBlind adults with individualized, strengths-based support. The program was designed to increase feelings of autonomy, improve mental well-being, and provide advocacy for and alongside DeafBlind individuals. Within the pilot program's first year of implementation, a program evaluation was initiated. Through a participatory evaluation approach, the experiences of program staff, DeafBlind clients, and the program developers were gathered to gain insight into the unique context and strengths of the pilot program. This presentation will address the outcomes of a respectful, inclusive, and participatory program evaluation within a complex DeafBlind population.

105.   Liability and Mental Health

The Personal Civil Liability of the Person with Mental Disorders

Marion Girer, *University Lyon 3* (marion.girer@univ-lyon3.fr)

Persons with mental disorders may cause damage and could be civilly liable in case of an accident. Two different cases should be distinguished. First of all, this damage may occur without any prior link between the perpetrator and the direct victim. We will have to study the rules of tort (or non-contractual liability): is the mental disorder a ground for excluding responsibility? Second, damage may occur with a prior link between the perpetrator and the victim. Then we will have to study the

validity of the contract: did the mental disorder exist at the time the contract was concluded? If so, the contract may be cancelled. If not, the contract is valid but the mental disorder may occur throughout the term of the contract. If it prevents a proper performance of the contract, can a person with mental disorder be held liable?

Liability for People Suffering from Disorders

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As anyone, a person with a mental disorder may cause a damage to others. In that case, the question is to know how the law deals with this situation. It may be problematic in that case to hold the person with mental health liable for damage. That is why the victim may look to see whether a supervisor is liable. The liability of a supervisor can differ throughout the legal system. This lecture will present French rules which are very favorable to victims. It will be explained that persons who are statutorily obliged to supervise are liable for damage caused by the supervised person even if they can prove that their supervision was not negligent. But rules can change when the one who takes charge of the patient is not designated by the law or the judge. Actually, the most important question is to know what is the legal basis of the link between the people suffering from disorders and the supervisor who can be a physical or a legal person.

Mental Health and Employer Liability

Karine Berard*, Day Hospital Psypro Lyon, Villeurbanne, France* (k.berard@psypro-lyon.fr)

Burn-out, bore-out, brown-out… Over the past few years, new words appeared for defining suffering at work. Indeed, even if the connection between suffering and work has been going on since the dawn of time, it is obvious that it has evolved towards new forms. Yet, when reading the article L. 4121-1 of the French Labor Code, the employer is required by law to take appropriate measures to protect employees' physical and mental health. The employer must not only mitigate the risk, he or she must also avoid it. This is, therefore, an obligation of results. All the actions that jeopardize the physical integrity and mental health of the employees at work are generally referred as « psychosocial risks » (or PSR). As will be seen later in this review of the law and jurisprudence, the general civil and criminal liability of any employer may be engaged in case of failure.

The Role of Psychiatric Evaluation to Establish Criminal Responsibility

Francois Danet, *Catholic University of Paris* (francoisdanet@orange.fr)

The insanity defense is one of the most controversial issues in criminal law. A forensic evaluator is expected to perform a retrospective evaluation of the defendant's state of mind at the time of crime, to ascertain the presence of a mental disease or defect and to further verify the existence of a possible relationship between that state of mind and the criminal behavior. In France, the judge

orders a psychiatric evaluation to identify a psychiatric pathology, having an indirect or a direct link with the commission of the facts. Irresponsibility is discussed when the acting out was inspired or even ordered by a schizophrenic pathology, an acute psychotic disorder, an acute bipolar disorder, a paranoid psychosis or a mental confusion. The expert must specifically identify the clinical elements of mental illness, detail it and give the diagnosis according to the data acquired from science, specifying the existence of the symptomatology which may have influenced the passage to the act.

Management of Mental Disorder in UHSA Custody

Eve Becache, *Le Vinatier Hospital Centre, Bron, France* (eve.becache@ch-le-vinatier.fr)

The UHSA (specially equipped hospitalization units) are places of care. This is a full-time place of hospitalization for detainees suffering from mental disorders. The first UHSA in France is the UHSA Simone Veil of the Center hospitalier le Vinatier, which opened in May 2010. Since then, 8 others have followed. The peculiarity of its operation is based on two fundamental principles: the primacy of care even if the person remains in custody, as well as a dual supervision of both health and prison. The particularity of the UHSA is to allow equal care for detainees compared to the rest of the population and to give access to voluntary hospitalization. It thus makes it possible to expand and diversify the therapeutic arsenal. The goal will be to fight against the double isolation of our patients: isolation through mental illness and through detention. Over the past 10 years, we have seen the existence of a difficult clinic centered around acting out with constant institutional repercussions. It is about a real treatment of psychic resuscitation which requires enormous work of mentalization. We have observed the absolute necessity of a multidisciplinary work in order to share the complex experiences facing this clinic. This ceases with the specific clinic of 'acting out' in order to find and give meaning to acts and symptoms and to meet the other behind these two screens of illness and acting out.

106.   Living and Dying in a Nonideal World: Applying Nonideal Theory to Bioethics

Introduction to Applying Nonideal Theory to Bioethics

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Laura Guidry-Grimes, *University of Arkansas for Medical Sciences* (lguidrygrmes@uams.edu)

It is our contention in this presentation that theorists are answering the call for greater attention to and research on what nonideal theory can bring to bioethics, though this area of scholarship is fertile for more growth. Nonideal theory developed as a branch of social and political philosophy and was motivated as a response to John Rawls's idealized theorizing about justice. Generally, nonideal theorists argue that theories of perfect justice are not helpful as a starting point for alleviating social inequalities. There are two lines of critique: 1) the methodological approach that

drives ideal theory is an impossible exercise, and 2) ideal theories cannot adequately address actual injustices in all of their intertwined, embedded, and embodied realities. In light of these well-developed criticisms, this presentation argues that bioethicists have a special obligation to engage with nonideal theory as a critical lens to help correct bias and as a way to elucidate thick moral problems across a variety of medical professions and healthcare policy.

How Thinking Through Fatness Can Help Us See the Dangers of Idealized Conceptions of Patients, Providers, Health, and Disease

Alison Reiheld, *Southern Illinois University-Edwardsville* (areihel@siue.edu)

The fundamental standard of health care is health. Theories of health affect how we conceive of good health, ill health (and thus disease), good patients, and good providers, whether in psychiatry or other medical fields. They also affect how we attempt to solve health problems once we've identified them. This presentation argues that the way health care providers, bioethicists, and public health experts approach health relies on ideal theory. Yet we live with the heavy knowledge that this world will never be ideal. We need a conception of health that accounts for this. This presentation outlines the weakness of ideal theory in general and with respect to theories of health and argues in favor of a non-ideal approach to health that is not entrusted to any one set of knowers. Throughout, examples of how we approach fatness, and medicalize obesity will be used to illustrate where we've gone wrong and to chart a path towards how we can go right.

On the Problem of Ableism and Bioethical Theory

Joel Reynolds, *Georgetown University* (joel.reynolds@georgetown.edu)

The goal of this presentation is to better understand how principles involve idealizations that can undermine biomedical practice from achieving the aim of justice as fairness. After briefly laying out the history of principlism in bioethics and its critiques, this presentation will argue that the literature on ideal vs. nonideal theory has largely missed a primary issue for normative theorizing: what I term conditioning principles. Focusing on the normative dimensions of biomedical practice, it will contend that ableism is one such principle. Through an analysis of the debate between Eva Kittay, Peter Singer, and Jeff McMahan, it will show how conditioning principles such as ableism are especially liable to generate epistemic injustice, especially contributory and hermeneutical injustice. The presentation will close by discussing how the problem of conditioning principles might best be addressed in the field of bioethics and the practice of medicine, including implications for health law.

The Challenges of Decision-Making: To Follow or not to Follow Law in an Imperfect World

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This presentation explores the relationship between ideal (ITs) and nonideal theories (NITs) and the challenges we face in their implementation in the real world. It will argue that there is no sole theory (IT or NIT) that can guide the multiplicity of real world cases and policies. If one considers there are a variety of possibilities, one should ask several questions: When should we use NITs and when should we opt for ITs? Are there appropriate criteria for making these decisions? Which are the valid uses or justifications for NITs? Is there a way to guide the decision-making process in real world contexts? This presentation will try to answer the above questions by proposing five criteria that can help the decision making process. It will introduce two cases focused on reproductive rights-related problems and focus on whether respecting the law and ethical guidelines (assuming they enact an idealized theory or proposal) is the right answer and when it might be challenged.

Nonideal Theory and Ethical Pragmatism in Bioethics: Value Conflicts in LGBTQ+ Family-Making

Amanda Roth, *State University of New York-Geneseo* (rothal@geneseo.edu)

Using a case-study involving bioethics and LGBTQ+ family-making, this presentation will demonstrate the appeal of a pragmatist ethics approach to bioethics. On the specific pragmatist view offered, ethical progress is a matter of overcoming ethical problems. Ethical problems here refer not to conflicts that arise not among abstract ideals, but practical conflicts that arise from our interaction with the world. After outlining this approach to moral theorizing, this presentation will take up a case study, focusing on the value of genetic relations within families and the use of reproductive technologies to allow LGBTQ+ people to produce biologically related children and related legal and policy debates. It argues that pragmatism—as a nonideal theory—instructs us to evaluate these family-making practices by considering the situatedness of LGBTQ+ people in a heteronormative society, and the ways in which that particular context produces practical conflicts as LGBTQ+ people and families attempt to live out their values in a social world.

107.   Loosening the Shackles: The Forensic Patient's Perilous and Elusive Road to Rehabilitation and Freedom.

The Insanity Acquittee and the Ineffective Assistance of Counsel

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The principle that an individual should not be held blameworthy for any criminal conduct directly resulting from that person's deficit of reason or intention caused by mental disease or defect, is a benchmark of American jurisprudence. However, the person entering the Mental Health System as an insanity acquittee is subject to both a legal presumption of continuing mental illness and dangerousness, and the psychiatric construct that the best predictor of future behavior is past behavior. This conflux of theories justifies the extended, if not indefinite, duration of the forensic patient's psychiatric commitment, brings about harsh conditions of confinement, and allows the prosecutor to challenge any granting of liberties proposed by the acquittee's clinicians long after the criminal charges are dismissed. Recent case law has acknowledged these dire consequences, finding ineffective assistance of counsel for failure of acquittee's counsel to vigorously pursue the least restrictive track statutorily available to the acquittee. Any concession of dangerousness by defense counsel only prejudices the acquittee, and does not excuse defense counsel even when made in the belief that placement in a forensic psychiatric setting serves a therapeutic instead of punitive purpose.

Overcoming Barriers to Freedom: Prisoners with Mental Illness

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In 1980 the United States Supreme Court ruled prisoners with mental illness cannot constitutionally be involuntarily committed to a psychiatric hospital without receiving notice and an opportunity to be heard before enduring psychiatric confinement which carries a stigma greater than that which follows a felony conviction. In New York state, once prisoners with mental illness reach their release date, they are frequently involuntarily committed to a psychiatric hospital instead of being released into the community, with their new confinement grounded on their past bed criminal behaviour rather than current mental status. After spending years incarcerated and looking forward to finally re-entering society, these individuals are now forced to navigate their way through the Mental Health system for an indefinite period of time and with a multilayer of clinical forensic review. Even though these individuals are no longer criminally incarcerated, they often face additional barriers and restrictions that other civil psychiatric patients do not. This session will explore the different laws governing the involuntary hospitalization of prisoners, the barriers that these individuals face, and how their due process rights can be protested.

"Mercy" without Justice: Compulsory Cure without Limits

Arthur Baer, *Attorney-at-Law, New York, USA* (abaer@nycourts.gov)

In 1949 C.S. Lewis predicted in <u>The Humanitarian Theory of Punishment</u> that replacing punishment with "treatment" (and "just desert" with "cure") could ultimately be worse for the liberty of those involved. That by separating mercy from justice, limitless deprivations of liberty could result at the hands of experts; who, bound only by their own conscience, would "for the good" of their wards subjugate the "without end". In 1983 the US Supreme Court separated the

limits of compulsory treatment from the limits of justice by holding persons found not guilty by reason of insanity could be confined longer than the maximum sentence they would have received if convicted. In 2000 New York's highest court held defendants who lacked capacity to assist in their own defense, who sought to vindicate their constitutional right to not be criminally held without due process, could no longer benefit from statutory provisions requiring dismissal of their indictments. They would indeterminately remain under indictment; subject to detainer, tracking, and psychiatric surveillance. This session will explore the fate of forensic patients whose "treatment" has become endless; what might be done to restore justice as a limit to end such "treatment", and the implications for law and psychiatry.

The Insanity Acquittee and the Role of the Independent Psychiatric Examiner

Melodie Foellmi, *Clinical Forensic Psychologist, EAC Network, New York, USA* (mfoellmi@gmail.com)

Determining whether a criminal defendant found not responsible by reason of mental illness or defect ("insanity acquittee") has a "dangerous mental disorder" is a psycho-legal task, which is heavily reliant on the observations of clinicians working within the secure hospitals. Secure hospitals often recommend retention even for individuals who have no significant violent history and have reached clinical stability. Independent evaluators can play an important role in questioning the status quo and helping to move lower-risk individuals to less restrictive environments. This presentation will discuss the process of independent evaluations for insanity acquittees, including identifying clinical challenges that impede release to less secure environments, as well as the use of clinical methods to identify cases where further retention may not be justified. It will present a case example, where an insanity aquittee with no history of physical violence was found to have a dangerous mental disorder by his having started a fire due to poor frustration tolerance. Hospital clinicians used examples of aversive, but non-violent, behavior to keep this client retained in a secure setting for years. When the distinction between aversive and violent behavior was made, it became clear that there was no justification for further retention. Implications for practice will be reviewed.

108.   Management of Mental Health Issues

Accuracy and Completeness of Mental Health Act Forms Applied to Involuntary Patients

Tariq Munshi, *University of Toronto* (tariq.munshi@unityhealth.to)

The accuracy and completeness of Mental Health Act forms applied to involuntary patients in an inpatient unit is of paramount importance not only for legal but also for patient safety reasons within a hospital. This presentation will discuss the retrospective study of 250

patient charts from January 1, 2014 to March 31, 2014. Chart review provided a total of 224 Form 3, 4, 30, and 33 certificates with an overall error rate of 13.19% completion. Of those physicians who completed these certificates, the error rate was 11.63% if a resident physician were to complete and 19.23% if a staff physician were to apply the form. For physicians, there is a legal and moral responsibility to ensure the accuracy of such documentation both ethically and practically as well as a responsibility to the patient and their rights under the Mental Health Act. This presentation will discuss implications of this study.

Contribution of Epigenesis Towards the Etiology, Prevention and Treatment of Post-Traumatic Stress Disorder

Amarendra N. Singh, *Queens University* (singha@queensu.ca)

PTSD is a chronic, highly debilitating and heterogeneous psychiatric disorder. PTSD is characterized by uncontrollable re-experiencing (flashbacks, nightmares, and intrusive memories), hyper-arousal, avoidance behaviour and negative alterations in cognition and mood. Occurrence of trauma(s) precipitates this disorder. Prevalence is between 7.8-8.7% in spite of the majority of people (90%) having suffered from trauma(s) during their lifetime. This raises the question as to whether those with PTSD have different biological processes than the majority of trauma sufferers who remain resilient and do not suffer from PTSD. Epigenesis has become another important path for finding the biological basis of PTSD. Epigenesis describes the interaction of genetics and environmental factors. Epigenesis dysregulation clarifies the molecular pathways by which environmental and genetic interaction produce gene expression and alterations associated with PTSD. The interaction and relationship of DNA methylation and traumatic experiences causes the occurrence of PTSD. Epigenetic changes are different in PTSD sufferers than those who are resilient and non-PTSD sufferers. Epigenetic changes can reveal the etiological basis of PTSD and can pave the path for the prevention and treatment of PTSD sufferers. Epigenetic changes in PTSD cause impairment in health and functional capacity, posing legal challenges for occupational safety and health regulations.

Physical Health Issues in Substance Use Disorder

Gaurav Mehta, *University of Toronto* (gmehta@southlakeregional.org)

SUD is prevalent in people with offending behaviour. 70% of offenders in the federal correctional system have indulged in problematic use of alcohol and other substances during the 12-month period prior to their incarceration according to Canadian national prevalence data About 1 in 2 people in Canadian prison system, living in federal correctional institutions have alcohol use disorder. 48% of Canadian federal prisoners have been affected by SUD, other than alcohol. In provinces like Saskatchewan, up to 93% of provincial offenders are diagnosed as having SUD. The epidemiological studies in the legal system of countries like England and Wales, New Zealand and places like Maine prison support these findings. Alcohol and Substance Use Disorder (SUD) predispose individuals to physical health complications including cardiovascular, hepatic, renal,

metabolic, gastrointestinal, respiratory, infectious disease, sleep disorders, endocrine, reproductive disorders and traumas. It is prudent for clinicians dealing with this vulnerable patient population to be aware of these issues, so that they can liaise effectively with their medical colleagues, in order to provide a succinct care to these individuals with co-morbid physical and substance use. This talk focuses on prevalence, and latest evidence based studies, highlighting the need to provide an effective clinical care.

Poetry for Anxiety

Amanda Richer, *Queens University* (a.richer@queensu.ca)

Grounding techniques, which are coping strategies that help patients reconnect with the present, have long been a taught coping strategy for dealing with anxiety and panic attacks. These techniques help patients break the "fight or flight" response triggered by the amygdala. We know that once anxious thoughts trigger this bodily response, it then perpetuating the anxious thoughts and bodily changes. Techniques such as the "5-4-3-2-1" technique, counting backwards by 7 starting at 100 or picking a color and identifying things in the environment in different shades of that color, are found to be helpful. We postulate that using poetry could have a beneficial effect at breaking this anxiety cycle. For some, poems can offer strong imagery, provide a way to express sentiments with words, offer a change in perspective, and a sense of comfort and belonging. An experiment will be conducted whereby we will recruit the participation of individuals working in one of the correctional facility in the Kingston Ontario area, which can undoubtedly be stressful work. We will ask the participants to learn a piece of poetry and they will be asked to recite this piece during times of heightened anxiety. Their subjective level of anxiety afterward will be measured using anxiety scales.

109.   Medicalization and Minorities

Medical Stereotypes

Craig Konnoth, *University of Virginia* (craig.konnoth@gmail.com)

Medical understandings have long informed how law treats vulnerable minorities. The perception of Asian-Americans as contagious during the ongoing COVID-19 pandemic, of women suffering psychological harm from abortion, and the ignoring of the health needs of black and brown people during the pandemic, have informed legal policy. These policies thus rely on, what this Article calls "medical stereotypes," that stretch back in their current from to the nineteenth century, and have long affected the law. This Article is the first to theorize these stereotypes as a unified phenomenon, and to offer a coordinated solution to disrupt these stereotypes in the law.

Religious Exemptions and the Inversion of Antidiscrimination

Elizabeth Sepper, *University of Texas* (elizabeth.sepper@law.utexas.edu)

In the United States, healthcare institutions—from hospitals to insurance companies—increasingly secure religious exemptions. Mental and physical healthcare for women and LGBTQ people have been at the epicenter of these demands. Healthcare providers have withheld care, such as gender-affirming mental health counseling. Family planning clinics have been authorized to mislead pregnant women in their counseling. The Supreme Court has fueled these developments by heightening its scrutiny of laws that burden religious practices. Spurred on by conservative religious institutions, the Court finds discrimination, or even animus, in civil rights laws that protect marginalized groups. This paper explores this inversion of discrimination. These developments protect the rights of institutions to the detriment of the civil rights and religious liberty of patients and healthcare providers. In the United States, this inversion occurs just as LGBTQ people gained legal protections for their equal treatment in mental and physical healthcare. This paper examines the consequences and possibilities for LGBTQ health.

Sex Assigned at Birth

Jessica Clarke, *Vanderbilt University* (jessica.clarke@vanderbilt.edu)

Transgender rights discussions today often turn on the distinction between "gender identity" and "sex assigned at birth." Gender identity is a person's own internal sense of whether they are a man, a woman, or nonbinary. "Sex assigned at birth" means the M or F designation that doctors ascribe to infants based on genitalia and is marked on their birth records. Sex assigned at birth is intended to displace the concept of "biological sex." With this definition, LGBTQ rights lawyers wish to convey that "biological sex" is not a simple binary concept and that gender identity is also a biological phenomenon. The "assigned at birth" terminology also invokes philosophical arguments against assigning roles to individuals at birth. It taps into the moral intuition that a person's genitalia and health data are private matters. But surprisingly, this idea has failed to gain legal traction. While the Supreme Court's recent Bostock decision uses the terminology "sex assigned at birth," the distinction between that concept and "biological sex" seems to have gotten lost. This Essay asks why the concept of "sex assigned at birth," which has so much theoretical appeal, has so little legal utility. It concludes that definitional debates cannot resolve moral questions, and that redefining terms is no substitute for staking claims in the registers of equality, liberty, and dignity.

Abortion and Mental Health

Aziza Ahmed, *Northern University* (az.ahmed@northeastern.edu)

In the many debates about the consequences, if any, from abortion has been the possibility of negative mental health outcomes. This presentation considers the debate on mental health and abortion with an eye toward how conservatives – researchers and social movement actors – produce and disseminate evidence that suggested a link between the two. Most controversially, this research has begun to appear in peer-reviewed journals, often despite critiques of its methods.

I argue that courts and lawmakers have played a central role in legitimating conservative claims about abortion and mental health. As conservative claims are taken seriously by the courts, we see a ripple effect as informed consent becomes more onerous and often traffics in misinformation. The presentation concludes by considering how the production of misinformation alters the care environment for people seeking an abortion.

Whither Equality? How Colonial Era Dehumanization of Black Americans Must Inform Medical Practice Today

Dayna Matthew, *George Washington University* (lawdeanmatthew@law.gwu.edu)

Health equity describes the condition in which everyone in a society has an equal opportunity to be healthy. Equality, therefore, is a necessary condition precedent to achieve health equity. Although legal scholars admit the language of the US Constitution laid the foundation for legalized racial *inequality* from the dawn of our republic, they do not understand why or how the constitution produces health inequity today. This presentation introduces the psychology of blatant and subtle dehumanization explain how constitutionalized inequality has created the enduring legacy of health inequality in America. Blatant dehumanization is the denial that another person or group is endowed with the basic attributes of being a human. Subtle dehumanization – infrahumanization – is an indirect or implicit psychological process that denies a person or group shares traits that are unique to humans. The U.S. Constitution codified both psychological dispositions towards black people from the nation's inception. Every failed attempt to Constitutionalize racial equality has further embedded the dehumanization of black Americans, and the principle of white superiority in our laws and consequently in our medical system to this day. This presentation explores the imperative for health and legal experts to collaborate in legally dismantling structural, racialized, dehumanization - "structural racism" - in order to achieve health equity.

110.   Meeting the Needs of our Military Personnel through Evidence-Based Tailored Interventions

Program Barrier Reduction Strategies: How Important are They?

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This study examines the barrier reduction components that post-9/11 U.S. veterans encounter in programs. Despite the well-documented needs of post-9/11 veterans and the plethora of programs available to them many veterans do not seek or use veteran programs or services. There are real and perceived barriers to accessing support programs. The study involves 9,566 veterans who

participated in a three-year longitudinal study with six waves of data collection. Recently discharged veterans were asked to report which programs or services they used. These barrier reduction components offered tangible support (scholarships, cash, legal advice), increased access to programs, decreased stigma, and encouraged motivation to change. Barrier reduction components were ascertained from website coding and veteran self-reports. For this presentation, we will assess the proportion of veterans who used those components, and we used exploratory analysis to investigate subgroup difference in the use of programs that contain barrier reduction. For instance, in wave 1, 4.9% of veterans utilized programs that had a stigma reduction component; however, veterans with mental health conditions were two times more likely to use these types of programs. The implications of results in terms of future directions for providers, program developers, and funders will be discussed.

Multidisciplinary Medical Partnerships to Reduce Suicide Rates in the Military

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The Zero Suicide Systems Approach (ZSSA) is an evidence-based framework; consisting of policies, interventions, and practices designed as a public health approach to suicide prevention. This requires multidisciplinary medical partnerships in order to implement within a hospital setting. From 2018 – 2020, the US Air Force piloted the ZSSA at five of its bases, making this the first implementation of a zero suicide framework within the military. From an implementation perspective, ZSSA in a military context presents a number of complex challenges. This presentation will describe the utilization of an evidence-based framework, its adaptation, challenges encountered, successes, lessons learned, and evaluation results. Both qualitative and quantitative data analyses were conducted on an ongoing basis from 2015 -2019. In order to further examine the suicide death data, a non-experimental, longitudinal cohort study of the 5 pilot bases and 7 control bases was conducted. This employed the generalized estimating equation (GEE) method, which incorporated the effect of temporal autocorrelation. Analysis revealed that suicide attempts, suicide deaths, and psychiatric inpatient hospitalizations are lower at the ZSSA pilot bases than at comparison bases. Further analysis shows that between 2015 – 2019, participation in ZSSA was associated with a statistically significant decrease of suicide death rates. These results have been achieved during a time when Air Force suicides, in general, have been increasing. Thus, there is preliminary evidence that ZSSA may be having a positive impact on suicide-related outcomes.

Development of a Brief Transdiagnostic Group Mental Health Treatment

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The United States Air Force partnered with the Clearinghouse for Military Family Readiness (Clearinghouse) at Penn State University in order to increase mental health care efficiency through the use of a transdiagnostic brief group biopsychosocial intervention. Together, the Group Unified Protocol (Group UP) was identified for use based on on its efficacy in previous studies. Group UP is a brief manualized group therapy for anxiety, mood, and other emotional disorders. Together, the Air Force, Clearinghouse, and Group UP experts developed a 5-session prototcol specifically for the Air Force. The use of Group UP in this setting was aimed to reduce time and financial costs associated with training staff in numerous protocols targeting single disorders/issues, while effectively reducing symptomology for patients. This is evident in the training developed to allow for providers to learn the skills needed to treat a broad range of problems with a single protocol, thereby greatly reducing the burden of training. In addition, the Group UP allows providers and patients to not have to choose which of several problems to tackle first as all problems can be simultaneously addressed, providing a cost-effective and efficient system without compromising treatment outcomes. Evaluation of the project is currently underway, and results will be available by October of 2021. The results will be explored in the presentation.

Partnerships to Increase Problem Solving and Decrease Mental Health Issues

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The U.S. Air Force recently partnered with the Clearinghouse for Military Family Readiness (Clearinghouse) at Penn State University and the U.S. Department of Veterans Affairs (VA) to provide a new mental health treatment aimed at increasing problem solving and decreasing mental health issues – *Moving Forward*. The Moving Forward Program is an educational and life coaching program based on cognitive behavioral treatment principles. Mental Health providers conduct Moving Forward with patients in a group or individual setting; with the treamtment being completed in four 1-hour sessions. This presentation will discuss the overaching structor of Moving Forward, as well as how it was implemented in order to increase the number of patients that could be seen in a mental health clinic and decrease the workload of mental health providers. In addition, patient evaluation results will be explored.

111.   Mental Health Act Assessments in England and Wales: The Role of the Approved Mental Health Professional

Mental Health Act Decisions and the Role of the Approved Mental Health Professional

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In England and Wales the Mental Health Act 1983 (MHA) (amended 2007) is the primary piece of legislation for the assessment, treatment and detention of individuals deemed to be mentally disordered. The task of considering, coordinating assessments and making the application for detention rests with the Approved Mental Health Professional (AMHP). This presentation will explore findings from a qualitative piece of research undertaken exploring how AMHPs make decisions to detain under the MHA. The methods employed were semi-structured interviews, followed up by a focus group. The eighteen semi-structured interviews with AMHPs were undertaken using a fictitious vignette of a community based MHA assessment. The focus group with seven AMHPs further explored their beliefs about the purpose of mental health legislation in England and Wales. The study found that AMHPs decision making is multi–factorial and involves situational interpretation using individual frameworks, which incorporate professional values, practice wisdom and pragmatism. The AMHP is crafting contemporary mental health practice through a reflective lens coloured through the constructivist concepts of discourse, language and identity and, which is grounded in social realities. The AMHP strongly values his/her right to make independent decisions, a role that is paradoxically enshrined within the legislation, but also limited by it.

Statutory Mental Health Assessments and Decisions around Detention: Exploring Autonomy, Empowerment and Shared Decision-Making

Jill Hemmington, *University of Central Lancashire* (jhemmington@uclan.ac.uk)

The statutory AMHP role requires independent, autonomous decision-making about formal detention. AMHPs use discretion and outcomes of Mental Health Act (1983, amended 2007) assessments are variable, disproportionately affecting some groups. In England, one of the statutory Guiding Principles (Empowerment and Involvement) states that patients should be 'fully involved' in decisions and their views should be considered so far as they are 'reasonably ascertainable'. Statutory practice competencies include the requirement to 'promote the rights, dignity, choice and self-determination' of patients. This is similar to themes found within principles of bioethics and the Hippocratic Oath (particularly Autonomy). Yet evidence suggests that professionals have difficulty understanding service users' priorities and we understand

concepts of autonomy and decision-sharing differently. Further, Fricker's (2007) Epistemic and Testimonial Injustice suggest that mental health service users' capacity as 'knowers' is wrongfully denied and their testimony is not trusted. This presentation outlines empirical research whereby I observed and audio-recorded statutory assessments, interviewed AMHPs and service users and used Conversation Analysis to look at styles of communication and power relations, adding to existing material around patterns of decision-making in this scenario. I question whether statutory Mental Health assessments are a place for Shared Decision-Making techniques, using communication techniques to advance this.

Perspectives in Use – An Interdisciplinary Epistemology for Approved Mental Health Professional Practice (England, UK)

Caroline Leah, *Manchester Metropolitan University* (c.leah@mmu.ac.uk)

The presentation will explore how AMHPs' 'perspectives in use' were enacted in MHA assessments in England and how comparison can be made to other international contexts where hybridisation is present in the mental health workforce. The Hybrid Identities Project (HIP) investigated the professional identities of ten multi-professional Approved Mental Health Professionals (AMHPs) from mental health social work, nurse and occupational therapy primary professional backgrounds as hybrid professionals. Data was generated through thirty semi-structured interviews, over a period of two years examining professional hybridisation and identities. Conceptualisations of hybrid professionals, who work within mixed structures, such as health and social care organisations, includes an understanding that such professionals could apply a breadth of professional perspectives. The HIP found that AMHPs enacted a spectrum of legal, social and psychiatric perspectives contextually in their relationships with other professionals e.g. psychiatrists when they undertook Mental Health Act assessments. This indicated epistemological hybridity, conceptualised through a new term of 'perspectives in use'. Differing perspectives enabled inter-professional working, and the breadth of knowledge gave participants as hybrid professionals' scope to crosscut other professionals' boundaries and traditional schemas for understanding mental health presentations, through language that was 'borrowed' from various professional fields.

Whose Rights Are These Anyway? Experiences of Nearest Relative Under the Mental Health Act 1983 (England and Wales, UK)

Kevin Stone, *University of West England* (kevin2stone@uwe.ac.uk)

The Mental Health Act 1983 for England and Wales complies with Article 5 of the European Convention of Human Rights (ECHR) by providing intended safeguards to patients who are detained, or likely to be detained for treatment by empowering their relatives to intervene. One such potential safeguard includes the power to order their relatives discharge from hospital and thereafter apply to Mental Health Tribunal if needed. This relative is called the Nearest Relative and is identified by an Approved Mental Health Professional to fulfil this legal role. There has

been little research to date as to the experiences of the Nearest Relative. In this qualitative study, twenty Nearest Relatives were interviewed from across four local government areas using semi-structured interviews. These participants voluntarily opted-in the study after being introduced to it by the Approved Mental Health Professionals that were leading the Mental Health Act assessments. Emerging findings suggest that participants were not fully informed of their rights, and when rights were communicated to them by professionals, it was during the assessment when they could least absorb them. Furthermore, Nearest Relatives were uncertain as to where they could gain support and legal advice if needed. The presentation will explore how findings from the research undertaken could be used to build better professionals practice when the proposed introduction of the new Nominated Person, (to replace the nearest relative), is introduced by mental health legislative change in England and Wales.

The Least Restrictive Principle Within the England & Wales Mental Health System

Sarah Vicary, *Open University* (sarah.vicary@open.ac.uk)

In England & Wales there have been attempts to see mental disorder transcend a purely medicalised construction and label, to be balanced by an understanding of the consequences of difficult social circumstances being applied. The use and benefit of such social responses, including engaging with family and friends, increasingly frame and underpins policy in this regard. Conflated with the social approaches or perspectives, this approach is referred to in some jurisdictions as applying the least restrictive alternative. It is, for example, the second of five legal principles highlighted in the final report of the 2018 Independent Review into mental health legislation in England and Wales. Despite this, the Review makes little attempt to explain what is meant by least restriction in either theory or practice, and it is this gap, which this presentation seeks to address. It will do so in the context of two jurisdictions, the one from which it said to originate, America, and the one which now uses it to underpin its current mental health legislation, England and Wales.

112. Mental Health and Aging Research: Ethics and Legal Issues

Research Ethics Committees: Mental Health and Aging Research

Karolyn White*, Macquarie University* (karolyn.white@mq.edu.au)

Institutional Research Ethics Committees (or Human Research Ethics Committees (HRECs) in Australia) are required to evaluate and approve ethically good research. Mental health research, especially as it involves the aged, poses particular ethical and legal problems for institutional ethics and governance committees and processes. These include, but are not limited to, paternalism, participant confidentiality and discovery, consent, capacity, online research, data linkage,

evaluating risk and the use of social media. In this presentation I will outline the ethics review system in Australia and discuss the National guidelines which all Australian ethics review bodies are required to use in their assessments/review of research ethics applications and protocols. This presentation will also elucidate common issues with which HRECs consider in their aim to ensure that participants' rights are respected, in the context of diminished capacity, that the burdens of research are mitigated, and that research is reviewed in a timely manner. The perspective of ethics review from the HRECs standpoint will be followed by other papers in this session which will outline mental health research from researchers, clinicians and legal lens.

To Include or not to Include? Ethical and Methodological Issues Associated with Older Adults' Participation in Research

Kate O'Loughlin, *The University of Sydney* (kate.oloughlin@sydney.edu.au)

Within the context of population ageing, a strong evidence base is needed to formulate effective policies and programs for people as they age. This requires the participation of older people in clinical, epidemiological and socio-cultural research to provide data on illness/disease management, promote health and wellbeing, and gain insight into the ageing process and lived experience of older age. While research involving older people is expanding, much of it multidisciplinary, there are clear ethical and methodological issues associated with including or excluding older people in research. This paper considers some of the key issues facing researchers and ethics committees, and questions whether the inclusion or exclusion of older people in contributing to research is largely driven by the attitudes and practices of researchers and institutions. Critical evaluation of these issues poses key questions: Who is considered 'old'? In what way(s) do stereotyped views of ageing and older people influence who is included/excluded in research? What assumptions are made about an older person's capacity to give consent? How are the benefits and risks of participation determined

The Clinician Researcher in Mental Health Research

Lilon Bandler, *Leaders in Indigenous Medical Education Network, Melbourne, Australia* (lbandler@unimelb.edu.au)

This presentation examines boundaries clinicians involved in providing mental healthcare recognize, and the challenges of navigating different, but equally important ones, when they shift to being mental health researchers. Mental healthcare providers recognize 'privacy, dignity and confidentiality'. The secrets revealed, the struggles discussed, and the therapeutic approach are within a bubble of confidentiality. There is an intimacy within the consultation, albeit protected by limits prescribed by law, codes of practice and clinical safety. In weighing up the need for disclosure, and the confidential nature of the consultation, the patient, their safety and their needs, are at the heart of the decision making. When the clinician moves to being a researcher, their allegiance inevitably shifts – and the research, its findings, authorial rights, and its dissemination, become the pivot instead of the patient. Knowledge revealed in a clinical encounter needs to be set

in a different context. Review by an ethics committee requires the recognition of the different lens each role (clinician and researcher) brings to the information about the participant-patient's mental health.

Medical Treatment and Incapacitated Adults in Australia (1)

Cameron Stewart*, The University of Sydney* (cameron.stewart@sydney.edu.au)
George Tomossy, *Macquarie University* (george.tomossy@mq.edu.au)

This presentation will review Australian regulation of medical treatment involving incapacitated adults. Over a decade ago Australia became a signatory to the Convention on the Rights of Persons with Disability. This paper will map the evolution of decision-making in Australian adult guardianship laws. We will review recent reform initiatives that have advocated for a model of 'supported' or 'assisted' decision-making with a view to examining the extent to which this approach may lead to meaningful changes in safeguarding the rights of persons with impaired decision-making ability.

Medical Treatment and Incapacitated Adults in Australia (2)

George Tomossy, *Macquarie University* (george.tomossy@mq.edu.au)
Cameron Stewart*, The University of Sydney* (cameron.stewart@sydney.edu.au)

This presentation will review the application of Australian guardianship laws to the context of medical research. We will examine how these regimes aim to manage the potentially competing goals of protecting vulnerable persons and promoting public health imperatives. We will consider whether contemporary approaches to 'supported' or 'assisted' decision-making generate justiciable legal standards to aid decision-makers, and explore the degree to which guiding concepts in research ethics can draw upon principles from public health ethics. The paper will provide recommendations within these regimes to enhance safeguards for vulnerable persons in aged care settings.

113.   Mental Health and Corrections

Mental Health Training for Correctional Officers: A Systematic Review

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People with mental illness are overrepresented in correctional facilities. Correctional officers often lack training to respond to inmates with mental illness. Training could improve officer knowledge, skills, and attitudes toward inmates with mental illness. We conducted a systematic review of mental health training for correctional officers to identify key factors related to success. Medical and criminal justice databases were searched for articles describing mental health training programs for correctional officers. Studies that included a measurable outcome on correctional officer knowledge or inmate mental health were included in a final analysis. The review adhered to PRISMA guidelines. Of 1492 articles identified, 11 were included in the analysis. 6 described mental health education programs, 2 described skill-specific programs, and 3 described suicide prevention programs. Programs reviewed mental illness, practical skills, and included didactic and experiential teaching modalities. Improvements were shown in knowledge, skills, and attitudes with prior mental health attitudes, knowledge, and work experience not correlating with improvements. Officers were more receptive to facilitators with correctional or lived mental health experience. Experiential teaching was preferred to didactic teaching. Regression occurred several months after training which suggests a need for ongoing education and systems change within correctional institutions to ensure sustainability of improvements.

Addressing the Mental Health Needs of Inmates through Education for Corrections Officers

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In Canada, there has been an increase in rate of incarceration of individuals with mental disorder. Front-line officers play a central role in dealing with mental health struggles of inmates. Nonetheless, the training that officers receive is considered inadequate. A needs assessment was undertaken and a course was delivered to officers at the TSDC and Vanier Centre for Women (VCW). Curriculum included mental health awareness; risk assessment; communicating with inmates; self-care. Simulations provided the opportunity for participants to identify mental illness, assess risk, and de-escalate situations. Participants' ability to assist individuals was established using pre- and post-measures. Satisfaction surveys, three-month follow-up and focus groups at nine months showed impact of training. Results were promising, 92% of participants at TSDC and 88% at VCW expressed satisfaction and 62% at TSDC and 68% at VCW intended to change practices. Analyses of change in knowledge and confidence scores showed statistically significant improvement in all measures. Three-month follow-up at TSDC showed 75% have applied training to a "moderate or great extent". Focus groups showed improved ability to identify inmate

struggles. Training informed by needs and provides skills practice can help officers better meet the mental health needs of inmates. Implications of these findings will be discussed in this presentation.

Measurement of Symptom Severity in Custodial Settings: The Development and Clinical Utility of the Clinical Global Impression – Corrections (CGI-C)

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The CGI-C (Jones et al., 2019) is a clinician rating instrument designed to quickly assess the overall symptom severity of mental disorder in correctional settings, adapted from the widely-used CGI (Guy, 1976). The CGI-C is a tool that can be used by members of a multidisciplinary team, demonstrating high inter-rater and test-retest reliability. The CGI-C has also been found to be a valid tool for the assessment of severity of symptoms demonstrating good concordance with the Brief Psychiatric Rating Scale-Expanded (BPRS-E) (Jones et al., 2020). Concurrent validity was established by examining correlations between the two scales in a sample of male and female inmates at two remand facilities. Inmates received triage assessments, including the BPRS-E and CGI-C, as part of standardised assessment following referral from correctional staff. Results found that the CGI-C scores and BPRS-E scores among persons in remand settings were significantly correlated for both men and women across diagnoses. Additional analyses will be described, exploring symptom severity changes over time using the CGI-C. These include group-based trajectory analysis to detect underlying groups with distinct trajectories, probability and predictors of group membership as well as trajectories of individuals incarcerated in the longer term.

Overview of the Forensic Early Intervention Service (FEIS) and the STAIR Model

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The Forensic Early intervention Service (FEIS) was created in response to the growing pressures faced by the correctional and forensic mental health systems to provide timely access to acute mental health services for individuals on remand. FEIS consists of a multi-disciplinary team that offers ongoing assessment and support to clients at risk of being unfit to stand trial or who pursue a not criminally responsible defense. FEIS is built on the STAIR model of service delivery in jails/prisons. STAIR stands for: Screening, Triage, Assessment, Intervention, and Re-integration. STAIR describes and integrates essential components of a jail/prison mental health service, linking function to epidemiologically-derived detection and intervention targets. The STAIR model outlines the key service elements required for the delivery of mental health services in correctional settings, and provides healthcare administrators and service providers a benchmark against which to measure. This presentation provides an integrative look into the history of FEIS, the STAIR model, and novel research findings about the development and application of measurement tools for mental health clients in correctional settings.

Development of a High Needs Service Pathway between Corrections and Hospital

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The Forensic Early Intervention Service (FEIS) in collaboration with the Centre for Addiction and Mental Health (CAMH) and the Toronto South Detention Centre (TSDC) developed an innovative pathway to support the most mentally unwell within a Correctional environment; the High Needs Service (HNS) bed helps clients who are in need of urgent assessment, treatment, and stabilization. FEIS offers ongoing assessment and support to clients at risk of being unfit to stand trial or who pursue a not criminally responsible defense. Remand clients who are referred into the FEIS program and meet specific HNS selection criteria are then flagged, identified, and queued for the HNS bed. Acute clients are designated as the next candidate once the current client is discharged from the HNS bed. This presentation provides insight into the HNS bed development, referral pathway, assessment and discharge processes. Since the HNS bed opening in March 2018, pre and post data will be shared reflecting the clients' clinical presentation, and an individual case study will be presented highlighting the positive trajectory of a HNS client.

114.   Mental Health and Housing (1): The Relationship Between Mental Health and Housing Rights

Housing, Mental Health and Direct Provision

Clair Breen, *University of Waikato* (claire.breen@waikato.ac.nz)

The system of direct provision in Ireland is now two decades old. Various concerns have been raised around the negative impact of direct provision upon the human rights of asylum-seekers. This paper will consider how asylum-seekers' human rights of mental health has been compromised by Ireland's system of direct provision. The presentation will set out the legal bases for direct provision in Ireland, in terms of national and international law. It will then consider the domestic and international laws informing the right to health generally, and the extension of this right to asylum-seekers. Having set out the legal framework, the paper will explore the extent to asylum-seekers' right to (the highest attainable standard of) mental health is being being effectively within the context of direct provision. As part of that analysis, the paper will explore the extent to which the Irish Government is taking steps to avoid instances of poor mental health amongst individuals in Direct Provision, as well as considering the Government's efforts to alleviate mental distress and illness within the system of Direct Provision.

The Challenges for Mental Health Social Workers in Supporting Vulnerable Homeless Individuals

Phil O'Hare, *Liverpool John Moores University* (p.e.ohare@ljmu.ac.uk)

Housing can provide not only shelter but also a secure and positive environment to support vulnerable people during acute housing crises. Research has shown that those who are homeless, or at risk of homelessness, are much more likely to experience mental distress (Mental Health Foundation, 2020). Mental Health Social Workers can provide a key role to engage and support people at these critical times in their recovery. However, one of the barriers for the profession is their focus on assessing and managing risk and their use of statutory powers (Mental Health Act) Individuals will experience mental distress in different and unique ways. Thus, social work responses and interventions to support each individual in their recovery will require a diverse range of housing solutions. This presentation will evaluate the challenges for Mental Health Social Workers to provide and access supported accommodation in the UK context. It will reflect on the impact of austerity on social and housing policy in recent years and consider how social work can balance their statutory roles against an increasing need to focus on social interventions.

Mental Health, Housing, and Homelessness in Australia

Nicola Brackertz, *Australian Housing and Urban Research Institute, Melbourne, Australia* (nicola.brackertz@ahuri.edu.au)

A national program of research examined the relationships between mental health, housing, and homelessness in Australia. This included the systems challenges associated with providing effective responses, statistical analysis of two panel data sets, focus groups with service providers in the housing and mental health fields, extensive consultation with people with lived experience of mental ill-health and housing insecurity and their careers, and a policy Delphi process with which to identify priority areas for policy reform and intervention. Consistent with international research, quantitative analysis showed a bidirectional relationship between insecure housing and mental ill-health. The housing, homelessness and mental health systems in Australia are not well integrated and significant gaps exist. Consumers experience one of five typical trajectories, most commonly they are excluded from help required, are stuck without adequate help (e.g. trapped in inappropriate housing, institutions or services), or experience a cycling trajectory, which is marked by a downward spiral in which people enter into and drop out of supports repeatedly, which progressively erodes their resources. Effective policy responses will need to address systems integration, as well as the availability and accessibility of appropriate and affordable housing options and mental health support.

115.   Mental Health and Housing (2): The Relationship Between Mental Health and Housing Rights

Mental Health, Housing Law and Evictions

Michel Vols, *University of Groningen* (m.vols@rug.nl)

Mental health and housing are closely related. If someone lacks shelter and a home, this may impact his/her mental health significantly. Besides that, in times of growing urban density the law regulating housing – known as housing law – becomes more and more relevant in regulating behaviour and disciplining "the unruly", including people suffering from mental health disorders. This paper will present some findings from the ERC EVICT project, that systematically collects and analyses legal (big) data concerning evictions. The paper analyses to what extent the instrument of eviction is used to address problem caused by people with mental health problems in the Netherlands and abroad. A dataset of hundreds of eviction cases will be analysed to see whether (international) law such as the Convention on the Rights of Persons with Disabilities is really successful in keep vulnerable people in their home.

Disability Rights and Housing: Conflict and Compromise

Leigh Roberts, *Liverpool John Moores University* (l.e.roberts@ljmu.ac.uk)

Housing rights can be advanced and defended using human rights and disability rights arguments. At first sight, the UK's Equality Act 2010 (and its predecessor, the Disability Discrimination Act 1995) appear to offer provide an array of armory in the battles of vulnerably housed and homeless people. In particular, the Public Sector Equality Duty is a continuing duty towards those the relevant protected characteristic of disability.1 However, recent case law concerning defence of anti social behaviour and nuisance proceedings and also homelessness cases illustrate the limitations of these arguments. This paper will examine these developments through the lenses of risk and the models of disability and suggest reasons for these limitations. It will propose how the duty may be reframed consistent with the United Nations Convention on the Rights of Persons with Disabilities so that its use by front line workers and the judiciary may be more beneficial in practice to those vulnerably housed and homeless.

116. Mental Health Care and the Rule of Law – Lessons Learnt from the Corona Crisis

End Coercion in Mental Health Services—Toward a System Based on Support Only

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Based on the UN Convention on the Rights of Persons with Disabilities (CRPD), several UN bodies, among them the High Commissioner for Human Rights, have argued for a complete ban of all coercive interventions in mental health care. The authors conceptualize a system for mental health care based on support only. Psychiatry under this model loses its function as an agent of social control and follows the will and preferences of those who require support. The authors draw up scenarios for dealing with risk in inpatient care, for support in police custody, and for mental illness in prison. Mental health support will step in when and where this is required by a person in the community, in police stations, in A&E departments, in prisons or other places of detention. However, sanctions can only be applied in a non-discriminatory way. Sanctions cannot any longer be based on a suspected or diagnosed mental illness. With such a shift, mental health services could earn the trust of service users and thereby improve treatment outcomes.

Corona and Coercion: The Legal Approach

Marina Langfeldt, *Member of the UN-Subcommittee on Prevention of Torture, Geneva, Switzerland* (marina@langfeldt.eu)

The main part of the mandate of the UN SPT, based on the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), is to visit places of detention in States Parties and to advise and assist both States Parties and National Preventive Mechanisms (NPMs) to strengthen protections against torture and ill-treatment. This presentation will focus on the Advice of SPT to States Parties and NPMs relating to the COVID-19 pandemic, adopted on 25 March 2020, with the aim to prevent measures which could be regarded as torture and ill-treatment against persons deprived of their liberty. The added value of the Advice was a world-wide discussion between States Parties, NPMs and the UN SPT about the best measures taken to meet the pandemic and how to defend the achievements made on its basis. What are the consequences of these developments, particularly for mental health care?

Corona and Coercion: A Case Study

Margret Osterfeld*, Member of the UN-National Preventive Mechanism, Germany* (osterfeld.mar@gmx.de)

During the 2019 IALMH Congress, UN OPCAT was presented as an important human rights convention for preventing ill-treatment of persons institutionalized for psychiatric disability. At that time the forms of coercion and deprivation of liberty caused by the COVID-19-Virus lockdown were inconceivable. From the outside, in June 2020 Germany seemed to be a lucky state concerning its handling of the pandemic. The paper will demonstrate that the German policy of protecting elderly and psychiatrically disabled persons from infection and death led to significant and additional deprivation of liberty in the institutional care of these persons. In many cases the forms of detention were not even based on solid legal grounds. Will we see in 2022 that persons with psychiatric diagnosis or psychosocial disabilities at high risk for COVID-19 infection suffered more from collateral damage of exclusion caused by state measures during lockdown than they benefitted - will they be grateful for this sort of special care? Were they well protected against the virus and which efforts did the German National Preventive Mechanism undertake during the pandemic to protect people from ill-treatment and torture?

117. Mental Health, Well-being and Inclusivity: The Power of Public Criminology

'People do not Watch Data': Student Sex Workers and Mental Health – The Impact of Film on Public Debate and Professional Practice

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The Student Sex Work Project (TSSWP) was a social enterprise (2011-2015) which sought to achieve many goals that social scientists hold dear. Noteworthy amongst these were the achievement of high quality and inclusive research and the empowerment of research participants. Furthermore, the project had a vision of social justice where student sex workers were able to actively participate in the research process, present and explain their own realities and enter into dialogue and influence professional practice, particularly by steering change through education and training (something that is traditionally lacking for sex workers who instead, far too often, experience judgement and exclusion). Reflecting on the positive impact of film-making on research participants, the paper presents one of the project's short films to illustrate the potential of a public criminology approach to challenge commonly held assumptions and draw attention to the negative impact of stigma and the mental health needs of sex workers.

A Picture Says a Thousand Words: Using Pictorial Narratives to Support Desistance and Mental Well-being

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Through the positive development of personal agency and improved mental health, studying in a Higher Education setting has been identified as a potential 'hook for change' for those who wish to desist from criminal offending behaviour. Yet, Higher Education can feel an unwelcoming place for those with a criminal record and complex mental health issues. Set against this backdrop, this presentation draws on research carried out in Swansea, Wales to explore the aspirations and barriers to accessing Higher Education with members of the 'Include Hub' who were at risk of offending/reoffending. The study adopted an anti-oppressive ethos and was underpinned by hybrid approach of participatory action and community engagement and learning. It worked with Hub members as partners and sought to empower and encourage aspiration by carrying out research through 'doing with' rather than, 'researching on' participants. Specifically, this presentation discusses one aspect of the project – the use of a Pictorial Narrative Approach. The presentation showcases the Pictorial Narrative Analysis and reflects on the potential of this innovative data collection methodology as an approach to develop positive and inclusive data collection approaches that seek to enhance the mental well-being of those involved in the research process.

Children's Mental Health: Exploring the Ways that Rights, Participation and Pro-Child Approaches Can Promote Positive Outcomes

Anthony Charles, *Swansea University* (a.d.charles@swansea.ac.uk)

The mental health of children rightly remains a critical focus of policy. Regrettably, poor mental health has been associated with a potential increase in criminogenic factors such as substance use and anti-social behaviours. It is also associated with decreased engagement with protective factors such as involvement in education and pro-social activities, for instance, sports. Whilst States are

spending record sums on mental health, evidence concerning the efficacy of service provision is contested, raising questions about the appropriateness of policy directives, practice and, critically, the extent to which patients, especially young patients, are listened to when decisions are made about the nature and extent of their 'treatment'. Reflecting upon research undertaken with a mental health charity in Wales, insights will be shared about how using pro-rights, participative and child-focused approaches to address serious mental health conditions in children have created transformative impacts. In particular, the ways that seeing mental health through social and rights-focused lens' have led to improvements in prevention, reductions in criminogenic factors and the empowerment of children will be considered. Whilst changes have already been created through this work, the ways that public Criminology can be harnessed to bring these to a wider, global audience will explored in this presentation.

Long-Term Effects of Concussion Injuries Among Athletes on their Mental Health: Broadening the Legal and Criminal Focus from Perpetrator to Victim

Victoria Silverwood, *Swansea University* (v.s.m.silverwood@swansea.ac.uk)

Recent years have seen a rapidly developing understanding of concussive head injuries sustained while competing in sport. Improvements in the diagnosis of concussion, traumatic brain injury (TBI) and Chronic Traumatic Encephalopathy (CTE) are at the forefront of legal and cultural discussions about contact sports. Criminological and legal focuses have tended to prioritise a perpetrator-focus placing blame on individual athletes for perceived deviant or illegal behaviour. This focus on athletes as perpetrators of criminal behaviour dominates much media coverage; failing to take into account the nuanced ways in which concussive brain injury can impact on the mental health of athletes and their behaviour. Considering eleven years of criminological cultural research into contact sports, this paper encourages a subtle broadening of focus to consider the relationship between the culture of sports and the mental health of players. It encourages a shift from perpetrator blaming to victim prevention by allowing for the support of players mental as well as their physical health. This research demonstrates the importance of wider dissemination of research outside of an academic audience. It was showcased in the documentary 'Ice Guardians' allowing a broader public criminological discussion of the themes of violence, sport, concussion and mental health.

118. Multidimensional Approach to Lone-Actor Terrorism (1)

Clinical and Forensic Psychiatric Variables in Lone-Actor Terrorism

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Lone-actor terrorism is a complex concept involving a number of variables, including clinical aspects related to the perpetrator, ideological belief, the use of rhetoric to incite violence, the internet and social media, the issues of hatred and harboring a grievance, amongst others. There are various major groups that may motivate violence in individuals, including white extremist, Islamist, and single-issue (such as anti-abortion), although other ideologies have been identified. Based on the authors research, a wide range of clinical variables are present in most lone-actor terrorists, although major mental illness is not common, and in the U.S. qualification for a not guilty by reason of insanity defense is rare. In addition, a number of other common behavioral variables have been identified in this group and will be reviewed.

The Evolution of Western Jihadist Lone Actor Target Geography After the Rise of ISIS

Chris Jasparro, *U.S. Naval War College* (christopher.jasparro@usnwc.edu)

Prior to 2012 lone actor jihadist attacks exhibited distinct target geographies between the U.S. and Europe. After the rise of ISIS this attack patterns shifted significantly and visibly in both places with target geographies becoming much more similar (albeit with some continuing regional variation). Furthermore, while geographic attack patterns converged amongst jihadist they also became more similar to those of right-wing lone attackers. This paper compares and contrasts the geography of target locations, spaces, places and methods across time (pre-2012 and post-2012), space (U.S. and Europe) and ideology (jihadist and right-wing).

The Impact of ISIS on Lone Actor Terrorist Attacks in Central Asia and Afghanistan

Suzanne Levi-Sanchez, *U.S. Naval War College* (suzanne.levisanchez@usnwc.edu)

This paper studies whether or not the geography of lone actor terrorist attacks and target preferences in Central Asia and Afghanistan shifted after ISIS spread to the region. In Central Asia the influence of ISIS, coupled with increased oppression by authoritarian dictators, could have an impact on both the geographic location of the attacks and the targets. In Afghanistan, as the Taliban shifted its missions to take into account the US withdrawal from the region, ISIS-K likely will adjust its strategy in the country. This paper examines the differences and similarities between attack locations, target spaces and places, and methods. In order to examine which elements may be place versus ideology specific, the geography of lone actor operations is compared and contrasted between ISIS-affiliated attacks and other lone actor attacks. The paper examines how ISIS has influenced the region in lone actor target locations, spaces and places, and methods.

Islamic State Lone-Actors in the US

Joe Whittaker, *Swansea University* (j.j.whittaker@swansea.ac.uk)

Drawing on the author's doctoral research of over 231 Islamic State actors within the United States of America, this presentation looks specifically at the lone-actors that were inspired to act on behalf of the group. It discusses the individuals' use of the Internet, finding that lone-actors do not rely on the online domain more than their group-based counterparts. Furthermore, it highlights the nebulous concept of a lone-actor – in fact, most of these lone actors are not alone at all but part of a wider network. It also draws upon the issue of mental health, finding that lone-actors are substantially more likely to have been diagnosed than those that acted within a group.

The Internet and Social Media as Enabling Forces in Lone-Actor Terrorism

Pat Recupero, *Brown University* (patriciarecupero@brown.edu)

The internet and social media often function as critical enabling forces in the development of lone-actor terrorists today. This presentation will review several aspects of information and communications technology that contribute to its relevance in lone-actor terrorism. Using hypothetical cases drawn from recent attacks, it will discuss ways in which the internet and social media relate to knowledge- and skill-building, attack planning and logistics, social needs and the reinforcement of extremist beliefs and radicalization, ideological propaganda and misinformation online, conflict escalation and violence incitement, and the provision of outlets for the leakage of violent or terrorist intent, potentially enabling intervention before an attack takes place. The presentation will also address several recent trends relevant to the intersection of lone-actor terrorism with modern information and communications technology, such as the rise of right-wing extremism in the west and its promotion through social media, as well as the development of artificial intelligence tools that may facilitate pre-attack detection and counterterrorism in the future.

119.   Multidimensional Approach to Lone-Actor Terrorism (2)

Propaganda and Lone-Actor Terrorism

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There exists a critical symbiotic relationship between propaganda and lone-actor terrorism. Propaganda relies upon the martyrdom of lone-actor terrorists as a symbolic factor in promoting militant political causes. Lone-actors terrorists are attracted, recruited, indoctrinated, radicalized, and operationalized by propaganda. With an exhaustively documented history that extends back many centuries, propaganda can be distinguished from other forms of persuasion such as religion,

political campaigning, advertising, and legal notions of undue influence. "White" propaganda emanates from a known source and is typically neither deceitful nor false, while "black" propaganda emanates from an undisclosed source and purports to the product of the very movement it seeks to undermine. Recently conducted analyses identify a number of legal, psychiatric, economic, personal, and other recognized vulnerabilities of lone-actor terrorists that leave such persons particularly susceptible to targeted propaganda. Propagandists, in turn, have managed to exploit specific examples of lone-actor terrorism in films, magazine articles, and a variety of Internet-based incitements. This presentation will conclude that the relationship between propaganda and lone-actor terrorism can be addressed by removing the causes for this relationship, removing the means of dissemination, employing either "white" or "black" propaganda in response, or choosing to ignore this relationship in order to avoid inadvertently amplifying the messages it conveys.

Mental Health and Support for Terrorism

Stephen Xenakis, *University of Pennsylvania* (snxenakis@hotmail.com)

As a retired Army general, I understand balancing the dual responsibility for defending the Constitution and am committed to the safety and security of our nation. In a number of young men and women accused of terrorism, I have glimpsed the procedures of the FBI and drilled down on their operations to know when the agency works well. The FBI, DHS, and CIA publicize that they are actively pursuing and convicting anyone suspicious of terrorist activity. The FBI and DOJ have diverted much time and resources to doggedly pursuing young men and women on the fringe, some with serious mental illness, and let the most menacing slip through the cracks. The agencies follow a playbook of setting up sting operations. They stage an operation as if conducting a real terrorist operation and record their target red-handed in action, even sending money or offering to join a terrorist organization. The sting leads to convictions for material support to terrorism with maximum sentences of up to 20-30 years in violation of Title 18, U.S.C., Sections 2 2339 A and B. This presentation will discuss the implications of this.

Mitigating Sentences of Lone-Actor Terrorists: Distinguishing Fanatics from Psychopaths

Ryan Wagoner, *University of South Florida* (ryanwagoner@usf.edu)

Terrorism is motivated by a wide range of underlying reasons, ranging from retribution to pushing an agenda to just wanting to hurt people. Although this is clearly of interest in trying to prevent terrorism, it can also be quite important once the terrorist is caught and a decision is being made about what punishment they deserve. This presentation will focus on how the motivation behind terrorist acts can play a role in sentencing of convicted terrorists. Special focus will be paid on differentiating between fundamental religious beliefs, delusions, and psychopathy. This presentation will reveal how the different characteristics and motivations of terrorists can be addressed in court and what impact those factors might have on the sentences levied against convicted terrorists.

Connecting and Communicating Violence: Lone Actor Mass Casualty Attacks 'Inspired by' Organized Salafist Terror Groups

Andrea Dew, *U.S. Naval War College* (andrea.dew@usnwc.edu)

This presentation will provide an analysis of lone actor mass casualty attacks in which the linkage between the attacker and organized Salafist terrorist groups was suspected but not clearly established between 1999-2018. These types of attacks—'inspired by attacks'—are particularly challenging for policy-makers, law enforcement professionals, and mental health professionals to detect and disrupt because of the lack of clear warning signs prior to the attack. The presentation examines four characteristics of these 'inspired by' attacks and considers the strategic communications challenges from both a state and non-state perspective.

The Jihadi Network on Social Platforms: Analysis and Evolution of a Dispersed Information Ecosystem

Silvia Leo, *UNINT Roma (*silvia.leo@crimelog.it)

The digital ecosystem in which disseminators and recipients of radical Islamic content interact has been growing and evolving in the last few years. Within that framework, the major social platforms play an important role, not only for propaganda purposes, but also to strategically redistribute followers traffic by the use of outlinks and regenerate accounts when removed. The analysis of the Jihadi network on Socials will focus on the content shared and the core groups forming specific clusters with the scope to show how remaining visible, on the surface of the web, is essential for the Jihadi movement, and how a strategic use of dozen of platforms ensures the needed resilience to avoid takedown and resurge after law enforcement operations. At the same time, the continuing need for secrecy and back-up is keeping high the interest in decentralized and smaller platforms creating even more challenges in the fight against online terrorism.

120.   Neuroscience, Crime and Punishment

Neurobiological Risk Prediction: A Preliminary Ethical Analysis

Farah Focquaert, *Ghent University* (farah.focquaert@ugent.be)

Current neurobiological research in the field of criminology focuses on the neurobiological characteristics associated with antisocial behavior, the prediction of antisocial behavior later in life based on neurobiological risk factors, and the ways in which neurobiological factors interact with psychological and environmental risk factors. Although the use of neurobiological knowledge has the potential to make several criminal justice practices more objective and humane, it may involve practices that are particularly challenging with respect to neuro-determinism, autonomy and

mental liberty. An important caveat is whether the biopsychosocial sciences might someday provide us with knowledge that can predict with high accuracy if an individual poses a danger to society. Sophisticated, reliable neurobiological risk analyses may (in the future) be used to legitimize longer prison sentences, to demand for additional measures after the offender has served a prison sentence, or even for preventative detention in cases where an individual poses a very high risk but has never committed a crime. This presentation will provide a preliminary ethical analysis of the following question: to what extent is neurobiological risk prediction ethically acceptable?

The Utility of Emotions

Peter Alces, *The College of William & Mary School of Law* (paalce@wm.edu)

Neuroscientific insights vindicate an instrumental perspective in social order mechanisms, such as law. An obstacle to the comprehensive application of that perspective are the harsh results that utilitarianism would appear to "justify": There seems to be something valuable that non-instrumentalism protects but that instrumentalism sacrifices, e.g., when comparing the value of life with the cost of life-saving behaviors and policies. This presentation will argue that neuroscience provides means for us to understand emotional reactions, the currency of non-instrumentalism, in instrumental terms. Once we appreciate that the emotional and rational are but two distinguishable but not normatively distinct neural phenomena, then we can appreciate a utilitarianism that takes emotional reaction more seriously, that provides means to include what seem to be non-instrumental considerations in the instrumental calculus. That revised perspective confounds familiar moral reasoning, but provides a prolegomenon to the comprehensive reappraisal of normative assumptions and may better serve human thriving.

Punishment and Neuroscientific Evidence of Developmental Immaturity

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The idea that juvenile offenders are less responsible than adults, and therefore should be treated more leniently by the criminal justice system, is not new, but proponents of this view have increasingly invoked recent neuroscientific evidence to support their arguments. Furthermore, this evidence has revealed that the brain continues to develop into early adulthood, which has led to proposals that mitigation based on developmental immaturity should be considered for a wider range of offenders than has previously been the case. For example, the Scottish Sentencing Council has proposed that such evidence should be considered until "at least the age of 25". This presentation will discuss the treatment of juvenile offenders within the criminal justice system in relation to 1) philosophical theories of punishment and 2) the theories of free will sceptics who challenge traditional punishment. In particular, the presentation will contrast retributive approach to developmental immaturity, such as that defended by Stephen Morse, with non-retributive approaches, such as Derk Pereboom and Gregg Caruso's quarantine-public health model. It will argue that non-retributivists can successfully reply to objections raised by retributivists (and

others) that their theories ignore morally relevant distinctions between juveniles versus adults and sane versus mentally disordered offenders.

Acquired Pedophilia: An International Consensus Statement

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Acquired pedophilia refers to the insurgence of pedophilic interests and/or urges as a consequence of a brain lesion. The behavioral and clinical characterization of acquired pedophiles, the contribution of neuroscientific methodologies to the diagnostic process and the consequences of mis-diagnosis have been under-investigated. Similarly the forensic and legal implications remain controversial. The Delphi method was used to create consensual guidelines on how to deal with suspected acquired pedophiles. Pedophilia and other paraphilias remain the only psychiatric disorders within the DSM-5 that do not include the criterion: 'The symptoms are not attributable to to the physiological effects of a substance or another medical condition'. We consensually suggest that this criterion should be added to pedophilia in the next DSM edition. This presentation will suggest that neuropsychology teaches us that every cognitive component might be selectively damaged. Due to its complex nature, sexual behavior requires the integrity of many cognitive components to be properly carried out. It is thus unreasonable to believe that sexual behavior, which involves multiple cognitive tasks, may not be affected by neurological changes.

Obstacles to Non-Retributivism

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The purpose of this presentation is to examine the factors that block or impede a scientific and rational approach to criminal justice. These include the following:
  a) In secular societies we retain beliefs about human agency that pre-date the rise of science and that have their origins in the religious world-view. The application of neuroscience

entails a theory of action which is completely incompatible with the model of humanity promoted by major religions.

b) The principle of reciprocity is one that is embedded in human relationships. In many cases, relationships comprise nothing more than an association for mutual benefit. This creates intuitions that good and bad deeds should be repaid in kind and underpins the retributive impulse.

c) The non-scientific (or pre-scientific) world-view of the legal profession.

This presentation will argue that these impediments are not insurmountable. Religion has already learned to co-exist with incompatible facts and theories, such as natural selection, and should be able to do so again. Knowledge of the disadvantages and disabilities exhibited by offenders can undermine the retributive impulse. Victims are often more concerned about reduction of re-offending that punishment of offenders. Finally, there is a need for neuroscience education to become part of legal training.

121.   New Approaches in Legal Capacity Law and the UN Convention on the Rights of Persons with Disabilities (CRPD)

Implementing the Right to Decide: A Framework for Supporting the Legal Capacity of Persons with Severe Disabilities

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According to some interpretations, Article 12 of the UN Convention on the Rights of Persons with Disabilities requires the abolition of all substitute decision-making regimes and their replacement with substitute decision-making giving effect to the will and preferences of persons with disabilities. This issue has been one of the most controversial in international human rights law, because there is no agreement on how persons with severe disabilities, including severe mental illness, can make their own decisions. As a result, there is a wide divergence between the UN Committee on the Rights of Persons with Disabilities and states which are unwilling to implement Article 12 by abolishing their guardianship systems. This presentation provides a novel approach to incorporating all persons with disabilities in a unique Modified Support Framework. I accept that some persons cannot make their own decisions, but argue that this does not mean that guardianship is necessary in their case. Rather, the proposed model ensures that anybody will be able to use support to the extent possibly. It thus performs better than guardianship or existing models of supported decision-making by providing a set of rules which produce the best overall outcome for all persons affected.

Is there a Need to Revise Codes of Research Ethics in view of the CRPD?

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The main purpose of ethics regulation of human subjects research has always been to provide protection to research subjects. Certain groups, such as persons whose capacity to consent to research is impaired, have been viewed as vulnerable to exploitation and harm, and therefore in need of particular safeguards. Persons who cannot provide free and informed consent may only be enrolled in research projects if certain criteria are met. These are, roughly: the project has the potential to directly benefit the research subject; research of comparable effectiveness cannot be carried out on individuals capable of giving consent; and authorization has been given by a suitable third party (a legal representative or an authority). Recently, these safeguards have been criticised for being over-protective, hindering important research from being conducted and violating human rights law, such as the Convention on the Rights of Persons with Disabilities (CRPD) – a convention which grants persons with disabilities wide-ranging rights to autonomy and participation in society. This presentation discusses the specific norm-conflicts between the CRPD and codes of research ethics, such as the Additional Protocol to the Oviedo Convention concerning Biomedical Research, Declaration of Helsinki and the CIOMS guidelines.

May Compulsory Mental Health Care be Justified under the CRPD?

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Whether or not the Convention on the Rights of Persons with Disabilities (CRPD) outlaws compulsory mental health care is a contentious question that influenced much of the legal debate over the CRPD's impact on mental health care since the treaty entered into force. According to one position, defended by the CRPD Committee, among others, compulsory mental health care at a closed ward in a psychiatric hospital necessarily violates the right to legal agency and prohibition of discrimination. According to the competing position, supported by the vast majority of states, compulsory administration of treatment and care is sometimes necessary to protect health and life and, if coupled with appropriate legal safeguards, it is compatible with the CRPD. In this presentation, I disagree with both of these positions and suggest that the scope of permissible compulsory care can be identified using proportionality reasoning tailored to fit the discrimination context. I outline a framework that can assist decision-makers to design principled and evidence-based mental health care regimes and discuss why I believe that compulsory mental health care to prevent violence against others violates the prohibition of disability-based discrimination.

Guardianship Reforms in Hungary and its Impact on the Legal Practice

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This presentation analyses guardianship reform in Hungary, the introduction of supported decision making, and its impact on judicial practice. We first assess the transformation of the legal regulation. The adoption of the new Hungarian Civil Code has clearly had a significant effect on court decisions, as it made it compulsory to designate the categories of decisions to which a partial restriction on legal capacity applies. However, the change in regulation also implies a change of attitude that is considerably less apparent in the cases. In the context of international human rights expectations, any limitation of legal capacity should be applied in as limited way as possible, and only in the most necessary cases. In the examined cases, the efforts of the Curia (the Hungarian Supreme Court) to reinforce this change of attitude in court practice may be detected but they are not extensive. The spirit of the UN Convention on the Rights of Persons with Disabilities (CRPD) is just partially reflected in court practice, and supported decision-making is not seen by courts as a real alternative to guardianship.

The Purpose of Support in the Exercise of Legal Capacity – Article 12 at a Crossroads

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The provision of support to persons with disabilities is central to article 12 of the CRPD, and takes a prominent place in the literature on this article. What the purpose of support is supposed to be is however still unclear, beyond the broad one of ensuring that persons with disabilities can exercise their legal capacity on an equal basis with others. One natural suggestion is that it is to ensure that persons with decision-making difficulties are able to meet requirements set forth in domestic legislation for legally valid decision-making. Some interpreters of article 12 may not be comfortable, however, with permitting states parties to set forth such requirements, in which case one would need to identify some other role for support. Whatever the precise purpose of support is taken to be, whether any given support form can serve that purpose is an empirical question, and it is only in relation to this purpose that one may assess whether legal reforms, or various support arrangements, are effective. So far, however, the literature contains little such ends-means reasoning. In the presentation we elaborate on this problem.

122.   Non-Criminal Resolution of Crimes in South Africa

Customary Courts and their (Potential) Role in Non-Criminal Resolution of Crimes

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Navilla Somaru, *Chief Prosecutor, National Prosecuting Authority, Pretoria, South Africa* (nsomaru@npa.gov.za)

The South African formal justice system allow for non-criminal dispute resolution in the form of diversions and informal mediations by prosecutors. The process is, however, not regulated by legislation and is shrouded in secrecy. It is clear however that the process strives to provide restorative justice in a system that is in general adversarial. South Africa is also in the process of overhauling traditional courts that dispense traditional justice by following a traditional restorative justice approach. The aim is to restore the equilibrium in the community instead of only punishing the perpetrator. This presentation explores the possibilities of a closer working relationship between traditional authorities and prosecutors to address the high crime rate in South Africa without sending the perpetrator through the court system.

Informal Disposal of Criminal Cases - A Dilemma in an Adversarial System

Adriaan Anderson, *University of Limpopo* (adriaan.anderson@ul.ac.za)

The adversarial criminal justice process, as applied in South Africa, is primarily geared towards confrontation. Both parties are mindful not to disclose their evidence at an early stage of proceedings so as not to relinquish whatever advantage they believe they might have when the matter reaches the trial stage. However, there is simply not enough capacity within the South African justice chain to deal with all the cases coming into the system. Faced with the reality of insufficient capacity to deal with all cases in the traditional way, prosecuting authorities in South Africa as elsewhere, have had to come up with alternative ways of addressing rising crime. In South Africa this process commenced with the introduction of a compulsory prioritization of diversion methods when it comes to children committing crimes in the Child Justice Act (applicable since 2010). In addition, the formal recognition of plea-and-sentence agreements opened up possibilities for 'negotiated' justice also for adult offenders. The latest effort regarding non-criminal dispute resolution efforts is found in a so-called 'informal mediation' process (together with other ADR programs) spearheaded by the prosecutor. This presentation will focus on this latest development, which although used quite extensively, lacks any legislative basis and is also absent judicial overview of any sort.

Time & Opportunity & their Effect on Criminal Investigations in South Africa

Inez Bezuidenhout, *University of the Free State* (bezuidenhouti@ufs.ac.za)

Using Hippocrates as a premise, the author departs from the notion that "*healing is a matter of time, but it is sometimes also a matter of opportunity.*" The author interrogates selected South

African police practices as hermeneutical evaluation to proffer opportune intersections to heal and restore faith in law enforcement in a country where history dictates a fragmented relationship with the police service. More specifically, the author dissects investigative practices as a mechanism to heal the divides resultant from the Apartheid era and suggest that their improvement is the first step in bettering relationships between the public and the South African Police Service. Thus, the author will advocate for improvements (or, in some cases, complete renewal) of investigative practices such as gathering evidence to increase victim protection and participation and be subject to transparency and accountability rules where appropriate. Ultimately the author presents a 'diary system' of sorts to form a road map for criminal investigations in which a system of checks and balances is inherent.

Dealing with Culturally Motivated Crimes Outside of South Africa's Criminal Justice System

Jacques Matthee, *University of the Free State* (mattheejl@ufs.ac.za)

In a multicultural society like South Africa, the legal system will inevitably, at some point, be confronted with so-called "culturally motivated crimes". Such crimes occur when, in a particular legal system, a person's conduct is considered to be an indigenous belief or custom, and lawful, by a minority culture, but also as a crime by the dominant culture. Since the earliest of times, the South African legal system has dealt with such situations by prosecuting the perpetrator for various common law and statutory crimes. South Africa therefore still mostly adheres to a retributive justice system. However, since the advent of South Africa's democratic era, the emphasis is placed on dealing with criminal activities in a more participative and reconciliatory manner. In doing so, a restorative justice approach has been adopted as indigenous and customary responses to crime mainly inform it, and it entails processes within and outside of the criminal justice system. In light hereof, this presentation aims to consider how culturally motivated crimes can be dealt with outside of the South African criminal justice system in response to the restorative justice approach.

Plea and Sentence Agreements: Lessons Learnt from South Africa

Stephan Terblanche, *University of South Africa* (terblss@unisa.ac.za)

The South African Criminal Procedure Act, 1977 (s 105A) regulates plea and sentence agreements between the prosecution and the defense. This scheme has been in place for some time now and there are lessons to be learnt from this experience. This presentation will briefly explain the scheme, noting that it is not really diversion, as the offender has a criminal record afterwards. However, the experience gained could be extended to a real diversionary process. There is, indeed, much room for increased application of plea and sentence agreements and diversion, as criminal justice in South Africa is notoriously slow and expensive. In order for these agreements to become more common, there is a need for properly considered guidelines guiding the discretion to employ such a process, and this will be even greater if it becomes a true diversionary process. The presentation will discuss these issues, focusing in the end on guidelines that have proven to function adequately.

123.   Novel Techniques Utilized in Management of a Forensic Inpatient Unit and Fellowship during COVID

Redefining Forensic Psychiatry Fellowship during COVID Pandemic

Christopher Myers, *Bridgewater State Hospital, Bridgewater, USA* (clmyers219@gmail.com)

The Commonwealth of Massachusetts reported the first positive COVID-19 individual on March 2, 2020 and by the middle of April was one of the top three infected states in the US. By April 15, 2020, 37 positive COVID-19 cases and 5 deaths related to COVID-19 were reported at the Massachusetts Treatment Center, a facility that treats sexually dangerous persons and is adjacent to Bridgewater State Hospital, a maximum-security forensic psychiatric hospital that houses up to 275 patients. This presentation will discuss the efforts by the administration of Bridgewater State Hospital in partnership with local agencies and hospitals to prepare for and manage this pandemic in light of rapidly expanding local COVID-19 infections and deaths. With a concerted creative interdisciplinary effort, as of August 10, 2020 the hospital reported 15 positive COVID-19 patients, 24 positive staff members and zero deaths. Specific topics of discussion include developing a protocol in the midst of limited testing and personal protective gear, legal and ethical challenges associated with the pandemic in the context of a forensic hospital, containment of an outbreak in a unit with vulnerable patients and utilization of TelePsychiatry and TeleMedicine to limit staff exposure and infection.

The Management of Psychiatric Inpatients at a Maximum-Security Hospital during Covid19: Long Distance Locum Trials and Tribulations

Pamela Howard, *Forensic Psychiatrist, Bridgewater State Hospital, Bridgewater, USA* (doctorpam@me.com)

This presentation will address the management of maximum security inpatients. The advent of Covid19 in the United States created vacuums in an already stressed mental healthcare system that required a level of flexibility that was unimagined only a few months prior. The need for forensic psychiatrists to manage inpatients became challenging overnight due to the loss of on-sight staff because of exposure risks and stay at home mandates. Bridgewater State Hospital reached out to prior fellows in an attempt to create safe transition of care to forensic psychiatrists already familiar with the complexities of the system. Information technologists created the platform for long distance locum by integrating existing systems to allow patient management from across the United States. In this session, we will discuss the positive and negative aspects of this system and solutions to some of the problems faced by this sudden necessary transition.

Whether it's the Euro, Pound Sterling, Japanese Yen, or US Dollar the Use of Telehealth Saves Time and Money

Eben Howard, *Howard Medical Corp., California, USA* (doctoreben@me.com)

The wave of COVID across the world left in its wake an unimaginable array of needs for those with mental health issues in both the inpatient and outpatient settings. The cost of employee illness is a well-known factor in any business. Infection of the COVID virus in an employee is exponentially more expensive than the simple flu. The potential for an outbreak in the inpatient setting with an already challenging group of patients struggling with mental health issues creates even more potential problems with management of ill patients that cannot be transferred easily due to the unique needs that brought them to a strict security hospital setting in the first place. The use of Telehealth is an avenue to allow for the ongoing safe management of this patient population with the intent of avoiding patients and employees suffering with this disease. This presentation will discuss the economic aspects of this virus including the benefits and costs of Telehealth in this difficult time.

Legal Concerns for Inpatient Forensic Psychiatry Services During COVID-19

Eric Drogin, *Harvard University* (edrogin@bidmc.harvard.edu)

This presentation will explore complex legal issues faced by institutions providing forensic psychiatric services under pandemic conditions. Assessing the ability to provide truly voluntary consent for admission is far more difficult when fears of infection must be parsed for their rationality. Judges may be more reluctant to order involuntary admission—and quicker to order arguably premature release—for persons clearly in need of inpatient psychiatric care, due to fears of spreading a potentially fatal virus. When psychiatric services are provided remotely, institutions must grapple with jurisdictionally determined licensure concerns, in addition to determining which state's laws control profession-specific standards and liability. Telepsychiatry can also confound on-site supervision requirements ordained by pre-Internet statutes and regulations, and there are additional legal implications for exposing supervisees to infection when institutions fail to adhere to requisite safety protocols. To what extent do current laws allow for adapting existing restraint and seclusion procedures? Facilities providing psychiatric treatment to both state and federal inmates may receive mixed signals from governmental entities that are at politically-influenced odds over mandated anti-viral precautions. Litigators will increasingly raise challenges to the alleged influence of masking and distancing upon judicial decisions resulting from video arraignments and other criminal or civil proceedings.

COVID Challenges to Care and Training: Building a Forensic Fellowship during COVID

Jhilam Biswas, *Brigham and Women's Hospital, Boston, USA* (jhbiswas@wellpath.us)

In the pandemic era, the world transformed into a virtual platform. Forensic training and care of patients in institutional settings were forced to change quickly in order to maintain the same expectations and standards of training and care in a new world. In 2020, the Harvard Psychiatry Forensic Fellowship underwent an expansion, integration of multiple sites, and leadership change all in the midst of a societal shutdown and a public health crisis. During this period, faculty from Bridgewater State Hospital, Brigham and Women's Hospital, and Massachusetts General Hospital collaborated to recruit fellows, organize virtual evaluations of forensic patients, and conduct research in a safe manner all while including and teaching trainees. In this presentation, the successes and errors experienced in this transition, and the solutions discovered in starting and managing a new program during a pandemic will be outlined.

124.   Outpatient Commitment Law, Process, and Outcomes

The Balancing of the Need for Treatment & Civil Liberties

Matthew Segal, *Pacifica Law Group LLP, Seattle, USA* (matthew.segal@pacificalawgroup.com)

This presentation will explore the potential that the use of outpatient commitment with appropriate parameters is a means to broaden the provision of needed treatment in the community, while balancing the necessary protection of the civil liberties of those to be treated. Although inpatient commitment almost invariably requires a showing of dangerousness to oneself or others to meet constitutional standards and assure protection of civil liberties, outpatient commitment imposes a lesser restriction on liberty and therefore provides an opportunity to employ a broader need for treatment standard under some conditions. Moreover, outpatient commitment provides a necessary and preferable alternative to incarceration, where many community members in need of treatment end up. Jails in particular are ill-suited to serve as de facto providers of mental health services, although they are being asked to serve this role in more and more communities, with the result being that those most in need of treatment often do not receive it. Finally, the advent of COVID-19 has raised questions globally about the confinement of inmates or patients in close quarters, whereas outpatient commitment provides distinct opportunities to manage emerging public health risks.

Marked Differences in Community Treatment Order Outcomes Between States with Low and High Rates of Use

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

CTO use varies widely in Australia ranging from 3.0% of community contacts in Western Australia (WA) to 23.7% in Queensland. While rates in WA have been stable, they are steadily increasing in Queensland. This is in spite of similar mental health legislation. To investigate if differences in CTO use between the two jurisdictions affected health service use in the 12 months following discharge from inpatient care, CTO cases, in both jurisdictions, were compared to non-CTO subjects. Cases and controls from administrative health data were matched on age, sex, diagnosis and time of hospital discharge. Outcomes were admissions and change in bed-days. There were 2958 WA cases and controls (total n=5,916) and 7432 of each from Queensland (total n=14,864). WA cases had 13 fewer bed-days than controls (t-test=-9.56, df=5914, p<0.0001) although mean admissions were similar in both groups. By contrast, Queensland cases were more likely to be admitted than controls (1.79 (SD=5.88) vs 1.39 (SD=5.39); t-test=-4.31, df=14862, p<0.0001), with a non-significant difference of one bed-day between the two groups. There are marked differences in the outcomes of CTO placement between two Australian states. This presentation will argue that these findings warrant further investigation including the role of frequency of CTO use.

Inconsistencies in Hospital and Service Utilization Outcomes Following Assignment to Outpatient Commitment

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

Inconsistencies have been reported in hospital and service utilization outcomes following assignment to outpatient commitment (OC). This review seeks to specify factors accounting for this outcome variance. Studies from six meta-analyses published through 2018, and additional 2019 publications reporting on such outcomes post-OC assignment were reviewed. Study-design-quality at completion was evaluated and studies were contextualized into sub-groups according to mental health system and patient characteristics most likely to affect post-OC-assignment utilization outcomes. If OC-assignment was coupled with assertive community treatment (ACT) or aggressive case management, it was associated with enhanced ACT success in preventing hospitalization. OC enhanced available community-service use. When community-services were limited, OC facilitated rapid return to hospital for needed-treatment and increased hospital utilization in the absence of a less restrictive alternative. OC-studies focusing on "total hospital days", "prevention of hospitalization", and "readmissions" yielded inconsistent findings largely resulting from mental health system differences. Increases in these statistics reported as OC-failures, failed to take account of between-group differences in patient severity, availability of community-based service, reductions in hospital-beds, and financing incentives for readmissions. This presentation will discuss how diverse mental health systems yield diverse OC-outcomes, each fulfilling the law's legal mandate to provide needed-treatment protecting health and safety.

The Criminal Justice System: Arrests, Psychiatric Hospitalization and Severe Mental Illness

Jonathan Prince, *CUNY* (jprin@hunter.cuny.edu)

Are people with severe mental illness more likely than other individuals to have criminal justice system involvement (CJSI)? Researchers have yet to examine CJSI among only the most severely ill individuals with past-year psychiatric hospitalizations. Among these individuals (N=2671; National Survey of Drug Use and Health, 2006-2014), we used logistic regression to assess CJSI-risk and identify risk-factors. The following potential risk factors were included in the logistic model: gender, marital status, income, past-year use of substance abuse treatment, and indicators of substance use disorder (alcohol only; cocaine only; both alcohol and marijuana only; both alcohol and prescription painkillers only; alcohol, marijuana and cocaine only). In relation to people without past-year psychiatric hospitalization or substance use disorder, those with both inpatient stay and substance use disorder were 11.00 times as likely (CI=8.26-14.65, p<.001) to be arrested and booked for breaking the law in the last 12 months, while those with psychiatric hospitalization (only) were 3.62 times as likely (CI=2.73-4.79, p<.001) and those with substance use disorder (only) were 5.39 times as likely (CI=4.98-5.83, p<.001). This presentation will argue that using our findings to identify people who are at greatest risk for CJSI, preventative interventions could be offered.

The Risk of Outpatient Commitment with Difficult and Dangerous Individuals

Samuel Wolfman, *Haifa University* (s.wolfman@wolfman-law.com)

The Israeli Mental Act authorizes involuntary hospitalization and involuntary community treatment for people with severe mental illness (SMI) who are deemed to be dangerous to themselves or others. Such involuntary treatment can be required in civil cases or in criminal situations when people with SMI are found "not responsible" for a criminal offense or when they lack capability to stand trial. The aim of the law is to give mental health authorities the opportunity to treat such patients. The objective is to enable remission of their illness by minimizing restrictive measures while reducing the risks of dangerous behavior. Outpatient involuntary treatment in Israel is recommended as a less restrictive alternative to hospitalization when the patient's degree of dangerousness is at a level that enables its management with community treatment. Alternatively, it follows involuntary hospitalization when the individual has been stabilized and his dangerousness is evaluated to be in a reduced form. The presentation shall describe the process of involuntary community treatment in Israel and shall raise questions about whether such outpatient treatment has achieved the expected goals of the law and indeed eliminated the risk of dangerousness with less restrictive measures.

125.   Overcoming Barriers and Using an Integrated Care Model to Address Mental Health Challenges in People Living with HIV in the United States

Mental Health Concerns in People Living with HIV

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

Addressing mental health issues in people living with HIV is a key part of providing comprehensive care to this population. Despite the high frequencies of distress, addiction and mental health disorders among people living with HIV, these conditions (including co-occurring disorders) remain under diagnosed and under treated resulting in social and occupational dysfunction. Overall distress and untreated mental health challenges are rampant among persons living with HIV and may result in lower rates of suppression, with even fewer people reaching the goal of becoming undetectable. This presentation will report on the initial results of a program review of an innovative program integrating mental health services, housing services and legal services into an HIV clinical care setting (LifeCare). In particular it will review demographic information, diagnoses, and treatment needs in this population along with barriers to medical management including poverty, housing instability, legal involvement, and severity of co-morbid disorders encountered in serving this population.

Integrated Care Models and Addressing Mental Health Concerns in People Living with HIV

Kyle Bonham, *Indiana University* (kbonham@iuhealth.org)

Implementation of a mental health program in a healthcare system involves overcoming administrative, programmatic, and staffing hurdles. In the United States this is compounded by financial barriers caused by a fragmented and illogical healthcare financing system. Fortunately, there are robust resources in place for many jurisdictions and patients (but not all) as a result of the federal Ryan White CARE Act. The Act provides support to individuals who may not otherwise be able to cover HIV-related care. IU Health LifeCare is an innovative outpatient program serving over 1500 adults since 1992. In addition to leveraging these financial resources, a gradual implementation process has been key to the success of the mental health program at IU Health LifeCare. This presentation will review the benchmarks and challenges in the evolution of this program and make recommendations for other integrated care settings seeking to add mental health services to their repertoire.

Implementation of Integrated Behavioral Care with Hive Treatment at the Client Level

Linda Santoro, *Indiana University* (lsantoro@iuhealth.org)

In order to assess the mental health needs of clients served by IU Health LifeCare, each client meets with a social worker to assess the client's medical, mental health, and social concerns at the intake appointment. This social worker then serves as the care coordinator and implements a plan to address the needs raised during the comprehensive evaluation process. Since implementation of the behavioral health program within the walls of IU Health LifeCare clinic, we are now able to address these concerns in a holistic way. The program began with internal referrals to psychotherapy performed by a part time case manager who is also a trained therapist. In 2017 the service expanded with the addition of a psychiatrist and pharmacist. In 2019 Art Therapy was added to the repertoire of services. This presentation will review some challenges and successes along the way and make recommendations for successfully integrating mental health care of individuals living with HIV with existing case coordination.

A Prescription for Mental Health Medication Management in a Medical Home Model for People Living with HIV

Jacob Peters, *Butler University* (jrpeter1@butler.edu)

Treatment of mental health disorders in people living with HIV requires careful review and understanding of pharmacokinetic and pharmacodynamic properties of medications, as well as a deep understanding of co-occurring disorders that may impact compliance, drug metabolism, and side effect frequency. For most people, interactions with a pharmacist is limited to picking up medications and receiving counseling on use of medications. However, in the United States pharmacists can also practice under the legal framework of Collaborative Practice Agreements (CPAs) with other providers that allow their duties to expand beyond a traditional dispensing role. Additionally, to practice in specialty settings such as IU Health LifeCare, pharmacists participate in additional post-graduate training and maintain certifications in their area of expertise. With this structure, pharmacists can evaluate drug-drug interactions, metabolic considerations, risks, tolerance issues, and costs that impact a patients' care receive careful review at the point of service. By leveraging this specialized skillset, providers can offer safe and effective therapy to improve both mental health and HIV outcomes through pharmacist-provided services. This session will discuss innovative, team-based approach from a clinical pharmacy specialist's perspective for patients seeking mental health services in a HIV clinical setting.

Harm Reduction and Access to Care: Lessons from the Opioid Overdose Epidemic and COVID-19

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Public health surveillance and privacy-guaranteeing contact tracing have been key to reducing risk for people living with HIV. Once surveillance is successfully implemented the next imperatives are harm reduction strategies and access to care. Both of these issues have been highlighted by the latest public health emergencies in the U.S. (and beyond), the Opioid Overdose Epidemic and the COVID-19 pandemic. OUD and HIV intersected at the very beginning of the governmental reaction to OUD when in spite of stigma and moral blame the State of Indiana had no choice but to open a syringe exchange service in Scott County following a major outbreak of HIV among intravenous drug users. As governmental interest in harm reduction waned and stigma continued to impact governmental action that was bookended by a similarly serious HIV outbreak in Cabell County, West Virginia. Access to Care issues were vividly illustrated by regulatory and financing federal and state reactions to COVID-19. The Trump administration sought to reduce the number of persons eligible for Medicaid by allowing states to impose work requirements or change the Medicaid financing mechanism to block grants. Yet, true to its counter-cyclical role, as the pandemic gripped America, millions lost their employment and employer-provided health insurance, and it became imperative to test and treat the uninsured the federal government increased access to Medicaid and other funding mechanisms. The question that remains is whether lessons from the overdose epidemic and COID-19 will be learned to reduce stigma and improve harm reduction and access to care for all vulnerable populations.

126.   Perspectives on COVID-19

Impact of COVID-19 on Outpatient Psychiatry

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The author has a Psychiatric Outpatient practice in the borough of Queens, NY which has become the epicenter of the COVID pandemic in the USA. Patients have responded in various ways dependent on multiple factors. While the symptoms of some patients has exacerbated others have experienced relief attributable to the lockdown. Patients have become curious about legal issues such as writing their will and updating their advanced health care directives. The author will present clinical and medico legal issues as they relate to out patients.

COVID-19 and Homelessness

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While much of New York was staying indoors, the homeless and NYC shelters became a time bomb presenting new challenges and requiring innovative crisis strategies. Life for the homeless changed overnight. The shelters were filled over capacity and the virus was spreading fast. The loose change from pedestrians disappeared, the restaurants they depended on for free meals were closed. The social workers and healthcare staff were maintaining distance and were in phone

contact when possible. This presentation will cover the actions, the challenges, the partnerships (private hotel rooms for isolation) law enforcement policy changes and support, the prevention measures. The guidance, finally coping with stress, loss and resources even for the healthcare workers who were also personally dealing with the illness.

Impact of Misinformation and Politicization of Covid-19

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Mental health services at NMC Healthcare, Dubai caters to a wide catchment area of Dubai-a large metropolis in the Middle East with a significantly high proportion of multiethnic expatriates from every part of the world. This presentation is based on our experience of observations on both clinic and non-clinic population in the first quarter of 2020 of Covid-19 related concerns and its implications. It seems that in no other epoch in history has there been such rampant misinformation and politicization of an illness underscoring the complex relationship between science, politics and public opinion. The impact of individuals adaptation in dealing with ever changing reality obviously resulted in an increase in incidence of anxiety disorders – during this period there was almost three fold increase in new cases registered in psychiatry services at the Centre, thereby increasing the demand on counseling and psychoeducation services. Analyzing their responses pointed towards inadequate moral and ideological commitments on the part of stakeholders, opening up the need for accountability at various levels. In many individuals both with depressive disorders as well as obsessive compulsive disorders the impact of Covid pandemic appeared to bestow some positive adaptation, they seemed better. A possible explanation is that they found relief from personal demons while dealing with the common enemy represented by virus.

Pandemic Crisis & Consequences of Mental Health Delivery In India

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India is a populous country with an population of 1.3 billion. The current COVID pandemic has put the country out of gear in social, economic and health care delivery systems. The peculiar nature of India's health care delivery system is delivered by mostly government and few private players. The norms of pandemic like quarantine and testing has considerable effects on stigma, discrimination and seeking help. The public health system is under severe stress and there is precious loss of lives of medical personnel. There are paucity of ventilators, space/beds and medical personnel in the health care delivery systems. The lockdown has led to migration of workers from different states of India causing economic hardship and mental health consequences. But it's good to know that few good things have happened during this crisis period like India manufacturing essential goods and medical equipments. Mental health consequences include anxiety, depression, suicidal behavior, isolation and substance abuse. Tele-medicine has become more popular and legalized. Every corner of the country has access to Tele-medicine including

free of cost by the government. Some of the published and unpublished data on studies of this pandemic will be shared during the presentation.

Moral Injury and Moral Resilience Among Healthcare Workers During the COVID-19 Pandemic

Cynda Hylton Rushton, *John Hopkins University* (crushto1@jhu.edu)

The COVID-19 pandemic placed unprecedented strains on the United States healthcare system, putting healthcare workers (HCWs) at increased risk for experiencing moral injury (MI). MI is characterized by exposure to events that violate one's core moral values and beliefs in ways that erode integrity, moral capability, and perception of basic goodness. Moral resilience (MR), the ability to preserve or restore integrity, has been proposed as a resource to mitigate the detrimental effects of MI among HCWs. We investigated the prevalence of MI among U.S. HCWs, the relationship among factors that predict MI, and determined whether MR can act as buffer against it. In a sample of 595 HCW's, the overall prevalence of clinically significant MI in HCW's was 32.4%; nurses reporting the highest scores. Moral injury among HCWs was significantly related to: MR score, Ethical Concerns Index score, religious affiliation, and having ^{3}20 years in their profession. MR was a moderator of the effect of years of experience on MI. HCWs are experiencing MI during the pandemic; the relationships with mental health and burnout requires further exploration. Moral resilience offers a promising resource to moderate the detrimental impact of MI alongside healthcare system transformation and provision of mental health services.

127. Philosophical, Cultural, Medical and Legal Considerations in Consciousness and Brain Death

Eastern and Western Conceptions of Consciousness Applied to Robotics and Artificial Intelligence (1)

Eisuke Nakazawa, *University of Tokyo* (nakazawa@m.u-tokyo.ac.jp)

"Sociable robots" are artificial intelligence (AI) systems designed to engage with humans in ways that mimic human or pet interaction and generate social rapport between humans and machines. Humanoid appearing sociable robots are deployed worldwide to carry out a range of interactive tasks, including keeping company with older people in long-term care facilities. Social robots hold particular appeal for aging societies, because older adults are more socially isolated and lonely than other age groups. This presentation responds to an influential objection to sociable robots, which holds that robots are "empty" inside and therefore incapable of forming genuine caring relationships. In this combined session, Drs. Nancy S. Jecker and Eisuke Nakazawa respond to

this objection and develop a positive argument in support of sociable robots that is grounded in Eastern and Western philosophies. They argue that the objection that robots are "empty" (1) assumes a Western dualist view, which they challenge by appealing to Eastern philosophy; (2) assumes we can tell that humans are conscious and robots are not, which they challenge by appealing to skepticism about other minds; and (3) assumes a binary view of caring relationships, which they challenge by arguing that caring relationships occur along a continuum.

Eastern and Western Conceptions of Consciousness Applied to Robotics and Artificial Intelligence (2)

Nancy Jecker, *University of Washington* (nsjecker@uw.edu)

"Social robots" differ from other types of robots, in that they are designed to engage with humans and produce an emotional connection. Worldwide, some such robots have already been designed to provide certain interactive administrative tasks: as hotel check in clerks, for example. Social robots have a particular appeal for potentially assisting the world's growing elderly population, potentially as companions. A common objection to designing sociable robots to function as friends and companions holds that robots are "empty" inside and incapable of subjective states like caring. This presentaiton will continue to challenge this objection and argue against this objection by appealing to both Eastern and Western beliefs. It will argue that the objection assumes we can tell that humans are conscious and robots aren't, yet skepticism about other minds casts doubt on this claim. It will also suggest that caring relationships are not binary but instead, occur along a continuum.

Diagnosing and Discussing Brain Death: Medical Facts and Family Challenge

Aaron Joffe, *University of Washington* (joffea@uw.edu)

Legal and medical brain death determination in the United States follows specific guidelines and must meet certain criteria. Yet families still experience confusion about brain death determination, how it is done, and what their rights are with regard to organ donation. These issues have become particularly acute in the time of the COVID-19 pandemic, when families may not be able to be present with loved ones for whom withdrawal of medical intervention and/or organ donation is being discussed. Lacking their "own eyes" to better assess and understand their loved ones' medical situation, families find it especially hard to process information regarding these issues. Additionally challenging are the different ethnic and religious concepts of death and dying in a multicultural society. This presentation will address the procedures and requirements for brain death determination, and describe how a discussion might be approached with families regarding discontinuing life-sustaining medical interventions and/or organ donation.

Opting out of Brain Death in the United State

Gail Van Norman, *University of Washington (*gvn@uw.edu)

Although the determination of death by whole brain criteria may appear firmly established in the United States, and both health care organizations and organ procurement organizations claim that "all religions" support the concept of brain death for the purpose of discontinuing medical interventions and/or proceeding to organ donation, this is not entirely true. Several notable cases will be explored in the United States that posed startling questions about the "medical legitimacy" of brain death as a concept, and that succeeded in mounting legal challenges to brain death as a legal definition of death. Several cases have led to evolving legislation and advocacy to require informed consent from surrogate decision makers for brain death testing to proceed, and will present challenges to health care providers and donor families into the future. An increasing social movement is allowing families to "opt out" of "brain death" criteria in determination of death.

128.   Police Health and Wellness (1)

Putting the Horse before the Cart – Designing a Wellness Effort That Will Work from the Top Down

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Like any law enforcement agency, the Seattle Police Department's employees are its most valuable resource. Commitment to the wellness of our employees is indistinguishable from our commitment as first responders to the communities we serve. This has not always been the case for trauma-exposed professions, resulting in many tragic mental and physical health challenges and injuries. In 2019, the Seattle Police Department wellness workgroup collaborated with other police agencies recognized for their first-generation wellness units. After researching many of these programs across the United States and assessing our current culture of wellness, this study focused on ushering in the next generation of holistically-based law enforcement wellness. This presentation will review the development of a comprehensive wellness program for a diverse workforce. It will explore the commitment and support from the very top of the organization required to initiate effective wellness programs. It will also describe how this process can foster buy in and trust from your employees to reduce the impact of cultural stigmas and skepticism.

Your Map to Wellness – How Wellness Unit programming can make a change in culture X

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The Seattle Police Department formed a Wellness Services Unit in early 2020. This unit emerged from a comprehensive review of current wellness within the department as well as employee perceptions through use of an internally-developed survey. Our group identified the top law enforcement agencies wellness programs in the United States through research and publication review. In the interest of our goal to advance the next generation of wellness programming, we took the opportunity to visit and evaluate these programs face to face. From the outset, the Seattle Police Department Wellness Unit established as its mission the delivery of quality employee-driven programs that promote a comprehensive culture of wellness. The goal of all programs developed is to proactively build resilience and reactively provide effective support so that every employee can live a fulfilling life worthy of their honorable calling. This presentation will address how specific programming developed for both reactive and pro-active can create a holistic approach to reaching wellness within the department. It will look at how specific programs that support physical, mental, and spiritual can work together for our employees overall health.

Developing, Implementing, and Evaluating a Fatigue Risk Management Strategy for the Seattle Police Department

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Over 90% of officers report chronic fatigue, which negatively impacts officer safety (e.g. vehicle collisions), performance (e.g. greater risk of errors), and health (e.g. increased risk of disease). To date, no research exists that has examined the problem using a mixed method approach (e.g. collecting physiological and operational data as well as self-report data) across a large and nationally representative department. To address this critical issue, Washington State University has partnered with the Seattle Police Department (SPD) to establish a thorough understanding of the cumulative effects of shift-work schedules, overtime, and secondary employment on police performance, safety, health, safety, and quality of life; as well as develop and evaluate a fatigue-risk management strategy using a Randomized Control Trial (RCT) design. Using this multi-phase and mixed-method approach, our core objectives are to 1) measure the cumulative effects of work schedules, overtime, secondary employment, and sleep loss on SPD officer health, safety, quality of life, and performance; 2) develop a fatigue-risk-management strategy, informed by the data collected during objective 1; 3) using an RCT design, implement the resulting fatigue-risk-management strategy across the SPD; and 4) measure the effectiveness of the fatigue-risk-management strategy by collecting physiological, psychological, and operational level data. This presentation will use both quantitative (generalized-linear-mixed modeling and survival analysis) and qualitative (thematic and content analysis of interviews and focus groups) data analyses. This presentation is directly relevant to promoting officer wellness because our findings will directly address the relative risks of different shift schedules, as well as overtime rates, and secondary employment on officer safety, health, and performance.

129.   Police Health and Wellness (2)

Internal Affairs: A Help or Hindrance in Police Health and Wellness?

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Internal Affairs departments in police agencies are often considered to be a driving force behind police officer stressors. Depending on the seriousness of the allegation made, resultant administrative discipline can vary from oral reprimands, reduced wages, demotion through to termination. In this respect, officer health and well-being can be perceived as being impacted by internal police factors. These factors however, are not solely associated with the Internal Affairs departments. Discipline, and the policy which creates it, is navigated through Police Guild contracts, local Government Ordinances and established policies within police departments. Understanding the linkages between departments in the police discipline process is an important step in understanding their impact on police stressors. Internal Affairs and police health and wellness are often recognized as two separate entities where a cause and effect understanding is informally associated. To date, little research has examined how both these groups could complement rather than conflicting with each other's operations. This presentation will explore the possibility of using Internal Affairs processes as an early intervention tool to identify where Internal Affairs and health and wellness can cooperate to reduce or mitigate the stressors impacting officers.

Discipline is Dead: Challenging the Impact of Traditional Disciplinary Actions on Modifying Police Behavior

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Police discipline and the stress and uncertainty that flow from these processes can significantly impact the health, wellness, and morale of officers. While disciplinary outcomes have often been seen as the source of officer stress, little focus has been given to the methods through which the discipline is enacted. Historically, police discipline has emphasized punishment and little focus has been placed on other mechanisms purposed to correct behavior. This lack of flexibility serves to diminish the overall effectiveness of discipline and inhibits alternative methods for resolution. Such alternative methods, including processes that are restorative in nature and stress teaching, mentoring, and growth, may increase officers' trust in disciplinary processes, cause more positive

modified behavior, result in lower rates of recidivism, and improve officers' morale, health, and wellness. This presentation will examine examples of alternative discipline processes, including Rapid Adjudication, Supervisor Actions, Performance and Counseling Reviews, Frontline Investigations, and Mediation. In doing so, this presentation will explore the positive impact that these processes can have on officers' health, wellness, and morale.

It's Time to Update Pre-Employment Testing for Police

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While selecting the best police officer candidate is not a new challenge, the current process has seen few updates despite the increasing need for officers to function in a cognitively demanding environment that requires high level working memory, multitasking, and mental flexibility. Additionally, there is no consensus on what measurements are best to use and state licensing commissions frequently offer little guidance beyond requiring police officers be in satisfactory psychological/ emotional health. Unfortunately, despite this need, there is little research exploring what skill-sets and abilities are critical in order for police officers to carry out their duties successfully. During this presentation, we will discuss preliminary data from a pilot investigation examining the relationship between measures of neuropsychological functioning and emotional health and police officers' field performance. The results of this novel research suggest that the addition of brief measures of cognition and emotional health to current pre-employment testing may be useful in the selection process. Finally, we will describe a case example of an officer from the pilot study who passed the pre-employment evaluation but was later dismissed after a failed fitness for duty exam, exemplifying the importance of ensuring procedures for selection are duty specific and evidence based.

130.   Police Use of Deadly Force in the United States

Race and Psychiatric Disabilities: An Intersectional Approach to Police Reform

Ann C. McGinley, *University of Nevada* (ann.mcginley@univ.edu)

The murder of George Floyd by police officers in Minneapolis incited tens of thousands of Americans and persons across the globe of all races who now realize that police reform is necessary to achieve real equality among all persons. As efforts to reform police practices continue, we must understand that the intersection of Black or Latinx race and psychiatric disability elevates the risk of arrest and injury dramatically. In too many tragic cases, family members of an individual with

bipolar disorder, schizophrenia, or other mental health disability call police for help transporting the individual to the hospital, but police escalate the tense situation, leaving the individual dead or seriously injured. This presentation discusses the intersectional harms caused by the police to persons of color with mental health disabilities and analyzes the potential use of Title II of the Americans with Disabilities Act (ADA) to hold police departments liable for injuries and deaths suffered during and immediately following arrests. It also discusses the limitations of lawsuits and argues that we explore alternatives such as redirecting police funding towards resources that support individuals with mental health and other disabilities.

"He's Acting Strange": Mental Health & Police Uses of Deadly Force

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In the United States, officers shoot and kill approximately 1,000 people every year, and studies suggest that a sizeable percentage of that population—as much as 40%—are suffering from extant mental health conditions. In all likelihood, officers shoot at, but do not fatally injure, many more people who struggle with mental health issues every year. The current legal structure provides little reason to be optimistic that the situation in the United States will improve. The legal regulations that governing policing and the use of force do little to incentivize police agencies or individual officers to adopt evidence-based approaches that reduce the likelihood that officers will use deadly force. This presentation will briefly discuss the legal framework established by the Constitution, federal law, and state law, identifying inflection points where changes to statutes or doctrine could significantly reduce police uses of deadly force without increasing the danger to officers or the public. It will identify several contemporary administrative practices that some agencies have adopted or are experimenting with and discuss how such practices could be incentivized by law.

Principles for the Use of Police Force

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What rules regulate when police can kill? As ongoing public controversy over high-profile police use of force, shows, domestically and internationally, the civil, criminal, and administrative rules governing police use of force all remain contested. As a recent American Law Institute set of principles sets out, while members of the public may assume that police rules and procedures provide detailed direction for when officers can use force, including deadly force, instead, existing rules often confer wide and uninformed discretion on officers and agencies. Further, many agencies train officers to respond to threats according to a force "continuum" that does not provide clear rules for when or how police can use force or deadly force. Police tactics have advanced considerably and can provide a far better set of principles to regulate use of force, beginning with their directions to slow down, de-escalate, and require that officers use the minimum amount of force necessary. Further, policing technology has evolved to make some of those tactics more feasible; that said, there is inadequate research in policing generally, and in the area of use of force specifically. This presentation will discuss how police use of force can be better grounded in

police tactics, as well as the deep need for more and better designed research. Second, it will survey existing law and identify gaps. Third, it will ask how the law and policy of police use of force could be better informed by scientific research.

Advancing Technology in Public Safety Without Sacrificing Privacy for Marginalized Groups

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In a post-COVID world, surveillance techniques may keep first responders just behind the "front lines," offering them and the individuals they are engaging in surveillance or investigation less likely to engage in contact that could turn violent for either the suspect or the officer and even remain healthy. Law enforcement agencies and the communities they serve should be able to utilize technology to advance the interests of public safety. Facial recognition, body-worn cameras, predictive police policing, gun-shot detection software, and aerial surveillance are just some of the 21st century technologies that law enforcement can employ. At first blush, these technologies seem to offer less intrusive means of surveillance and investigation. However, upon closer examination, the combination of all of these technologies, and their use in already vulnerable, underserved communities create another set of issues. Of more concern is that these technologies are often employed in the absence of community consent. This presentation will describe how the totality of the "new" technology is creating a new set of accountability issues that policy makers must address.

Law Reform as a Vehicle for Change

Cynthia Lee, *George Washington University (*cynthlee@law.gwu.edu*)*

During the summer of 2020, millions took to the streets, demanding changes in policing after seeing the horrific video of a police officer pressing his knee for 9 minutes and 29 seconds into the neck of an African American man. Since George Floyd's death at the hands of former Minneapolis police officer Derek Chauvin on May 25, 2020, many state legislatures have moved to reform their police use of force laws. Despite significant changes to the laws surrounding policing, many calling for change have argued law reform is insufficient to address systemic racism in policing. Instead, they argue for defunding of the police at a minimum and eventual abolition of police. This Essay takes the position that law reform is an important vehicle to achieve change in police culture. Even those who support defunding and abolition should support police reform efforts if their ultimate goal is to reduce or prevent unnecessary police uses of force.

131.   Police Use of Force in the United States and Europe

The Pain of Policing

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In the United States of America, pain is at the core of policing. The dominant account of the police identifies pain, or at least violence that causes pain, as definitive of policing. Whenever the police encounter the public they are, on this view, ready and willing to deploy pain to overcome resistance to their demands. But even on the dominant account, there are limits to the pain that the police get to deploy. Legally, the police only get to inflict pain upon others to the degree the criminal law and the law of police procedure says is proportionate. Because police perceptions of their power relative to some civilian occur in a context of fear and pain. the officer's perceptions about the civilian's subjective abilities to tolerate pain affect those options that officer considers reasonably available to assert her power over the civilian. The more pain a civilian can tolerate, and so the more resistance they can plausibly offer, the less low-pain options one might think are available to the police. The temptation, which is entrenched in the criminal and constitutional law standards, is to credit the officer's perception of pain tolerance to determine the reasonableness of heightened use of force. This presentation will critique this view, and suggest alternative accounts.

Beyond Black and Blue: How Neoliberalism Structures the Black Lives-Blue Lives Debate

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Many scholars have expressed marked dissatisfaction with the Fourth Amendment jurisprudence on deadly force, asserting that it gives officers and departments an unfair pass. In the press and public, this has manifested as a crusade to secure the prosecution of more officers for more serious crimes. However, it may be a mistake to focus on prosecuting individual "bad apple" officers and limiting defendant-officers' use of self-defence. As criminal defendants, officers are entitled to individual rights and defenses that undercut their individual culpability. This individual culpability focus has already been incorporated into Fourth Amendment jurisprudence, which is meant to address the very different issue of whether the state violated the Constitution, resulting in doctrine that renders the Fourth Amendment toothless. Those on the black-lives-matter side of the debate unintentionally reinforce this neoliberal approach that undercuts structural change when they characterize civilian killings as an exclusive function of individual choice rather than of the faulty departmental policies of badly screening, arming, and deploying (disproportionately in neighborhoods of color) high-risk officers.

Police Prosecutions and Punitive Instincts

Kate Levine, *Yeshiva University* (kate.levine@yu.edu)

This project looks at the fervor for prosecuting police that has arisen at a time when the criminal legal system is being roundly criticized. This turn to harshness for police is an understandable but mistaken reaction to brutality. The presentation argues that the calls for ways to ease the path to more police prosecutions from legal scholars, reformers, and advocates, who, at the same time advocate for a dramatic reduction of the criminal legal system's footprint is deeply problematic. The presentation examines the trials of various officers, many of them officers of color and aims to show that the criminal legal system's problems are playing themselves out predictably against police officers. It argues that we should take the recent swell of prison abolitionist scholarship to heart when we look at police prosecutions and adds to that literature by exploring a set of prosecutions that are considered a third rail. It also makes a systemic argument about the limited nature of current proposals for police reform that rely on individual blame. By allowing law enforcement to claim that brutality is an aberration, solvable through use of the very system that encourages brutality in the first place, we re-inscribe the failures of policing and ignore the everyday systemic and destructive violence perpetrated by police on communities of color. To achieve racial justice and real police reform, we must reduce our reliance on the police, rather than looking to the criminal legal system.

Police Violence and Victim's Rights

Marc Thommen, *University of Zürich* (marc.thommen@uzh.ch)

As in many other jurisdictions the Swiss criminal justice authorities have been reluctant to vigorously tackle police violence. As a law clerk at the Federal Supreme Court of Switzerland, I learned first hand that very often official inquiries are not opened, current proceedings are discontinued or charged police officials are acquitted. Traditionally this problem was addressed twofold, through the substantive criminal law (creation/toughening of statutory offences for state officials; limitations on justifications and excuses) or by procedural means (entrusting independent out-of-state prosecutors with the proceedings). This presentation will explore a third path by looking at the victim's rights. Here, again, two distinct issues explored. First, the victim's procedural right to an "effective official investigation" (ECHR Assenov v. Bulgaria) and second, the victim's entitlement to "adequate medical, psychological, financial and legal help" by the state (Section 14 of the Federal Act on Victim Support).

Prosecuting Excessive Use of Police Force in Switzerland and the UK: A Comparative Analysis

Sarah Summers, *University of Zurich* (sarah.summers@rwi.uzh.ch)

The presentation sets out to examine the case law of the European Court of Human Rights with a view to analyzing the response of the member states to police violence in light of their human rights obligations. The presentation will trace developments post 'Selmouni' in order to consider

the nature of the human rights regulation in this field and to analyze the ways in which the contracting states have engaged with these obligations. It will begin by considering the importance of the classification of physical and, in particular, mental violence inflicted on individuals in the determination of whether the treatment amounts to torture, before going on to consider the increasing proceduralisation of the subject as the focus moves towards regulating the investigation of such violence. This will provide the foundation for analysis of states' attempts to circumvent review by the Strasbourg Court in such cases and to consider what constitutes sufficient redress in human rights terms for the imposition of such violence.

132.   Prader Willi Syndrome: Genetics, Food, Disability & Human Rights

PWS: The Judicial Perspective on Restrictive Practices

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Anna Murray, *University of Cambridge* (anna.murray.1996@hotmail.co.uk)

This presentation offers a review of case-law from English-speaking common law jurisdictions concerning care arrangements for people with PWS. Identified are 15 cases that addressed issues connected with support arrangements. Themes common to more than one of the cases are used to generate a description of judicial approaches to balancing concern for the wellbeing and liberty of people with PWS. It will be considered whether these approaches (some of which pre-date the UN Convention on the Rights of Persons with Disabilities) are consistent with the requirements of the Convention and how they might be modified in order to achieve compliance. Education for children with PWS should be tailored to enable them to develop the knowledge and skills needed to participate in the management of their own condition. Eligibility for support packages should be based on assessment of individual needs, not measured IQ. Support should be planned collaboratively using Shared Decision Making rather than approaches such as Guardianship which prioritize the values of others over the values of the person receiving support. Nonetheless, restrictive practices may sometimes be necessary to preserve life. Such interventions should be reserved for situations where there is genuine risk and less restrictive options would be ineffective, and based on individual needs, not diagnosis.

PWS: The Values and Attitudes of People Who Give or Receive Support

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Gautam Gulati, *University of Limerick* (gautam.gulati@hse.ie)

With the aim of understanding the values and priorities of people with experience of receiving or giving support in the context of PWS, an online survey was conducted of people with PWS, their care-givers, and professionals involved in delivering support and/or treatment. In particular, this study sought to understand their views on proposals that emerged from reviews of biomedical

literature and caselaw. The presentation will discuss emerging data on attitudes and beliefs concerning: the risks to health and safety arising from PWS, the measures necessary to safeguard the health of children and adults with PWS, the use of special schools, specialist residential placements and involuntary hospitalization, restricting access to food in family homes, the use of supervision in environments where access to food is unrestricted, and public health measures to restrict access to unnecessary calories for everyone.

PWS: The Bio-Medical Perspective on Health Outcomes

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Many people with PWS do not reach normal life expectancy and hyperphagia-induced obesity is a key factor. The objective of this systematic review is to evaluate the consequence of the hyperphagia phenomenon in PWS, and to investigate its contributions to the morbidity and mortality spectrum in PWS. This systematic review examined the Medline, Cochrane, PsychINFO, CINAHL, Web of Science and Scopus databases for published material in the field of Prader-Willi Syndrome and hyperphagia. Of interest were any published morbidity and mortality data related to phenomenon of hyperphagia in PWS. A systematic review highlighted 109 key papers, which investigated morbidity and mortality in the PWS syndrome. There are a variety of levels of evidence from larger scale population studies to individual case reports. The data suggest that hyperphagia is heavily implicated as a cause of both morbidity and mortality in the PWS syndrome.

IPWSO Consensus Guidelines on Support Around Food Access

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Drawing on the findings of the three research strands presented in this workshop, the International Prader Willi Syndrome Organization (IPWSO) sought to develop guidelines on the support of people with PWS that are evidence-based, CRPD-compliant, and consistent with the values of those whose lives will be affected by them and those who will be responsible for their implementation. Presentation of the process followed to achieve this will include: initial draft guidelines, based upon research findings, which have been further refined through a Delphi consultation exercise involving people with PWS, their family carers, health & social care professionals involved on the delivery of support and/or treatment, and academics. This presentation will discuss the strengths and limitations of this approach, and opportunities and challenges associated with dissemination, uptake and implementation of the guidance.

133.   Prison Mental Health Care (1)

Dealing with Sexual Offenders in Germany

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In Germany, sexual 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 hospitalized, if at all, in general clinical psychiatric institutions. If serious offenses are anticipated from offenders who are considered to have at least diminished criminal responsibility, they are admitted, regardless of therapeutic prospects, to special forensic psychiatric security hospitals under the authority of the health ministry. Offenders dependent on psychoactive substances with sufficiently good therapeutic prospects, independent of being declared not or diminished or full criminal responsible, are admitted to special drug treatment facilities of forensic-psychiatric secure hospitals which are also under the authority of the health ministry. All other sexual offenders, including individuals with schizophrenia who are considered criminally responsible despite their illness, may be sentenced to prison, if no milder sanctions like a fine are ordered by the court. In individual cases, it may depend on coincidental constellations whether a sexual offender is committed to a forensic psychiatric or penal institution. Within penal institutions most of the sexual offenders are offered treatment in "Sozialtherapeutischen Anstalten". There are special legal regulations for sexual offenders housed in preventive detention after having served their prison sentence. In some cases mandatory outpatient treatment after release is possible. Implications of this option will be discussed.

Implementation of a Suicide Risk Screening Instrument in a Remand Prison Service in Berlin

Dora Dezsö*, Charité – Medical University of Berlin* (dora_dezso@gms.de)

Presented for review is a study that examined the effects of implementing the suicide risk screening instrument SIRAS in a pre-trial detention facility for men in Berlin. Within a period of 3 months, all newly arriving prisoners were screened (n = 611) by social workers or prison officers. Cases of elevated suicide risk were immediately referred to a psychologist or medical staff the same day. Follow-up over a 6-month period showed that 14% of all incoming prisoners were classified as high-risk individuals. These individuals received significantly more psychological and psychiatric treatment and were significantly more likely to be accommodated in crisis intervention rooms and emergency community accommodation (shared prison cells). In addition, it was found that despite the increased amount of treatment in the high-risk group, the number of specific measures did not increase significantly compared to the pre-implementation phase (N = 1,510). Implications of the findings will be discussed in this presentation.

Prevalence of Opioid Dependence and Opioid Substitution Treatment in the Berlin Custodial Setting: A Cross-Sectional Study

Kira Bernuth, *Charité – Medical University of Berlin* (kira.bernuth@charite.de)

Among prisoners, substance use is highly prevalent, including opioid dependence. Opioid substitution treatment (OST) has been established as an evidence-based, first-line treatment for opioid dependence. Despite high prevalence of opioid dependence, conclusive data regarding its prevalence and the OST practice in German prisons is scarce; rather, the existing data widely diverges concerning the rates of inmates receiving OST. We conducted a cross-sectional survey of all detention facilities in Berlin. On the date of data collection, a full census of the routine records was completed based on the medical documentation system. Extracted for each inmate were sociodemographic data (i.e., age, sex, and non-/German nationality, whether inmates experienced language-related communication barriers), information about OST, comorbidities (HIV, HCV, schizophrenia), and the detention center, as well as the anticipated imprisonment duration and sentence type. This presentation will show that the prevalence of OST remains a major health issue in the custodial setting. It will be argued that OST implementation must be especially intensified among male, non-German, opioid-dependent prisoners with a short detention period. Treatment itself must be diversified regarding the substances used during OST, and institutional treatment differences suggest the need for a consistent treatment approach and the standardized implementation of treatment guidelines within local prison's standard operating procedures. Testing for infectious diseases should be intensified among opioid-dependent prisoners to address scarcely known infection statuses and high infection rates.

Application, Evaluation and Comparison of the OxRec in a German Forensic Sample

Daniela Calvano, *Charité – Medical University of Berlin* (daniela.calvano@charite.de)

Prediction of prognosis is a central component of forensic risk assessment. Up to date, more than 300 risk assessment tools are available. The recently published OxRec is a prediction model and web calculator for violent reoffending in prisoners, which has been validated in Sweden and the Netherlands. This study reported in this presentation will describe a study that aims to apply the OxRec algorithm to data of a German forensic sample and to compare the results with the long-term outcome of the sample. Furthermore, we want to compare the prediction score of the OxRec with two yet well-established tools, the Violence Risk Appraisal Guide (VRAG) and the Offender Group Reconviction Scale (OGRS). As the OxRec includes substance abuse in its prediction score, the study in question addresses whether there is a benefit for using the OxRec for prediction of prognosis in this subgroup. Implications of this study will be discussed.

A Comparison of Inmate and Correctional Staff Perceptions of Preventing Sexual Assault in Jail

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Since the passage of the U.S. Prison Rape Elimination Act (PREA) in 2003, research has examined the prevalence of prison rape and sexual assault as well as methods for reducing these incidents in prisons. Yet, research on jails' response to PREA policies and procedures is scarce. Thus, jails across the United States remain a high-risk place for inmate rape and sexual assault despite the enactment of the PREA. Using a sample of 186 inmates and 204 correctional staff in a large southern county jail, the current study seeks to extend the literature on preventing sexual assault in correctional settings by examining inmate and correctional officer/staff perceptions of sexual assault prevention methods in a jail setting. Previous efforts examining inmate and staff recommendations for sexual assault prevention have only examined prison settings and were conducted prior to the passing of PREA. Given the US differences between jails and prisons (e.g., jails are locally operated, have dynamic inmate populations, and house individuals before and after conviction) and the strides taken by correctional authorities to comply with PREA standards, the presentation will outline the contribution of the study to sexual assault prevention in jails since the passage of PREA.

134.   Prison Mental Health Care (2)

Applicability of Two Violence Risk Assessment Tools in a Psychiatric Prison Population

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The risk of violent behavior is known to be higher for patients who suffer from a severe mental disorder. However, specific prediction tools for clinical work in prison psychiatry are missing.In this single-center study, two violence risk assessment tools (Forensic Psychiatry and Violence Tool "FoVOx" and Mental Illness and Violence Tool "OxMIV") were applied to a prison hospital population and subsequently compared. The required information on all items of both tools was obtained retrospectively of a total of 339 patients by evaluation of available patient files. We obtain median and inter-quartile range for both FoVOx and OxMIV, just as their rank correlation coefficient along with 95% confidence intervals (CI) - for the full cohort, just as for cohort subgroups. This presentation concludes both risk assessment tools are applicable as an adjunct to clinical decision making in prison psychiatry.

Foreign National Patients in German Prison Psychiatry

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Over the past few years, the share of foreign national prisoners in the European and American justice systems has increased at a disproportionately high rate, yet studies on mental health issues among this diverse group are rare. Recent research suggests a range of factors leading to mental health vulnerability in foreign national prisoners, including language barriers, isolation, cultural misunderstanding, and legal standing. Relevant findings of topic-related studies indicate that under-referral to mental health services due to missed or misinterpreted symptoms is a major risk for foreign national prisoners. The underlying study aimed to investigate the disparities regarding the percentage of foreign national patients who were treated in high-security hospitals compared to the psychiatric ward of prison hospitals—after adjusting for diagnosis, age, marital status, and substance abuse. It was hypothesized that foreign national patients were underrepresented in compulsory, high-security mental health care. The study also aimed to explore citizenship-related institutional disparities concerning diagnoses and self-harmful behavior. From 2010 to 2015, data collected from high-security hospitals in the federal state of Baden-Wurttemberg and the psychiatric ward of a Berlin prison hospital was evaluated by comparing nationality, diagnosis, and self-harm using Fisher's exact test and χ^2-test. The odds ratios for citizenship-related differences in diagnosis and institution of treatment were evaluated by using logistic regression. This presentation argues that the treatment conditions of foreign national patients in prison psychiatry must be improved. To achieve this, the psychiatric assessment and (mental) health-related aspects of these patients should be further investigated.

Psychosis in Prisoners: Comparison with a not Detained Community Group

Philip Meinert*, Charité – Medical University of Berlin* (pmeinert@gmx.net)

Despite the existing options for the specialized treatment of legally irresponsible criminals, the high prevalence of mentally ill people in prison is astonishing. Currently there are more than 10 million prisoners worldwide . In studies on prevalence of psychiatric disorder of prisoners it became clear that the prevalence of psychiatric disorder is significantly increased compared to the resident population. The aim of the study was to provide a description of specifics of patients with psychosis in prison (including severity of psychosis) and compare them to patients with psychosis in a psychiatric community hospital. In a second step we aimed to identify risk factors for incarceration for patients with psychosis and find out whether conclusions can be drawn for a more targeted and needs-based treatment of high-risk patients. Without doubting an increase of violent and delinquent behavior in patients with psychosis, there may be a high proportion of mentally ill patients in Germany in custody who receive inadequate treatment from specialized institutions such as psychiatric and forensic clinics.

Patterns of Mental Health Disorder in a Brazilian Prison Hospital

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Despite the existing options for the specialized treatment of legally irresponsible criminals, the high prevalence of mentally ill people in prison is astonishing. Currently there are more than 10 million prisoners worldwide. In studies on prevalence of psychiatric disorder of prisoners it became clear that the prevalence of psychiatric disorder is significantly increased compared to the resident population. The aim of the study was to provide a description of specifics of patients with psychosis in prison (including severity of psychosis) and compare them to patients with psychosis in a psychiatric community hospital. In a second step we aimed to identify risk factors for incarceration for patients with psychosis and find out whether conclusions can be drawn for a more targeted and needs-based treatment of high-risk patients. Without doubting an increase of violent and delinquent behavior in patients with psychosis, there may be a high proportion of mentally ill patients in Germany in custody who receive inadequate treatment from specialized institutions such as psychiatric and forensic clinics.

Buckdancer's Choice: Choreographing Effective Therapeutics in a Prison Environment

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Although referrals to mental health department staff in prison environments are generally of a crisis, policy, and/or mental health nature, their formulation for treatment and amelioration is multi-dimensional and collaborative by nature. This is because by design and default, prisons are dynamically diverse forensic ecosystems that are made up of a host of administration, staff, inmate-clients, and non-human environments, the missions of which are to provide effective care-custody and ethical treatments for those who have been remanded to penal care by virtue of how their behavior is understood within the legal systems of the societal jurisdictions in which they live. The purpose of this talk and group discussion will be to lay out a way of thinking about formulating the diverse psychological needs and risks presented by typical forensic mental health referrals and to discuss the various ways such risk-need can be understood and effectively addressed.

Keywords: Therapeutics, Prison, Risk-Need, Formulation

135.   Prisons and Hospitals (1)

FOR-WOMEN: Forensic Psychiatric Care for Female Inpatients

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A person suffering from severe mental illness who commits a crime, in Sweden is sentenced to forensic psychiatric care instead of imprisonment. The environment in forensic psychiatric care is complex and strict and the physical and psychosocial environment can be assumed to affect the patient. Female inpatients are a small group for whom there is a lack of knowledge of evidence-based practice. Forensic psychiatric care is intended to help female inpatients to improve their mental health and reduce the risk of criminal recidivism. It is important to isolate aspects enabling care to better adapt to needs of female inpatients. Two studies were undertaken, both were qualitative with a phenomenological hermeneutic approach, approved by the Swedish Ethical Review Authority (Dnr: 2019-03319). Data are being collected with interviews in different forensic settings in Sweden. The semi-structured interviews allow interviewees to focus on what they find important about their experiences. The first study (female inpatients) is in the data collecting phase and the data collection for the second study (caregivers) will start autumn 2020 or spring 2021. During the presentation preliminary results will be provided.

Experience of a Psychogeriatric Clinic in a Federal Mental Health Service for Care and Intervention with Elderly with Psychiatric Demand

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The present study aims to describe the service provided by the Psychogeriatric Clinic at Paraná's Federal University Clinical Hospital, in Curitiba, Paraná, Brazil, a branch of the Psychiatric Residency. The patients are admitted to the clinic after being evaluated by the primary care of the Public Health System. The Brazilian Statute of Elderly (Law number 10.741, officialised on October 1st, 2003), states that the elderly have the right of universal access to health care and the goal of this clinic was to provide psychiatric care to this population in a transdisciplinary environment. This includes psychiatric evaluation, neuropsychological screening tests and the support of a social worker, along with support to the caregiver that is responsible for the elder. This transdisciplinary approach impacts positively in the prevention of domestic violence and negligence. The caregiver and the family of the patient are also assisted, so that we can identify any behavioral disorder that can lead to violent or negligent behavior and act before any legal problem takes place. The result is a more stable and safe patient and less stress to the caregiver and consequently, a better quality of life.

Implementation of the Palliative Care Service in a Hospital Center of the Penitentiary System of the State of SÃO PAULO, BRAZIL

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The suffering caused by life-threatening illnesses, accentuated by social isolation and difficulties in the communication with the health professionals, drew the attention of a group of CHSP professionals and led to the formation of the Palliative Care Service group in 2015. The team started as a study group and, after consulting the existing legislation and recognized professionals in the field of Palliative Care, the initial guidelines for its operation were written. Formed by professionals from the medical, nursing, psychology, speech therapy, occupational therapy and nutrition fields, the group followed and monitored 137 patients over a 5-year period (from January 2015 to October 2019), and also advised other health professionals on symptoms relief measures. The data of the monitored patients will be discussed in detail in this presentation. During this 5-year period, two major improvements in the patients' treatment outcome were observed after the Palliative Care Service was implemented. The first was a significant improvement in the relief of symptoms and physical suffering for the monitored patients. The second improvement occurred in the communication process, leading to a better comprehension of the illness and its implications by the patient and their family. Ultimately, those improvements also caused a better psychological well-being and a reportedly less stressful workplace for the health professionals at CHSP.

When Patients and Prisoners Set the Forensic Research Agenda

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Patient and public involvement (PPI) improves the quality of health research. It should be considered at every stage of the research process. However, the challenge is to ensure that representative service users are involved at the earliest point and in a non-tokenistic way. We undertook an adapted Delphi study to ascertain from service users their priorities for research in a large forensic service. After two rounds of consulting with secure inpatients and prisoners receiving mental health care, we identified research themes which were ranked to reflect the order of importance for service users. A unique service user perspective was revealed. This presentation describes the study findings and discusses the barriers and enablers to effective PPI research involvement forensic services for mental health, autism and intellectual disabilities. Standards are proposed for forensic services seeking a research strategy that fully involves service users and a call for impact evaluation of PPI in forensic research.

136. Prisons and Hospitals (2)

The Violent Behavior in Psychiatric Inpatients: Description and Evaluation of a Sample in a Brazilian Prison Hospital

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The Penitentiary System Hospital Center (CHSP) is the reference center for health service provided to all inmates in the State of São Paulo, Brazil. There are ten psychiatric beds, although the number of inpatients is often over the limit. The criteria for admission are: acute psychiatric illness, being at risk of hurting him/herself or others, and the impossibility of staying in the original prison unit because of a disruptive behavior. Severe mental disorder is a known general risk factor for aggressive behavior, even if studies shows only a minority eventually becomes aggressive or violent in their lifetimes. The comorbidity of severe mental disorder, personality disorder, diagnosis of substance abuse, and the association with poor adherence to pharmacological treatment are related to a higher risk of violent behavior. The violent behavior in these individuals is considered an important cause of morbidity, and must be prevented. The aim of this study is identify the risk of violence in all psychiatric inpatients at CHSP, between August 2019 to January 2021, in order to investigate their characteristics and promote discussion on the gaps for violence in a prison hospital population in Brazil, using Oxford Mental Illness and Violence tool (OxMIV). Findings and implications will be discussed.

Characteristics of Deliberate Self-Harm and Suicidal Behavior in Forensic Psychiatry

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Deliberate self-harm behaviors including suicide attempts (DSH) are common in forensic settings, but the extent and characteristics of DSH remain unknown. This study describes the prevalence, characteristics, and function of DSH in forensic psychiatry. Data was collected from a consecutive cohort (N~100) in a maximum security forensic psychiatric facility in Sweden. Data were collected from file reviews, structured interviews and self-reports. Altogether, approximately two thirds of the participants had engaged in DSH at some point during their lifetime. Various methods of DSH were reported, and the most common methods were cutting, banging head or fists against hard

object and burning the body. Previous suicide attempts were reported among more than half of the participants, and the most common method of suicide attempt was hanging and intoxication. The results will provide increased knowledge on DSH and characteristics of the behavior, to forensic psychiatric staff and other staff working with offender populations. This could be crucial knowledge in preventing DSH and applying adequate treatment strategies in institutions treating offenders with mental disorders.

Goals of Care, Goals of Medicine: Palliative as First-Line Clinical Ethics Consultation

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In the US, Palliative Care (PC) and Clinical Ethics (CE) have overlapping functions in the inpatient setting yet remain distinct consultative entities. As expert communicators between physicians and patients, both services assist in preventing medical malpractice lawsuits. It is difficult for both practitioners and consulting teams to know where one domain's jurisdiction ends and the other begins. The literature distinguishes PC and CE in terms of processes, insider/outsider status, etc. while acknowledging that PC and CE can be functionally indistinguishable. To clarify between PC and CE, we argue that they essentially differ: medicine is a practice characterized by the physician-patient relationship with the goal of healing. PC as a medical specialty stands on this philosophy of medicine, insofar that goals of care (GOC) discussions are in the service of healing. The fundamental difference is that PC is a medical practice with the goal of healing, whereas CE is a conflict mediator. PC is often consulted prior to CE as first-line ethics consultation, which we affirm as the normatively correct model. Consequently, if our schema is correct, then there are only two options for PC practitioners: (1) requirement for formal ethics training, or (2) PC must cede GOC discussions to CE.

Involuntary Hospitalization of Drug Users: A Comparative Study on Laws and Approaches Between Brazil and Other Countries

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The purpose of this study is to compare therapeutic approaches and laws regarding involuntary hospitalization as a treatment for drug dependence among different countries in the world. Articles in English, Spanish and Portuguese that addressed involuntary or compulsory psychiatric hospitalization were considered, and information about the country's legislation was gathered when available (53 were selected). The regions covered by the research included Europe (Italy, Norway, England, Portugal and Greece), the Americas (Canada, United States of America, Jamaica, Barbados, Chile and Brazil), Asia (Russia, China, India and Pakistan), Oceania (Australia and New Zealand) and Africa (South Africa). A worldwide trend was found to pass laws that respect patients' rights. The decision of involuntary hospitalization is made by medical doctors in

most countries, usually requiring two doctors to make this decision. The involuntary psychiatric treatment still generates many discussions, despite advances in legislations found in the several countries studied. There is a legal tendency to reinforce the need to assess the risk that the patient offers to others or to him/herself as a justification for hospitalization. Brazil has followed such tendency by establishing three modalities of hospitalization and prioritizing the voluntary treatment in an interlocution between the fields of Health and Law.

137.   Problem Solving Court Innovations

Chilean Drug Courts: New Insights on Judicial Reform in Latin America

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Chilean drug courts (Tribunales de Tratamiento de Drogas or TTDs) emerged in 2004 as part of a larger effort to reform criminal procedures. Chile has one of the highest incarceration rates in Latin America and these specialty courts represent a dramatic shift from its punitive justice system. Modeled after the United States, TTDs divert offenders with substance abuse problems from traditional prosecution to community-based treatment. While there are specific protocols that govern how TTDs operate, few empirical studies examine their unique inner-workings. In the fall of 2019, we collected in-depth ethnographic data on two drug courts (Concepción and Santiago) to empirically explore how judges and social workers acclimatise to new collaborative role expectations. In this presentation, we will demonstrate innovative ways that Chilean drug court professionals experimentally blend paradigms of treatment and law to discover effective practices for reducing recidivism. This research offers important insights in both theory and practice for advancing the international problem-solving court movement.

Building Therapeutic Alliance and Opportunities for Demonstrating Procedural Justice in Problem-Solving Courts

Kathi Trawver, *University of Alaska at Anchorage* (krtrawver@alaska.edu)

Perceptions of experiencing a strong therapeutic alliance and procedural justice have been shown to increase therapeutic problem-solving court (e.g., mental health, drug, DWI/DUI, Veteran, homeless, community) participants' program retention and graduation rates as well as decreasing their rate of legal recidivism. Although therapeutic alliance and procedural justice appear to play a potentially important role in promoting positive court participant outcomes, many legal court team members do not receive training in understanding or developing these engagement strategies in court-based practice. This presentation will (1) define and describe the constructs of therapeutic alliance and procedural justice within the problem-solving court context; (2) provide a brief review of the outcome literature associated with these two related yet unique constructs; and (3) offer

concrete and intentional methods for team members in building therapeutic alliance and procedural justice enhancing communication, interactions, and policies to promote participant change within a problem-solving court setting.

Operationalizing the Implementation of a Mental Health Court

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In the United States, a Mental Health Court is a specialized docket program created to offer targeted treatment for offenders who have been diagnosed with a severe or serious mental illness where such illness was a primary factor leading to their involvement in the criminal justice system. Offenders involved in a mental health court are provided with resources necessary to establish accountability, independence and stability, ultimately decreasing their interaction with the criminal justice system and improving overall quality of life. Overarching goals include the reduction of recidivism rates, stability and accountability, reduction in substance use, and reduced utilization of jail, prison and hospital bed days. This presentation will provide information about Mental Health Courts as well as practical strategies to develop and implement a sustainable Mental Health Court.

Developing a Mentor Program in Veterans Treatment Court

Melissa Knopp*, Peg's Foundation, Hudson, USA* (knoppm@steppingupohio.org)

Veterans Treatment Courts in the United States of America are based on the drug court model and focus on the treatment and rehabilitation of veteran offenders with substance abuse and/or mental health issues. In Veterans Treatment Courts the substance abuse and/or mental illness issues are addressed as the root causes contributing to the person's criminal involvement. Veterans Mentor Programs are a distinctive feature of Veterans Treatment Courts and were created to provide community support for veterans as they learn to readjust to civilian life and reintegrate back into their communities. Mentors play an integral role in the Veterans Treatment Court program and provide the veteran mentee with an active, supportive relationship and serve as a positive role model. Mentors are essential in assisting the veteran mentee in navigating through the Veterans Health Administration, the court system, local veterans' groups, and community support organizations. Mentors function in a variety of roles to the mentee, including facilitator, friend, ally, coach, advisor, sponsor, supporter, and advocate. This presentation will review the basics of Veterans Treatment Courts and focus specifically on the purpose, benefits, and implementation of creating a successful Veterans Treatment Court Mentor Program.

Mental Health Courts: Providing Access to Justice for People with Mental Illness and Cognitive Impairments

Liz Richardson, *Monash University* (liz.richardson@monash.edu)

Mental health courts have been established in four Australian states (South Australia, Tasmania, Victoria and Western Australia) to provide a targeted response to people with mental illness and cognitive impairments coming through the courts. This presentation provides an up-to-date overview of Australian mental health courts with a particular focus on innovative approaches utilized in these courts during the Coronavirus pandemic. It will discuss important emerging directions for their future operation such as the need for a contextualized understanding of the relationship between mental illness and offending, the importance of trauma-informed approaches, remote delivery of services and the role that peer support workers can play in mental health courts. These future directions will be considered in particular for the Victorian context in light of the recommendations of the Royal Commission on Victoria's Mental Health System in the final report due February 2021.

138.   Project START – Patient Advocates

Patient Advocates to Improve Access to Justice in Involuntary Hospitalisation

Zuzana Durajová, *Charles University* (zuzana.durajova11@gmail.com)

This presentation will introduce the project START, its activities and goals and roles of persons involved in the project. Over the past few decades, the legal discourse surrounding mental health has resulted in improvement in patient rights (in Netherlands, etc.), appointment of Ombudspersons for psychiatric patients (in Austria, Sweden) and facilitating participation of patients in decision-making processes. Czech legislation already recognises the position of "patient's advocate" as a person of trust. However, this instrument is not very widely known and rarely used in practice. In the pilot study, legal training for patient advocacy will be provided to five persons with experience with mental health problems/psychiatric hospitalisation chosen from a Czech-based NGO. These persons (patient advocates) will visit patients in involuntary hospitalisation in one closed ward in the chosen psychiatric institution. During these visits, they will inform patients about their legal standing, their procedural rights and also offer them individual support in contacting their counsel, family members etc. Findings and implications will be discussed in the presentation.

Methodology of Research and Preliminary Findings

Shreya Bhardwaj, *Charles University* (78125330@fsv.cuni.cz)

This presentation will focus on the research part of the project START. The research aims to understand how the presence of "professional patient advocates" influences patients' access to justice, to legal counsel, and patients' feelings of loneliness and alienation during initial days of

their hospitalisation. To understand the effect of the intervention, qualitative interviews and participant observations will be conducted with the patients, advocates, the hospital management and staff and other identifiable stakeholders, such as government officials responsible for mental health care reform. The interviews will be held before, during and after the intervention (support from patient advocates in hospitals). Given the ethical quandaries arising from using psychiatric wards as field setting, we seek to assume a participatory approach to ensure respect for patient boundaries and dignity. In the presentation, we will present the methodology of the research and discuss preliminary results, challenges that we have encountered during the data collection and considerations about the impact of the research.

Experience of a Patient Advocate

Iva Homolova, *Charles University* (iva.homolova@spolekkolumbus.cz)

This presentation will map the experience of a patient advocate during the project. Patient advocates in the START project are persons with experience with mental health problems and/or psychiatric hospitalisation. Patient advocates will receive specialised training and will be responsible for disseminating information regarding the legal status and safeguards to persons in involuntary hospitalisation and to support these persons' access to justice. We will discuss the course of the project from the view of the patient advocate. The presentation will focus on the knowledge and interpersonal skills necessary to provide support to people in involuntary hospitalisation, challenges in working with this vulnerable group as well as ways to use one's own experience to help others on their way to recovery. We will also share case studies and stories of patients to illustrate the necessity for support and the ways in which advocates can be helpful. Lastly, we will discuss the legal and administrative barriers to access to justice for persons in involuntary hospitalisation. Implications will be discussed in the presentation

139. Psychiatric Evaluation of Defendant: Multidisciplinary Perspectives

Validation of a New Instrument to Guide and Support Insanity Evaluations: The Defendant's Insanity Assessment Support Scale (DIASS)

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The insanity defense represents one of the most controversial and debated evaluations that forensic psychiatrists and psychologists perform. Despite the variation among different jurisdictions, in

Western countries, the legal standards for insanity often rely on the presence of cognitive and/or volitional impairment of the defendant at crime time. Efforts have been made to guide the insanity evaluation and theoretical models, tools and guidelines have been proposed. However, to date, a valid instrument that could be useful to guide forensic psychiatrists' criminal responsibility assessments in different jurisdictions, is lacking. This is a gap that needs to be addressed, considering the significant forensic and procedural implications of psychiatric evaluations. In addition, the presence of an instrument to guide and support forensic psychiatric evaluations could represent a first step towards some standardization that will hopefully promote the exchange of ideas and research findings across jurisdictions and disciplines. This would be a valuable development for an area that is of considerable medical, legal and societal importance, but that regrettably continues to be understudied. The Defendant's Insanity Assessment Support Scale (DIASS) can be useful to support, structure and guide the insanity assessment across different jurisdictions, in order to improve reliability and consistency of such evaluations.

Empirical Analysis of Forensic Psychiatrists' Decisions in Criminal Trial

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In most jurisdictions, forensic psychiatric evaluations contribute to the determination of a defendant's responsibility and dangerousness in criminal trial. Yet, considering the potential impact of future scientific evidence on the judgments of criminal responsibility and dangerousness, to date there is little research on the decision-making processes in the legal field and by forensic psychiatrists in the criminal trial. The reliability and objectivity of forensic expert evaluations have been questioned, due to the wide disagreement among experts regarding the same case, the lack of standardized procedures for reaching a decision that the defendant did not satisfy the criteria for non-responsibility based on mental illness, and the presence of unintentional or intentional biases. In addition, several factors such as money, prestige, and the amount of public attention attracted by the case have been shown to play a role in influencing forensic experts' decisional processes, as well as sociodemographic, psychopathological, and criminological characteristics of the defendant. This presentation will address empirical data on factors influencing forensic psychiatric expert's decision making while performing forensic evaluations.

Insanity Defense Evaluations: What is the Value of Neuroscience?

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Many legal systems have an insanity defense, but the form it takes varies considerably across jurisdictions. Still, in general, core components of the defense are, first, the presence of a mental disorder and, second, one or more legally relevant deficits or incapacities resulting from that disorder. Often, the insanity defense evaluation is regarded as a particularly challenging task for a

forensic psychiatrist. One reason is that such an evaluation relies to a considerable extent on what the defendant, in retrospect, tells the psychiatrist about her subjective experiences, such as her fears, intentions, impulses, and mood. Reliance on a defendant's own words entails a vulnerability, for instance, because she may not tell the (whole) truth. Some have argued that the use of neuroscience and neurotechnology could provide more objectivity to these evaluations. Others emphasize that, in general, neuroscience and neurotechnology are not ready for use in the context of evaluations of a defendant's sanity. This presentation will consider the usefulness of neuroscience for psychiatric insanity defense assessments. More specifically, it will look at the above-mentioned components of the defense and try to determine the value of neuroscience regarding each of them.

New Technologies for Risk Assessment and Treatment in Forensic Psychiatry: Possibilities and Challenges

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In recent years, in the fields of forensic psychiatry and criminal justice, there has been a significant rise of technologies which revolutionized the way risk assessment is conceived and deployed; among these, artificial intelligence, the use of big data, algorithmic risk assessment and neuroprediction techniques. Increasing interest has been placed in developing tools with an advancing potential to predict violence and future dangerousness, analyzing vast amounts of data and identifying neurobiological risk factors for criminal behaviour. However, while these tools hold great potential, they are still far from perfect, and their possible misuses have been extensively debated. At the same time, less has been discussed about their possible use to inform treatment options. Besides being merely predictive tools, new technologies could be used in correctional rehabilitation and reintegration programs in meaningful ways; for instance, virtual reality and augmented reality technologies are showing promising results. This presentation will provide an overview of new technologies for risk assessment and rehabilitation in the domains of criminal justice and forensic psychiatry, assessing possibilities and challenges, as well as possible future directions.

Mens Rea Under Philosophers' Lenses

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At least since the 1981 shooting of President Reagan extensive work has demonstrated the importance of the emotional dimension of human knowledge. But the same cannot be said for its cognitive dimension. Fortunately, the early twentieth century saw thinkers whose work can be helpful here. Michael Polanyi was a Hungarian/Canadian physical chemist who took his

professional work in chemical kinetics to a far more profound level, ultimately discovering the reality of what he called "personal knowledge." An everyday example is the ability to know how to ride a bicycle without knowing anything about the laws of motion that govern its movement. This distinction may help to clarify a subject's past or current state of mind. British astronomer and philosopher Sir Arthur Eddington has explained the importance of recognizing that all scientific knowledge could be verified by an observer capable only of sensing whether or not two pointer readings coincide. As successive pointer readings are accumulated from different experiments, scientific knowledge can be grown. This understanding can help to structure the behavioral scientist's work of seeking to understand and possibly predict a defendant's behavior.

140.   Psychiatry of Flying: Clinical and Regulatory Aspects

Understanding Pilot Mental Health

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Mental well-being and absence of mental illness are essential to the safe performance of aviation safety-sensitive duties. Being labelled with a "mental health problem" in aviation might have consequences, including stigma, discrimination, grounding, loss of income and potential loss of employment. Since the European Aviation Safety Agency Germanwings Flight 9525 Task Force Report, recognition of the importance of mental health in aviation has gained a great deal more attention. This presentation will discuss significant warning signs of mental health risk a pilot may exhibit and the key factors such as emotional, cognitive, behavioral and physical that contribute to a pilot's mental health. Mental health advocacy actions including the raising of awareness, providing information, education and training; developing support networks for information exchange; providing emotional and instrumental support and counselling and professional support, promote the formation of alliances of stakeholders for mental health advocacy.

Psychopathology Among Pilots: Suicide, Depression and Substance Use Disorders

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Aircraft-assisted pilot suicide is a rare but serious example of psychiatric impairment in pilots. The 2015 German wings Flight 9525 disaster, in which 150 people were killed after the co-pilot may have intentionally crashed the plane in a suicide attempt, highlights the importance of better understanding the mental health of commercial airline pilots. However, there have been few systematic reviews investigating the topic of mental health in commercial aviation. This presentation aims to identify the types and prevalence of mental health disorders that commercial airline pilots experience with a focus on mood and suicide and homicide risk. Commercial airline pilots experience occupational stressors, such as disrupted circadian rhythms and fatigue which

may increase risks of developing mood disorders. Most studies identified in this review were cross-sectional in nature with substantial limitations. There is a clear need for further higher quality longitudinal studies to better understand the mental health of commercial airline pilots.

Substance Abuse Disorders in U.S. Pilots: The HIMS program

Pratap Narayan, *Consulting Psychiatrist, Vancouver, Canada* (pratbs@hotmail.com)

The presentation will highlight the history and evolution of the HIMS program, a novel initiative in the approach to assess and treat alcohol and substance use disorders in pilots in the United States. The assessment process, as well as required monitoring and rehabilitation, will be discussed in detail. FAA regulations and the licensing process for pilots in the United States, will be reviewed. The HIMS program has proven to be a cost- effective program for the assessment, treatment and reintegration of impaired flight personnel back into the workforce, as well as ensuring long-term abstinence. Many other countries have now successfully emulated this program as well; however, relatively little is known about the program among mental health professionals. This may be an effective and novel approach to also offer to professionals in other high-risk professions such as law enforcement, ER personnel, EMS, firefighters, etc.

The FAA Regulatory Policy Regarding the Use of Antidepressants

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More than 10 percent of the U.S. population take antidepressants, making the drugs the most commonly prescribed class of medication in the country. Pilots taking medication for mild or moderate depression are allowed in the cockpit under the current Federal Aviation Administration guidelines that reversed a nearly 70-year ban. The policy change, which took place in April 2010 was sparked by the need to change the culture and remove the stigma associated with the illness and also an attempt to get active pilots who need treatment or are already using antidepressants in violation of FAA rules to come clean, making the skies safer in the process. Under the FAA guidelines, pilots will be restricted to one of four FAA-approved antidepressants -- Prozac, Zoloft, Celexa and Lexapro -- and are required to see a psychiatrist every six months. These four drugs are widely believed not to pose risks of sedation or impair cognitive ability. By law, pilots are annually required to answer questions about their health, including arrests and convictions for alcohol, and can face penalties for perjury, including revocation of their licenses. Pilots are forbidden from using narcotics, medication for seizures, anxiety conditions and stimulants and are also barred from flying after taking over-the-counter medication that might make. Implications will be discussed in this presentation.

Novel Non-Pharmacological Treatment for Mood Disorders in Pilots

Chinna Samy*, Consulting Psychiatrist, Brisbane, Australia* (chinnasamy@optusnet.com.au)

Major depression is a common disorder with a lifetime prevalence in the general population of about 13% in men and 21% in women. The Germanwings Flight 9525 crash has brought the sensitive subject of airline pilot mental health to the forefront in aviation. A study undertaken, found 233 (12.6%) airline pilots meeting depression threshold and 75 (4.1%) pilots reporting having suicidal thoughts. Although results have limited generalizability, there are a significant number of active pilots suffering from depressive symptoms. Despite continuing advances in the development of antidepressant drugs, the condition of about 30% of patients remains refractory to drug treatment2. Over the past 10 years, repetitive transcranial magnetic stimulation (rTMS) of the mid-dorsolateral frontal cortex (MDLFC, also described as the dorsolateral prefrontal cortex [PFC]) has been established as an alternate noninvasive treatment. rTMS is now an approved treatment for MDD in many countries and is being considered a first-line treatment according to recent North American and European guidelines.

141.   Psychoanalytic Jurisprudence

Reflections on Modern Civilization and its Discontents

Christine Ury, *Consulting Psychoanalyst, Montreal, Canada* (christineury0505@gmail.com)

One of the main features of modern civilization is the evolution from a moral based natural law to positive law, the advent of individual rights, and a corresponding collapse of socially fixed symbolic systems of collective life which offered emotional containment and inner resources for managing psychic pain. We have disassembled those powerful bastions of moral authority, tradition and religion and with it has come a social latitude and social imaginary allowing for a multidimensional pluralism and a richer texture of psychic experience. It also comes with an anxiety and a sense of alienation from having to take on the burden of emotional responsibility for our individual selves. This presentation discusses the psychoanalytic concepts of narcissism and the superego, our 'moral agency' and their roles in modern civilization. Inherent in superego development is the narcissistically driven need for an omnipotent system of knowledge. This idealized system often plays a role in how we cope with the tension of modernity. Relying on this narcissistically invested moral system can lead to destructive trends in modern civilization, namely a regression from, or outright defiance of positive law to a favoring or establishment of natural law raising it to an ideal. The most extreme form of this movement is totalitarianism.

Subjective Responsibility in Psychoanalysis

Alexandra Escobar Puche, *University of Paris* (escobar.alexandra@gmail.com)

In his early works such as Totem and Taboo (1913), Sigmund Freud considered the ubiquitous sense of guilt where the unconscious existed, both in a factually innocent subject and in a criminal. From 1915 on, Freud discovered, notably in his famous text "Criminals from a Sense of Guilt," cases where a feeling of guilt was likely to make a criminal subject, the punishment intervening as

"relief" from this guilt.Therefore, the question of subjective responsibility, from a psychoanalytic point of view, involves the types of unconscious decisions and how they can affect conscious decisions. These unconscious decisions, as described by Jacques Lacan, allow us to approach the terms of guilt and responsibility, their possible subjective assumptions, or on the contrary, their rejection by a given subject. Therefore, how to think of the unconscious subjective decisions that can allow a change of position in a criminal subject? This presentation will analyze from the few clinical cases how subjective responsibility and unconscious decisions intervene in the life course of each subject.

Medico-Psychological Forensic Report/Evaluation and Crime: From Criminal Responsibility to Subjective Responsibility?

Giorgia Tiscini, *University of Rennes 2* (giorgia.tiscini@univ-rennes2.fr)

The medico-psychological forensic report and evaluation, regulated in France by the 1945 Ordinance and amended by the 1958 CPP, has an ancient history, ranging from divine reference in Roman times to reason during the 17th century, particularly from 1670 when it was implemented by the Louis XVI Ordinance. With each societal upheaval over the centuries, certain questions and issues are forcefully revived. No crime can be judged without being related to a person's intention, discernment and responsibility, but what criteria have been applied to understand this connection? Does criminal responsibility correspond to subjective responsibility? Is conscious intentionality the same as unconscious intentionality? Is discernment – its alteration or abolition – equivalent to what is designated in psychoanalysis by the term subject and subjectivity? These questions we will seek to work on and unravel with emphasis on the points of continuity and discontinuity between criminal responsibility and subjective responsibility particularly in relation to medico-psychological forensic report and crime. Reference will also be made to the FIPEP research ("Function, Implication, Place of Psychological Forensic report") that is currently being carried out.

142. Psychopathy Assessments and Psychiatric Ethics

Professional Ethics and Psychopathic Assessments

Peter Koch, *Villanova University* (peter.koch@villanova.edu)

Forensic psychiatrists and psychologists identify as subspecialists of the medical community and, as such, subscribe to a set of professional ethics grounded in medicine that reflect their unique role as practitioners within the courts. In this role, forensic psychiatrists often draw upon the PCL-R assessment tool to determine whether an individual has psychopathy. This presentation will argue that the use of this tool violates the professional ethics that forensic psychiatrists inherit in virtue of being a subspecialty of medicine. As subspecialists, forensic psychiatrists and psychologists

ought to use their knowledge towards the ultimate goal of medicine to "make whole" the patient. This ultimate goal entails the principle of primum non nocere, or first do no harm. While subspecialties like forensic psychiatry may adopt more nuanced ethical frameworks to reflect variations of their specific practice, these altered frameworks must not be in direct violation of the fundamental principles such as primum non nocere. The PCL-R, however, directly violates this fundamental principle because of the potential harm that accrues to the patient following assessment. This presentation will propose that forensic psychiatrists ought to either refrain from performing the PCL-R assessment or cease to self-identify as members of the medical profession when acting in their role as forensic psychiatrists.

Is a Psychopathy Assessment Violating Basic Psychiatric Ethics? On the Ethical Perils of Assessing Psychopathic Offenders

Rasmus Rosenberg Larsen, *University of Toronto* (rosenberg.larsen@utoronto.ca)

Psychopathic personality, or psychopathy, is a psychiatric syndrome associated with callous personality traits and chronic antisocial behaviors. During the past two decades, psychopathy assessments have become part of standard assessment batteries in forensic settings, utilized to inform various decisions such as risk assessment, juvenile transfers, rehabilitation strategies, etc. Recently, however, researchers have raised doubt about the clinical reliability and utility of psychopathy assessments, which in turn has triggered a growing debate about their ethical justification. The presentation will add to this discourse, arguing that forensic psychiatrists should immediately halt the use of psychopathy assessments because these tools seem to clearly violate basic ethical principles and guidelines in forensic psychiatry. In particular, it will demonstrate that the way psychopathy assessments are used almost always has no benefit to the patient being assessed, and that there are de facto and potential harms directly associated with its intended use. It will conclude by discussing alternative forensic assessment strategies that are ethically justified and may achieve some of the same clinical goals that usually motivate the use of psychopathy assessments.

The Misuse of the Psychopathy Checklist-Revised in Death Penalty Cases

David DeMatteo, *Drexel University* (david.dematteo@drexel.edu)

Psychopathy as measured by the Psychopathy Checklist-Revised (PCL-R) is related to a range of rule-breaking and antisocial behaviors. Given this relationship, use of the PCL-R has increased dramatically over the past several decades. Although PCL-R scores have demonstrated utility in some legal decision-making contexts, there are concerns about using PCL-R scores to make predictions in certain types of legal cases. Specifically, research has raised concerns about the interrater reliability and predictive validity of PCL-R scores in capital cases, which has implications for the continued ethical use of the PCL-R in death penalty contexts. After briefly discussing the death penalty context in the United States, this talk will summarize the empirical

literature regarding the ability of PCL-R scores to predict violence, with a particular focus on the PCL-R's ability to predict serious institutional violence in capital cases. This presentation will also summarize a recent Consensus Statement that concludes the PCL-R cannot and should not be used to make predictions that an individual will engage in serious institutional violence with any reasonable degree of precision or accuracy, particularly in capital sentencing contexts.

The Moral Quandary of Diagnosing Psychopathy

Heidi Maibom, *University of Cincinnati* (maibomhi@ucmail.uc.edu)

A diagnosis of psychopathy can have profound effects on a person's life, not only in the way they are regarded by the people around them, but also when it comes the legal justice system. Here, the diagnosis is typically seen to be an aggravating factor (unless a biological explanation is also provided, Aspinwall, Brown, and Tabery 2012). This often leads to longer and more severe prison sentences. It can also affect later parole decisions because clinicians judge a person with the diagnosis more likely to reoffend (Rockett, Murrie, and Boccaccini 2007). Given the severe consequences for the person, is it morally justifiable for psychiatrists to use the diagnosis? Some raise concerns about the clinical validity of the diagnosis, others worry that unlike other diagnoses, 'psychopathy' is used, not to help the sufferer, but to further disadvantage them. I show how these concerns can be addressed and why we might want to hold on to the practice of psychiatrists diagnosing 'psychopathy'.
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The Psychodynamic Diagnostic Manual-2 for the Assessment of Psychopathic, Malignant Narcissistic and Sadistic Personality Syndromes

Robert M. Gordon, *Consulting Forensic Psychologist, Osprey, USA* (rmgordonphd@gmail.com)

The Psychodynamic Diagnostic Manual-2 (PDM-2) was developed to add a contrasting, person-centered perspective to the conceptualization and diagnosis of psychological dysfunction not found in the ICD or DSM. The PDM-2 enables clinicians to describe overall level of personality organization (Healthy, Neurotic, Borderline or Psychotic), specific personality patterns and syndromes (Axis P), and the patient's mental functioning in a broad array of domains, including strengths and vulnerabilities (Axis M). The Psychodiagnostic Chart-2 (PDC-2) is an instrument for coding PDM-2 data. The PDM-2 and the PDC-2 offer the opportunity to assess the Psychopathic, Malignant Narcissistic and Sadistic Personality Syndromes often found in criminal and political arenas. Psychopathic personalities' central preoccupation is manipulation, Sadistic personalities' central preoccupation is inflicting suffering. The Malignant Narcissistic personality is narcissism (inflation of the self) blended with sadistic aggression—on a continuum with the psychopathic personality. The presentation will outline the features of the Psychodiagnostic Chart-2 (which can be downloaded for free) and how to use it for the assessment of these syndromes.

143. Autism Spectrum Disorder and Criminal Law

The Intersection of Autism Spectrum Disorder (ASD) and the Criminal Justice System

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

The criminal defense lawyer's challenge is to make a diagnosis of ASD relevant to the prosecutor and the court. This is often easier said than done. The attorney, armed with evaluations from an expert, must emphasize to the court, for example, that a client's downloading of child pornography was not done to satisfy any deviant interest but rather, was a result of spending hours and hours online as their only social outlet, and viewing the images was the result of curiosity. As with any mental disability, the attorney is not using ASD as an excuse, but rather, as a reason and a mitigator. If counsel has a case of factual innocence, or the expert opinion is strong enough to refute intent, that is a different matter, and the attorney might want to engage in more traditional litigation. This presentation will explore the realities of representing people with ASD, and examine such topics as how counsel can recognize ASD (understanding, of course, that an attorney is not a trained mental health expert), how people with ASD get ensnared in the criminal justice system, developing a good relationship with the expert, and advocating with the court for appropriate disposition of the case.

Autism Spectrum Disorder (ASD) and Criminal Responsibility

Nancy Kaser-Boyd*, Consulting Psychiatrist, Los Angeles, USA* (nkbforensics@gmail.com)

Criminal charges can result from the specific impairment in ASD such as difficulty interpreting social cues, difficulty anticipating and understanding the actions of others and the emotional impact of their actions on others, poor emotional regulation, difficulty with moral reasoning, and repetitive behaviors. Difficulty interpreting social cues and the actions of others can lead a person with ASD to overact or react inappropriately. In social and sexual relationships, for example, this can result in unwanted sexual aggression or stalking. Difficulty managing emotions may result in an emotional outburst that frightens or even injures others. Fixations, which often have the strength of an obsession, can result in trespassing or stealing. The need to repeat actions and the compulsion to collect may put individuals with ASD at risk to repeatedly visit illegal websites or collect pornographic images of children. However, deliberate violence in individuals with autism in not common. A number of studies have concluded that, when an individual with ASD acts purposely to harm another, there is likely to be a comorbid psychiatric illness or substance abuse. This presentation will discuss ASD and the insanity defense, as well as how features of ASD may allow the use of other criminal defenses.

Autism Spectrum Disorder (ASD) and Co-Occurring Disorders

Clare Allely, *Salford University* (c.s.allely@salford.ac.uk)

This presentation will examine some of the key co-occurring disorders in individuals with ASD, and in particular, the importance of considering these co-occurring disorders in individuals with ASD who are involved in the criminal justice system. Among individuals with ASD, at least 69 percent are considered to have co-occurring psychiatric disorders and symptoms. However, in individuals with both ASD and intellectual disability (ID), the prevalence of co-occurring psychiatric disorders and symptoms is lower. Studies have found that the presence of co-occurring disorders is associated with a lower quality of life, increased demands for professional help and support, poorer prognosis, greater interference with everyday life, and more negative outcomes. Research has also highlighted the fact that the cumulative effects of these core symptoms and disorders are significant obstacles in development and everyday adjustment. In adults with ASD, there are significantly increased rates of all major psychiatric disorders, such as depression, anxiety, obsessive-compulsive disorder, sleep problems, schizophrenia, and attention-deficit/hyperactivity disorder (ADHD). Also, ID has been found to be more prevalent in individuals with ASD.

Vulnerabilities of Defendants with Autism Spectrum Disorder (ASD) and Strategies for Improving Outcomes

Clare Hughes, *National Autistic Society, London, United Kingdom* (clare.hughes@nas.org.uk)

This presentation will examine the unique vulnerabilities of autistic people at all stages of the criminal justice system: first contact with police, arrest, interview, trial, the prison and probation experience, and the consequences of a criminal conviction. Autism is often referred to as a hidden disability and as such their difficulties are not always immediately obvious. This can create additional, unique challenges for autistic people in the criminal justice system. Many misunderstandings and assumptions are made based on the presentation of autistic people and comparisons made on how they think someone should present in the same situation. This can be damaging for some autistic people. Even when it is known that the person is autistic, if they don't 'fit' the stereotype or the previous experiences that person working in the CJS has, they may not believe that the person is autistic or not recognise and acknowledge their specific needs. There is a greater need for training, understanding and a real commitment to change for things to improve for autistic people in the CJS. Are we there yet?

Autism Spectrum Disorder and Online Sexual Offenses

Mary Cohen, *Autism Spectrum Diagnostics & Consulting, Doylestown, USA* (mrcohenphd@gmail.com)

Individuals on the autism spectrum are particularly prone to pornography addiction due to their obsessive-compulsive tendencies, perseverative behavior and social isolation. They are often not able to engage peers in relationships and have little sexual experience. Consequently, some ASD individuals are drawn to the internet and social media to explore their sexuality. Many collect and catalogue their interests and will explore all aspects of pornography. They may collect and share information online which, in the case of child pornography (CP), can lead to serious criminal charges. Their naivety and lack of social maturity results in a disregard of any warnings that certain forms of pornography are exploitative and illegal. ASD individuals may not be shocked or repulsed by CP because there is no real understanding of conventional sexual behavior. Due to their Theory of Mind deficits, many ASD individuals are unable to see the world from the perspective of others and cannot identify with the child victims. The social/emotional delays of young ASD adults may cause them to relate to adolescents and children putting them at risk for viewing CP and inappropriate communication with minors using social media. This propensity reflects their developmental level rather than pedophilic interests. This presentation will present and discuss the material.

144.   Psychotropic Medication Administration over Objection

The Right to Refuse Treatment in Italy

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The right to refuse medical treatment in Italy is one of the most prominent issues that involves the psychiatric practice, both in the clinical and forensic fields. From the perspective of Italian jurisprudence, the tendency, in both the civil and penal sectors, is always to protect and reinforce the rights of the individuals and their capacity of will. Under these premises, Italy, of all the countries throughout the world, may be said to provide an extreme example of the de-institutionalization of people with mental illness. In fact, with the implementation of the Basaglia Law (n.180/1978), Italy abolished (civil) psychiatric hospitals. Following the provisions of this law, involuntary commitment (Trattamento Sanitario Obbligatorio) of a patient to a general hospital ward must be considered an extraordinary practice, applied only when a patient is judged unable to give informed consent to the treatment and refuse it. Also, in the forensic field, the implementation of a new law (n.81/2014), enables the patient, under certain circumstances, to refuse treatment, though with substantial consequences regarding the evaluation and control of dangerousness.

Administrative Medication Review in a US State Psychiatric Hospital

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Concerns have been raised about potential barriers to optimal patient care in the judicial model due to having non-clinicians make clinically-relevant decisions and, in both judicial and administrative models, as a result of procedural inefficiency. The current administrative process in New Jersey (Involuntary Medication Administration Review—IMAR) replaced a 3-step clinical process in 2012, following a legal challenge. IMAR implementation utilizes weekly review by a three-member panel to authorize medication for patients considered a danger to themselves or others: a non-treating independent psychiatrist, a hospital administrator, and a non-physician hospital clinician. The IMAR process may have procedural and clinical advantages over judicial processes and appears to provide more rigorous protection of patient rights than clinical review processes without impeding delivery of care. We will review the process and the experience with its implementation. Using a clinical database, we reviewed the IMAR medication-over-objection experience in one state psychiatric hospital. Among other observations we found that that that the added administrative review did not lead to decreased applications or increased denials by the review panel compared with the prior clinical review procedure. <5% of applications were denied. 70% were resolved within 3 months. We have also examined characteristics of patients undergoing the IMAR process and the predictors of its outcome.

Outcomes of the Administrative Medication Review Process in a US State Psychiatric Hospital

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Denials of medication requests did not appear related to demographic or clinical variables except possibly non-bipolar depression diagnosis. For 388 IMARs, mean patient age was 48 (18-83 years), 46% female, and 85% diagnosed psychotic disorders. For 290 concluded cases as of the time of study, mean hospital days(+sd) prior to IMAR were 661+1772 and, from IMAR inception to consent/discharge were 115+182. Patients with limited capacity to participate in clinical decisions and those with developmental disability history (mostly mild) had more extended involuntary medication (p <0.025). Other demographic and clinical variables were not predictive. IMAR resolution for those "unable" to consent usually required, and quickly followed, ultimate assignment of a guardian. Violence, a common indicator for involuntary medication, was assessed in relation to IMAR assignment. During a representative year, we found comparable rates of in-hospital violent events for never-IMAR patients and those currently medicated under IMAR; higher rates were found, however, for patients with past, but no current, medication over objection (p<0.04). Past assignment to IMAR may be an indicator of continued risk after conversion to voluntary pharmacotherapy.

Advantages of Less Paternalistic Approaches to Involuntary Treatment

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Medication over objection policy in Europe is complex. It is requested whenever impairment from a mental condition causes risk to self or others in the context of refusal of treatment. Independent

evaluations must then be performed in order to ensure Human Rights preservation and involuntary treatment surveillance. Communication between health and judicial systems is variable. Europe doesn't have a law that is common to all member states, with guidelines based on documents from UN and the European Commission. In Portugal, several steps are taken in order to make sure no one in wrongfully deprived of their civil liberties. Using Portugal as an example and analyzing law applicability details, the purpose of this presentation is to point out the advantages of less paternalistic legislation and suggest improvements that we can strive to achieve. This presentation will highlight the need to improve laws worldwide to protect psychiatric patients as much as possible, making sure they have the best balance between the right to Freedom and the right to Health, even when they are not aware of their medical condition.

Psychotropic Medication Authorization over Objections

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In the United States of America strict clinical decision making by psychiatrists when patients objected to medication has been replaced by either an administrative model or judicial model of decision rendered. Judicial decision making emphasizes the rights of the individual, however is hampered by delays in hearings, increased length of stay, increased violent incidents requiring seclusion and restraints and disruption of unit. In the State of Illinois in August 1991, law was enacted establishing a judicial review process. Attendees will learn of data concerning the rate of approvals, denials and regional variations in court decisions. This presentation will briefly address various appellate decisions. Two panelists will discuss the administrative model of decision making using New Jersey data. Attendees will learn further from two panelists from Europe on how this issue is handled in Italy & Portugal.

145.   Research on Trauma, Substance Use, and Alcohol Use: Using a Diverse Range of Approaches and Populations (1)

Examining the Influence of Opioid and Drug-Related Deaths on Addiction Therapist Well-Being, Empathy, and the Development of Therapeutic Alliance

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Drug overdoses have become the leading cause of death for persons under the age of 50 in the United States. While there are ongoing efforts in the U.S. to shift from criminal justice interventions to therapeutic approaches to treatment, there has been minimal research examining how deaths are impacting addiction treatment providers. Based on limited previous research and

conceptual analysis, it was hypothesized that experiencing client deaths will increase therapist burnout and decrease empathy, which in turn will negatively impact the development of therapeutic alliance. A sample of addiction treatment providers in North Carolina were administered an electronic survey containing the Maslach Burnout Inventory (MBI), Working Alliance Inventory, Perceived Supervisory Support Scale, Jefferson Scale of Physician Empathy, and designed items examining whether or not providers had experienced a drug-related death on their caseload, including the frequency and dates of incidents. Preliminary findings suggest that experiencing client deaths, the Personal Accomplishment and Depersonalization subscales of the MBI, and empathy have a significant influence on the development of therapeutic alliance. Unpacking the nuanced relationships amongst these constructs will be explored, as well as organizational implications for supporting addiction therapists in times of crisis.

Impact of a Traumatic Experience for DWI Offenders on Substance Use, Driving Behavior, Risk, Alcohol and Mental Health Problems

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The current study considers convicted DWI offenders who had experienced at least one criteria in Criterion A of the DSM-5 diagnosis for PTSD. Comparisons are made between three groups: no trauma, less than 33, and 33 or more on the PTSD symptom assessment. All participants were convicted DWI offenders who have been mandated to install Interlock in their vehicle. The measures included substance use, risk, alcohol problems, PTSD Symptoms, and mental health problems. Comparisons showed that relative to the no-trauma and low PTSD symptom groups, the group with high PTSD symptoms were more likely have had prior treatment, prior criminal history, to use a bicycle and public transportation, and to have been injured in a crash. The high symptom group also showed higher means for drug use in the last year, number of total DSM-5 current alcohol use disorder criteria, problem risk, readiness to change, all Brief Symptom Inventory scales, and a linear trend for increased trauma symptoms across the three time periods. Experiencing a traumatic event impacts risk factors of convicted DWI offenders. However, there needs to be high levels of symptoms for that influence to be evident, which has implications for early assessment of DWI offenders.

Advancing Data-Driven Performance through a University-Community Partnership

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This presentation describes a newly established university-community partnership that has constructed and subsequently manages a data warehouse that is populated with multiple service provider's electronic health record data of over 50,000 clients from mental health and substance use providers across 14 rural counties in New York State, USA. Successes and challenges to partnership development and the warehouse construction will be shared. In addition, we will speak to how the design allows criminal justice, hospital, education, housing, etc. data to be added and how we are utilizing these data to develop client profiles and predictors of success by diagnosis and service utilization to inform service development and delivery; ultimately to promote improved behavioral health and substance use outcomes for rural residents while advancing science.

146.   Research on Trauma, Substance Use, and Alcohol Use: Using a Diverse Range of Approaches and Populations (2)

Veterans with Dishonorable Discharges Report More Pre-Military Family and Personal Problems: Implications for Trauma-Informed Intervention

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Military services around the world have two categories of discharge: honorable and punitive. In the U.S., punitive discharges bar a veteran from accessing health care through the VA system. Clinical wisdom suggests that veterans who receive punitive discharges have more severe personal and family problems prior to joining the military and have more severe psychopathology, personal, and legal problems following discharge. This assumption, however, has not been evaluated empirically. Male and female veterans (n=396) provided reports on discharge status, and variables from before, during, and after military service. Independent samples t-tests compared those punitively discharged to those honorable discharged. Veterans with a punitive discharge reported

more premilitary substance use and mental health problems and more family history of these problems, but not more ACEs. Veterans with punitive discharges reported more combat exposure during service. Finally, veterans with punitive discharges reported more suicidal ideation and more alcohol problems but not more depression and PTSD symptoms after military service. The notion that veterans with punitive discharges are more severe is partially supported, however they are distinguished from veterans with an honorable discharge and may require specialized clinical services. This presentation will conclude with planning trauma-informed clinical services specifically tailored to veterans.

Exploring Trauma Specific Treatment Tracks in an Integrated Outpatient Setting

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There is high prevalence of traumatic symptoms within individuals seeking mental health and substance use treatment services. The current study describes a trauma-specific treatment track in an integrated outpatient treatment setting. It will explore both the need for and recent results of an integrated trauma-specific treatment track within a trauma-informed agency. Description will be provided on how individuals seeking treatment are assessed for traumatic experiences, the specific evidence-based trauma assessment tools used, the diagnostic procedures in an integrated and collaborative setting, and the various evidence-based, trauma-specific interventions, including medication management and medical services. Ultimately, it will be argued that delivering integrated trauma-specific intervention is necessary to achieve stability and symptom management in substance use and mental health service settings. The multidisciplinary, integrated approach to the assessment and delivery of trauma-specific intervention is argued to be superior and more efficacious than traditional, siloed approaches to trauma, substance-use, and mental health treatment. An example of this multidisciplinary, integrated approach with this specific population is the coordination of care with legal systems including probation, criminal court and most often when individuals are linked with drug courts.

Intricacies Between Complex Trauma, Substance Abuse and Delinquency: Meanings from Youth Narratives

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Youth aging out of foster care are considered to one of the most vulnerable subgroups of emerging adults (18-30 y-old). According to tenets of complex trauma theories, repeated relational trauma during infancy and adolescence, because they are experienced through a critical development period where children do not have the coping skills to manage and understand what is happening to them, entails a wide range of negative outcomes. In fact, behavior and mental health problems, delinquency and revictimization are often listed among former foster care youth. Also, low self-concept and self-esteem seem to be important features that prevent youth from experiencing

positive adjustment in adulthood. Although many studies have demonstrated the associations between complex trauma and these negative outcomes (Herman, 1992; Milot et al., 2018) and associations between substance abuse, delinquency and low self-concept and self-esteem (Moreland et al., 2018), few have been concerned with how youth themselves describe these associations. The presentation introduces results from a thematic analysis of 21 former foster care youth's life narrative. More specifically, results highlight how youth make sense of the complex intricacies between trauma, substance abuse and delinquency and how these intricacies modulate identity development.

147.   Restrictiveness in Forensic Care: Ethical Issues and Treatment Outcomes

How does the Restrictiveness of Forensic Mental Health Care Affect Developments in the Field?

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There are several developments in the management and treatment of mentally disordered offenders that crystalize around the notion that overly restrictive care is detrimental to individual recovery and reducing reoffending. Care should be individualized and person-centered. Interventions responsive to idiosyncratic needs are more effective. Treatment should prioritize patient-identified strengths and skill sets. Quality of life should be a primary outcome of interest. However, these can be constrained by restrictive legal frameworks, risk management strategies and security procedures. The extent to which the restrictiveness of forensic care hinders these developments is increasingly studied. This presentation demonstrates the development and early research findings of the Forensic Restrictiveness Questionnaire (FRQ). This measures patients self-reported perceptions of the restrictiveness of their care. The FRQ was piloted with 235 patients in UK forensic settings and revised in light of psychometric testing. Associations with ward atmosphere and quality of life are presented, as are differences in scores between groups of patients. There are now studies to validate the FRQ in six other countries. This presentation suggests how this tool can be used in these and future studies to investigate in what ways the restrictive nature of forensic care influences patient-centered, strength-based care that improves quality of life.

Does Forensic Psychiatry Need Specific Clinical Ethics Support?

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Forensic mental health care professionals are confronted with complex ethical questions. In contrast to other medical professions, little is known about the use of clinical ethics support in the field of forensic psychiatry. Describing current clinical ethics structures and identifying needs might help to improve treatment quality of mentally disordered offenders. Therefore we assessed the availability of clinical ethics structures in forensic psychiatric hospitals in Germany and compared the structures and responsibilities with general mental health care. Clinical ethics support was available in only 43% of all forensic psychiatric hospitals. We did not find major differences regarding the most frequently requested issues. We concluded that ethics consultation is not yet well established in forensic mental health care although professionals expressed a need for support in ethical decision making. Reasons for that might be a lack of awareness for clinical ethics services or unmet needs for training in clinical ethics in forensic psychiatric hospitals. Further research should focus on how ethics support can be comprehensively implemented in forensic mental health care and how this might improve treatment quality and patient and staff well-being. This presentation discusses the implications of these findings.

Gender Differences in Treatment Outcome of Forensic Psychiatric Patients in Germany

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According to existing literature forensic psychiatric treatment reduces reoffending, rehospitalization, and premature mortality. Studies have also shown that treatment outcome varies with diagnosis, while little is known about the influence of sex, psychosocial adjustment and aftercare. Male and female patients discharged from three German forensic psychiatric hospitals in the years between 2010 and 2017 were interviewed at discharge (n = 609) and one year later (n = 366). The main outcome measure was the rate of reoffending, defined as self-reported or confirmed new criminal convictions, charges, or investigations. At follow-up, not only the patients, but also aftercare staff were asked about information on reoffending, readmissions, substance use, and psychosocial adjustment. Among patients with substance use disorder (SUD), 14 % reoffended, 20 % were rehospitalized, and 60 % maintained abstinence from substances. Among patients with severe mental disorder (SMD), 5 % reoffended and 13 % were rehospitalized. Significant sex differences were found in offenders with SUD at baseline and at follow-up. Sociodemographic and disorder-related risk factors seem to affect treatment success. Hence, gender-specific aspects as well as differences in diagnosis and psychosocial adjustment should be considered and individually targeted in forensic psychiatric treatment. The presentation will discuss the implications of these findings.

Forensic Outpatients' Living Conditions May Add to the Prevention of Further Imprisonment

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Forensic outpatient treatment in Germany helps forensic patients back into society while managing the risk that these individuals present to public safety. In addition to the effects of treatment and control, good living conditions have been hypothesized to help prevent criminal recidivism and a number of studies have examined variables related to poor outcomes including recidivism among former prison inmates and sexual offenders. In order to investigate variables that are likely to reduce the risk of unfavorable outcomes such as subsequent confinement or back-referral to inpatient treatment, data were analyzed from a forensic outpatient data project run by the federal state of Baden-Württemberg. Based on data provided by six forensic treatment units throughout the federal state of Baden-Württemberg since 2015, 61 forensic outpatients were investigated. Information on the patients' working, living, and financial situation as well as information on their social network and relationship status, was used. The predictive validity of these factors on treatment outcome was tested with a logistic regression model. The presentation will discuss the findings, showing a number of a priori differences between the groups, but pro-social leisure activities in an outpatient environment and migration status were the only significant predictors of positive vs. negative outcome.

A Register-Based Comparison Study of Swedish Patients in Forensic Psychiatric Care 2010 and 2018

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This study compared the characteristics of a population of Swedish patients in forensic psychiatric care in the year 2010 and 2018, with the goal of identifying similarities and differences in sociodemographic and clinical outcomes during the study period. Significant changes in patient characteristics and treatment aspects were found, although similarities between the years were more common. Schizophrenia, schizotypal and delusional disorders were the most predominant primary diagnoses characterizing forensic psychiatric patients. From 2010 to 2018 there was also a development in care conditions supporting a shift from inpatient to outpatient care and from first-generation antipsychotic/neuroleptic to second-generation antipsychotics/atypical antipsychotics. More liberty restrictive such as physical restraints and forcible medication diminished while less restrictive coercive measures increased. There was also a decrease in the length of stay in forensic

psychiatric care among those treated 2018 compared to those treated 2010, something that emerged as particularly discernible among male patients. In conclusion, the results from this study illustrate the similarities among a Swedish forensic psychiatric population between the years of 2010 and 2018, while also reflecting some changes in patient characteristics and clinical practice during the study period.

148. Revisiting the Insights of Penal Abolitionism (1)

A Disbelief in Colonial Penality: Settler Colonialism and Abolitionism

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Abolitionism provides a broad transformative program intended to realize social rather than criminal justice. It provides an opportunity to think about criminal justice and carcerality in a world where the prison, punishment and criminal justice are themselves key social problems. It is also fundamentally activist. The presentation explores intersections between settler colonialism, critical disability and abolitionist approaches. It argues for the importance of an understanding the penal/colonial complex, the embedded relationships between penality, prison and colonized peoples. Indigenous, colonized and formerly enslaved peoples' contemporary struggle against mass incarceration, carcerality and criminalization has a history as long as the colonial project itself. For Indigenous peoples, this struggle is directly connected to the political struggle for self-determination and recognition and it is one that challenges the state's right to imprison and punish, and places Indigenous peoples as central to the abolitionist project. While abolitionist and critical disability theories offer an understanding of the nature of carceral state, settler colonialism provides insights into the establishment and continuance of the colonial state. The intersection allows better understanding of how state formations are both carceral and colonial.

Enabling Penal Abolitionism: The Need for Reciprocal Dialogue Between Critical Disability Studies and Penal Abolitionism

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Very few penal abolitionists or critical disability scholars have considered the myriad issues that have given rise to one of the fastest growing groups in the penal estate: people with cognitive disability and/or mental health problems. Further, with relatively few exceptions, penal abolitionism and critical disability scholarship remains largely disconnected. This paper proposes two central arguments. First, that building a bridge between the two fields is essential to fully conceptualising and resisting the intersecting social and political forces that have given rise to the growing number of incarcerated people with cognitive disability and/or mental health problems. Second, a reciprocal dialogue between the two fields will better enable penal abolitionism to proceed with that which remains imperative to all penal/carceral subjects and their

allies: the building of a world founded on principles of social rather than criminal justice. These arguments unfold in three main sections. First, the multiple, yet rarely acknowledged parallels already existing between penal abolitionism and critical disability studies are discussed. Next, the key obstacles that may prevent an alliance between the two fields are considered. The presentation concludes by drawing attention to the multiple theoretical and practical benefits of building a sustained dialogue between both fields.

Abolitionism and The NSW Prisoners Action Group

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In 1976 a Royal Commission into the NSW prison system was established after a riot had largely destroyed Bathurst gaol. A number of groups were granted leave to appear at the Commission, among them the NSW Prisoners Action Group (PAG), a radical activist group composed of ex-prisoners, academics, journalists, students and lawyers, one of the groups which had been agitating for an inquiry. The PAG instructed legal counsel at the Commission and made an extensive three-part submission: Knowledge of Crime and its Causes, Contemporary Penal Practice in NSW, and Abolition. The submission was subsequently published as separate issues of the Alternative Criminology Journal. This presentation will summarize the abolitionist position put forward in the PAG submission and discuss the way it was received by the Commission and treated in the Commission Final Report (1978). It will offer some observations on the post Royal Commission penal climate and developments in Australia including any lessons to be learnt from the PAG submission, particularly in relation to contemporary abolitionist, critical disability and decarceration activism.

The Abolitionist's Friend? Decarcerating Disability in a Time of Covid-19

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At the dawning of Covid-19, some jurisdictions around the world took extraordinary measures to depopulate (some) prisons and jails, recognized as vectors of contagion likely to prolong the pandemic. Parallel efforts to depopulate disability institutions, where residents are also disproportionately susceptible to Covid-19, met with less success. This presentation reflects on how Covid-19 strategies of preventive decarceration have opened new pathways for resisting interlocking oppressions based in ablest, heteropatriarchal, colonialist and white supremacist privilege. I place developments in my home jurisdiction of Nova Scotia, Canada, where a third of prisoners in jails were released in a three-week period yet disability institutions remained intractable, into a national and global context. My aim is to evaluate the emancipatory power of the most positive Covid-19 decarceration initiatives – including inter-sectorial collaborations to facilitate emergency housing, income assistance, and harm-reduction supports – while reflecting on how other system responses exacerbated disability-based and other interlocking oppressions. I ask: What can Covid-19 teach us about coordinating strategies for deep systems transformation –

even or especially in states of emergency? What lessons, including cautionary tales, does it yield for the project of strengthening the often-siloed movements for prison abolition and disability deinstitutionalization?

149.   Revisiting the Insights of Penal Abolitionism (2)

Narratives of Resistance: Indigenous Women, Prison and Self-Determination

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Western positivist thought locates Indigenous women in the criminal justice system in terms of their risk or victimisation. This binary between Indigenous women as offenders or victims sustains state control and Indigenous women's disempowerment. It renders invisible the systemic conditions that underlie inter-generational trauma and contribute to criminalisation and victimisation, including the state's removal of Aboriginal children, loss of culture and cultural authority and the over-policing of Aboriginal women and maltreatment by police. Carceralism is indelibly linked to patriarchal colonial capitalism. The circumstances of Indigenous women defy a single-axis approach as they live within a wide-reaching colonial carceral archipelago. These circumstances also show the importance of developing decolonial linkages with critical disability, prisoner activism and abolitionist approaches. This presentation is based on 200 interviews with Aboriginal women in Australian prisons. It will examine how Indigenous women regard empowerment and decolonisation. Indigenous women not only know the solutions for their wellbeing, they are the solution. They identify creative ways of expressing self-determination that defy paternalism and risk analysis. The research demonstrates that prison abolition must be articulated in line with broader calls for decolonizing all state institutions to advance Indigenous wellbeing.

Abolitionism: The Beginning Point and the End Game for the Forensic Disability System

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In Australia an alternative pathway through the justice system exists for people with cognitive impairments who commit crimes but who are unfit to plead. Unfortunately many people with cognitive impairments who are unfit to plead and thus not convicted of a crime find themselves detained indefinitely and often in mainstream prisons. In 2018 Human Rights Watch reported that detention for people with cognitive impairments is often traumatic, filled with experiences of violence and abuse and other rights violations including a lack of procedural fairness. The

presentation argues that Abolitionism can be used to widen the scope of options offered by a forensic disability system. Abolitionism as the beginning point and end game for a forensic disability system will support personal and structural options that facilitate agency, empathy and self-determination for the person with a cognitive impairment, where any restrictions are tailored and proportionate, whilst also balancing the justice rights of the individual and the right of the community to safety. An Abolitionist framed forensic disability system will ensure that capricious violence and violations with traumatic consequences for people with cognitive impairments will no longer be an unintended consequence.

Disability, Criminal Law and Social Justice

Linda Steele, *University of Technology, Sydney. (*Linda.Steele@uts.edu.au)

This presentation introduces key findings explored in Linda Steele's new monograph Disability, Criminal Justice and Law (Routledge, 2020) on the role of law in achieving social justice for disabled people who are in the criminal justice system. It does so through the case study of court diversion. In a post-deinstitutionalisation era, diverting disabled people from criminal justice systems and into mental health and disability services is considered therapeutic, humane and socially just. Instead, this presentation argues that court diversion continues disability oppression and illuminates law's complicity in debilitation of disabled people. Court diversion can facilitate criminalisation, control and punishment of disabled people who are not sentenced and might not even be convicted of any criminal offences. On a broader level, court diversion contributes to the long-standing phenomenon of disability-specific lawful violence, legitimates prison incarceration and shores up the boundaries of foundational legal concepts at the core of jurisdiction, legal personhood and sovereignty. As discussed in the presentation, analysis of court diversion provides openings into new ways to understand relationships between disability, criminal justice and law; and a basis on which to consider theoretical and practical strategies that contribute to the development of a wider re-imagining of a more progressive and just socio-legal order.

Key Words: Criminal law, abolition, human rights, diversion, violence, prison

150.   Risk Assessment (1)

Mass Murder in Switzerland

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Mass murder is the killing of three or more people in one event. Usually, there are three kinds of mass murder distinguished: Public shootings, felony associated ones and familicides. Switzerland is a country with despite a high availability of private and military guns (militia) a very low rate of homicide and a comparably high rate of suicides; this despite a high offer of psychiatric

facilities. Between 1972 and 2015 in Switzerland, there occurred 50 cases of mass murder. Researchers got access to the files of 35 cases, for the remaining researchers only had access to the newspaper articles. The majority of mass murders in Switzerland were familicides. Our research team was able to relate different patterns to each kind of mass murder: Familicides were closely linked to suicide, whereas public shootings related to a severe mental disorder of the perpetrator. The perpetrators of felony associated mass murders usually had a low psychosocial standard. Contrary to our expectations, military weapons as means of killing were of minor importance. Implications from this research for future risk assessment will be discussed in this presentation .

The Structured Forensic Risk Management Project (FORM) - enhancing the management of aggression in forensic psychiatry through patient collaboration.

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Verbal and physical aggression remains frequent within inpatient psychiatry and takes an enormous toll on the physical and mental wellbeing of both patients and staff. While the characteristics of violent inpatients and the structured assessment of their violence risk has received quite some scholarly attention, and thus provided evidence-based methods, the literature on how to manage those patients and the risks that they pose in a structured way is much more scant. The FORM-project is a project that seeks to address this discrepancy in our knowledge by evaluating, both quantitatively and qualitatively, the effects of structured violence risk management plans in forensic psychiatry. Furthermore, and in line with initiatives across many healthcare sectors to increase patient involvement, influence and collaboration in their own care, the structured violence risk management plans in the FORM-project have incorporated an element of patient collaboration. This collaborative element is intended to not only affirm values like patient autonomy but also to hopefully increase the efficacy of the intervention itself. This constitutes a fairly novel approach as a recent review found only a handful of studies investigating patient involvement in violence risk management.

Particles and Waves: Two Looks at the Brain of Aggressive and Sociopathic Individuals

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As with other edges of scientific investigation, brain processes can be examined as wave processes (via QEEG recording) and also as biological particles that create and regulate neurotransmitter activity. Both assessments can supplement traditional neuropsychological tests of brain functions when performing court evaluations. Recent research on the brain of criminal offenders has clarified essential differences between *proactive* (psychopathic, callous, unemotional, preplanned behavior patterns) vs. *reactive* (emotionally engaged, or spontaneously antisocial) behavior

patterns. These two subtypes of violent individuals have different neuropsychological test outcomes, different QEEG patterns, and different micronutrient profiles including distinctive copper/zinc ratios in the blood. Case examples of violent criminal behavior are presented along with descriptions of the brain that contributed to a judicial outcome. Therapeutic and developmental interventions are described to help prevent future violent and antisocial behavior. Research is presented on the influence of brain evaluation information on the opinion of jurors. A final question is raised, "When biological characteristics predict violent behavior, should court decisions consider the brain in determining guilt or sentencing?"

Psychiatric Disorders and Fitness-to-Drive Assessment

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Driving is considered a complex task requiring a range of skills, including adequate information processing and integration, vigilance, attention maintenance, concentration, and good memory. Drivers with psychiatric disorders or those using psychotropic medications often experience functional deficits, compromised cognitive functioning, and impaired psychomotor aptitudes, which might affect their driving performance and therefore increase risk of traffic accidents. On the other hand, having mental illness is not necessarily equal to absolute inability to drive. Fitness-to-drive assessment in individuals suffering from psychiatric diseases, and in particular in those receiving psychopharmacological treatment, requires a solid knowledge of the clinical characteristics of psychopathological disorders, on the one hand, and of the undesirable effects of prescribed psychopharmacological treatments on the other hand, in particular taking into account the fact that such subjects are often prescribed complex psychopharmacological treatments characterized by two or more psychotropic drugs. The aim of this presentation is to describe the legislative situation in force in Switzerland regarding medical and psychiatric fitness-to-drive assessment, especially with reference to the psychiatric situation of the persons who undergo medical and psychiatric fitness-to-drive assessment, and any psychotropic pharmacological treatment that may be prescribed.

Keywords: Fitness to drive Assessment, Psychiatry, Psychotropic Drugs, Psychiatric Treatment

151. Risk Assessment (2)

Lead Exposure in Criminal Defendants

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Lead is a common heavy metal and one of the earliest known neurotoxins produced by humans. According to researchers, lead's potential impact to human health is higher than any other neurotoxin except alcohol. Thus, it should be considered as a possible etiology or contributing factor when evaluating cognitive functioning across the lifespan, especially in a forensic setting. Lead exposure has been tied to many negative outcomes that can vary according to age of exposure. There is no one specific pattern, and individuals can present with diffuse cognitive complaints, as well as behavioral difficulties, emotional issues, and physical health problems. Common cognitive deficits seen in adults include reduced verbal and visual learning and memory, problems naming, lowered IQ, and difficulties in executive functioning. Emotional and psychological problems can include depression, anxiety, antisocial behavior, aggression, and hyperactivity. During this presentation, we will review routes of exposure, the negative impact on physical and mental health at different points of the lifespan, the difficulties measuring lead in the adult who had exposure as a child, and criminal case studies. Finally, we will discuss the increased risk of exposure to the vulnerable and disenfranchised and the societal implications, including higher rates of incarceration.

The Qeeg, Pathways of Aggression, and the Judicial System

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This presentation investigates the utility of QEEG brain mapping to identify the pathways of aggression. This includes brain structures, networks, and degree of connectivity involved in two primary pathways of aggression. Attention will be given to (1) reactive aggression and (2) for psychopathy involving intentional aggression through the reward system of the brain. Further investigation will be focused on the attentional networks of both categories of aggression related to the intelligence and executive functions of offenders. This is to address the issue of culpability the offender, their capacity to inhibit aggression even when they know what is appropriate, and the variability in moral reasoning. Participants will look at the implications for the judicial system in determining of guilt, mitigation of sentences. This presentation will address implications for rehabilitation of attentional networks, the development of empathy, and self-regulation through interventions impacting neuroplasticity. Participants will examine potential treatments of brain structures, neuronal pathways / networks, through nutritional intervention, mindful cognitive behavioral therapy, and neurofeedback.

Assessing Violence Risk in Violent Offenders with Psychiatric Disorders

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In Switzerland the criminal justice system is increasingly tasking forensic experts to advise on mandatory treatment verdicts, which can be delivered in addition to or in place of standard

sentences. The treatments can be outpatient, inpatient, or even indefinite commitment. It is therefore essential to select reliable tools for conducting such forensic evaluations. Little is known about risk assessment tools violence prediction effectiveness in offenders with specific psychiatric disorders. The presented study analyzed the accuracy of three well-known risk assessment tools in offenders with personality disorders. 102 males'offenders were assessed in a Swiss forensic unit with Violent-Risk-Appraisal-Guide, Historical-Clinical-Risk-Management-20 and Structured-Assessment-of-Protective-Factors-for-violence-risk. Violence occurrence after release was recorded within a 18 month follow-up. We used one-factor ANOVAs for descriptive and receiver operatic characteristic (ROC) curves analyses (AUC values) for accuracy prediction. With regard to psychopathology, diagnoses were mainly personality disorders (35%) and substance abuse (30%). About 10% of the offenders had not been diagnosed with any psychiatric disorder. Offenders with personality disorders showed higher violence risk and recidivism rate. Conversely, predictive accuracy was still significant but lower for offenders with personality disorders. Results at one Swiss forensic unit showed that risk assessment tools predicted just averagely future violence in violent offenders with personality disorders. This should be considered for more effective risk management studies and strategies.

152.   Risk-Needs Assessment, Correctional Environments, and Reentry

Experiencing Meaningful Work While in Prison: Creating Positive Environments and Reducing Harm in Prisons

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Prisons often employ large numbers of incarcerated individuals to work in businesses that simulate working in the community. Working in prison is expected to improve institutional behavior, improve reentry outcomes, and reduce recidivism. Little is known about how incarcerated individuals experience work while in prison or how work may enhance or sabotage their wellbeing during prison. The current study is based on in-depth interviews with incarcerated workers and the staff who supervise them. The results show that structured and meaningful work assignments may serve as a place where incarcerated workers receive increased levels of safety, enhanced social support from their peers and work supervisors, and experience a positive organizational culture. This presentation will discuss the implications of these findings.

Predicting Self-Reported Psychopathy and Change in Correctional Contexts

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Psychopathy is characterized by a lack of empathy, antisocial behavior, manipulativeness, and a lack of emotionality. To date, self report psychopathy scales have not been extensively studied in the context of inmate behaviors. The present study provides an assessment of psychopathy as a predictor of official misconduct and maladaptive behaviors in correctional contexts. The Self-Report Psychopathy Scale 4th Edition (SRP4) and its subscales were used to predict official misconduct, violent misconduct, aggression, and self-alcohol/substance use in a sample of 230 males incarcerated in a northeastern state. Longitudinal data was collected within 30 days of booking, and again after six months in correctional custody. Fixed effects regression techniques were used to examine the potential for change in the SRP4 and its subscales during incarceration. Findings and policy implications will be discussed.

Training Frontline Behavioral Health Clinicians in Clinical Violence Risk Assessment

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Clinicians are charged with providing effective outpatient services while addressing patient safety, yet are seldom trained in empirically-informed violence risk assessment strategies and lack access to forensic risk assessments by trained professionals. The authors developed, piloted, and evaluated a brief asynchronous learning course on clinical risk assessment targeting frontline providers in the U.S. The e-training consisted of three modules: 1) confidentiality, 2) duty to third parties, and 3) clinical assessment of violence risk. To date, 252 professionals have completed the e-training. Preliminary data suggest post-event satisfaction with the quality, organization, and utility of the training (xx range 4.06 to 4.34 on 5-point Likert-type indices). Paired samples t-tests indicate statistically significant increases in knowledge scores from pre- to post-test for each module (t(234) = -3.491, p = .001; t(207) = - 2.267, p = .024; t(188) = -6.747, p < .001, respectively). Six-week follow-up data collection is ongoing. Preliminary follow-up data suggest continued satisfaction (xx = 4.57; N = 42), and positive impact on current work practices (84.1% have used training content). While competency was not assessed, results suggest that e-training can enhance fund of knowledge of empirically-supported practices for assessing and managing risk of violence among frontline providers.

Psychopathy-level and Resiliency in Women's Post-Prison Reentry

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Utilizing data collected as part of the evaluation of the Seattle Women's Reentry (SWR) initiative conducted in 2017-2018, this paper examines the relationship between trauma, psychopathy-level, resiliency, and reentry success in women entering the community after a period of

imprisonment. The SWR is a gender responsive reentry initiative with focus on self-Inventory to build awareness and coping skills operated by the Seattle Police Department's IF Project in collaboration with the Washington State Department of Corrections. Subjects were an 85 women released from the Washington Corrections Center for Women to King, Skagit, Whatcom, and Snohomish Counties in Washington State between January 1, 2017 and December 31, 2018. Data was 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 relationship between self-reported trauma, psychopathy-level, self-esteem, and self-efficacy is examined with attention to the role of psychopathy as a resiliency factor in reentry success. Implications or gender responsive reentry will be discussed.

Exploring the Women's Risk Needs Assessment (WRNA) with Adult Male Participants in a Forensic Mental Health Court

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There are several validation studies demonstrating the efficacy of the Women's Risk and Needs Assessment (WRNA) instrument with justice-involved women. Because the WRNA encompasses both the Big 4 criminogenic needs as well as gender-responsive criminogenic needs (e.g., trauma/victimization, unhealthy intimate relationships, parental stress), this study explores the instrument's efficacy with men diagnosed with serious mental illness (SMI) who are enrolled in a mental health court. The mental health court is located in the southwest region of the US and focuses on adults with serious and persistent mental illness, the majority of whom are also diagnosed with a co-occurring disorder. This presentation will investigate (1) the prevalence of both the Big 4 and gender-responsive needs (that are predictive of women's subsequent criminal involvement) with men diagnosed with SMI; and (2) the predictive validity of the Big 4 and gender-responsive scales with subsequent recidivism by men with SMI. These efforts may begin to inform the forensic mental health field about the importance of considering both traditional and gender-responsive needs in case planning efforts with men. Findings and implications will be discussed in this presentation.

153.   Rituals in Medicine

The Sacrament of Pharmakon: Euthanasia and Assisted Suicide as Medical Ersatz Liturgy

Kimbell Kornu, *Saint Louis University (*kimbell.kornu@slu.edu)

Religious arguments are typically excluded from the euthanasia and assisted suicide (EAS) debate because they rely on a particular tradition that is not universally acceptable to all. Yet many physicians and patients are deeply committed to religious beliefs that are constitutive for one's being. This presentation challenges the standard requirement of religious neutrality and argue s that EAS is a religious practice because it assumes a view of the good life, which entails radical autonomy and freedom from pain and suffering. EAS is a medical *ersatz* liturgy that effectively administers the sacrament of *pharmakon*, meaning both poison and remedy in Greek. Drawing on Michel Foucault's work on governmentality as pastoral power and Giorgio Agamben's genealogy of technical effectiveness from Christian liturgy, this presentation will show three liturgical dimensions of EAS: (1) shepherding the patient unto salvation from suffering through death; (2) the physician-priest becomes an instrumental cause through the administration of the sacrament of *pharmakon* which heals through poison; and (3) legalization of EAS cultivates habits and practices oriented towards the "good life" of radical autonomy through the medicalization of death. EAS as *ersatz* liturgical *pharmakon* extends medicine's power over life and death, thereby restricting, not protecting, freedom.

A Ritual Studies Framework for Perceiving Power in Medical Spaces

Jordan Mason, *Saint Louis University* (jordan.mason@slu.edu)

While we commonly associate ritual action with primitive cultures, modern societies are also replete with ritualizations. In modern medicine, for example, ritualization occurs when the surgeon "scrubs-in" or when the physician performs the process of brain death determination. While these actions are indeed efficacious, they also convey meanings to actions and communicate those meanings to others. This presentation will draw on the work of ritual scholar Ronald Grimes to describe a "taxonomy" of ritual modes that are present across the span of human culture, including in modern medicine: ritualization, decorum, ceremony, liturgy, magic, and celebration. While they often pervade each other, each ritual mode has its own frame of reference, mood, voice, activity, and motivation; each relates differently to power. Ceremony *honors* power in a way that carries legal, tribal, or racial import; liturgy *waits* on power of a transcendent source; magic *wields* power in order to achieve a desired outcome; celebration *unleashes* power in a seemingly spontaneous act of play. It will show how becoming more aware of the presence, and indeed the necessity, of ritual in medical spaces can help us better perceive both conscious and unconscious power dynamics.

Determination of Brain Death as Medical Ersatz Liturgy

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Brain death remains controversial today despite its introduction to the medical community by the Ad Hoc Committee of Harvard Medical School in 1968 and the promulgation of the Uniform Determination of Death Act in 1981. The primary basis of this persistent controversy is living in a pluralistic society where fundamental values surrounding life and death are not necessarily shared

across all communities. While medicine does not engage in traditional metaphysical and theological debates surrounding life and death, it certainly imposes its own values on life and death under the guise of neutrality and with the seal of scientific evidence. Drawing from the works of Michel Foucault, Giorgio Agamben, Jeffrey Bishop, and Kimbell Kornu, this presentation suggests that determination of brain death is a medical ersatz liturgy of death whose ritualistic actions shape our perceptions of death while at the same time are themselves shaped by the values of medicine itself. We will take a deep dive into the "rite" of determination of brain death before comparing and contrasting the metaphysical debates on brain death to metaphysical debates at the heart of the Catholic liturgy of the Eucharist.

The Terminal Wean: Sacred Time in Secular Space

Andrea Thornton, *Saint Louis University (*andrea.thornton@slu.edu)

It has been argued by Udo Schuklenk and Timothy Murphy that religious commitments have no place in bioethics. This denies, however, the inevitable presence of sacredness and religious sensibilities in the ICU. The ICU is a space devoted to technology and the power of surveillance, and the terminal wean is an admission of defeat for these false gods. Drawing on James K.A. Smith, Mercia Eliade, Rudolf Otto, and Ivan Illich, this presentation will argue that the terminal wean is a secular ritual that sometimes grudgingly allows the sacred into a space that is designed to worship 'non-sacred' machines. In conversations around the appropriate place of religion in bioethics, the inherent sacredness of death is not sufficiently acknowledged. Neither is the inherent religiosity of secular space acknowledged. While the secular goes on pretending to be neutral in its governance of the clinic, the actual sacredness present in the ICU is reduced at the expense of a good death for patients with spiritual commitments. This presentation will address both empirical research and anecdotal evidence from the author to demonstrate the presence of religious and sacred values in end-of-life care.

154.   Rule of Law

The Psychological Effects of Largescale Breakdown of the Rule of Law During Protests, Riots, and Looting

Alexander Obolsky, *Northwestern University* (aobolsky@illumental.com)

The large-scale social protests and concurrent riots and looting occurred throughout the US during the spring and summer of 2020. Inhabitants of major US cities from Seattle to Chicago and smaller towns from Kenosha to Minneapolis witnessed large scale social protests, riots, looting, and street fighting including death. The available literature on mental health consequences of large-scale social protests indicate presence of both positive and negative effects on various participants and witnesses. This presentation will focus on the effects of actual and perceived breakdown of the

rule of law during the largescale social unrest on the mental health among those who witnessed such events either personally or through the media coverage.

Do People Need "The Rule Of Law?"

Marijane Placek, *Public Defenders Office of Cook County, Chicago, USA* (marijane.placek@cookcountyil.gov)

Much of the just enforcement of laws has to do with the social contract among society's citizens; enforcement must, on its face, be or at least seem to be uniform and fair. What happens to citizens when they perceive an unjust enforcement of laws? This presenter, a public defender, will address the effects of the breakdown of the perception that laws are applied uniformly and fairly within a criminal justice system, particularly in the administration of justice during criminal trials. What are the effects on the mind of the citizens when the government strays or ignores the laws that were properly enacted? This presenter will argue that based on her extensive experience representing the criminal defendants, the effects are mental depression, breakdown, and personal chaos.

Civil Disobedience in the Civil Rights Movement and Respect for the Rule of Law

Michael Seng, *University of Illinois Urbana-Champaign* (7seng@jmls.edu)

The civil rights movement in the United States in the 1950s and 60s was firmly grounded in the rule of law. The NAACP Legal Defense fund was an early advocate for dismantling segregation and discrimination though the rule of law, especially through resort to the courts. Non-violent protests became a part of the civil rights strategy, but always with a final victory in the law as the desired outcome. By the late 1960s, some civil rights leaders began to question these approaches and urged that real change could not be achieved without greater confrontation. These differing approaches prompted a debate that continues to play out in the civil rights movement in the United States today. The debate informs the individual behavior of both participants and bystanders and their respect for the rule of law. The ramifications of this debate go far beyond the struggle for civil rights.

Distrust Of The Rule Of Law From Uneven Application Of The Rule Of Law Is Most Evident In The Criminal Sphere

Joseph Vosicky, *Attorney-at-Law*, *Chicago, USA* (vosickyjf@aol.com)

Prosecution of defendant criminals is heavy handed and assumes they are guilty of something. Frequently, prosecutors charge defendants with such serious crimes, which disqualifies them from

pre-trial diversionary programs that would avoid criminal records, so they can negotiate plea deals for a lesser charge that defendants, particularly juveniles, often do not understand. Little attention is given for a defendant's possible mental illness. Prosecutors have highly prized positions, because it offers trial experience, contacts, an entree to future employment and sometimes a judicial or political career. Those with political or family connections have a decided advantage. Prosecutors are "evaluated" on the number of their convictions, sometimes at the cost of true justice. For political reasons at the ballot box, prosecutors want to look "tough on crime." Well-meaning programs such as "three times a criminal record you automatically go to jail," "Victims Rights" and Mothers Against Drunk Drivers have caused an explosion in prison population where focus is on retribution rather than rehabilitation. With few educational and employment opportunities within the prison system and excessively long sentences, the possibility of future life, employment and success upon release is unlikely. The effect is distrust of the system, the police officers who brought them there, and prison guards who exhibit their frustration on inmates. When those in authority do not follow the Rule of Law, can you expect more from their "clients?"

155. Russian Priorities in Mental Health Treatment and Policy

Mental Health Impact on Vaccination Behavior: To Persuade or Oblige to Fight the Pandemic?

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Vaccination is an important measure to stop the spread of infectious illnesses and proved to be effective to stop epidemics in the past. Science progress made free immunization easily available across the world. In spite of efforts of the public health programs aiming to inform the population about vaccine benefits, vaccination hesitancy remains a serious challenge for health care workers. The recent rise in the diseases considered to be eradicated led WHO to announce vaccine hesitance as one of the ten biggest threats to global health. The experience of the USSR with compulsory vaccination healthcare measures proved its efficacy. The COVID-19 pandemic with its high mortality rate a serious impact on well-being and the world economy opens the discussion about whether compulsory vaccination backed by the law should be contemplated on the basis that vaccination refusal is a danger for public health, or whether we should respect personal free choice decision-making that can extend a pandemic extension and result in further deaths. This and the related issue of the criteria for such crucial decision making will be discussed in the presentation.

The Factors of Risk of Formation of Suicidal Intentions in Patients With Epilepsy

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Psychiatric comorbidities are common in epilepsy, often occurring at rates 2-3-fold or higher than in the general population without epilepsy. Stigma and discrimination related to epilepsy are prevalent worldwide. The formation of suicidal intentions in patients with epilepsy may be based on these factors. The study of risk factors for the development of suicidal behavior in patients with epilepsy. *Materials and methods:* 102 patients were examined and divided into: 1 – without suicidal intentions, 2 – with it. Methods: SCL-90-R, FPQ, QOLIE-31. *Results:* The symptom severity index is higher than in 1st group (p <0.01). The 2nd group have decrease indicators: survival 4.10, responsibility to the family 0.15, motives associated with children 4.56, fear of suicide 2.57, fear of social disapproval 2.91, moral attitudes 2.96, anti-suicidal motives 3.50; p <0.05. The 2nd group have high level of neurotic, aggressiveness, depression, irritability, emotional lability, p <0.05. The score for the quality of life of 2nd group is lower than the 1st group. *Conclusion*: It has been established that patients with epilepsy with suicidal intentions have a variety of psychopathological syndromes. This information can contribute to the primary prevention of suicidal behavior in patients and help to adequately carry out rehabilitation measures.

The Motivational Model of Suicidal Behavior of Patients With Epilepsy

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Suicide is more common among people with epilepsy, but estimates vary depending on the degree of risk. Suicidal ideation for epilepsy is not given priority in national health policy. In the course of our study, the correlation between the severity of psychopathological symptoms and suicidal motives was assessed. This information can help modernize the approach to social rehabilitation of these patients and form risk groups. *Methods:* «The Reasons for Living Inventory», SCL-90-R, The «Signal» Program of assessment suicide risk. *Results*: The patients with epilepsy have prevalence of affective disorders (59.7%). The «Signal» keeps below values of norm (0.957). The lowest values mainly affect «fear of suicide», «fear of social disapproval», «moral objections». The correlation link of the severity of depression and anxiety and the indicator «fear of social disapproval» allows us to conclude that they have a close interconnection, which implies a decrease in the indicators for life reasons, or a motivational «anti-suicidal» factor in the presence of violations emotional-affective sphere. *Conclusion*: It is important to take an holistic approach when evaluating and monitoring people with epilepsy. The presence of clinical and psychological syndromes lowers the reasons for the continuation of life.

Stigma as a Hidden Factor of Treatment Engaged in Psychiatric Patients

Mikhail Sorokin, *V. M. Bekhterev National Medical Research Center for Psychiatry and Neurology, St. Petersburg, Russia* (m.sorokin@bekhterev.org)

Psychiatric patients hardly involve in the treatment despite the praxis of involuntary hospitalizations or the appearance of intrinsically motivated treatment participation. Psychiatric stigmatization may be an externally regulated resource that forces patients to become more involved in mental health services. 63 inpatients with severe mental disorders were assessed. Treatment Motivation Assessment Questionnaire (TMAQ; Sorokin et al., 2017), Internalized Stigma of Mental Illness scale (ISMI; Ritsher et al., 2003) Medication Compliance Scale (Lutova et al., 2008), K-mean cluster analysis, dispersion analysis were used (p-level=0.05). No differences in socio-demography (except gender), nosology, symptomatology, illness course were found but significant differences in treatment motivation were objictified in 3 identified clusters with 2 subtypes of self-stigmatization. Despite alienation, stereotype endorsement, social withdrawal, and discrimination experience some of the patients could sustain stigma due to cooperative position toward their doctor and reliance on their own knowledge and skills to cope with illness. Such "explicit stigma" in patients probably was favorable due to the conversion of their fear of discrimination into the high-intensity motivation for treatment. Psychiatric stigmatization may be considered as hidden and unspoken rules of social life that encourage some persons with a mental disorder to be better involved in psychiatric services.

156. Schizophrenia and Related Challenges

Characterizing Inpatient Care for Adults with Schizophrenia Using the Health Quality Ontario Indices: A Single-Centre Retrospective Cohort Study

Tariq Munshi, *University of Toronto* (tariq.munshi@unityhealth.to)

This presentation discusses a single-center retrospective cohort study, one of the first to evaluate the inpatient care provided to persons diagnosed with schizophrenia in Canada. This study examined all admissions for adults diagnosed with schizophrenia over a 6-month period in 2017 to an inpatient psychiatric unit situated in a nonprofit general hospital in Kingston, Ontario, Canada. The Health Quality Ontario standards for the inpatient care of adults with schizophrenia were used to assess the quality of care provided in hospital. These standards if met would be of medicolegal importance if there were complaints about care provided. Standards were determined to have been met by doing a thorough chart review for each patient, reviewing all documentation in progress notes, admission notes, discharge notes and emergency room notes for quality standard completion. The average length of stay per patient was 18.64 days. The treatment at this facility

largely focused on medication management of schizophrenia; however, it was found that several areas of care did not meet the standard of care as set by the Health Quality Ontario Quality Standards for Schizophrenia Care for Adults in Hospitals, which was set in 2016. Problematic areas were promoting physical activity and healthy eating (4.9% compliance), treatment with clozapine (13.1% compliance) and cognitive behavioral therapy (9.8% compliance). The study site is fully accredited and attending physicians were all psychiatrists. How pervasive these deficiencies are in other settings is not known.

Ethical Controversies and Challenges in Human Genome Editing

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Human genome editing consists of human somatic cells editing and human germ layer editing. Somatic cell editing utilizes all human cells except reproductive cells. Germ layer editing includes reproductive cells and any changes made by germline editing, are passed through generations. Arrival of CRISPR technology and its increasing utilization has raised ethical concerns and controversies. Somatic cell editing enables cells causing heritable disease to be replaced by normal somatic cells and elimination of heritable disease. At present, the ethical need in somatic cell editing is safety, risk-benefit calculation, protection of vulnerable subjects, informed consent and equity of access. Ethical issues about germline editing are: whether potential benefits outweigh the potential risks, therapeutic need, affordability and equity. The main controversy is intergenerational effects and whether the benefits outweigh the risks of utilizing germline editing. Slippery slope concerns include: allowing basic research in human embryos with germline editing, risk of moving from basic research to the therapeutic stage and allowing basic and clinical research with genome editing of somatic cells to open the door to basic and clinical research on germline editing. In spite of the benefit of resolving human illness, ethical questions, controversies and challenges remain particularly from human germline editing. This presentation will review these debates.

Smoking Cessation in Schizophrenia

Gaurav Mehta, *University of Toronto* (gmehta@southlakeregional.org)

The prevalence of tobacco smoking in the schizophrenia population ranges from 70 to 79%, which is substantially higher relative to the 18% in the general population. Smoking is the leading modifiable risk factor of morbidity and mortality among people with mental illness. Quitting smoking is associated with improved psychiatric symptoms, better quality of life and greater longevity, especially when achieved early in life. For patients with schizophrenia, smoking cessation is more important to reduce 10-year risk of cardiovascular complications than any abstinence-associated weight gain. Prisoners with mental illness are less likely to receive pharmacotherapy for smoking cessation in part due to the low priority or complexity of the task. Predictors of success include less severe nicotine abuse, no recent quit attempts, and early abstinence. Other predictors of smoking cessation success include readiness to quit, smoking initiation in adulthood, male gender, and better cognitive functioning. This presentation reviews

current research on this issue. Smoking Cessation programs, including pharmacological and non-pharmacological interventions can significantly enhance the likelihood of smoking cessation in prison and support abstinence post discharge.

Resident Wellness Curriculum

Amanda Richer, *Queens University* (a.richer@queensu.ca)

WHO identifies 3 symptoms of workplace burnout: (1) feelings of energy depletion or exhaustion, (2) increased mental distance from one's job or feeling negative towards one's career, and (3) reduced professional productivity. A nationwide survey by the Canadian Medical Association (2018) showed that 29% of physicians and 38% of medical residents reported burnout. Burnout not only affects the quality and length of a physician's career, but also affects patient outcomes and leads to an increase in medical errors. These errors put physicians more at risk of college complaints and medical malpractice suits. In light of this, we've developed a pilot wellness curriculum for all Psychiatry Residents at Queen's University. A senior and junior resident as well as a senior staff psychiatrist developed the curriculum. The curriculum has 2 components. The first is a one-hour session held on the third Wednesday of every month in which residents meet together, have a catered lunch, and participate in various wellness activities. These activities aim at building a sense of community amongst residents and consist of team building exercises and skills building. The second component is two afternoon sessions (3.5 hours) per academic year that is dedicated to a structured session that aims to build resilience amongst residents. These sessions consist of a keynote speaker, a panel session during which panel members answer a series of questions gathered from residents and a reflective session to personalize and apply the information learned. This presentation will outline the program.

157.   Scottish Mental Health Law Review

Structure and Organization of the Review of Mental Health and Incapacity Law in Scotland

Kirsty McGrath, *Scottish Mental Health Law Review, Edinburgh, Scotland* (kirsty.mcgrath@smhlr.scot)

In the spring of 2019 the Scottish Government Minister for Mental Health announced an overarching review of mental health and incapacity law in Scotland. The terms of reference included 'making recommendations that give effect to the rights, will and preferences of the individual by ensuring that mental health, incapacity and adult support and protection legislation reflects people's social economic and cultural rights including UNCRPD and ECHR requirements and….the review will involve consideration of what is required to achieve the highest attainable standard of mental health. 'In her announcement the Minister made it clear that persons with lived experience should be front and centre of the Review. This presentation will explain how the

Review was established, how the team initially sought to ensure persons with lived experience were front and centre of the Review , the impact Covid-19 had on this work, and the adjustments made to keep the Review going , ensuring the views of those with lived experience were not lost.

It's All About Us, Or Is It? The Involvement of People with Lived Experience in the Scott Review of Scottish Mental Health Legislation

Graham Morgan, *Scottish Mental Health Law Review, Edinburgh, Scotland* (graham.morgan@nhs.scot)

The CRPD (Article 4(3)) states that "In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations." The Scott Review of Scottish Mental Health Legislation is taking a human rights based approach to its work. An essential part of this is the participation of people with lived experience of mental ill health/ autism/dementia and learning disability in the work it carries out. This presentation will cover how and why people with lived experience are and have been involved in the review so far. We will give a personal reflection of involvement and include the testimonial of others. We will discuss how lived experience has influenced the review, some of the problems experienced and lessons learnt and how this aspect of the Review could be improved in the coming months.

Involvement of Lived Experience of Unpaid Carers in Review of Mental Health and Incapacity law in Scotland

Karen Martin, *Scottish Mental Health Law Review, Edinburgh, Scotland* (kmartin@carers.org)

In the spring of 2019 the Scottish Government Minister for Mental Health announced an overarching review of mental health and incapacity law in Scotland. The terms of reference included 'making recommendations that give effect to the rights, will and preferences of the individual by ensuring that mental health, incapacity and adult support and protection legislation reflects people's social economic and cultural rights including UNCRPD and ECHR requirements and….the review will involve consideration of what is required to achieve the highest attainable standard of mental health. ' In her announcement the Minister made it clear that persons with lived experience should be front and centre of the Review. This presentation will explain how the lived experience role of unpaid carers of people affected by mental health and incapacity law in Scotland has been involved in the Review, where this has shaped Review findings, and the impact of Carers (Scotland) Act has on rights of unpaid carers.

Making Economic, Social and Cultural Rights a Reality in Mental Health Law

Colin McKay, *Edinburgh Napier University* (c.mckay@napier.ac.uk)

Historically, mental health law in the UK has sought to protect civil rights, and to regulate encroachments on personal liberty and autonomy. It has had little to say about the rights set out in the International Covenant on Economic, Social and Cultural Rights, including rights to the enjoyment of the highest attainable standard of physical and mental health, and to an adequate standard of living. The UN Convention on the Rights of Disabled Persons makes clear that all human rights are indivisible, and must be secured for disabled persons, including people with psychosocial disabilities. The Scottish Government is considering whether and how to enshrine international human rights in domestic law, and has asked the Scott review to consider how mental health and incapacity law can reflect people's economic, social and cultural rights. This presentation will discuss how the review is doing this, including consideration of what rights are of particular importance to people with psychosocial disabilities, how these can be secured without discrimination, and what enforcement and accountability mechanisms can ensure that rights are realized at a time of great economic challenges.

Giving effect to Article 12 Convention on the Rights of Persons with Disabilities in Scottish law, Policy and Practice: What Might or Does it Look Like?

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

Scotland's mental health and capacity legislation currently employ capacity and diagnostic thresholds for non-consensual interventions and any related supported decision-making that exists operates within substitute decision-making arrangements. However, the Committee on the Rights of Persons with Disabilities has stated that such thresholds and substitute decision-making prevent the equal and non-discriminatory enjoyment of the right to exercise legal capacity and other rights, including the right to the highest attainable standard of physical and mental health. In order to avoid this the Committee therefore directs that such thresholds and substitute decision-making are abolished and replaced by supported decision-making. This raises a number of conceptual and practical issues surrounding respect for individual autonomy and personhood and providing appropriate support and protection where required in a non-discriminatory manner. With a view to addressing this and making recommendations on implementing Article 12 CRPD the Scottish Mental Health Law Review established a specific Capacity and Support for Decision-Making workstream. This presentation will discuss the workstream's terms of reference, approach adopted and its considerations.

Preliminary Findings and Interim Recommendations of the Review of Mental Health and Incapacity Law in Scotland

John Scott, *Scottish Mental Health Law Review, Edinburgh, Scotland*
(admin@johnscottqc.co.uk)

In the spring of 2019 the Scottish Government Minister for Mental Health announced an overarching review of mental health and incapacity law in Scotland. The terms of reference included 'making recommendations that give effect to the rights, will and preferences of the individual by ensuring that mental health, incapacity and adult support and protection legislation reflects people's social economic and cultural rights including UNCRPD and ECHR requirements and….the review will involve consideration of what is required to achieve the highest attainable standard of mental health. This presentation will outline preliminary findings and interim recommendations insofar as possible at that stage of the review.

158.   Seclusion and Restraint in Psychiatry : Legal and Practical Issues of Derogatory Measures

The legal framework of seclusion and restraint: an essay in normative history

Guillaume Rousset, *Jean Moulin Lyon 3 University* (guillaume.rousset@univ-lyon3.fr)

Seclusion and restraint are interesting objects of study because the legal framework for their use is very specific. Law has long ignored these practices, but this has not prevented psychiatric professionals from using them. Then, the French legislature took up the issue in 2016 highlighting the normative tensions since case law had to rule on several complex issues before a legislative reform would profoundly modify the legal regime of these practices at the end of 2020. This presentation will conduct a historical analysis of how the law has grasped these issues and attempted to frame them.

Isolation and restraint in French law

Karine Berard, *PsyPro Lyon, Villeurbanne, France* (k.berard@psypro-lyon.fr)

Seclusion and restraint have been used for a very long time, without a legal framework, to stabilize people with serious illnesses and to protect society from their past or future acts. The regulation of these practices involving deprivation of liberty only came about very late through law No. 2016-41 of January 26, 2016, which introduced article L. 3222-5-1 into the Public Health Code. A real paradigm shift has taken place thanks to this text, which allowed patients to protect their freedoms and dignity. Now, seclusion and restraint can only be considered when other, less restrictive

alternative measures have been ineffective or found inappropriate and the behavioral disturbances pose a significant and imminent danger to the patient or to others. The presentation will outline and critically review these developments.

Medical Anthropology of Agitation

Samuel Lézé, *École Normale Supérieure de Lyon* (samuel.leze@ens-lyon.fr)

In psychiatric semiology, agitation is the expression of a "motor and psychomotor disorder associated with psychic exaltation, achieving a state of excitement with frequent aggressiveness" which falls within the scope of therapeutic urgency. In order to heal, it is necessary to immobilise. However, the law protects all attacks on physical integrity. Is immobilisation then an attack on physical integrity? From a medical anthropology perspective, the analysis of the problem of clinical judgment of agitation shows what the recent "article 84" of the social security finance law of January 2021 does not yet codify the attack on psychological integrity. Indeed, not isolating and/or containing agitation is not to treat, it is to abandon the patient. Psychiatric teams then find themselves caught in a double-bind: for this law, there is a kind of "dangerousness of psychiatry" for the integrity of the constrained body; for psychiatrists, there is a dangerousness for him and for others if the constraint does not restore his psychological integrity. The presentation will discuss this dilemma.

Seclusion and Restraint: Practical Considerations and Feedback

Natalie Giloux, *Consulting Psychiatrist, Bron, France* (Natalie.GILOUX@ch-le-vinatier.fr)

Within the framework of the Ethics Council of our hospital, teams regularly question the use of coercion in psychiatry and coercive measures. These are denounced as abusive and there are even plans to abolish them. How are these measures questioned at the hospital, in which cases are they envisaged, is their practice in psychiatry unavoidable? The presentation will seek to answer this question.

159.   Sentencing and Punishing First Nations Peoples: Harms and Healing

Sentencing Aboriginal Women: Lived Stories from Prison

Thalia Anthony, *University of Technology Sydney* (thalia.anthony@uts.edu.au)

Studies on sentencing frequently focus on the perspectives of institutional actors involved in determining the sentence, or the accounts of sentenced people in the community. This study sought to acquire the perspectives of people sentenced to prison while inside prison. It is focused on the viewpoints of Aboriginal women in New South Wales prisons. In reflecting on the sentence process and interactions with lawyers and community corrections, they reveal the hidden harms that flow from sentencing. This confirms Feeley's concept of "process as punishment". However, it also reveals the colonial oppression embedded in sentencing by demonstrating how sentencing reinforces colonial epistemologies and methodologies of control and othering. This is apparent through the sentiments of Aboriginal women sentenced who are made to feel worthless and that their identities as Aboriginal mothers, caters and cultural givers are undermined. The presentation will elaborate these issues as well as speak to new initiatives to bring Aboriginal women's voices into the sentencing process to challenge penal-colonial narratives.

Punishment or Healing? Decolonising Justice for Aboriginal and Torres Straight Islander People with Foetal Alcohol Spectrum Disorders (FASD)

Harry Blagg, *University of Western Australia* (harry.blagg@uwa.edu.au)

FASD results from prenatal alcohol exposure. Aboriginal youths in Australia with FASD are vulnerable to enmeshment in a justice system that assumes high levels of cognitive functioning; they can be indefinitely detained on the grounds of mental impairment, due to a lack of alternative programs and options. Profoundly rooted beliefs that accused subjects are rational and calculating individuals, coupled with systemic racism, leads to an over-representation of people with a range of cognitive disabilities in the justice system. Research in Western Australia finds high rates of FASD and other cognitive impairments amongst young people in detention and in remote Aboriginal communities. It is increasingly being linked to inter-generational trauma and other outcomes of colonisation. This paper draws on research in Western Australia which explored the potential for increased diversion into Aboriginal community managed on-country programs, enabled by innovation at the point of first contact with police and non-adversarial courts. It discusses a number of case studies in which there have been miscarriages of justice involving Aboriginal people with FASD, where systemic racism has been a factor. Our approach aims to decolonise the justice system as a prerequisite for reducing the over-representation of Aboriginal people with FASD and other cognitive impairments.

Culturally-Focused Prison Programs: How Do They Benefit Women in Prison?

Elena Marchetti, *Griffith University* (e.marchetti@griffith.edu.au)

Culturally-focused prison programs receive little attention and limited resourcing in Australia's prison system compared with conventional rehabilitation programs, yet research shows that

Aboriginal and Torres Strait Islander prisoners benefit from programs that adopt a more holistic approach to addressing prisoner needs. Prison programs that address intergenerational trauma and grief, loss of culture and spiritual healing are more relevant and beneficial for Aboriginal and Torres Strait Islander offenders, since they assist in re-connecting prisoners to Country, culture and community. These sorts of programs are, however, not usually part of the mainstream suite of core prison programs offered by corrections departments in Australia. This presentation uses a qualitative evaluation of a prison program developed and implemented by an Aboriginal organisation for Indigenous and non-Indigenous women in the Townsville Women's Correctional Centre to illustrate the power culturally-focused prison programs can have on the behaviour, attitudes and wellbeing of prisoners. It also explores why such programs are so well received by both Indigenous and non-Indigenous female prisoners.

The Value of Cultural Reports

Toki Valmaine, *University of Waikato* (valmaine.toki@waikato.ac.nz)

In Aotearoa, New Zealand, Section 27 of the Sentencing Act, 2002, allows the Judge to hear from whanau regarding the cultural background of the offender to determine whether any nexus exists between the cultural background and the offence. Although not explicit this could be by way of a written Cultural Report. After the passing of the Sentencing Act, Cultural Reports were often presented to the Court. This declined between 2011 and 2016 but has recently enjoyed a resurgence. Cultural Reports are often useful for the sentencing judge and can result in a reduction in sentence. Equally, however, Cultural Reports can have no impact on the sentence either when the Judge has considered the Report presented to the court and found that it has no bearing on the sentence, or when the Judge simply does not consider the Report, at all, when available. This presentation will review the utilisation of Cultural reports and with selected case studies assess their impact for Māori.

160.   Sexsomnia-Diagnostic Aspects, Legal Issues and Controversies

Sexsomnia: Clinical and Diagnostic Aspects

Antony Fernandez*, Virginia Commonwealth University* (antony.fernandez@va.gov)

Parasomnias are abnormal sensory or motor phenomena that occur during sleep, while falling asleep, and upon waking. Sexsomnia or sleep sex, is a parasomnia in which specific motor activation produces inappropriate and involuntary sexual behavior. Prevalence of the syndrome is unknown. To date, only 95 clinical cases of sexsomnia have been described, mostly in males with a history of other parasomnias. Sexual automatisms can also be part of focal epileptic seizures, including nocturnal frontal lobe epilepsy/sleep-related hypermotor epilepsy (SHE). Recognizing sexsomnia is important because of its potential forensic implications. The American Psychiatric

Association has now included the diagnosis of sexsomnia in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). However, establishing the diagnosis of sexsomnia can be difficult, as various sexual activities during sleep have been described in different contexts. Implications will be discussed in this presentation.

Sexsomnia: From the Bedroom to the Courtroom

Pratap Narayan, *Consulting Psychiatrist*, *Vancouver, Canada* (pratbs@hotmail.com)

Sexsomnia and related sexual behaviors during sleep may be diagnosed in individuals accused of sex crimes. The variable presentation of such behaviors and the possibility of malingering in medicolegal situations can cause challenges for forensic evaluators and legal professionals alike. There is a paucity of cases involving allegations of repeated incidents due to abnormal sexual behaviors or experiences in sleep. It is important for experts involved in such cases to understand how the courts have responded to sexsomnia defenses involving diverse alleged incidents. The presenter will review the case law and discuss methods of examining evaluees with suspected sexsomnia in cases of alleged sexual assault."

Sexsomnia or Sleep Sex: You must be Joking! Can Scientific Oddities Displace Common Sense Inferences

Lynda Myung, *COTA Health at the Provincial Court, Toronto, Canada*
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Sleepwalking as a defense raises the same question of how crafty lawyers using hired guns get away with murder. The public, prosecutors and judges need to put on their hats of skepticism and question novel science that tries to exculpate charlatans, malingerers and drunken sex abusers. The evidence presented by the previous two presenters need to challenged though a lens that blends scientific findings with public acceptance of information that is questionable. Sleep tests do not have a role in such assessments and clinical history can be highly suspect and lots depends on the credibility of the accused. Opening the gates to sexsomnia is and allowing clinicians to sell ideas that are inadequately tested to the public and more so to the courts mocks science and the law.

Sexsomnia-A Diagnostic Curiosity or a Clinical Nightmare!

Julian Gojer, *Consultant Psychiatrist, Toronto, Canada* (juliangojer@gmail.com)

Sexsomnia and its related parasomnias like sleep walking, sleep violence and sleep driving have been used by lawyers in convincing the courts that these conditions are phenomena that do not amount to crimes. How does one approach these conditions in light of the concepts underlying automatism, concomitant use of drugs and alcohol, and reoffending after being acquitted once.

The presenter who is both a lawyer and a forensic psychiatrist will clarify the problems facing the clinician and the legal practitioner, be it a prosecutor, a defense attorney or a judge making use of specific cases that have been decided so far.

161. Sex Work, Prostitution and Trafficking

Attitudes Towards Consumption of Indoor Prostitution in Middle-Class Neighborhoods

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In recent decades the globalization in Tel Aviv has urged prostitution from public spaces into indoor spaces in various parts of the city. Therefore, the new spatial structure of prostitution in Tel Aviv is contained within its center and boundaries but excludes it from the discourse and space legitimacy. In Tel Aviv, like in other global cities in the world, different expressions of commercial sex are a crucial part of middle-class leisure and consumerism. Although various studies have described the neoliberal city as a sterile middle-class consumer space, there is evidence of prostitution consumption in the normative-neighborhood area. This presentation will demonstrate the concept of deviant leisure, which describes normative societies that consume leisure activities, which may include aspects of criminal or behavioral social deviance. Also, this presentation will focus on one notable example of deviant leisure (i.e., commercial sex consumption). By addressing the central question: What are the limits of legitimacy and tolerance regarding social deviance located in a normative space? This presentation will demonstrate the attitudes of residents who live in established neighborhoods in the city of Tel Aviv, toward indoor prostitution located in their neighborhoods.

162. Sexting and Sextortion: Law, Theory and Practice

Social Media & Sexting Intervention: A Juvenile Diversion Program

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Matt Richie, *University of Wisconsin Oshkosh* (richiem@uwosh.edu)
Bryan Wright*, Dynamic Family Solutions, Sheboygan, USA* (dynamicfamilysolutionsllc@gmail.com)
David Jones, *University of Wisconsin Oshkosh* (jonesd@uwosh.edu)

Between consenting adults, the private electronic sharing of nude photos is generally not illegal. However, when adolescents mimic this adult behavior they are in possession of child pornography

which is a crime in the United States. The Social Media & Sexting Intervention Program was created to address the social problem of adolescent sexting. This is a curriculum based diversion program recently established in two counties in Wisconsin. The goals of the program are: (1) assist participants in recognizing that the influence of social media can be positive or negative; (2) educate participants on the destructive power of negative gender stereotypes; (3) help participants to acknowledge the effects social media has on a person's self-esteem; (4) assist participants in developing healthier ways to communicate as well as setting healthier boundaries in relationships; and (5) encourage participants to sustain a healthy online lifestyle amidst influences and societal pressure. The purpose of the current study and subject of this presentation is to provide a preliminary evaluation assessing the cognitive impact of the program. During the past two years, 61 adolescents have been referred to the program. A pre/post-test design was used to assess knowledge gained and attitude changes. Overall, the results indicate that the program is educationally promising. Perhaps just as importantly, the program protects adolescents from an overly punitive justice system.

Sexting from a Social Learning Theory Perspective

Danielle Crimmins, *Purdue University* (dcrimmin@purdue.edu)

Sexting is defined as sending sexually explicit photos via text message. Sexting has received nationwide media attention due to the social and legal ramifications associated with engaging in this behavior. There is limited research examining sexting behaviors from a criminological theory perspective. Therefore, the current study aims to investigate the relationship between Social Learning Theory and sexting. Specifically, the sending/receiving of nude photos, and the sending/receiving of semi-nude photos. The survey will include Van Oustel and colleagues (2017) Social Learning Theory and sexting scale which was originally developed in Dutch and translated to English for the current study. Young adults in the United States will be surveyed, using an online, anonymous survey. The results will be discussed as well as suggestions for future research and policy implications regarding sexting.

When Sexting Becomes Sextortion: Understanding Perpetrator Motives and Tactics

Kathryn Seigfried-Spellar, *Purdue University* (kspellar@purdue.edu)

Sextortion occurs when non-physical forms of coercion (such as blackmail, money, deceit) are used to acquire sexual content of the child in the form of pictures, videos, or sexual acts performed on a webcam. Once the perpetrator has the photo, they will then threaten to share that photo if the child does not meet their demands, which may include sending additional sexually explicit content or even money. In many cases, the perpetrator will initiate a conversation on a social media app or online game, then tell the child to start using a different messaging platform to continue the conversation. However, sextortion is not a simple case of "stranger danger." Perpetrators of sextortion may also be a current or prior intimate partner, classmate, friend, or acquaintance. This

presentation will discuss the variety of motives and tactics used by perpetrators to coerce a child to send a sexually exploit photo. In addition, several case studies involving sextortion will be presented followed by a discussion on how to address "safe sexting" with pre-teens and teens.

Sexting Among Teens: Reasons to Decriminalize

Stephanie Boys, *Indiana University* (sboys@indiana.edu)

Sexting is the practice of sending nude or sexually suggestive images electronically, made simple and popular by the boom in use of smart phones over the past decade. Sexting is extremely commonplace among adults, with 82% of Americans between the ages of 18-82 engaging in sexting within the last year. Recent studies indicate the practice of sexting is also prevalent among adolescents with more than 1 in 4 teenagers having received a sext and 15% having sent a sext image. Many states have passed laws to criminalize the sending and receiving of nude photos by teens; however, emerging literature indicates some forms of sexting may be a normal part of sexual development for adolescents. This session will cover various reasons sexting may be a healthy expression of adolescent growth, including sexual maturation, exploration of gender attraction, and comparing of adolescent bodies during development. Finally, specific state laws will be used as examples to discuss modifications to the criminalization of teenage sexting that may be warranted.

163.   Sexuality and Mental Health

Sexual Risk Behaviour Among Mental Health Outpatients

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The present study was developed to examine sexual risk behaviour among patients seeking community-based mental health services, particularly regarding associations with psychological distress, identity, and experiences of childhood emotional neglect. We first hypothesized that sexual risk behaviour would be positively associated with psychological distress and identity dysfunction, and negatively associated with quality of childhood emotional support from caregivers. Next, in an exploratory manner, we examined potential moderation effects of age and gender in these associations. Finally, we hypothesized a mediation model whereby childhood emotional support would be indirectly linked to adult sexual risk behaviour, through identity dysfunction as a mediator. The present study found sexual risk behaviour to be prevalent issue among individuals seeking community-based mental health services, with 13% of patients—or more than one in ten—reporting engagement in unsafe sexual practices at least some of the time. While patients who endorsed such behaviour tended to be younger and single, identity dysfunction was found to be a more robust predictor of sexual risk-taking. Moreover, childhood emotional neglect—parental care with limited nurturance and affection—was found to be indirectly linked

with sexual risk behaviour, contributing to sexual risk-taking through the mediating effect of identity dysfunction.

Sex Offender Grooming Assessment (SOGA): Validation and Implications of a New Tool

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Grooming refers to the process a sex offender uses to desensitization and facilitate contact with a child that will go undetected (Winters, Kaylor, & Jeglic, 2021). To achieve these goals, it is imperative that the sexual offender groom the child victim, their environment, and institutions that come in contact with both (Craven, Brown, & Gilchrist, 2006; McAlinden, 2012). Research has found grooming has as detrimental of an impact on victims as the traditionally defined sex offense, however to date no measure examining grooming behavior exists (Wolf & Pruitt, 2019). In this presentation we will discuss the psychometrics of our newly developed measure designed to assess various categories of grooming behaviors, the lessons we have learned when researching grooming behaviors in offenders of child sexual abuse, and ways the Sex Offender Grooming Assessment (SOGA) can be used in assessment and treatment.

164.   Social context of behavior: Mental illness and trauma as mitigation in capital cases

The Social Context of Behavior: Mental Illness and Trauma as Mitigation in Capital Cases

David Freedman*, International Academy of Law and Mental Health, Montreal, Canada* (df2379@gmail.com)

Behavior occurs in context and should be assessed for the context in which it occurs. Expressed another way: family, neighborhood, social and cultural forces frame decision-making and intention, and they play an important role in shaping how the individual perceives and acts. Despite what prosecutors argue, behavior is not simply about individual choice in a world where everything else is equal. Instead, the experience carried by the individual into the moment (e.g., past traumatic exposure, experiences of discrimination) interact with the conditions in the moment (e.g., social context). Comprehensive bio-psychosocial histories provide developmental, prodromal and pre-syndromal markers and support for the presence and importance of cognitive and functional impairments, as well as uncovering how childhood physical and sexual abuse, child maltreatment and neglect, and exposure to violence changed the life course and functional behaviors of the client. Bio-psychosocial histories are the foundation for assessment and diagnosis, as well as being required for competent and effective lawyering. This session focuses on current death penalty

litigation, using case examples to discuss the role of mental health mitigation and how to use it to improve assessment and advocacy.

Obtaining, Organizing and Using Bio-Psychosocial History and Working with Experts in Death Penalty Cases

Colin Byrne, *Attorney-at-Law, Seattle, USA* (byrne.colin@gmail.com)

A multigenerational and comprehensive social history is both fundamental and critical in all criminal and civil cases. This presentation will focus on how to develop the social history, organize the records and interviews, and work with experts to better understand how trauma, cognitive and functional deficits manifest in the daily life of a client as well as being the basis for expert opinions. Similarly, the comprehensive social history provides evidence essential to culturally competent assessments. Cultural factors are directly relevant to both clinical and forensic determinations. Culture is essential to include in the differential diagnoses of behavior's brain-based factors. The multigenerational bio-psychosocial history provides the basis for identifying the types of experts your case needs, the specific skill set of those experts your case needs, guides your expert's decisions about testing protocols, and forms the basis for interpreting the results of the data. The presentation will use recent case examples to discuss these issues and improve advocacy.

Bio-Psychosocial Information as Used for Client Advocacy, Competency Assessment and Intellectual Disability in Death Penalty Cases

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Mark Larrañaga*, Attorney-at-Law, Seattle, USA* (mark@jamlegal.com)

Developing the comprehensive bio-psychosocial history, working extensively with clients, conducting systematic observation, and interviewing collateral witnesses in capital cases form the basis for working with a client, obtaining a plea, understanding when a client is not competent, when a client is a person with Intellectual Disability (and ineligible for the death penalty), and effectively identifying and working with experts. Each of these areas, in its own way, is dependent on the comprehensive social history, without which, lawyers are prone to miss important information and fail to litigate and advocate aggressively. Using recent cases, this presentation will discuss how this type of information is used to build a case and advocate for clients with a history of chronic trauma, clients who are people with ID and those whose life course has exposed them to chronic risks for poor health and offending. The presentation will focus on examples of how the social history, working with clients and interviewing witnesses are required for competent and effective lawyering, placing this work in the broader context of complex litigation in capital cases.

165. Social Protection of Vulnerable Workers in South Africa and Southern Africa

Extending Social Protection to Informal Traders in South Africa

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The world of work has changed and this includes its fundamental design, purpose and coverage of employment. Work in the informal economy has increased and in many developing and middle-income countries work in the informal economy is the norm. In South Africa as well as in other developing countries informal economy workers do not enjoy sufficient protection in terms of labour and social protection measures. In countries where the informal economy is increasingly creating a parallel economic world to that of the formal economy, the extension of protection by facilitating the ability of these workers to bargain collectively and the role of national and local governments become increasingly important. Women workers in the informal economy are particularly vulnerable and face discrimination on multiple grounds and levels as gender inequalities in the informal economy cut across race and class lines. Linkages between informality, gender and poverty exists, namely: the poor are more likely to work in the informal economy; more poor women than non-poor women work in the informal economy and that there is a gender gap in earnings and they are less likely to be organised. This presentation discusses innovative ways to extend labour and social protection to these workers and will consider the impact of their vulnerabilities and discrimination on the mental health of these workers.

Social Protection of Migrant Workers in Southern Africa

Marius Van Staden, *University of Johannesburg* (mvanstaden@uj.ac.za)

Migrant workers are insufficiently protected under social protection systems of host countries. Migration also has a profound impact upon the mental health of migrants. There are four main characteristics of social protection in SADC. First, most SADC member states have undeveloped social protection systems, often leaving the most vulnerable, including those suffering from mental health conditions, without any form of protection. Second, there is a serious lack of co-ordination of social protection schemes in the region. Third, there exists administrative inertia and institutional inefficiency in the area of social security delivery within the region. Fourth, migrant workers are excluded from social security coverage. The aim of the paper is to consider how SADC member states address these concerns so as to come to the aid of the most marginalized and vulnerable members society, including those who suffer from mental-health conditions. The paper will investigate the phenomenon of migration in the SADC region and its effect on the mental health of migrants in particular, by analysing key regional instruments relevant to social protection and by investigating the right of SADC citizens to social protection and health care in SADC member states.

Extending Social Protection to Zimbabwean Informal Cross-Border Traders

Louis Koen, *University of Johannesburg* (ljkoen@uj.ac.za)

Within Southern Africa, a substantial portion of intra-African trade is conducted by informal cross-border traders (ICBTs). Despite the substantial economic contribution this trade makes to the economies of Southern African countries, these workers are mostly excluded from social protection measures within their home country as well as the country they are travelling to. The majority of ICBTs within Southern Africa are Zimbabwean women. Many of these women became stranded in South Africa during the Covid-19 pandemic and were ineligible for Covid-19 related social protection measures implemented by South Africa. They were also ineligible to receive social protection benefits from their home country due to the territoriality principle applicable to the social security systems in various Southern African countries. Several of these women became the victims of sexual and gender-based violence (SGBV) as they crossed borders at unofficial points in an attempt to maintain their livelihoods. The aim of the study discussed in this presentation is to explore methods in which social protection can be extended to Zimbabwean ICBTs, within Zimbabwe and when transiting through South Africa. It will do so by investigating the existing social protection available to such workers and critically analysing bilateral agreements on the portability of social security benefits. It then considers the impact of SGBV on these women's mental health and overall well-being as well as the lack of mental health services available to them.

A Consideration of the Legalities of Online Platform Based Domestic Work in South Africa

Kgomotso Mokoena, *University of Johannesburg* (kbmokoena@uj.ac.za)

South Africa is one of the most unequal societies in the world. Coupled with extreme levels of poverty are high rates of unemployment. Domestic work has a firm footing in South African society with domestic workers accounting for almost 6% of the South African workforce. South African law has attempted to address the existing inequalities faced by domestic workers. In 2002, legislation was introduced in order to deem domestic workers to be employees, create a minimum wage and standardized conditions of employment. SweepSouth is a domestic work platform in South Africa. It operates through a mobile application where clients are able to procure the services of a domestic worker. Concerns have been raised around the operating model of the business in that the platform has labelled its "SweepStars" as independent contractors and not employees. This denies workers fundamental rights that all other domestic workers in the country have. This paper will consider platform work in general and its implications for women globally. The writer will consider SweepSouth's model and the employment status of its workers. Lastly, the writer will highlight where platforms fall short with regards to protection of workers and how those gaps can be closed through policy reform. When considering access to maternity protection, the paper will also briefly consider the impact of job insecurity on the mental health of pregnant women in South Africa.

166. Special Populations at the Intersection of Law and Mental Health

Disproportionality and Recidivism among Alaska Native and American Indian Women in Criminal Justice Systems

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Women represent the fastest growing segment of the criminal justice population in the United States. Within this population, Alaska Native and American Indian (AN/AI) women are disproportionately represented. Involvement in the justice system is associated with broad collateral consequences for women and their communities, including compounded trauma, disruption of families, and poor health and socioeconomic outcomes. Women are largely convicted for non-violent drug or alcohol offenses and crimes of survival. Although data for justice-involved AN/AI women is limited, AN/AI women in general demonstrate elevated risk for substance use disorders and interpersonal violence, both well established antecedents to women's justice-involvement. Despite a longstanding call for the integration of culture in interventions to increase effectiveness among Indigenous populations, little is known about the protective role of cultural beliefs and practices among justice-involved AN/AI women and how those might be leveraged to reduce recidivism (the return to criminal behavior after a person has been convicted of a prior offense). This presentation will highlight the need for collaborative research with this population and discuss development and progress of a study to develop a culturally-informed model to lower recidivism among AN/AI women on probation or parole in Alaska.

Traumatic Brain Injury, Coping, and Education Outcomes in a Sample of Incarcerated Adolescents

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Adolescents in the juvenile justice system disproportionately experience lifetime traumatic brain injury (TBI). Coping has shown to be an important factor in predicting outcomes following a TBI. The current study is the first to examine the relationship between TBI, coping strategy, and educational outcomes. Study participants (N=227) came from a non-probability sample of youth in two residential facilities in Pennsylvania. Educational outcomes of interest were aspirations and expectations for school and academic self-efficacy. Coping was assessed with the Coping Strategies Inventory. STATA 14 was used to conduct multiple linear regression and mediation

analysis within a Monte-Carlo framework to determine total, direct, and indirect effects using bootstrapped standard errors. Initial regression models found TBI was associated with lower levels of academic self-efficacy but showed no statistical relationship to aspirations and expectations for school. In mediation analysis, the use of avoidant coping strategies mediated a significant portion of the total effect between TBI and academic self-efficacy. Study results suggest that interventions that target avoidant coping strategies may be effective at promoting education involvement by incarcerated youth with TBI. Next steps for future research into TBI and coping will be discussed.

Substance Use Behaviors of Adults on Probation or Parole in Large Metropolitan, Small Metropolitan, and Nonmetropolitan Areas in the U.S.

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Despite significant geographical heterogeneity of sociodemographic and clinical characteristics, little is known about differences in substance use behaviors in U.S. geographic areas among individuals on probation or parole. In this study, we examined substance use behaviors of individuals on probation or parole in large metropolitan, small metropolitan, and nonmetropolitan areas. Data came from the 2015-2018 National Survey on Drug Use and Health (NSDUH; N = 4,266 adults on parole or probation). Weighted chi-squares tests of independence, multivariable logistic regression, and multivariate linear regression analyses were used to examine study questions. Past-year methamphetamine use was highest in nonmetropolitan areas (12.41%), and frequent marijuana use was highest among nonmetropolitan marijuana users (57.72%). Nonmetropolitan individuals on parole or probation were at lower odds of alcohol use (OR = .73, 95% CI = 0.59, 0.90), marijuana use (OR = 0.72, 95% CI = 0.55, 0.95), opioid misuse (0.74, 95% CI = 0.56, 0.96), and higher odds of methamphetamine use (OR = 2.21, 95% CI = 1.51, 3.25) respective to their counterparts in large metropolitan areas. This presentation will discuss the implications of these findings and argue that prevention and treatment of substance use behaviors for adults on parole or probation need to consider the geographic context of substance use behaviors.

Women in the Criminal Justice System with Substance Use Disorders: Theoretical and Programmatic Considerations for Recovery

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Women are the fastest growing population within the criminal justice system and have grown more than seven-fold since the 1980s. The majority of incarcerated women report histories of SUDs,

yet very few receive treatment while incarcerated. Upon release, many women will face limited service availability from fragmented systems of care in the community. While women are more likely to voluntarily seek treatment than men, they are also more likely to relapse. The disproportionate prevalence of substance use disorders among women involved with the criminal justice system, coupled with limited service availability, put them at risk for future relapse and reincarceration. This presentation will review the intersection pathways into addiction and the criminal justice system for women and discuss theoretical considerations for their recovery. These considerations will guide the discussion of services used up to 15 months post-release among a sample of women (N= 48) released from prison with substance use disorders. Barriers to service use and impact of social support on service utilization will also be discussed across outcomes of problematic drug and alcohol use and recidivism.

A Qualitative Study of Alcoholics' Experiences and Perceived Effect on a Nonviolent Communication-Based Program

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Jeongwoon Yang, *Kyungbok University* (jwyang120@gmail.com)

This presentation will discuss a study with the purpose of exploring alcoholics' experiences and providing a contextual basis for understanding their perceptions of the effectiveness of a non-violent communication-based program (NVC-P). Alcoholics have difficulty expressing their feelings to others, so they are known to use non-adaptive copings in the face of interpersonal conflict. Therefore, for their recovery, intervention is necessary to reduce negative emotional experiences, especially learning and training constructive coping strategies that can be applied to interpersonal conflict situations. NVC-P is 6 sessions group intervention program developed with the aim of improving the communication skills of hospitalized alcoholics. Participants in this study were six alcoholics who have been provided with NVC-P and have been discharged for about 4 weeks. The analysis of this study resulted in four themes: 'understanding and respecting others through empathy and listening', 'controlling anger and being able to express it in language', 'communicating effectively even in conflict situation' and 'getting confidence in living sober'. The experience of alcoholics' participation in NVC-P has shown that it has the effect of improving their communication skills and improving interpersonal relationships. In particular, they were able to prevent social and legal problems. The study confirms that nonviolent communication training can be an effective intervention for the recovery of alcoholics. This presentation will outline the findings and implication of this study.

167. Finances, Social Contract Theory, and Inequality

Social Contract Theory and Disability

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Social contract theories predicate the authority of rules that govern society on the idea that these rules derive from a contractual agreement struck between us. These theories assume the value of certain contractual features, such as equality, cooperation and rationality—features that are highly prized within the liberal ethos of our culture. Yet, a closer inspection reveals that these features exclude important values, relations and even persons from the realm of contractual morality and justice. In particular, people with severe intellectual disabilities are a paradigmatic casualty of the social contract tradition. This presentation examines whether this tradition can provide a satisfying account of the robust moral status that, ostensibly, even the most intellectually disabled people are taken to have. By exploring contemporary iterations of social contract theory attempting to render the tradition more inclusive, this presentation suggests that these responses are not entirely successful. At best, the social contract tradition is compelling yet incomplete. At worst, it is deeply flawed. This presentation will conclude with a pluralist, relational approach to morality and justice, and propose that the social contract tradition need be revisited for the sake of the vulnerable, and because of the importance that concern, care and attachment have for human societies.

The Social Inequality of Personality Disorders

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This presentation is focused on the ways in which social inequality effects the diagnosis of a personality disorder as well as how these diagnoses reinforce those inequalities. Core to the assessment of personality disorder, particularly in the forensic setting, are the clinician's implicit and explicit biases about the gender, race, and economic status. This presentation addresses some of the issues related to how and why personality disorders are diagnosed, the ways in which bias effects the assessment process, and some of the consequences of labeling a person as personality disordered. After a brief review of the diagnostic criteria, it explores the significant problems in how personality disorders are conceptualized; briefly considers some of the reliability and validity issues raised by those faulty conceptualizations and when personality disorders should and should not be diagnosed. The presentation will conclude with a discussion of the role of personality diagnoses in maintaining social inequality and increasing stigma, and how personality disorders worsen and reinforce structural inequality in the lives of patients, and the effects of structural inequality on functioning, and how mental health providers can become better equipped at documenting and explaining structural inequality by avoiding personality diagnoses.

Financial Stability and Mental Health

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Financial instability can give rise to a financial crisis, as was seen in 2008/2009 with the global financial crisis. The main focus of the Financial Sector Regulation Act of 2017, enacted on 1 April 2018 in South Africa, is the promotion and maintenance of stability in financial markets. In the Act the elusive concept of financial stability is described as financial institutions being able to provide financial products and financial services without interruption and are capable of continuing to do so despite changes in economic circumstances. Financial stability furthermore is dependent upon the general confidence in the ability of financial institutions to continue to do this. This "confidence" is subjective and depends on "feelings" or perceptions of people. When a country is financially stable, this contributes to good mental health of the citizens of the country. To support the mental health of people, the impact of financial instability on their mental health has to be considered. This presentation will explore the link between the effect of financial instability on mental health, as well as the connection between the views of people and the effect thereof on financial stability.

Risk, Rights, Recovery: Revisiting the Normative Foundations of Mental Health Law

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The question of whether separate mental health laws should exist has been asked many times over several decades, although the normative arguments have shifted and changed over time. Most contemporary arguments centre on the role of the CRPD and the consistent calls of the UN Committee on the Rights of Persons with Disabilities for abolition. To date, these calls have fallen on deaf ears. The most recent WHO Atlas shows that 40% of States had updated their laws in the previous 5 years and that more states now have mental health law than in the 2014 Atlas. This dissonance reveals a genuine tension at the heart of the endeavour that is mental health law. One reason for the tension is that mental health law lacks a coherent telos or purpose. Without a teleological understanding of mental health law (in its contemporary context) and without assessing the methods of mental health law - how it delivers on its norms, it is not possible to develop coherent and persuasive strategies around reform and change. Drawing on recent law reform proposals in England and Wales and Ireland, this paper links norms, goals and methods in an attempt to develop coherent and persuasive strategies around reform and change.

The Impact of Financial Exclusion on Mental Health

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Financial exclusion from financial services, is a global issue, where an estimated 2 billion adults (around 40% of the world's adult population) are currently 'unbanked'. This is one of the key impediments to the achievement of an inclusive economic growth. The effects of these barriers to financial services results in mental health implications. This is common in vulnerable communities, particularly the low-income households which have limited, or no access to financial

services. Studies have recognized a shared link between mental health and financial exclusion which evidences that lack of financial services can lead to depression and other common health problems. These can influence individuals to turn to crime, reckless lending and other activities which ultimately lead to further financial exclusion. While South Africa has improved its strategies towards financial inclusion to cater for these low-income households, financial exclusion still persists, as within many developing countries. This presentation intends to indicate that financial exclusion is a key contributing factor towards poor mental health conditions.

168.   Violence and Aggression

Dissecting Male Intimate Partner Violent Episodes

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Usually, intimate partner violent episodes are perceived, socially, politically, as well as conceptualized and quantified at scientific level, as unitary acts. These episodes are conceived as global, each act differing from the other mostly considering the nature of the action (battering, punching, stabbing, choking, ...), their consequences and, the gender of the perpetrator. That monolithic approach makes equal each act of the same nature and, at the same time, uproots them from the interaction sequence. In this presentation critical episodes of male violence against female partners will be submitted to an in-depth analysis, using a case study approach. Those episodes will be described and analyzed from the point of view of the perpetrators (men convicted for battering or homicide or attempted homicide) integrating their own perspective of partner's experience of the episode. Besides the violent behavior, this analysis incorporates the immediate antecedent and consequence. As much as the participants' reflexive ability allows it, their narratives will be dissected considering, behavior, verbalization, emotion, cognition and sensation dimensions. This analysis aims to provide a deeper understanding of the perpetrator's experience of behaving violently.

A Rome Statute for the UN Principles of Medical Ethics is Needed "Stat"!

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In 2019, at the XXXVIth International Academy for Law and Mental Health Congress in Rome Italy, we presented an update on a visionary concept for the establishment of a dedicated, autonomous, expert International Oversight Agency with the universal powers to regulate all health workers, when required, in relation to the UN Principles of Medical Ethics. This

presentation follows up specifically on comments and questions that were posed at the presentation, and on additional research conducted since our submission during 2019. We plan to brainstorm with the participants, relying on their knowledge of their own countries laws and regulations to determine how this idea of an overarching regulatory agency related to the UN Principles of Medical Ethics could be implemented. The specific examples of Canada and our health professional regulatory system will be outlined in order to illustrate that implementing the principle of complementarity in Regulatory Agencies is complicated but possible. As foreign health professionals often travel through Europe, we suggest that if the European Union were to implement an Oversight Agency in their member states, in concert with Canada, it could have positive ramifications with bringing accountability to Medical Ethics throughout the world.

Mieux Vaut Prévenir que Guérir: A Statute to Stop Torture

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In 2019, XXXVI International Academy for Law and Mental Health Congress in Rome Italy, the need was discussed for an international oversight agency that would regulate health professionals, when required, in relation to the UN Principles of Medical Ethics. This presentation will build upon that argument but speak specifically to the ethical question of who medical professionals are accountable to. Is it the public? Their respective health authorities? The government? When a healthcare providers moral obligation is contradicted by the law, or limited because of their health authority, what protections are there for them? One topic of discussion is the case of compounding pharmacies being used in the United States to supplement drug shortages necessary for lethal injections. Is it ethical for the government to hire such a business to assist in carrying out a prosecution laid by the state? Should the pharmacists and technicians involved have a greater commitment to standing by their oaths and minimizing harm to all persons over their head of state? In cases where there are conflicting narratives, who can health providers turn to? Could the existence of an oversight agency consult on situations where there is not a clear path to follow? The hope for this topic is to encourage discussion on what can be done to ensure protections for the public, as well as the health providers serving them.

From Clinical Judgment to Irrational Fears: Reflections on the Duty to Warn/Protect

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In 1976, The California Supreme Court handed down its decision in Tarasoff v. Regents of the University of California, emphasizing the need for clinical judgment in assessments of the

potential for future violent behavior; it was a well-reasoned, though often misunderstood decision. As long as a clinician adhered to a standard of care, even if their prediction turned out to be incorrect, it was insufficient to establish negligence. Over the course of the years following Tarasoff , courts, for the most part, embraced the idea of the need for clinical judgment in such assessments. Some courts also noted that since our ability to predict future violence is so limited, that liability of mental health professionals should not be an issue as long as they did a careful assessment. More recently, however, there has been a disturbing trend toward scapegoating mental health professionals in the wake of much violence, especially school shootings. There is a move to require practitioners to notify legal authorities whenever a patient speaks about violent thoughts, and in the European Union, suggestions for intervening when there is a suspicion of potential terrorist activities. This presentation will cover some of these issues and make suggestions regarding what can realistically be expected of mental health practitioners.

Aggression, Attributional Style and Locus of Control in Imprisoned Migrants from the Former Soviet Union

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In the 1990s, over two million migrants from the former Soviet Union with German ancestry came to Germany, a small number of whom committed offences. To investigate aggression, locus of control and attributional style in imprisoned male migrants in Germany. Three groups were compared: (1) 36 prisoners migrating into Germany from the former Soviet Union (Migrant-P), (2) 31 people migrating into Germany from the former Soviet Union without a history of offending (Community sample; Migrant-C), (3) 40 German prisoners with no migration experience (Native-P). Aggression was high among all prisoners relative to non-offender migrants. Prisoners tended to be under-achievers educationally compared with community living migrants. The prisoners had scores on locus of control scales of feeling more influenced by fate than had the community migrants, but, in a regression model with aggression as the dependent variable and migration and locus of control measures as the independent variables, only attributional style with respect to failure was significantly related to aggression. External attributional style appears to be linked to the probability of unlawful aggressive behaviours resulting in imprisonment. Regardless of whether a person has a migration history or not, loosening these attributional tendencies in therapy might help to reduce aggression. Migration per se was not problematic in these respects in this sample. Implications for research and the forensic practice will be discussed.

169.   Spirituality in Mental Health and Public Policy

Intersection of Spirituality, Health and Social Policy in the African Context

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Spirituality and religion (S/R) can exert a beneficial impact on physical and mental wellbeing, providing social support, existential meaning, a coherent belief system and personal moral codes. S/R can be molded by the socio-cultural contexts in which they are practiced. Understanding the interaction between S/R, health and social policy requires an examination of this broad context. In Africa, S/R serves important roles in coping, surviving and maintaining wellbeing. Among the ill, S/R can influence how patients perceive health, disease and others. Social and mental wellbeing is underpinned by social policy, norms and interactions at community and societal levels. For example, child marriage and FGM are social norms with significant impacts on women and girls' mental, physical and social wellbeing. Understanding the interplay between social policy, wellbeing and S/R is key to the holistic care of those served. This presentation explore S/R intersections with health and social policy in African contexts.

Spirituality-in-Healthcare: What it is, What it isn't and What it Should Be

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The role of spirituality in healthcare is important but contentious. This is partly because of the association of spirituality with religion and some people's suspicion of religion in a health care context. However, the ambivalence towards spirituality also has to do with a lack of clarity about precisely what spirituality is and what spirituality does. There is a lot of literature exploring the interface between religion and health which indicates religion can bring about health benefits. However, when it comes to the more general term spirituality, there is considerably less clarity. Indeed, one sometimes wonders whether everyone is actually talking about the same thing. We use the same term but fill it with quite different meaning. Does this mean the term 'spirituality' is redundant? Absolutely not! It does however require clarification. This presentation will explore the field of spirituality-in-healthcare in order to tease out the complex meanings of spirituality – what it is and what it is not – with a view to showing why and how it is vital to the enterprise of healthcare. The focus will not only be on what spirituality is, but also on what spirituality does: the difference it makes to care.

Spiritual Support in the COVID-19 Pandemic: Caring for Patients, Families, Staff and Oneself

Lucy Selman, *University of Bristol* (lucy.selman@bristol.ac.uk)

The effects of COVID-19 have been far-reaching, our social reality transformed in just a few short months. Patients who are seriously ill with COVID-19 and their families are afraid, alone and in need of emotional and spiritual support, yet infection control measures and social distancing

restrict the comfort that is available. Bereaved family members may question why they have survived when their loved-one did not, feel guilt over possibly transmitting the disease, and a loss of coherence or meaning. Healthcare providers suffer the psychological toll of working in a pandemic, facing great clinical uncertainty, major ethical dilemmas and moral injury. This presentation will address how spiritual care providers in clinical settings have responded to these patient, family and clinical workforce needs in COVID-19. Specific areas for discussion include mitigating bereavement risk factors in hospital settings, communicating with compassion via personal protective equipment or telephone, the use of technology in end of life care, supporting clinicians through a time of spiritual and existential threat, and finding ways to prevent burnout.

Religion and Spirituality in Psychiatry: Prevention or Seclusion

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The empirical evidence is cumulating about associations between aspects of religiousness and spirituality (R/S) and mental health phenomena. For example, some aspects of R/S seem to protect against depression or promote a better outcome. Other aspects, such as 'religious struggle' are likely to represent aspects of existential distress and may predict depression. The World Psychiatric Association encourages psychiatrists to include matters of R/S in their clinical assessment, research, education, and collaboration, and to refrain from proselytizing (either towards particular religious or atheist convictions). Some potential issues of prevention will be discussed: primary (e.g. education), secondary (addressing religious struggle), and tertiary (taking care of R/S needs of mental health care clients). The urge of attention to R/S in clinical care is illustrated by results of a qualitative study among former clients (N=10) who had been involuntarily admitted to a mental health clinic and also had been secluded in a seclusion room. When asked, in retrospect, about their existential concerns in the seclusion room, they affirmed these concerns (e.g. about death, lack of freedom, isolation and lack of meaning), but also reported a rich variety of R/S experiences, both supportive, and sometimes conflating with symptoms of psychosis.

170.   Stereotypes and Identity (1)

Re-Imagining Justice/Re-Claiming Ourselves

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Generations of denigrating racial images embedded in film, literature are amplified by media portrayals of black men as gang-bangers and black females as angry black women. At one level this is a problem of invisibility. Vicious stereotypes operate as distorting prism between real blacks and the perception of whites. Blacks experience a sense of twoness: a chasm between how they are perceived and how they seek to perceive themselves. At the same time various institutions of American life treat these media driven stereotypes as true: police stop and arrest blacks in grossly disproportionate numbers for cocaine possession despite the fact whites abuse the drug at

statistically identical rates. And while abuse of drugs in the inner city is seen as a crime abuse of opioids in the suburbs is seen as a public health issue. How do we as a society disentangle the illicit linkage of race and crime from our police practices, not merely who we arrest but what constitutes a crime? How do blacks re-reclaim an authentic sense of themselves, amidst not merely their portrayal by the media as gangbangers and criminals but the normalization of those images ? Are these questions intertwined ?

171.   Stereotypes and Identity (2)

Here's a Radical Idea…End Racism Through System Change

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The presentation will address consequences of stereotypes and negative identity issues. Racism overwhelms individuals of color and healing becomes challenged by prominent and distressing reactions which influences identity development. These reactions come in various forms and a few are listed that we encounter in our day-to-day lives. Complacency, Programmed Cultural Amnesia, Visceral disappointment, John Henryism and White Fragility. These reactions tend to feed one of the purposes of racism - to isolate people of color from their identity, each other, their history, the majority culture, and institutions by emphasizing negative stereotypes. However, a racially protective community is one where members of that community understand the definition of racism; learn about the impact of racism; learn to identify their own reactions/responses to racism; recognize cues in the environment that trigger their racist reactions and responses to racism; ask for help and provide assistance to others through the lens of cultural humility. How can we use this framework to transform our communities and community policing models? What strategies are needed to support positive black identity development? This presentation will discuss the possibilities.

172.   Substance Abuse

The Role of Self-Compassion in Recovery from Substance Use Disorders

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Empirical evidence has supported the notion that individuals with substance use disorders (SUDs) have difficulty regulating their negative emotions and employing emotion-regulation strategies. The aim of this presentation is to (a) explore the role of self-compassion in providing an emotion-regulation strategy for initiating a process of recovery from SUDs; (b) examine the role of self-compassion in building recovery capital (RC) to promote long-term recovery; and (c) examine the practice of self-compassion in the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs. This narrative review assesses the role of self-compassion in providing an emotion-

regulation strategy and in building RC to promote recovery. Empirical evidence has shown self-compassion to be an emotion-regulation strategy in which negative feelings are accepted and held with awareness and kindness, understanding, and a sense of common humanity. Based on the broaden-and-build theory, it is posited that self-compassion is a positive emotional stance towards oneself enables the development of personal and social resources. The prospects for successful recovery from SUDs are dependent upon the individual's resources (RC). This presentation may contribute by presenting the role of self-compassion in building RC to promote recovery from SUDs and by discussing the practice of self-compassion in the AA and NA programs.

Drugs, Psychosis and Criminal Responsibility

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Ever since the development of the M'Naghten Rules in 1843, jurisdictions around the world have exempted the 'insane' from being held criminally responsible for their actions. This is generally justified on the basis that it is unfair to convict a person who did not know what they were doing, or who was unable to appreciate the difference between right and wrong. But should this same principle apply where the person caused their own impairment (for example, by taking an illicit drug), or should they be held responsible for the consequences of their actions? While not a new question, this issue has become pressing in recent years due to the increased use of 'ice' (methamphetamine), and the well-documented link between long-term ice usage and psychosis. This has resulted in a significant number of individuals who were experiencing drug-associated psychotic symptoms when they offended coming before the criminal courts. How should the law deal with such individuals? This presentation outlines the different approaches that have been taken to assessing the criminal responsibility of offenders with drug-associated psychoses. It highlights problems with the current approaches, and suggests an alternative way to address this complex matter.

Communicating Messages around Substance Use Disorder: Instrument Evaluation

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The Risk-Need-Responsivity (RNR) Simulation Tool (www.gmuace.org/tools) is an online decision support tool for justice professionals and substance use and mental health disorder treatment providers. The tool has been used in over 200 jurisdictions across the US. The Assess an Individual (AAI) portal of the tool estimates a person's chance of re-arrest, re-conviction, and re-incarceration based on characteristics including their criminal risk level and criminogenic and clinical needs. The tool also makes recommendations for programming that can increase the person's chance for success. A number of programs that work with individuals returning to the community from incarceration use the AAI as part of screening and intake. Users conduct the first assessment while the individual is incarcerated and revisit the assessment once the individual is in

the community. This presentation explores the changes that people undergo between assessments. Looking at the initial results of the tool with regard to risk level and needs and comparing those results with subsequent assessments to determine if individuals experienced changes in their criminogenic and clinical needs and how those changes affected their predicted likelihood of recidivating.

New Psychoactive Substances, Road Safety and Psychiatric Aftermath: Regulatory and Medicolegal Implications; Are Testing Capacities an Issue?

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Many of the accidents and related fatalities that occur on European roads are caused by drivers whose faculties are impaired by a psychoactive substance (alcohol, illicit drugs, psychoactive medicines or a combination of these substances). The chronic use of all illicit drugs can bring about significant cognitive and/or psychomotor impairment, thus negatively affecting driving performance even when the driver is no longer intoxicated. The Driving under the Influence of Drugs, Alcohol and Medicines (DRUID) project has calculated that, on average, 3.48 % of drivers in the European Union drive with alcohol (> 0.1 g/l) in their blood, 1.9 % with illicit drugs, 1.4 % with (a limited list) of medicinal drugs, 0.37 % with a combination of alcohol and drugs, and 0.39 % with different drug classes. The rise of New Psychoactive Substances (NPS) abuse has certainly exacerbated that scenario. A great deal of scientific evidence points to the influence of NPS on driving performance and many epidemiological studies have confirmed such findings. Since many countries have enacted or are seeking to enact driving under the influence (DUI) legislation, the question arises of whether or not to include NPS (particularly gamma-hydroxybutyrate, methylenedioxypyrovaleronein, fluoroamphetamines etc...) in such initiatives. NPS are notoriously hard to detect since they chemically evolve faster than specific regulations. Moreover, the detection of NPS in drivers is quite challenging: such tests, whether in situ oral fluid exams or in forensic labs, require advanced technology capabilities and updated complex analytical methodologies. These limitations, along with the characteristics of these substances, can allow those driving under NPS influence to go unpunished, posing a serious threat to mental health and society as a whole.

173.   Substance Abuse: Concept, Assessment and Treatment Within Forensic Psychiatry

Historical Images of the Substance Abuse Concept in Forensic Psychiatric Assessments from The 1930's: Lessons to Inform Today's Praxis

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Substance abuse and addiction has historically been, and is still to a considerable extent, value laden concepts fraught with stigma, and other kinds of normbreaking behavior (e.g. aggression), often accompany alcohol abuse. Alcoholism started as a diagnosis with principally physical symptoms in the 1850s. Since then, the addiction concept has evolved, encompassing a range of substances with separate psychiatric diagnoses including mainly psychological and behavioral symptoms, excluding theoretical assumptions of how substance abuse/addiction emerge. These changes affect how forensic psychiatric investigations (FPI) are conducted regarding substance abuse/addiction (e.g. by what methods the concept is considered best illustrated). Due to the stigma associated with addiction, it is important that forensic psychiatric experts are familiar with the concept's history within a legal context, how it has been considered affecting legal problems, to counteract risk of bias within FPI praxis today. In this study, 64 FPI reports made between 1928-1935, were analyzed to illustrate how psychiatrists had assessed the person's alcohol use, which levels that were considered pathological and how the relationship between the alcohol consumption and criminial acts was perceived. The results are discussed in light of historically changing perceptions of 'when to pathologize' (i.e. diagnosing substance abuse), informing today's FPI praxis.

Implementing Structured Screening and Treatment for Substance Use Disorder Among Patients Within Forensic Psychiatric In-Patient Care: Experiences Among Health Care Staff

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Substance use disorder (SUD) is highly prevalent for patients within forensic psychiatric care (FPC). It is difficult to treat SUD under such conditions (i.e. severe psychiatric co-morbidity and incarceration), but the importance of accurate treatment is vital since SUD is a considerable risk factor for reoffending. Despite this, SUD is not often prioritized within their psychiatric treatment. To enhance SUD-treatment within FPC, a program encompassing assessment instruments and community reinforcement approach (CRA) treatment method were implemented at a secure FPC clinic. The purpose of this study was to explore the conditions for, and healthcare practitioners' experiences with, implementing these instruments and form of treatment within FPC. A thematic analysis of interviews with staff (n=17) showed that participants appreciated and recognized improvements in SUD-treatment due to the interventions. Some hindering conditions during this implementation were also reported and improvements for future implementation processes were suggested. Enabling and hindering conditions identified were largely in line with findings on barriers to implementations in other care contexts, but some FPC-specific conditions emerged. Unifying staff attitudes towards SUD and establishing a shared foundation of knowledge of SUD and addiction was considered by staff to offer substantial benefits towards improved implementation of SUD interventions within FPC.

Autism Spectrum Disorder and Substance Use Within Forensic Psychiatric Assessments

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The profiles of substance use and criminal behavior for persons with autism spectrum disorder (ASD) that undergo forensic psychiatric assessment, especially within the present day conceptualization of the ASD-diagnosis, are relatively unknown. In the present study, mixed-method was used, illustrating both quantitative and qualitative aspects of substance use among persons with ASD-diagnosis that have undergone forensic psychiatric investigation (FPI) during the years 2013-2018. Profiles among persons with ASD who after assessment were recommended forensic psychiatric care were compared to persons who instead were recommended a prison sentence. To nuance this further regarding clinical information, making it more relevant to FPI praxis today, these profiles were related to other aspects important to decision-making within FPI:s (e.g. co-morbid psychiatric diagnoses, level of psychosocial functioning and cognitive capacities). The results showed that on a qualitative level, there were indeed differences between substance use profiles of persons recommended care vs. prison, and some kinds of co-morbid psychiatric diagnoses were more often seen in these respective groups, but from a quantitative perspective, these differences are difficult to observe due to the group's heterogeneity. The implications for forensic psychiatric assessment praxis today is discussed.

174.   Suffer in Silence No More: Peer-to-Peer Support for Those Living with Eating Disorders on Campus

Suffer in Silence No More: Peer-to-Peer Support for Those Living with Eating Disorders on Campus

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The Canada Health Act states that all Canadians are entitled to "the same level of health care" and "reasonable access to health care facilities." However, many who experience eating disorders do not have access to timely, appropriate care. This has resulted in seeking specialized medical and residential care outside of Canada, at great financial expense to families and Canadian health care systems. Given accumulating evidence that peer-to-peer support programs improve symptoms and quality of life in mental illnesses, the peer-led "It's Not about Food" program was designed to improve universality and accessibility of eating disorder recognition, care, and prevention to university students via a weekly psychoeducation and support group intervention. Participant responses to measures of eating attitudes, quality of life, and relapse, as well as pre- and post-

intervention interviews conveyed positive impacts of the intervention in improving symptoms and quality of life. These findings can help strengthen the national approach to eating disorder care so that the thousands of Canadians struggling with eating disorders can access the same collaborative mental health services as those facing other types of illnesses.

Dying of a Broken Heart: Depression in Long Term Care

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Depression affects millions around the world, yet each individual has a unique experience with their illness. This is particularly true for those residing in long term care where not only is there the biological aspect of the disease but the added factor of social isolation. Residents in long term care often experience loneliness, and this has increased drastically during the visitor restrictions imposed during the COVID-19 pandemic. The everchanging laws and regulations surrounding visitation in nursing homes makes caring for the mental health of this population even more challenging. My further research will determine how this time of social isolation has impacted depressive episodes for adults living in long term care. In the interim, review of available evidence points out the value in developing the therapeutic relationship with residents to allow them the space to explore their thoughts and feeling about living with depression. Considering the personal insights of the resident and using both traditional and alternative therapies could lead to an increase in remission from depression and a decrease in relapse.

Alone in a Crowd… The silent Scream of Men…": Understanding Social Support in the Context of Suicidality in Men at High risk for Suicide

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In Canada, and worldwide, men die by suicide at a high rate, with increasing incidence among adult men. Social connectedness (protective factor) and "toxic masculinity" (predisposing factor) are widely used to explain suicidality in adult men (SinAM). Divorce/separation and financial issues/bankruptcy are major risk factors of SinAM. However, less is known about SinAM lived experiences, nor how this knowledge could inform family, divorce, and banking laws to prevent SinAM. Using Interpretative Phenomenological Analysis, qualitative data from key informants was collected and analysed. From this data, four themes emerged representing adult men's diverse patterns of masculinity and how these patterns shape their conduct vis-à-vis engaging, preserving, and mobilizing social connectedness during transitional life events—relationship breakdown or bankruptcy/insolvency. Findings provide rich insights into the diverse

masculine perspectives of loneliness and social isolation, and its influence on help-seeking behaviors among suicidal adult men, specifically men from rural areas. Results illuminate the urgency to develop a social connectedness taxonomy related to masculinity and to identify how to derive, implement, and evaluate effective suicide prevention interventions for men living through challenging life events. Legislative implications (family, divorce, and banking laws) related to SinAM prevention are discussed.

Stigma and Suffering: Family/friend Caregivers' Experiences Caring for People with Dementia

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This presentation focuses on the types of stigma family/friend caregivers of people living with dementia experience. Between 2016 and 2017 nineteen family/friend caregivers were interviewed using a semi-structured approach. Interview guides were developed collaboratively with partnering organizations following ethics approval. Thematic analysis was used to interpret the data and situated within Pryor and Reeder's model. Interestingly, in contrast to Pryor and Reeder's model, results did not indicate that lifestyle factors or onset controllability contributed to stigmatization possibility because participants have accepted the stereotype that decreased cognitive function is a normal part of aging. This myth will be investigated as will the increased stigma family/friend caregivers have experienced resulting public health orders and legislation related to COVID 19 limiting family/friend visits to long-term care facilities.

The Three Faces of the Cost of Caring for Family/Friend Caregivers of People Living with Alzheimer's Disease and Related Dementia

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Family caregivers often have power of attorney for a family member living with dementia, reporting feelings of guilt, fatigue, frustration, fear, isolation, and hopelessness. The long-term and inevitable consequence of dementia is complete dependence on a caregiver who is frequently a female family member; a spouse, a child, or a close relative. Legal ties to someone increases the sense of responsibility and burden. Family caregivers rarely have specialized skills to help with this exhausting job. Demands of caregiving and desire to 'do the right thing,' result in family caregivers being coined "the invisible second patient." Family caregivers experience distress and poorer quality of life. To explore the burden of caring further, our team of nurse researchers conducted a qualitative research study with both formal and informal caregivers. From the perspective of the informal caregivers, family and friends experience frustration, loss guilt, worry,

isolation, fatigue, and decline in health. Findings show that informal caregivers identified three dimensions to the cost to providing care to someone living with dementia: physical, emotional, and financial. For these reasons it will be argued that health care providers and legal representation should engage in family-centred care, acknowledging and working to alleviate caregiver burden.

175.   Surviving the Perils of 2020-Wellness in a New World

Is PTSD The New Normal? Life and Practice After The 2020 Global Crisis

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Post COVID-19, the global law and mental health professional community will consist of newly traumatized people servicing other newly traumatized people. The first step in navigating this process in awareness. The clients are unaware of the burden of their own grief, trauma, emotional or psychological issues. COVID-19 is a global trauma. Denial is a natural human response to trauma, even for professionals. It is difficult to be aware of one's own suffering, much less narrate it while in the midst of simply surviving it. Post COVID-19 professionals have an ethical obligation to recognize this human tendency in themselves. For those who lost friends and family members during the pandemic they are navigating the tragic of the loss, and they are bereft of the comfort of friends and family because of isolation orders. For people who survived a positive diagnosis or cared for one who did the same, they may find themselves emerging from the illness with a body that does not perform as it once did. In their own way, everyone suffered a loss of their pre-pandemic life. It will offer testimonials and propose coping mechanisms and solutions for the same. This presentation will also encourage professionals to consider the bias associated with people from social groups other than their own.

Post Traumatic Growth

Anne Troy, *University of Holy Cross* (annetroy7@gmail.com)

Post Traumatic Growth is the positive recovery from suffering of all kinds. Research supports the assertion that trauma can ultimately result in positive outcomes beyond previous baselines. Individuals can move beyond only returning to baseline or simply demonstrating resilience and actually "bouncing forward" into new emotional and spiritual growth. This concept has been documented in religious and philosophical writings since man started recording outcomes of adversities. In the legal community, it is necessary for professionals to incorporate this tool as they transcend disappointing rulings and verdicts. Moreover, this skill assists already traumatized clients to accept and even prosper throughout the duration of the case. It fuels the client to be an active participant on the legal team and ultimately assist in presenting the best possible narrative. In the medical community, it is an effective coping skill for professionals who witness

unimaginable pain, and for patients who endure it. It shifts the focus from restoration to the client/patient's "old life" to the concept of renewal and a life that can be even more purposeful than before.

Healing Time Lost

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This presentation comes from the perspective of community provided psychiatric care in Louisiana, USA. The impact of COVID-19 includes the biological, psychological, and psychosocial stressors experienced by patients/clients with previously diagnosed mental health issues. This presentation will review stressors, response to stressors, and treatment options for vulnerable populations such as: disenfranchised, pediatric, pregnant, military, those with medical co-morbidities, and those facing criminal prosecution at the onset of the pandemic in Louisiana. Louisiana offers a unique perspective on community trauma after enduring the perils of Hurricane Katrina and other disasters of the 21st Century. Medical and legal professionals are not immune to community trauma. In a time of community trauma, defense attorneys and mitigation specialists find themselves defending their own heath, homes, and families before the work day of defending others even begins. This presents the risk of unconsciously conflating their own trauma with the client's narrative. Simple awareness of the risk increases the probability of negating it. Medical professionals are often healing while simultaneously required to heal others. This session offers techniques to manage the neuropsychiatric agitation associated with disaster and disease as a community and hasten the process of renewal.

176.   System Approaches to Supporting Behavioral Health in Youth Justice

Barriers and Facilitators of Suicide Prevention in Juvenile Detention: A Qualitative Inquiry with Juvenile Detention Stakeholders

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Suicide is the second leading cause of death among 10-25 year olds and is four times more likely among youth who enter juvenile justice (JJ) settings. The goal of the current study was to identify how suicide prevention guidelines are used in juvenile detention centers and the barriers to their use. We interviewed 10 of 12 Pennsylvania juvenile detention center directors, who are in charge of developing and implementing their center's policies and procedures. Preliminary results suggest that there is significant variability in the use and operationalization of suicide prevention guidelines. We found that few detention centers use validated suicide risk assessments and at least one detention center did not use 1:1 observation for youth with active suicidal ideation. The most frequently cited barrier to suicide prevention was detention centers serving as de facto placements for youth with significant behavioral health concerns because there is inadequate access to

residential treatment, but not having access to the resources needed to provide behavioral health treatment because detention centers are supposed to be temporary. This presentation will argue that these findings suggest that there is room for improvement in the use of suicide prevention in juvenile detention centers and that barriers provide valuable information regarding future targets of implementation.

Leveraging Technology to Improve Behavioral Health Services Access and Outcomes Among Systems-Involved Youth and Families

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Court-involved youth often present with high-rates of behavioral health treatment needs, yet few receive empirically-supported services due to a range of individual (e.g., transportation, stigma) and systemic (e.g., availability of providers) barriers. Technology offers efficacious, low-cost ways of overcoming barriers to increase access to empirically-supported treatment. Stemming from a stakeholder-identified need to enhance capacity for using technology with juvenile justice (JJ) and child welfare (CW) involved youth and families, the Youth Justice and Family Well-Being Technology Collaborative was formed with partners from UCSF and the JJ, CW, public health, and educational systems. The goal is to enhance system capacity for using technology to improve behavioral health services access and outcomes; it advises on three studies: 1) the Family Telehealth Project involves adapting and delivering an empirically-supported family-based intervention to CW youth placed out-of-county; 2) Project TEXT2 examines the utility of SMS-text messages to improve treatment engagement and appointment attendance for JJ youth; and 3) the Foster Care Family Navigator Project involves developing and evaluating a family-based mental health navigator for CW youth. Preliminary data on the collaborative formation and the studies on which it advises are presented. Future directions for using digital health with systems-involved youth and families will be discussed.

The Feasibility and Acceptability of Digital Health Approaches to Recruiting and Intervening with Caregivers of Justice Involved Youth

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Behavioral health treatment is effective at improving youth behavioral health and legal outcomes, with research consistently demonstrating treatment involving adolescents and their caregivers is most efficacious in offsetting maladaptive trajectories of risk behavior. Yet engaging and retaining caregivers of justice-involved youth (JIY) in youth-focused, in-person treatment, can be challenging due to barriers such as time, transportation, agency/program issues, and distrust of professionals. Digital health (dHealth) technology circumvents many barriers to in-person treatment, offering numerous viable methods for intervening with caregivers of JIY to reduce individual-level barriers to participation in youth-focused treatment (e.g., parenting stress, stigma). Based in the U.S., our research focuses on the feasibility and acceptability of dHealth interventions for caregivers of JIY, including how best to recruit these caregivers into clinical research using technology. We will present findings on the: 1) feasibility of recruiting caregivers of JIY using social media (national sample) and quick-response codes (caregivers of detained youth in California); and 2) perceived acceptability of various dHealth interventions (e.g., online support groups, text-messaging interventions). Results support the use of dHealth recruitment and intervention with caregivers of JIY, and hold promise for reducing barriers to caregiver engagement in youth-focused treatment to ultimately improve youth behavioral health and legal outcomes.

Using a Universal Screening and Health Navigator Model to Support Juvenile Justice Linkages to Community Housing and Prevention Services

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Over 80% of youth experiencing homelessness will have contact with the justice system and over half of justice-involved youth have experienced housing instability. The justice system is a nexus point for unstably housed youth and justice contact can be leveraged for assessing and stabilizing housing. Our team co-developed a multi-system intervention with interdisciplinary groups from two counties in Washington State called Housing Stability for Youth in Courts (H-SYNC). The model includes universal screening in the juvenile court for housing instability indicators using routinely collected data, referral to a health navigator for further assessment, and triage to appropriate community services for preventing or addressing housing instability. Service referral occurs outside of the youth's legal case in order to reduce the risk of justice-related violations for non-engagement. Analyses found that court and health navigator engagement with university-based coaching is high and all sites were able to tailor program procedures within a two month set up period. Client engagement in follow-up with health navigators at the present time is high for unhoused youth but low for youth referred to prevention services. The team is currently rapidly testing new strategies for engagement and will report results as part of this presentation.

Internet Crimes Against Children: The Etiology of Pedophilia and Child Molesters and its influence on the role of Secondary Trauma among ICAC Investigators

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The creation of the Internet Crimes Against Children (ICAC) Task Force by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in 1998 has grown from 16 Task Forces to 61 across the United States. In 2018 over 18.4 million reports were sent to NCMEC. These reports are sent to law enforcement agencies for investigation. Detectives monitor and investigate Peer-to-Peer (P2P) cases, which involve images being produced, collected, and traded amongst pedophiles and child sex offenders on websites. These platforms are utilized by offenders with particularly violent and sexually deviant fantasies regarding children. In order to bring suspects to prosecution, investigators must view and then provide detailed descriptions of each image and video. Law enforcement professionals are at an increased risk of developing secondary trauma and stress due to requirements of conducting an investigation of alleged internet crime(s) against a child. The severity of offenses committed is reliant upon the etiology and typological fitting of each offender, which influences the degree of exposure to traumatic imagery officers are exposed to. Prolonged and repeated exposure to secondary trauma leads to symptoms similar to post-traumatic stress disorder (PTSD). Law enforcement officers assigned to ICAC units are amongst the most vulnerable population in the criminal justice field; they receive the least amount of psychological and wellness support when compared to their non-ICAC counter parts, and their risk of suicide is exponentially higher.

177.   Systemic Issues in Tele-Mental Health Administration

Forensic Telepsychiatry

Chinmoy Gulrajani, *University of Minnesota* (cgulraja@umn.edu)

For the past two decades tele-psychiatry and tele-mental health have been gaining popularity. The use of videoconferencing apparatus has expanded exponentially with the onset of COVID 19 pandemic related social distancing protocols. Many organizations have issued best practices guidelines on telepsychiatry. Yet, few have deliberated on the use of video conferencing for remote forensic psychiatric evaluations. Proponents of the practice have argued that these evaluations save time, add structure, and can be performed safely for a vast majority of cases. Opponents underscore the potential loss of valuable information and quality control problems with these assessments. In this presentation, I will discuss the ongoing changes to the practice of forensic psychiatry with the advent of video evaluations. Results of a survey of forensic evaluators across the state of Minnesota

who have performed video evaluations since the onset of the pandemic will be presented as a first step towards gauging the perception of forensic evaluators towards these new technologies.

Will COVID-19 Usher in a Greater Acceptance of Telepsychiatry?

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Since its humble beginnings in the United States in the 1950s, Telepsychiatry has largely expanded across the globe, and has helped bring care to many patients by overcoming geographical barriers. However, both patients and mental health care providers continue to have a large amount of skepticism of the utility of Telepsychiatry. For this reason, many have chosen not to utilize this modality of care, despite its proven effectiveness. In the era of COVID-19, this dynamic has vastly changed. Mainly due to necessity and safety precautions, many health organizations throughout the world have begun to utilize teleconferencing platforms to deliver care. Will this be a lasting change, though? And will this abrupt transition to virtual delivery of care impact people's beliefs in Telepsychiatry and therefore lead to a cultural shift towards acceptance? This presentation will review the history of Telepsychiatry and its acceptance in society. It will also analyze both the cultural and technological barriers that have prevented its widespread growth. Lastly, we will discuss the future direction of Telepsychiatry and its ability to respond to global crises.

Rapid Telehealth Implementation in a State System

KyleeAnn Stevens, *University of Minnesota* (kyleeann.s.stevens@state.mn.us)

The Covid-19 pandemic has forced all of us to change the way we work, live, and interact. This is no different for large organizations, including health systems. The state of Minnesota operates several hospitals, residential living facilities, and other programs spread geographically across several hundred miles. While the state-run behavioral health programs have used telehealth more nimbly than many others for the last several years, progress in expanding more broadly had been slow, and impeded by countless barriers to implementation. Governmental and regulatory red tape. Within a matter of weeks, the state rapidly stood up several platforms for telehealth; purchased, trained, and implemented primary care equipment, which was shipped across the state to cover at risk populations, and allowed many physicians, nurse practitioners, and clinicians to work remotely to limit the potential spread of illness within vulnerable facilities. This presentation will focus on lessons learned through this process, and offer suggestions for the audience to make changes quickly with technology, and other seemingly insurmountable challenges.

Rural Telepsychiatry Development in a Worldwide Pandemic

Timothy Allen, *University of Kentucky* (timothyallemd@outlook.com)

As in other locations, the state of Kentucky was ill prepared for the changes in healthcare required for the emergence of the COVID-19 pandemic. Due to rules promulgated by the Governor's office and guidelines provided by the Centers for Disease Control, in person mental health visits were impossible, despite an increased need for mental health services during a worldwide crisis. The University of Kentucky had been providing telehealth services for 20 years to rural locations using a consultation model using a consultation model with primary care providers near the patient's homes. However, the demand for both rural and now local/urban telehealth services spiked more than 10-fold in just days. The University, and more specifically the Department of Psychiatry, developed a HIPAA compliant telehealth system such that all local visits with psychiatrists, social workers, and psychologists were instantly transformed to telehealth for evaluation, medical management, and psychotherapy with nearly universal adoption by patients. We are now looking at the long-term usage of such technology with multiple models of providing care to determine the optimal method for providing the greatest coverage of care to a large geographical area with limited clinicians and resources.

178.   Technology and Psychiatry

Telepsychiatry in Thailand

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The COVID-19 pandemic is bringing significant disruption to the world, not just to health, careers, and lifestyles, but also to human connection. We have now learned how highly contagious the virus is, and limiting face-to-face contact is the best way to reduce the spread. Fortunately, technology helps people stay connected during this period of social distancing. In regard to mental health, telepsychiatry improves access and continuity of care as well as eliminates time spent commuting. Before the COVID-19 pandemic, telepsychiatry in Thailand was relatively new and mostly limited to teleconsultation. The Royal College of Psychiatrists of Thailand first launched the recommendations for the use of videoconferencing-based telemental health in 2017. Besides patient safety, the recommendations mentioned some concerns about confidentiality and cyber security, however, there continues to be no mental health law to support or limit the use of telepsychiatry. Since the COVID-19 outbreak, the use of telepsychiatry has been rising, leading to more direct interactions between psychiatrists and patients via phone or videoconference. Thus, the use of telepsychiatry in Thailand is likely accelerated due to the spread of COVID-19.

Telemedicine for Adults with Intellectual and Developmental Disabilities in the Age of COVID-19

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Adults with intellectual and other developmental disabilities have been differentially affected by the COVID-19 Pandemic and the ensuing public health measures taken. Large and intermediate

sized congregate residential facilities as well as smaller group homes have been challenged by the translation of public health measures and its application to this population. Unavoidable close proximity, the need for hands-on care, the presence of chronic medical conditions, and caregiving needs inherent in the habilitation plans have made this population and the direct support personnel providing care highly susceptible to infection and spread of the virus. Addressing the mental health effects of stay at home requirements as well as ongoing psychiatric needs of individuals with intellectual or developmental disabilities has been partially addressed using Telehealth and the emergent relaxation of federal and state requirements for delivery and reimbursement of services. This presentation will discuss challenges and potential solutions in current best practices in telemedicine for this population and the legislative and regulatory needs which may allow for improved health care in this highly vulnerable population and its frontline workers.

Systemic Crisis, Telepsychiatry, and New Insights into Trauma-Informed Care

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The COVID - 19 pandemic has created not only a global crisis in public health, but also a global crisis in healthcare systems. When patients (and providers) have been instructed to shelter at home, the expansion of telehealth programming has been a natural response. The field of Psychiatry, an early adopter of telehealth, has been well suited for this role. Most prior telepsychiatry programs, however, have been developed intentionally, with a major goal of helping patients who lack adequate access to traditional psychiatric services. In marked contrast, the crisis has resulted in providers being abruptly thrust into the process, oftentimes working with little systemic guidance, and caring for patients normally seen in the traditional outpatient setting. At the same time, providers and patients have been experiencing various degrees of personal upheaval secondary to the crisis as well. This presentation discusses how these unique circumstances have affected a community - based academic institution. We will explore how modifications to the traditional patient - psychiatrist interaction, population health approaches to outreach, and shared personal experiences have all enhanced the therapeutic relationship, increased patient engagement, decreased common barriers to traditional services, and informed the practice of trauma-informed care.

Telehealth and Psychiatry

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Mental Health professionals have welcomed new technology over the years. Even though telehealth services have been available over the last two decades or more, the utilization had been minimal in areas of education, consultation on specialized services, administration, courts and clinical arena. Telehealth has played a vital role during emergencies. Exploding information technology brought enormous benefits in learning as well as self-help applications, remote monitoring of patients and secure messaging. The need for delivery of care during the Coronavirus

pandemic in order to reduce staff exposure to ill persons, preserve the much needed personal protective equipment (PPE) and minimize the surge of patients to clinics and hospitals necessitated the expansion of telehealth services in all branches of Medicine including Psychiatry & Mental Health. These interactions may be synchronous using audio or video conferencing with the patient using smartphone, tablet or computer, asynchronous where messages, data and images are collected and forwarded to be analyzed and responded later or remote patient monitoring. In the US, HB 6074, Coronavirus Preparedness and Response Supplemental Appropriateness Act 2020 was signed by the President and following that Center for Medicare and Medicaid Services (CMS) revised regulations and made it easier for patient not leaving home or use their personal phone. There will be discussion about the reimbursement during the pandemic and many healthcare personnel professional associations supporting the use of telehealth services even after the pandemic   is   over.

179.   Telemedicine

The "Virtual" Expert: Strategies for Dealing with Online Testimony

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The "virtual" expert—not to be confused with the "virtuous" expert or the "phantom" expert—is a witness who testifies online, typically as the result of travel restrictions and access barriers that are occasioned by crisis conditions. When on display, the virtual expert may be testifying against a highly stylized background, in a fashion otherwise distinct from that observed during normal in-person testimony. The work product of the virtual expert may be "virtual" as well, reflecting the results of forensic mental telehealth assessment (FMTA) that was conducted without ever actually having to meet the litigant in question. The camera-based nature of the virtual expert's testimony gives rise to considerable concern about what may be occurring outside the frame, including unwarranted document access, ad hoc internet research, and real-time electronic communications with lawyers during direct and cross examination. This presentation addresses strategies for expert witnesses, for attorneys, and for the courts in dealing with this swiftly developing phenomenon.

Mental Health Tribunal under COVID 19: Impact on Process and Outcome

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Matthew Carroll, *Mental Health Tribunal, Victoria, Australia* (matthew.carroll@dhhs.vic.gov.au)

In the context of probable widespread COVID infection, the Mental Health Tribunal, Victoria, Australia introduced rapid change from a face to face system to virtual hearings by telephone and video where members participated from locations off site. This was accompanied by reduction in the number of hearings, changed requirements for documentation and patient participation. Services re-considered how they used ECT so that it was only prescribed in urgent situations to

reduce risk of exposure to anaesthetic and psychiatric staff. While these changes are still unfolding at the time of preparing this abstract, this presentation will consider the policy intentions of current legislation and how the changes introduced in the context of COVID 19 endeavoured to stay faithful to the spirit of the legislation while necessarily changing the process of external oversight and determination of compulsory orders and approval for ECT. The paper will present early data on the number and duration of Inpatient and Community Orders, and applications for urgent ECT during the period of COVID, and compare these with previous data. The presentation will also consider the experience of Tribunal members sitting under very changed circumstances.

Issues in the Use Telepsychology for the Forensic Assessment of Disability

Lisa Piechowski, *Consulting Psychiatrist*, *Annapolis, USA* (lpiechphd@gmail.com)

The forensic assessment of disability presents a number of challenges. Spurred by the 2020 coronavirus pandemic, there has been a dramatic leap toward remote assessment in many areas of forensic assessment utilizing platforms such as doxy.me, Zoom, Webex, and others. However, the validity of these methods for the assessment of disability has not been sufficiently explored. This presentation will discuss the specific challenges and opportunities presented by remote assessment in matters of disability such as test use/selection, addressing functional capacity, assessing response-style, and potential threats to validity. Methods for ensuring security and confidentiality will be considered. The potential loss of data obtained during a face-to-face encounter and methods for counterbalancing this will be explored. The presentation will conclude with suggestions for the effective use of remote assessment techniques.

Digital Health in the Treatment of Mental Health and Substance Use Disorders

Lisa Marsch, *Dartmouth College* (lisa.a.marsch@dartmouth.edu)

This presentation will describe the development and a couple of decades of research focused on the development and rigorous testing of clinically validated, digital therapeutics for substance use disorders and behavioral health. It will give examples of how healthcare can be transformed to deliver scalable, science-based behavioral health care via digital health approaches. The journey of scaling up the most empirically-supported digital treatment for substance use disorders became the very first "prescription digital therapeutic" authorized by the U.S. Food and Drug Administration. It will discuss opportunities to leverage digital health measurement (e.g., digital phenotyping) to enhance the personalization of digital therapeutics and highlight the trans-diagnostic utility of digital health approaches.

180. Terrorist's Behaviours and Forensic Psychology

Terrorist Evolution of Ideologies

Kristina Aganova, *Hofstra University* (kaganova1@pride.hofstra.edu)

To uncover the mind of a terrorist it is important to understand the progression behind what drives an individual to get involved in violent acts. Terrorists commonly endure a journey where their life circumstances influence the process of ideological development. The process of ideological development begins with social and economic deprivation, leading to inequality and resentment, which develops into blame and eventually a reaction. Several ingredients are molded together to develop political terroristic ideologies include the role of sympathizers, different cognitive styles, social functioning levels and self-esteem. Similarly, to help explain the genesis of murder committed by a student school shooter it is important to understand the overall picture of contributing factors. School terrorists do not possess a unity of specific demographics but instead attain similar characteristics and motives for carrying out their attack. Students experience several life strains both at home and at school which in turn inflicts negative emotions. Eventually, such strains tend to get prolonged and intense which incubates towards crime. Understanding how extremist's ideas develop is vital to countering threat. Based on such analysis prevention strategies are recommended.

The Lucifer Effect: The Psychology of Evil Explained

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Many are under the impression that the line between good and evil is an impassable barrier which does not allow for easy movement from one side to the other. This is a fallacy. Seemingly good people can, under the right circumstances, commit horrific, vile acts when faced with situations that awaken dark tendencies lying dormant within. Situations that encourage dehumanization, anonymity, blind obedience to authority and deindividuation can potentially transform the average "do-gooder" into a malevolent individual capable of engaging in horrendous, immoral behaviors. We would like to believe that we are impervious to the influence of situational forces around us. In reality, though, we can greatly underestimate the power that environmental factors exert upon us, and how they can ultimately persuade us to do things that we would not even consider doing in our normal lives. Behold, The Lucifer Effect. In the presentation, both situational and systemic factors leading to such behaviors will be elucidated. Additionally, the influence of situational and systemic factors on the development of criminal behavior will be explored, as well and how the law and justice systems could go about responding to such transgressions.

The Flaws in Eyewitness Identifications

Casey Lee Ferri, *Hofstra University* (caseyferri@gmail.com)

Data suggests that faulty eyewitness identifications represent the leading cause of wrongful convictions (McMurtrie, 2007). Despite research indicating that several factors can reduce the accuracy of these identifications, eyewitness testimony is the main form of evidence used by the American Criminal Justice system. Psychologists have provided evidence regarding this approach's limitations, including how memories may be reconstructed, or manipulated to "fit in" with existing knowledge and expectations. Studies have shown that memories are impacted by social values, perception and prejudice, and therefore, many people may perceive the same event differently. Research on brain functioning and mental state has indicated that people miss stimuli and details in the environment regularly which results in poorer recall. Flaws in estimating time and intensity, in addition to implications for real eyewitnesses are discussed, as information tends to be largely overestimated and incorrect. Theories developed by pioneers in eyewitness identification research such as change blindness, inattentional blindness, weapon focus, and others, will be explored. Practical implications for police officers, juries, and lawyers are set forth based on prevailing information and empirically supported assumptions. This research aims to bring to light flaws in eyewitness identification while considering ways to achieve the most accurate reporting from witnesses.

181.   The Aging Death Row Population

Death Row Grows Old: Assessing a New Wave of Dementia-Based Competency Claims

Derek VerHagen, *Assistant Federal Public Defender, Dallas, USA* (derek_verhagen@fd.org)

America's death row population is aging. As of 2020, approximately 25% of individuals on death row were over the age of 60. The bio-psycho-social history of many of these individuals combined with the negative effects of years of solitary confinement make dementia a ripe issue for death penalty practitioners. This presentation focuses on dementia as it pertains to an individual's competency to be executed. The Supreme Court of the United States has held that it is unconstitutional to execute an individual who does not have a "rational understanding" of the reason for his execution. While the competency standard was traditionally viewed in terms of "psychosis," the Supreme Court recently acknowledged that dementia may also render an individual incompetent when it had progressed so far that the individual no longer remembered his own crime. But, the true test of a forensic mental health standard is its ability to reliably resolve so-called "close calls." What does it look like for an individual with mild to moderate dementia to lack a rational understanding of the reason for his execution? And, is the traditional psychosis standard flexible enough to allow for a new wave of dementia-based competency claims?

182.   The Convention on the Rights of Persons with Disabilities

Access to Humane and Dignified Mental Healthcare – The Crucial Role of the CRPD

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The right to enjoy the highest attainable standard of physical and mental health, under international human rights law, provides for access to adequate mental health facilities, goods and services. The question, however, is whether simply having access to mental healthcare is sufficient to ensure proper care for persons with mental disabilities. Prevailing human rights infringements in mental health services indicate that it is not. The presentation will demonstrate the mental health-related human rights derived from the Convention on the Rights of Persons with Disabilities (CRPD), which are key to ensure humane and dignified mental healthcare. It will outline how the CRPD's non-discrimination norm, the right to legal capacity, the various rights protecting against non-consensual interferences, and the right to live in the community advance the human rights protection of persons who seek or are in need of mental healthcare. The presentation will inform about the added value of including a human rights approach to disability. It will illustrate to what extent each of these CRPD norms are beneficial to delineate a human rights and mental health framework that promotes and protects the right to enjoy the highest attainable standard of mental health comprehensively.

Adult Guardianship and the UNCRPD: The Chinese Experience

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

Although the UN Convention on the Rights of Persons with Disabilities (UNCRPD) came into force for both mainland China and Hong Kong in 2008, the adult guardianship regimes in both of these jurisdictions have remained largely non-compliant. This is despite recent amendments being made to the Chinese regime in 2017, arguably a lost opportunity for meaningful reform. This presentation takes a comparative look at the two regimes, focusing on several key aspects in particular. The aspects that this presentation will focus on are as follows. First, it is argued that neither the Hong Kong nor the Chinese regime accord sufficient priority to the will and preferences of the individual under guardianship. Second, both regimes remain largely substitute decision-making regimes, with little advancement in the direction of supported decision-making. Third, both regimes are lacking in procedural safeguards, for example in relation to how decisions by appointed guardians are taken, which makes the monitoring of abuse particularly difficult. The presentation concludes by putting forward suggestions in relation to how the reform of these adult guardianship regimes to better safeguard the rights of individuals under guardianship can be achieved.

183.   The Law and Ethics of Research on Non-Human Animal Subjects

The Ethics of Deriving and Awarding Patents from Non-Human Animal subject based research

Daniel Dylan, *Lakehead University* (dwdylan@lakeheadu.ca)

This presentation discusses answers to the question of whether it is ethically and legally justified to permit patents to be derived from ethically and legally questionable non-human animal based research. That many species have been shown to have sentience (i.e. they are something more than merely "property") thus only further problematizes the utilitarian positions adopted by animal welfare advocates and by the law which often justifies animals' status as property and their continued use in various forms of research. One of these important questions is whether viewing animals as property is legally and ethically apposite and whether such a designation is a mechanism which legal and/or ethically justifies conducting research upon them. From there emerges the question of whether patents awarded to individuals are consequently unethically derived if the research which serves as the basis for the patent award is itself unethical. The awarding of patents demands no ethical criteria to be satisfied, only novelty, utility and non-obviousness. Implications will be discussed in the presentation

The Legal Realities of Non-Legally Regulated Non-Human Animal subject based Research

Victoria Shroff, *Capilano University* (shroff@telus.net)

This presentation discusses how non-human animals from certain sources may be used as research subjects and how, irrespective of whatever research methods are used by researchers, and regardless of the level of invasiveness such methods are classified as by the Canadian Council on Animal Care, most of these techniques and methods are generally not prohibited by federal or provincial law. The Canadian Council on Animal Care, a non-profit organization funded by the Canadian Institutes of Health Research and the Natural Sciences and Engineering Research Council of Canada, acts as a national peer-review organization which provides oversight respecting animal-based research in Canadian research contexts. The Canadian Council on Animal Care's goal is to prevent cruelty in animal-based research. In theory, the Canadian Council on Animal Care (and Animal Care Committees at the institutional and/or provincial levels) functions similarly to how Research Ethics Boards function. Nevertheless, the high volume of animals utilized as disposable commodities in science and research often results in the inhumane treatment of animals. The presentation will argue that the system in Canada is outmoded. In the end, non-human animals research subjects suffer though there are viable research alternatives utilizing non animal methods.

Alternatives to Non-Human Animal Based Research

Elisabeth Ormandy, *Advisor, Canadian Society for Humane Science*
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The Canadian Society for Humane Science, Canada's first and only registered charity working solely to achieve better science without animals, was founded 2015 to address the need for more critical and constructive dialogue about the use of animals in teaching, research, and testing. Founder and Executive Director, Dr. Elisabeth Ormandy, discusses the Society and its aim to promote meaningful, evidence-based discussion about the need to use animals in science, to highlight where non-animal alternatives can be better implemented, and to encourage deeper ethical reflection about animal use in the scientific community. The mandate of the SHS is to advance education about alternatives that reduce and replace the use of animals in science and more specifically, aims to: conduct research projects into the efficacy of non-animal alternatives; provide up to date resources and information about non-animal alternatives; collaborate with stakeholders in science and policy to develop new alternatives that reduce or replace the use of animals in science. Implications will be discussed in the presentation.

184.   The Mental Health Detention Process: Multidisciplinary Reflections

The Mental Health Detention Process: A Call for the Development of Interdisciplinary Training

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Helen Reid, *Queen's University Belfast* (helen.reid@qub.ac.uk)
Gavin Davidson, *Queen's University Belfast* (g.davidson@qub.ac.uk)
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The mental health detention process in the community is an interprofessional, medical emergency. General Practitioners work closely alongside social work colleagues in deciding whether an unwell patient requires detention for assessment under relevant mental health legislation. Other professionals involved include the ambulance team, police-service, community mental health team and secondary care colleagues. Despite widespread acknowledgement of the complexities associated with this emergency, the professionals involved get limited training to prepare them for this event. Using scoping review methodology our research seeks to explore what is known about how best to develop training in this area. A personal and public involvement group has been established to inform the research process. We have included six electronic databases in our review. In total, 1,136 articles have been identified and included in the screening process. We will present findings from the literature to key stakeholders involved as part of a consultation exercise. This will help identify how well findings correlate with stakeholder experience. It will also enable interdisciplinary discussion about how we can best use this information to inform future training.

The development of a team-based, educational approach has the potential to lead to improvements in patient care and facilitate collaborative interdisciplinary working.

Simulation-Based Training for the Mental Health Detention Process: Towards an Integrated Model of Practical Engagement

Paul Murphy, *Queen's University Belfast* (p.murphy@qub.ac.uk)
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Dearbhail Lewis, *Consulting Psychiatrist, Belfast, United Kingdom* (dearbhail.lewis@belfasttrust.hscni.net)

This presentation will provide an account of developmental work on an integrated model of simulation-based training for the Mental Health Detention process. The work was conducted by staff at Queen's University Belfast (QUB) in conjunction with staff in hospitals in Belfast who are interested in various aspects of simulation research as it pertains to healthcare and social care. Staff in the fields of Drama, Medicine, Psychiatry and Social Work designed and delivered a multi-disciplinary team (MDT) training event focused on the assessment for detention process under the Mental Health (NI) Order 1986, where the role of the patient/service user was performed by actors. Staff involved in simulation research at QUB and staff at Royal Victoria Hospital, Belfast and Royal College of Psychiatrists (NI) designed and developed practical workshops to train healthcare professionals in the Deprivation of Liberty (DoL) protocol for the Mental Capacity Act (MCA) (NI) 2016. This presentation will provide video material and accompanying analysis of the MDT training event as well as first-hand description and analysis of the MCA DoL workshops. The findings of these simulation-based training events provide the foundations for an integrated model of practical engagement to train healthcare and social care professionals in the implementation of the DoL protocol.

185. The Neuroscience of Adolescence and the Law

Competency to Waive Miranda in Juveniles

Joette James*, Consulting Neuropsychologist, Washington, USA* (joettedj@aol.com)

The Miranda warnings, which are supposed to be given to an individual at the time of arrest/detention and before questioning by the police, include the right to remain silent and the right to an attorney. These rights are rooted in the Fifth Amendment to the Constitution of the United States, which is designed to protect against self-incrimination. Waiving these rights must be done knowingly, intelligently, and voluntarily. However, given our understanding of the developing juvenile brain and its immaturity in multiple spheres, is it even possible for a young person to waive Miranda? This presentation will provide an overview of the competency to waive

Miranda as it relates to the cognitive neuroscience surrounding pre-adolescent and adolescent brain development and behaviors which may present a barrier to this competency, including variability in emotional regulation and impulse control, limitations in abstract thinking and information processing capacity, and dependence on peers and authority figures for decision making. These concepts will be discussed in the context of a case study of an 11-year-old client charged with multiple felonies.

186.   The New Frontier: Human Rights Based Mental Health Law

Mental Health Law Reform in Victorian Australia

Penelope Weller, *RMIT University* (penelope.weller@rmit.edu.au)

This presentation discusses the proposed reform of the Royal Commission into Victoria's Mental Health System which is due to report early 2021. At present in Victoria, genuine engagement with human rights concepts by policy makers, those with governance responsibilities, managers and clinicians has been limited. A key barrier to the task of giving substance to the human rights already recognized in the Mental Health Act 2014, specifically the autonomy rights and right to support decision-making, is the limited allocation of resources and effort to ensure that human rights focused research, education and training is undertaken. This presentation will argue for a human rights approach to mental health law reform. A human rights approach reflects a commitment to recognize and work toward realization of the human right to health and mental health as the foundation for policy and law reform. Human rights generally, and the human right to health and mental health, provide a fertile conceptual framework to guide and inform transformation of the mental health system.

Using the CRPD Framework: The Scottish Mental Health Law Review

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

This presentation is about mental health law reform in Scotland. Upon enactment Scotland's current mental health law was heralded as being world-leading in its person-centred and rights-based approach. However, ECHR developments, the UK's ratification of the CRPD, increased lived experience pressure and reports such as Scotland's Mental Heath and Capacity Law: the Case for Reform (McKay and Stavert, 2017) raised questions about, amongst other things, its continuing human rights compatibility. In 2019, the Scottish Government therefore announced the establishment of the independent Scottish Mental Health Law Review chaired by John Scott QC. The principal aim of the Review is to improve the rights and protections of persons who may be subject to the existing legislation. It seeks to achieve this by, amongst other things, using a review framework that is heavily informed by the CRPD which includes the proactive involvement of persons with lived experience and carers in the review process (including its Executive Team,

advisory groups and workstreams). This presentation will reflect on the review process and challenges it actually and potentially faces in bringing a bout CRPD compliance in Scotland.

The Challenge of Comprehensive CRPD for Law Reform

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

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is rightly seen as a break from the past in mental capacity law. At the same time, implementation will occur in the specific existing legal and administrative contexts of each State. The article argues that there are continuities between the English Mental Capacity Act 2005 (MCA) and a CRPD-compliant approach to mental capacity law. This presentation offers a critical evaluation of CRPD law reform. CRPD compliance is not just about specialist stator guardianship régimes. It is also about a myriad of law, currently capacity based, located in specific legal areas such as contract, wills and succession, and criminal law. Reform in these areas will involve not just disability law, but successful integration into those other legal areas, a matter requiring the involvement of those knowledgeable in those other areas. Since change in these areas will involve the removal of disability as a gateway criterion, they will affect the public as a whole, and the thus determination of the degree and sort of intervention that the broader public will consider appropriate.

Ireland: A Tale of Two Jurisdictions and the Unnatural Experiment

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Jim Campbell, *University College Dublin* (jim.campbell@ucd.ie)
Anne-Maree Farrell, *Queen's University Belfast* (a.farrell@qub.ac.uk)
Brendan Kelly, *Trinity College Dublin* (brendan.kelly@tcd.ie)

This presentation will compare the development, content and operation of the legal frameworks for mental health and mental capacity on the island of Ireland. Key aspects of the relevant laws will be highlighted: the Mental Health Act 2001 and the Assisted Decision Making (Capacity) Act 2015 in the Republic of Ireland; and in Northern Ireland (NI) the Mental Health (NI) Order 1986 and the Mental Capacity Act (NI) 2016. The presentation will then analyse the ways in which modifications were made to these legal frameworks in response to the Covid-19 pandemic especially in relation to safeguards and human rights. It then sets the scene for comparisons of professional roles, rates of use, length of stay and appeals. Other potentially relevant aspects of the context will then be explored, including: indications of prevalence and need; funding levels for services; and service structures. These comparisons will be supported by reference to research which has been conducted on various aspects of these laws. Finally, opportunities for further comparison, alignment of routine data collection, research and law reform will be discussed.

Legal Change and Reduction in Rates of Compulsory Treatment in Australia

Chris Ryan, *University of Sydney* (christopher.ryan@sydney.edu.au)

This presentation analyses rates of compulsory mental health treatment in the different jurisdictions in Australia following CRPD based law reform. Since 2013 all Australian jurisdictions (except the Northern Territory) have either repealed and replaced, or significantly reformed, their mental health acts, at least partly, in response to what law makers perceived to be the requirements of the Convention of the Rights of Persons with Disability. The nature of these reforms was such that, one might reasonably expect that they would have led to a decrease in the frequency of use of involuntary treatment orders (ITOs) including community treatment orders (CTOs). By reviewing the rates per capita of ITOs made, persons subject to ITO and related statistics from various sources, before and after these reforms, this paper examines if this anticipated decrease in ITO usage has become manifest. The evidence varies across Australia's jurisdictions, but there is no evidence that the rates of ITOs made have fallen in many jurisdictions since each reformed it legislation. The reasons for these diverse and somewhat disappointing findings are likely related to the details of each state's legislative reforms and likely widespread problems with the interpretation of the law around decision-making capacity. Additionally a series of other forces are at work to push the rates of ITO usage down.

187. The Opioid Epidemic

Addressing the Opioid Epidemic among Justice-Involved Individuals

Kevin Knight, *Texas Christian University* (k.knight@tcu.edu)

This presentation will discuss recent and current large-scale, multi-site research studies conducted at Texas Christian University's (TCU) Institute of Behavioral Research (IBR); each of these studies are focused on addressing implementation and intervention strategies to address substance use among justice-involved individuals, with the ultimate goal of improving public health and public safety. Specifically, findings pertaining to the assessment of best practices for organizational strategies to link individuals to community-based services will be discussed, and the presentation will include results from the NIDA Criminal Justice Drug Abuse Treatment Studies (CJDATS) on assessment, HIV, and medication-assisted treatment. The presentation also will include a description of similar efforts underway as part of two TCU IBR-led NIH Helping to End Addiction Long-Term (HEAL) studies (JCOIN and LeSA) designed to help tackle the national opioid crisis and will include an overview of study strategies designed to involve key stakeholders and community partners in the cascade of community-based care.

Kentucky Women's Justice Community Opioid Innovation Network (JCOIN)

Michele Staton, *University of Kentucky* (mstaton@uky.edu)

Through the NIDA-funded Justice Community Opioid Innovation Network (JCOIN), the overall goal of this project is to increase initiation and maintenance of medications to treat opioid use disorder (MOUD) among high-risk justice-involved women in the transition from jail to the community to reduce opioid relapse and overdose. This type 1 hybrid effectiveness and implementation trial examines an innovative MOUD pre-treatment model using telehealth (alone and in combination with peer navigators) for justice-involved women in transition from jail to the community in 6 experimental and 3 comparison (Services as Usual-SAU) sites. The following aims guide the study: (1) Compare the effectiveness of MOUD Pre-Treatment Telehealth (alone versus in combination with Peer Navigators) to increase MOUD initiation and maintenance in the community after release; (2) Estimate the cost effectiveness of MOUD Pre-Treatment Telehealth (alone and in combination with Peer Navigators) relative to SAU for justice involved women with OUD in achieving desired outcomes one-year post-release; (3) Examine temporal changes in key constructs hypothesized influence successful innovation implementation. The long-term goal of this project is to increase use of MOUD during a critical, high-risk time of community re-entry among vulnerable women in both urban and rural communities. Findings and implications will be discussed in this presentation.

Attitudes toward Naloxone Distribution and Medication for Opioid Use Disorder in Criminal Justice: Data from the HEALing Communities Study in Kentucky

Hannah Knudsen, *University of Kentucky* (hannah.knudsen@uky.edu)
Carrie Oser, *University of Kentucky* (carrie.oser@uky.edu)
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The HEALing Communities Study (HCS) is a wait-listed randomized trial of a community-level intervention to expand overdose education and naloxone distribution (OEND) and medication for opioid use disorder (MOUD) in criminal justice and health care. Prior to initiating the intervention, 189 coalition members in 16 Kentucky communities were surveyed about (1) barriers to expanding OEND and MOUD in criminal justice and healthcare and (2) the importance of expanding OEND and MOUD in these venues. Responses regarding barriers ranged from 1 representing barriers being "not at all substantial" to 5 indicating "very substantial" barriers. Importance scores ranged from 1 ("not important") to 5 ("very important"). For OEND, the average for barriers in criminal justice was 3.3, which was significantly greater than barriers in health care. Greater barriers to MOUD were observed in criminal justice relative to healthcare. However, ratings regarding importance of expanding OEND in criminal justice and health care did not differ, nor did importance scores for MOUD. Kentucky coalition members strongly endorsed the importance of expanding OEND and MOUD in criminal justice and health care organizations. Addressing the barriers to expanding OEND and MOUD will be discussed.

Preventing Opioid Use among Justice-Involved Youth as they Transition to Adulthood: Leveraging Safe Adults (LeSA)

Danica Knight, *Texas Christian University* (d.knight@tcu.edu)

As one of the NIDA-funded studies within the HEAL Prevention initiative, the LeSA Project focuses on developing and testing Trust-Based Relational Intervention® (TBRI®) as an evidence-based practices to prevent opioid initiation and/or escalation of substance use among older adolescents who are re-entering communities after Juvenile Justice (JJ) secure detainment. TBRI is a youth-centered, attachment-based, and trauma-informed approach to strengthen youth/caregiver relationships and improve youth self-regulation (thinking, emotions, and behavior). The intervention is delivered to youth and caregivers while youth are in JJ custody through 13 modules (5 caregiver, 4 youth, 4 joint caregiver/youth). Using a Hybrid Type 1 Effectiveness/Implementation design, the project (a) compares standard reentry practice (SRP) to SRP with TBRI added, (2) examines the comparative utility of three reentry support formats. and (3) examines the agency-level factors that impact TBRI implementation and success. This presentation will describe the overall project, the ways in which TBRI was adapted for juvenile populations, and present preliminary findings regarding feasibility and acceptability of TBRI with JJ youth and caregivers.

188. The Relationship Between Adverse Childhood Experiences (Aces), Intimate Partner Violence/Domestic Violence (IPV/DV), and Systemic Approaches in the American Legal System

Adverse Childhood Experiences (ACEs) and the Intersection with Intimate Partner Violence (IPV): A Law Enforcement and Clinical Approach in Working with Survivors of Abuse and Trauma

Kathryn Hamel, *Chief Executive Officer, Hecht Trauma Institute, California, USA* (khamel@traumainst.org)

The prevalence, impact and resulting interpersonal trauma from Adverse Childhood Experiences (ACEs) and Intimate Partner Violence (IPV) cannot be understated. ACEs in conjunction with IPV, often encompasses traumatic experiences including exposure to violence, physical and sexual violence, and impacts approximately 61% of the population, according to the Centers for Disease Control. Of those 61% of the population impacted by ACEs, an additional one in four women and one in seven men are impacted by IPV, according to the Center for Disease and Control. The

debilitating and lingering impacts of ACEs/IPV include survivors who often experience emotional issues, health issues, as well as physical and mental problems, including depression, interpersonal trauma and post-traumatic stress disorder. During this presentation, an emphasis will be given to best practices for public safety, and other first responders who work in partnership with multi-disciplinary service providers during the initial response to an acute ACEs or IPV event; as well as strategies to assist the survivor of ACEs/IPV heal from the impacts of interpersonal trauma.

Understanding the Impact of Trauma and Intimate Partner Violence

Kevin Connors, *Senior Vice President, Hecht Trauma Institute, California, USA* (kconnors@traumainst.org)

Understanding the impact of interpersonal trauma is critical to providing the depth and breadth of care essential to recovery. Too frequently the extent of traumatic injury is under-assessed. Adverse Childhood Experiences (ACEs) studies have demonstrated abuse and trauma impact people across every aspect of their lives. From first responders through clinicians, agencies, and shelters to supportive allies, treatment responses are often conducted in silos; not appreciating we are all part of a larger network. Integrating state of the art information from interpersonal neurobiology with standards of care in trauma treatment creates a comprehensive trauma informed continuum of care providing survivors a full range of services and interventions to meet their diverse needs across multiple moments along their journey to recovery.

Intimate Partner Violence (IPV) and the Opportunity of Psychological Evaluations: Assessing Children Exposed to IPV to Address Trauma and Avert Long-lasting Consequences associated with Adverse Childhood Experiences.

Carla Cooke, *St. Peter's University Hospital, New Jersey, USA* (drcarla.sohh@gmail.com)

Research suggests that 4.5 million to 15 million children are witnesses to various forms of physical violence in the home. Furthermore, approximately 33% of children who witnessed IPV were also victims of maltreatment. There is a growing body of child welfare literature suggesting when IPV is present, children are 40% more likely to experience out-of-home placement.Children exposed to IPV experience immediate negative consequences that can adversely impact their development, and place them at-risk of developing harmful long-term problems. The literature is well established regarding the challenging contribution that adverse childhood experiences have on cognitive, behavioral, social and emotional functioning. Findings reveal an increased risk for children of memory problems and learning difficulties; disruptions in attention and behavior; emerging maladaptive interpersonal patterns; and, atypical emotional experiences and psychiatric symptoms. Psychological evaluations can prove to be an important strategy in identifying a broad range of deficits and difficulties children experience, as well as outline specific recommendations to address problems associated with exposure to IPV. However, psychological evaluations will have greater efficacy when utilized within integrated and coordinated collaborative systems.

Collaboration vs. Collision – Law and Mental Health Intersecting

Allison C. Williams, *Attorney-at-Law, Williams Law Group, New Jersey, USA* (awilliams@awilliamslawgroup.com)

The use of the legal system to protect victims of domestic violence, to resolve abusive and neglectful conduct in perpetrators and to engender family reunification once abuse is addressed from a mental health perspective, presents unique challenges. Almost all of those involved in the domestic violence incident(s) have faced some form of Adverse Childhood Experiences (ACEs). The various professionals involved in the system often have different approaches and priorities – and this inherent divergence of perspectives creates an ethical quandary for attorneys in seeking to meet conflicting objectives. An attorney is a zealous advocate for her client. Psychological testimony often presents the client is an unfavorable light – the lawyer then deconstructs that testimony via cross examination. Law enforcement seeks justice for victims who may seek legal routes at obfuscation or prevention of incarceration when her interests are served by reunification with an abuser for economic support. Trauma specialists highlight the role of ACEs in the client's presentation – which may be exaggerated or downplayed to prove mitigation in sentencing or scope of future services. This presentation explores the interplay of competing interests to outline the factors for interdisciplinary thought leaders to consider in fashioning solutions to the societal problem of domestic violence.

From Victim to Survivor to 'Thriver:' Moving Beyond Adverse Childhood Experiences (ACEs) and Adult Domestic Violence to Reclaim the Lives of Survivors and Their Children.

Susan Omilian, *Attorney-at-Law, ThriverZone, Connecticut, USA* (susan@thriverzone.com)

With exposure early in life to Adverse Childhood Experiences (ACEs) including physical, psychological, and sexual abuse, survivors have an increased chance of experiencing domestic violence as adults. To move beyond just surviving these multiple traumas, a motivational model which stresses positive storytelling, visioning exercises and goal setting techniques has been shown to shift the attitude and focus of survivors from negative thoughts and limiting beliefs about themselves to more positive, forward-thinking ones. On that fluid, non-linear journey from victim to survivor to thriver, survivors stabilize their lives emotionally, socially and financially which can accelerate their personal growth, advance their healing process and manifest a life of power and purpose for themselves and their children. Women who reclaim their lives in this way are less likely to return to an abusive relationship and/or suffer the long-term physical or psychological consequences of the abuse they have experienced. On this healing journey beyond abuse, a survivor, now thriver, can be a guide and role model for her children who, because of their mother's own experience with domestic violence, may have suffered ACEs.

189.   The Psychological Autopsy

Psychological Autopsy: Retrospective Exploration of Equivocal Deaths in Bloemfontein, South Africa

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The psychological autopsy can be used in equivocal deaths. It can incorporate an examination of the deceased's psychosocial background into the post-mortem examination in order to establish the circumstances surrounding the death. The aim of this study was to explore and characterise the circumstances surrounding equivocal deaths in Bloemfontein, South Africa. Information for the psychological autopsy was obtained through structured interviews with family members of deceased victims referred to the Department of Forensic Medicine. Participants had to be between the ages of 18 and 65 years. Six cases were included in this research. The deceased victims were all male, with an average age of 34 years. The main findings were that all the deceased came from low socio-economic backgrounds, had low levels of education and in most cases had abused substances, in particular, alcohol. In addition, all the victims had experienced early childhood adversity. One flagged equivocal death was referred back to the Department of Forensic Medicine. It is recommended that psychological autopsy be used in South Africa as a supplementary method of forensic investigation for all equivocal deaths.

Psychological Autopsy of Youth Suicide in the Netherlands

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In the Netherlands, there was a sharp increase in the number of suicides among 10-19-year-olds in 2017. A multi-methods psychology autopsy study was conducted to identify influential factors and the interplay between those factors, and to recommend suicide prevention strategies. 77 semi structured interviews were held with parents/caregivers, peers and teachers, employers, and healthcare professionals of 35 deceased youths aged. Twenty-two adolescents (63%) received health care at the time of death and 17 youths (49%) had been diagnosed with at least one

psychiatric disorder. Finding appropriate formal care was difficult for adolescents with complex problems. Two school-related patterns were found. Insecure girls with a perfectionist attitude developed psychopathology. Boys with a diagnosis such as autism transferred to special needs education and felt rejected. Social media provided support to adolescents but could also induce harmful effects. Minority stressors played a role in the lives of same-sex-attracted adolescents. A variety of mostly complex problems contributed to youth suicides and suggest that a multilevel approach is warranted, ranging from early signaling to effective treatment of suicidal youngsters with multifaceted needs. The results of this study will be presented.

190. The Role of Neuroscience in Legal Proceedings

The Role of Neuroscience in Legal Proceedings

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Neuroscience, the science of neurological functioning, is steadily progressing with increasingly sophisticated methods of studying the anatomy and actions of the brain. We are learning significantly more about neurological functions related to specific areas of the brain; for legal purposes, behavior is the most critical function assessed. The effort of neuroscience studies in legal matters is typically directed to determine if an offender's neurological function is impaired in such a way that one cannot conform behavior to societal norms, as such a finding may provide mitigating evidence. As we have learned more about neurological functioning, it has become clear that many behaviors that have traditionally been attributed to 'decision-making' are in fact related to measurable, underlying brain activity, and, accordingly, abnormal behaviors can be associated with brain abnormalities. An example of this is the finding of a small hippocampus in psychopathic individuals. Combined with growing evidence in studies of motor function that actions are initiated before a conscious awareness of the decision to commit the action, these findings challenge the concept of 'free will.' Successful neuroscience-based defenses may rest on persuasively communicating these broader and nuanced concepts, particularly when cases involve individuals who are not obviously neurologically impaired.

Neurology and Neurologists in Capital Cases

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A capital trial in the United States is composed of two distinct stages. Neuroscience and neurologists are used at both stages of this two-part trial. The guilt phase assesses the criminal responsibility of the defendant. Was the defendant able to form the requisite mens rea or guilty mind? In most states of the United States this dichotomous question concerning criminal responsibility turns on proof of a "disease or defect of the brain", something a neurologist is well placed to discuss or to challenge on behalf of the prosecution. The sentencing stage then focuses

on the defendant individually asking whether he should live or die. The jury must weigh the moral culpability of the defendant looking at impairing factors which may excuse an otherwise guilty person from the most severe punishment. A neurologist, along with other mental health professionals, subject to cross-examination by the prosecution, can show to the jury how environmental factors such as poverty, malnutrition, and physical and emotional abuse can traumatically damage a brain. This damage can mitigate the defendant's sentence by fostering a sympathetic response from the jury which may always return a sentence other than death.

Forensic Neuropsychological Assessment

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Criminal forensic neuropsychological assessment applies functional clinical neuropsychological assessment to criminal defendants. A forensic neuropsychologist expert presents reliable/valid assessment data regarding the relationship between neurocognitive dysfunction and neuropathology and focuses particularly on the behavioral and/or cognitive issues related to the legal proceedings and specifically to the neuro-legal question at hand. The forensic neuropsychologist will often examine criminal defendants pertinent to criminal competencies, mental state at the time of offense evaluations, mitigating factors at sentencing and pertinent to plea negotiation, and potentially to violence and sexual violence risk assessment. The forensic neuropsychologist expert witness can incorporate objective neuropsychological testing data while describing the client's functional abilities within the specific context of the neuro-legal question. The forensic neuropsychologist expert witness can conceptualize the court case by analyzing the assessment data, specific brain behavior relationships evidence, neuroimaging data, and relevant psychiatric diagnoses and neuropathology. In sum, the presentation will cover how neuropsychological assessment can be utilized in criminal forensic legal proceedings and will also briefly address neuropsychological case studies, case law, and forensic neuropsychological consultation within a multidisciplinary expert witness context.

Functional Neurological (Conversion) Disorder in Civil Litigation

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Functional neurological disorder (FND) (formerly known as conversion disorder) is a condition characterized by the presence of neurological symptoms that are incompatible with a recognized neurological illness. Unlike malingering, which describes the deliberate fabrication of symptoms, functional neurological symptoms are not feigned or, for that matter, under the individual's conscious control. In civil proceedings, individuals with FND have raised evidence of their illness in cases involving personal injury, psychiatric disability, and medical malpractice. In this talk, we will discuss medicolegal cases from the United States involving FND. Special attention will be paid to the question of when impairment related to FND may be legally compensable. Other topics of discussion include clinical features that distinguish FND from other abnormal illness behaviors,

factors that may diminish plaintiffs' credibility in the courtroom, and the role of expert testimony. In summary, psychiatrists evaluating individuals with FND should be aware of the legal context in which these cases typically arise. As when conducting other forensic assessments, a strong clinical knowledge of the behavior is crucial.

Capability to Understand and to Want Detectable from Handwriting Implication : An Exploration Trough The " Stratigraphic Theory" of Rudolf Pophal

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This presentation is based on the graphological studies about the capability to understand and to want from handwriting. Some interesting considerations of Neuropsychology of the Graphological Language and Neurosciences are illustrated such as "Stratigraphic Theory of Rudolf Pophal" (1893-1966). The presentation will discuss the contribution that the graphologist aided also by the recent computing technologies can bring to modern concepts of the criminal responsibility and capacity to stand trial in criminal process. It will discuss imputability, assessment of psychiatric risk and clinical management undertaken by the UEPE (Office for External Criminal Enforcement). It will outline the methodology that we use in the drafting of the psychiatric examination into criminal responsibility according to the anthropophenomenology tradition applied to criminal science as well as the presentation of some cases of "Dangerous Scriptures". The presentation will emphasize how graphological investigation should always be present during the diagnostic clinical stage of evaluating alleged offenders. It will be argued that it remains a cornerstone in supporting the psychological testing but also the clinic itself for the purposes of a greater accuracy and methodological reliability.

191.   The Use of Restraint in Mental Health Services

The Prevalence of Mechanical Restraint in Pacific Rim Countries

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Mechanical Restraint is the use of physical force to restrain patients in mental distress. In numerous jurisdictions there are clear policies to reduce and/or abolish mechanical restraint; however there is still the use of restraint throughout the Pacific Rim. Despite calls to clarify the prevalence of

restraint the reporting of this has been varied, complex and difficult to understand. Some authors have investigated data within individual jurisdictions, however the last effort to examine the global restraint prevalence's in 2010 led to a call for better public reporting. This has now started to happen and for this reason the use of mechanical restraint in four jurisdictions in the Pacific Rim were examined to allow comparison of mechanical restraint across the region. This seminar examines the comparative rates of mechanical restraint in New Zealand, Australia, Japan and the USA and considers potential reasons for the variation.

The Use of Pasung for People with Mental Health Conditions: Experiences, Reasons for its Use, and Potential Solutions

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Pasung is the phenomenon of restraint of people with mental illness in the community, usually at home by their family, in the absence of any formal system of evidence-based mental health care beyond the short-term support provided by large psychiatric institutions. It is a widespread significant human rights issue with Indonesia having among the highest rates of Pasung in the world. In countries such as Indonesia where there are significant structural differences compared with Western mental health systems, including severely limited or no community mental health services, it is important to understand the reasons for ongoing use of Pasung and potential solutions. This presentation reports on the first international systematic review of English and Bahasa language published literature on the experiences of people subjected to Pasung and their families, and analysis of reasons for Pasung and potential solutions from the perspective of families, health professionals and policy makers. A critique of Indonesia's Free Pasung Program, where people are freed from their restraints and taken to hospital for short-term treatment, is provided. The analysis draws on the socio-ecological model which focuses on relationships between the individual and their environment. Understanding this complex problem and finding solutions requires a comprehensive multi-level approach

How Service Providers and Consumers Experience Chemical Restraint: A Systematic Review of Qualitative Studies

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Chemical restraint (CR) is the forced administration of medications to manage uncontrolled aggression or violence in people who are likely to cause harm to themselves or others. To date no systematic reviews of qualitative studies have been published synthesizing the research on the experience of chemical restraint by service providers and consumers. Understanding the experience of chemical restraint from various viewpoints is important in addressing the

international drive to reduce, or eliminate, coercive practices in mental health care. This presentation reports on a systematic review of qualitative studies of chemical restraint published between 1 January 1996 to 31 February 2020. The review is expected to provide information that will help form the basis for future research and practice in chemical restraint.

Being Recovery-Oriented and Reducing the Use of Restrictive Interventions in Mental Health Care: The Challenges in Achieving Transformation

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Multiple forces drive the need to reduce coercive and restrictive interventions in Victoria and other jurisdictions in Australia and internationally. The recovery movement, the United Nations Convention on the Rights of Persons with Disabilities, the contribution of people with lived experience, the concerns of clinicians, and research evidence are all potential drivers of system transformation. System transformation is occurring at the intersection of practice, ethics, rights, policy and law, but active reform is proving to be inconsistent and in danger of losing momentum. Despite efforts at law reform, recovery-oriented practice frameworks and policy development, there is ongoing use of restrictive and coercive interventions. How can this persisting practice and considerable variation in use be explained? Why, despite now long-standing evidence that restrictive and coercive practices are harmful and may be creating more problems than they resolve, do these practices persist? This presentation explores these questions, mainly from the authors' own research in this area. We consider the drivers of change, who they are influencing and how. We also present more information about the emerging evidence and its impact, and finally explore the key common themes in qualitative literature and how that might guide what happens next. Our overall findings suggest that there are 'micro cultures' that continue to support the use of restrictive interventions while others have successfully embraced change. This is important to consider in ongoing efforts, especially those designed to support front-line workers to be confident about the potential for system and practice transformation.

192.   Therapeutic Approaches to Child Protection Dilemmas for the Children's Courts

Therapeutic and Engagement Approaches for Family Reunification: Comparing the Needs of Children and Families on Long-Term versus Short Term Court Orders

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Many children and families who come into contact with the out-of-home care system are affected by multiple and complex problems. In addition to socio-economic disadvantages (e.g., lower incomes, fewer resources and inadequate housing), there are often histories of abuse, domestic violence and trauma that span more than one generation. Vulnerable families are also statistically more likely to be affected by substance misuse and the presence of at least adult or child with intellectual, physical and mental disabilities. Such complex factors have significant implications for transitional periods, including the transition home (family reunification). In this presentation, we reflect upon insights gained from a review and evaluation of intensive support services for children transitioning home from longer term placements and how this might differ from family preservation services. Important issues include strategies for identifying families with some prospect of reunification; assessment and engagement and support; and the important role of therapeutic support, particularly in situations where there is evidence of inter-generational trauma. Insights drawn from our own involvement with the evaluation of an intensive adolescent reunification program will be compared with those drawn from a broader international literature to strengthen recommendations for best practice in this area.

Children's Participation Rights in Child and Family Law Proceedings

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Children have the right to be heard in any judicial proceedings affecting them under article 12(2) of the United Nations *Convention on the Rights of the Child*, either directly or through representation. Historically, the family law courts in both Australia and the UK have been reluctant to grant children full involvement in proceedings in order to protect them from emotional harm. But in many cases children's evidence is central to a case. In addition, children's sense of justice requires that they feel they have been listened to. While most do not want to make difficult and sensitive decisions about their care and upbringing themselves, many want to talk directly to those who do. In order to be reconciled to a judgement, children need to understand how and why it was reached. The twenty-first century has seen a sea-change in attitudes to children's involvement in family court proceedings. Innovations in response to this will be discussed in this presentation before findings are reported from recent research by the author and others on the challenges in representing and supporting children in legal proceedings under the restrictions imposed by social distancing and lockdown measures introduced to combat the spread of Covid-19.

Australian First Nations' Children's Rights in Child Protection Decisions

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The entrenched and increasing over-representation of Australian First Nations children and families in the child protection system shows that government strategies aiming to protect children and support families have failed. The five elements of the Aboriginal and Torres Strait Islander Child Placement Principle – prevention, partnership, placement, participation and connection – are enacted in Australian law, but in practice, children's courts have been slow to incorporate these principles into decision-making. Courts have powers to call for expert evidence, including from First Nations child protection experts, but this rarely happens. There are questions about the extent to which the court can rely upon family assessments tendered by non-Indigenous professionals who may have limited contact, knowledge or understanding of First Nations cultures. The presentation will argue that experts need to have expertise, and when reporting on First Nations families, this requires the ability to competently address cultural issues and not draw inappropriate or discriminatory inferences from a parent's presentation. Consideration must also be given to intergenerational trauma and ways to effectively engage with parents, given the history of coercive child welfare intervention in Indigenous communities. Australian First Nations children and families are disadvantaged on all social indexes of economic development, health, education, housing and employment. New approaches are required that directly tackle this inequality and, in doing so, incorporate the views of Indigenous communities about directions for child protection policy and practice and rights to self-determination.

Child Protection and Child Participation: Agency, Coalitions and Deliberation

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Child protection, as a system of care, and child participation, as a process of involving children in decision-making, are linked through the codification of both protection and participation as principles in the United Nations *Convention on the Rights of the Child*. In this presentation the authors analyse the meanings of protection and participation of children as codified in the Convention and how participation and protection principles intersect in child protection legislation and practice, including in the Children's Court as it functions in the state of NSW Australia. This analysis provides a starting point for identifying different constructions of the child and associated discourses that characterize advocacy for the protection and participation of children, with particular attention directed to issues of risk, vulnerability and agency. Drawing upon concepts in political science and taking child protection policy in Australia as an example, the presentation extends analysis beyond conventional notions of participation by focusing on different phases and purposes of the child protection system. Framing participation around the concepts of relational participation, advocacy coalitions and deliberative democracy the extended analysis takes account of the role of power in the relationship between participation and protection in child protection processes, while also alerting to the significance of the third principle in the United Nations Convention on the Rights of the Child, that of provision, as inherent in service and policy level practices.

Child Protection and Child Maltreatment and the Courts: Wither Therapeutic Responses?

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Reports of suspected maltreatment are assessed by child protection systems to determine the basis for state intervention and consider options including family based interventions, removal of children from caretakers for temporary or extended periods, permanence through reunification of children in care with parents or adoption and termination of parental rights. Differentially abusive situations require differential responses based on holistic assessments of the needs and rights of children and parents alleged to be neglectful or maltreating. Similarly, court determinations about, and agency interpretations of, 'reasonable efforts' to preserve, remove or reunify families when addressing children's well-being require adequately accountable decision making. In the context of the wide diversity of circumstances that bring children and families into the child protection net, this presentation will explore the opportunities to consider from different vantage points how we respond to children at risk of harm, and craft approaches to protection that recognise the contextual aspects of the lives of vulnerable families and that can achieve an inclusive and therapeutic impact.

193.   Therapy of Migrants in Forensic Psychiatry: Challenges and Options for Action

How Much Lead Culture Will it be for Forensic Patients with Migration Background?

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In the German Federal State of Baden-Württemberg almost 40% of patients placed in a psychiatric hospital according to section 63 of the German criminal code have migration background. In forensic addiction treatment facilities (section 64) they have been in the majority for several years. Nevertheless, they represent a heterogeneous group with regard to language skills, residence status and level of acculturation. On the wards our mental hospital patients are obliged to use German. There are several sound reasons for this practice. First professional success and social participation are strongly correlated with German language skills, and major migrant groups are prevented from forming subcultures within the wards. Certainly, strong counterarguments can be raised. Political claims that migrants have to adjust to the so-called lead culture have been

opposed by arguing that those requests may represent racism or islamophobia. On the basis of present evidence an evaluation will be given considering clinical, legal and ethical aspects.

Second Language Acquisition Within Forensic Psychiatry – First Insights of a Second Language Acquisition Station for Schizophrenic Patients

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International migration is common within the European Union and has gotten even more frequent since the refugee number increased. Coming along with that second language (L2) acquisition has become an important topic within forensic psychiatry. In Hadamar (Germany) we instituted a second language acquisition ward to teach German to schizophrenic patients. The goal was to achieve at least an elementary level (A2) of German within one year. This enables patients to speak in routine situations and to use simple terms to describe aspects of their background, immediate environment and needs. After reaching this goal patients recontinued regular treatment. Six months later we asked psychotherapists whether patients benefited from psychotherapy in L2. Additionally, we used the Cultural Formulation Interview to test whether patients were able to answer to psychotherapy-like questions in L2. The results showed that language skills improved successfully. Qualitative analysis of the Cultural Formulation Interview may enhance our understanding of the criteria that must be met for a successful L2-participation in psychiatric treatments. This presentation will discuss the implications of these findings.

Language Competence and Therapeutic Possibilities of Migrants in Forensic Psychiatry in Germany

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Consequential to the latest refugee movement starting in 2014, the rate of patients with a migration background located in forensic psychiatric hospitals in Germany increased considerably. The estimations range from 1⁄3 to 1⁄2 of the patients having a migrant background. Only little is known about this specific population. As a consequence, the associated challenges for physicians, therapists and the nursing staff are omnipresent. Intercultural and communication problems impede the therapeutic processes. This study focuses on the migrants' specifications by reporting associated individual, social and clinical factors. Besides revealing the number of migrants in Bavarian forensic psychiatry, their acculturation styles, German language ability, possibilities of therapies and the perceived ward climate was covered, so all forensic patients with a migration background located in one of ten Bavarian forensic psychiatry at the time of data collection were invited to participate. To disclose possible changes, the same patients participate in the similar tests two times within nine months and the results are compared. They show for instance, that patients with a migration background feel less safe within forensic psychiatry than other patients. Further findings will be presented.

Non-European Migrants among Forensic Inpatients with Schizophrenia – A Machine Learning Study

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Ethnic minority patients undergoing forensic psychiatric treatment represent a socially marginalised and highly stigmatised patient group. This exploratory study aimed to expand the scarce knowledge about offender patients with schizophrenia spectrum disorders (SSD) who have a migration background by identifying parameters that differentiate between forensic inpatients with SSD of European versus non-European country of birth, based on a sample of 370 patients in total. Employing machine learning algorithms for data analysis, the study took a comprehensive approach that included over 500 socio-demographic, environmental, psychiatric and biographic factors. Overall, the results of our study suggest that the migrant subpopulation is quite similar to the rest of the forensic inpatients with SSD, including in terms of their psychiatric history and symptomatology. The group differences we identified in risk factors for criminal behaviour were related to growing up in adverse circumstances, such as childhood poverty. In light of this, this study contributes to the notion that prevention of criminal behaviour in people with SSD requires multimodal strategies that also target risk factors beyond psychosis. Further findings and potential implications will be discussed in the presentation.

194.   Topics in Forensic Psychiatry

The Use of Analytics in Risk Assessment and Management

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Over the last decades, improvements in computing power and data storage capabilities have significantly advanced in the field of psychiatry. However, there is still a need to move beyond storage and toward utilizing large available databases in clinically meaningful ways. In forensic psychiatry, the use of technology would significantly impact the assessment and monitoring risk for violence. Patient analytics help synthesize information by incorporating computation, visuals, and interactive thinking. Ultimately, users can easily identify trends, areas for improvement, and relationships between interventions and patient outcomes. The Electronic Hamilton Anatomy of Risk Management (eHARM) is one of the first structured professional judgement tools developed to advance short-term risk assessment and risk management processes in forensic psychiatry using an electronic format. In a clinical setting, this tool generates analytics to track patient progress over

time, enabling more personalized care, improved outcomes, and increased patient safety. Also, due to the eHARM's data storage capabilities, users can evaluate individual or multiple patients' files using the aggregator tool, which allows for larger-scale analytics and research opportunities. The utility of the eHARM, aggregator tool, and analytics functions will be demonstrated and discussed in this presentation.

Machine Learning in Forensic Psychiatry

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The sheer volume and variety of data available today are unprecedented and continuously increasing. This has ultimately called into question the methods needed to analyze and optimize "big data", which is characterized by a large amount of data created at a high velocity and of a wide variety of types. Presenting many computation challenges, it is often not practical to analyze large data sets with traditional statistical methods. In this presentation, we will discuss the potential benefits of utilizing machine learning, a field of artificial intelligence that is focused on algorithms that can learn from data to make future predictions. Recent studies have demonstrated the utility of machine learning in medicine. Machine learning has the potential to change health care by enabling a degree of measurement and quality improvement not previously seen. The use of such strategies, however, is still in its infancy in the field of psychiatry and even more so in the field of forensic and correctional research. The presentation will argue that forensic psychiatry could benefit from machine learning due to the types of available data and the need for prediction and personalized risk assessment and management.

Making Use of Virtual Environments

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In recent years, virtual reality (VR) has been introduced into healthcare settings as a method of education and symptom management for patients. The use of VR has often been centred on problem-focused clinical areas, such as the treatment of anxiety, post-traumatic stress disorder, and phobias. Presenting and immersing individuals in the same virtual environment as the stimuli allows for the assessment of reactions and also provides safe environments for patients to practice controlling behaviours, like aggression, in an adequate way. This allows for the study of that which generally would be very difficult methodologically and ethically to examine for research purposes. VR allows for observable information regarding how patients may view their environment and place staff in circumstances that they may face while in the workplace. This presentation will review how VR is being used in correctional and forensic settings, and the use of VR to train hospital staff.

Exploring the Use of Humanoid Robots

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Implementation of humanoid robots has been explored as an intervention to increase patient well-being. Interaction with humanoid robots has been shown to improve depressive symptoms, and quality of life of people with dementia. Humanoid robots have also been used with children with autism spectrum disorders or in pediatric oncology to enhance social communication and reduce feelings of loneliness, pain, and distress. Previous findings suggest there are positive implications that may come from using humanoid robot interventions and may be useful to engage patients in therapeutic activities and improve their quality of life. It is well established that providing meaningful patient activities and appropriate levels of stimulation can improve the social climate of a psychiatric unit and has been advocated as an effective intervention to improve the well-being of patients. Thus, we argue that forensic psychiatry inpatients could benefit from such an approach. As unit culture is suggested to play a significant role in patient's perceived quality of care, the introduction of a humanoid robot could, in turn, increase patient quality of life by way of improving the unit environment. This presentation will discuss the introduction and potential uses of humanoid robots onto forensic psychiatry units.

195.   Toward a New Ethics of Artificial Intelligence: Interdisciplinary Perspectives from Law, Management, Economics, and Philosophy

The Ethical Challenges of Open-Access AI Tools

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More than two million people lost their jobs in the first half of 2020. Many of them were unaware of the full extent of their legal rights to compensation, lacking access to justice because of the high cost of legal fees. What if lawyers and computer scientists could address this problem by tapping the power of Artificial Intelligence? What if individuals could use an AI-powered platform to help them navigate the court system and represent themselves? What would be the ethical implications of such an application? This question is currently being explored by the Conflict Analytics Lab (CAL), which developed exactly such a platform and made it available to the public in May 2020. This paper examines the CAL's key empirical findings as well as the ethical dilemmas associated with predictive technology and privacy. The CAL, launched in 2019 and based at Queens University in Canada, is a new centre that applies data science and machine learning to dispute resolution. It comprises a consortium of data analytics and dispute resolution experts in the growing AI legal world. The CAL is a collaborative effort of the Queens University Faculty of Law, the Smith School of Business, a number of international universities and central banks, and the Court of Justice of the European Union.

A Path Forward in Innovation: Google's Sidewalk Labs and the Canadian Approach

John Ruffolo, *Council of Canadian Innovators, Toronto, Canada* (jruffolo1@gmail.com)

The Google Sidewalk Labs proposal in Toronto, Canada was pitched as parent company Alphabet Inc.'s desire to reimagine city spaces using technology. Pursued for years by the technology company, in May 2020 it announced it was cancelling the planned site on Toronto, Canada's waterfront due to the uncertainty posed by COVID-19. Yet despite citing this reason, the Sidewalk Labs project occurred in a context of growing public opposition set against a backdrop of a number of technology sector scandals, raising ethical issues were raised time and time again. Specific examples abound. A seasoned and widely respected innovator and practitioner, John Ruffalo will highlight the core issues and public concerns relating to the Sidewalk Labs project, and the broader lessons for the ethics of artificial intelligence in a corporate context.

Gender Data Collection and Application Within Parameters of GDPR to Encourage Gender Bias Correction

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The European Union's General Data Privacy Regulation (GDPR) came into force on May 25, 2018 and is the most comprehensive legislation on personal data privacy currently in existence globally. To protect the rights and freedoms of natural persons, the GDPR requires that companies falling within its jurisdiction implement world class technical and operational measures to ensure there is an adequate level of data security for European citizens. Yet despite the European Commission's lofty objective, one controversial blind spot in the regime relates to the collection of gendered data. In particular, the regulation, which exercises jurisdiction over potentially personally-identifiable information (PPPI) When combined and cross-referenced with other publicly-available data sets, the existence of PPPI standard in practice risks identifying individual data subjects. This paper examines how and why the very possibility of identifying individual data subjects in the GDPR promotes gender bias, and what regulators and government officials can do to enhance the regime in this new Artificial Intelligence (AI) economy.

The New Business Ethics: Corporate Social Responsibility and the Big Data Economy

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Why and how must we reimagine the normative and practical foundations of corporate social responsibility and business ethics? Current approaches such as the stockholder and stakeholder

theory of corporate social responsibility are vague, abstract, indeterminate, and have little relevance to the modern economy. To move past this impasse, this presentation, which is based on a forthcoming book entitled The New Business Ethics (Routledge, 2020), argues we must reimagine corporate social responsibility in five critical ways: as a practical process of decision-making and accountability that exists to foster and maintain trust in enterprise; as a dynamic and process-relational system of interconnected institutions and agents; as a discourse ethics concerned with articulating a new universal pragmatics; as an actor-centric model of market-state relations; and as a new social constitution of the digital economy grounded in the principles of responsibility, transparency, and accountability.

Privacy and Security under PHIPA and OHSA: Issues of Dual Compliance in High-secure Psychiatric Hospitals

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This paper analyzes the existing tensions between privacy legislation and occupational health and safety concerns, using a large, tertiary high-secure forensic psychiatric hospital in Ontario, Canada as an example. While acknowledging that safety is a priority where there is a risk of violence, the Personal Health Information Protection Act (PHIPA)'s framework for privacy protection was not designed to address, and may not be compatible with, the operations and requirements of high-secure psychiatric hospitals. In particular, PHIPA prohibits the disclosure of personal health information (PHI), prescribing narrow circumstances in which a risk of violence can be disclosed (*i.e.*, s.40, PHIPA; the "circle of care"). At the same time, proceedings against psychiatric hospitals under the Occupational Health and Safety Act (OHSA) demonstrate the scope of a hospital's legal duties when workplace violence is a risk. We point out issues of dual compliance that arise under concurring legislative regimes for privacy protection and workplace safety. We argue that PHIPA provides little guidance to high-secure forensic psychiatric hospitals on how to protect PHI when the risk of workplace violence is elevated. We conclude by suggesting ways for hospitals to address staff safety.

196.   Trajectories In Psychiatry And Management: The Management Tools In Question

Financing the Psychiatric Pathway: From Issues to Practice

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In terms of public health, the financing of a care activity has several objectives: a main objective of relative improvement in the health status of a population. Secondary objectives of efficiency of

the actions undertaken to achieve the main objective. In short, funding must promote the right care in the right place at the right time with the right human and material resources. Classically, there are two categories of funding: retrospective and prospective. Retrospective funding has the advantage of encouraging supply and therefore a certain accessibility to the detriment of the sometimes-questionable relevance of care. Prospective funding has the advantage of encouraging standard practices, sometimes to the detriment of the accessibility of certain types of care. Furthermore, prospective financing raises the question of the standard used: the usual or average practice, best practices, etc. Developing funding according to the psychiatric pathway therefore implies asking all these questions not only from a macro point of view but also at the heart of the organisations: what is the right care? The right time? The right place? And the right resource?

Decompartmentalising Psychiatric Hospital-City Pathways: Development of a Collaborative Steering System for the Acute Care Sector

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The Covid pandemic forced the Nant Foundation's care units (Switzerland) to increase their occupancy rate from 103% to 70% in order to free up a unit that could accommodate suspect or contaminated patients. Faced with this constraint, the organizational lines have shifted to find solutions based on: Clear objectives: positive indication of hospitalization, systematic use of alternatives, inter-unit cooperation, etc. C sharing of risks (in particular by getting away from the illusion of hospital safety). And collective management by city and hospital stakeholders. The need to put the agents concerned, scattered throughout the sector, in direct contact with each other, was achieved by videoconference in order to avoid travel. These weekly videoconferences bring together the interdisciplinary managers of the Nant Foundation's care units and the city's stakeholders (general hospital, mobile community team, mobile rapid response team, etc.). The live collective work, the linkage to ensure clinical trajectories and cultivate collective intelligence and the sharing of the risk inherent in psychiatric corners have significantly reduced the use of hospitalization as the only solution to acute clinical situations.

Measurement and Disproportion of Activity in Psychiatry

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In health economics, value has usually been understood within the framework of the production and consumption of healthcare. Two tools of measurement, efficiency and equity, have been used to make decisions on healthcare resources. However, the healthcare system is also not a market like others, and applying the criteria of efficiency and equity to the field of health calls for significant adaptation. In addition, even when epistemologically informed and technically equipped, care is also attention and an engagement toward the person for whom the care is directed.

Current models fail to take into consideration the individual, qualitative nature of individual patient experience, particularly in psychiatry. Therefore tensions continue to exist between value as understood in a health economics perspective and the relational values promoted in proposals of person-centered care. Healthcare values are plural and explain what one commits to in terms of actions and relationships with others. Taking into account this plurality reminds us both of the ethical dimension of care but also how it is made possible through financing. Psychiatry in France can be a good example of these paradoxical injunctions.

197.   Trauma & Memory: Implications for Media, Therapy and Forensic Testimony

I Believe What I Remember but it May Not be True

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Steven Southwick, *Yale University* (steven.southwick@yale.edu)

A growing number of research findings have challenged the conception that memory for traumatic events is highly accurate or even indelible in nature. Research involving soldiers indicates that realistic levels of high stress decrease the accuracy of eyewitness memory. In addition, recent findings from several studies show quite clearly that memories for stressful events – including those from combat trauma – are malleable and vulnerable to alteration by exposure to misinformation. Under high stress, our brains facilitate the formation of "gist" memories that allow us to avoid future dangers but which may not contain the detail and precision demanded by the judicial system. In this presentation, we present our view of what implications these data have for professionals doing therapy, testifying courts or those involved in Media information about violent events.

Good News about Traumatic Memories

Steven Southwick*, Yale University* (steven.southwick@yale.edu)
Charles Morgan III, *University of New Haven* (cmorgan@newhaven.edu)

Historically the methods used by mental health professionals who work with victims of trauma have had diverse goals. Whereas some aimed to suppress the fear-based conditioned elements of memory (via exposure/extinction), others attempted to embrace memory in order to re-appraise and understand one's role in trauma in a way that is less painful and more ego syntonic. More recently, neurobiological methods have aimed to erase traumatic memories entirely from the brain. In this presentation we here posit that the malleable nature of traumatic memory is a central element to the therapeutic and healing process. We will discuss the implications for therapists from a practical and ethical perspective. We will also review of how the goals of therapy may conflict with the goals of litigation and we make several recommendations for trauma therapists working in this complex field.

Impact of Media Representations of Mass Shootings

Joseph Dule, *Ohio Northern University* (j-dule@onu.edu)

Most research examining the psychological impact of public mass-shootings and terrorist attacks focuses on the immediate victims (i.e., those at/near the scene of the crime or living nearby). Research data consistently demonstrate that these directly targeted individuals experience a wide-array of adverse mental health outcomes following these traumatic events. What remains less understood, however, is how these violent episodes afflict the broader public who are exposed to the trauma largely through indirect means, such as media and word of mouth. In this presentation we will provide a summary of what is known about the impact of media representations of mass shootings and present data on the impact of mass-shooting and terrorist attacks (2012-2017) on the general public. Finally we will offer recommendations about how such data might inform public health responses and how trauma professionals & lawyers can advise media on the possible adverse mental health effects of high-volume terrorism or mass-shooting coverage.

The Ethics of Eyewitness Expert Testimony

Charles Morgan III, *University of New Haven* (cmorgan@newhaven.edu)

In 2014 the National Academy of Sciences released report called "Identifying the Culprit." This scientific review of the reliability and nature of eyewitness memory led to several recommendations for the criminal justice system, the courts and the scientific community. One of these recommendations proposed greater level of admissibility of eyewitness expert testimony in the courts. Their reasoning was based on two key issues: First, the erroneous belief on the part of most juries that memories for traumatic events are indelible; second, the erroneous beliefs held by juries on the relationship between confidence and accuracy. In this presentation, I shall address potentially problematic issues for experts who testify about eyewitness identifications and traumatic events. In particular I will discuss the limitations of our own published data on eyewitness identification data that has been systematically cited by the courts and offer some recommendations about how experts might think about ethical issues that arise in such cases.

198. Trauma and Growth

Posttraumatic Growth

Kavita Khajuria, *Consulting Psychiatrist, Los Angeles, USA* (kkhajur@lasd.org)

From Greek philosophy to the playwrights and poets, trauma has been known to be a part of human existence for thousands of years. While recognized as potentially devastating, trauma is also

known to be a catalyst for positive change. The investigative study of post traumatic growth began in more depth in the mid-1990's, and evidence demonstrates the unique capacity for many to learn and grow from extreme adversity. Transformation can emerge from struggle, and gain from loss. Post traumatic growth is a process. Protective factors include personal strengths, but individual identities and coping behaviors can require negotiation between the individual, the community and society. Given that resilience and growth can be better understood in the context of systemic, collective and communal dimensions, this presentation will include the construct and domains of post traumatic growth, clinical considerations and issues, meaning-making processes in incarcerated populations, and cross cultural global research results.

Care Towards Posttraumatic Growth In The Era Of Digital Economy

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How can we better co-design with and for care amid the era of digital economy? This presentation critique digital and community-driven approaches to supporting mental well-being outside of therapy. Lenses of care theory and posttraumatic growth guide this critique, outlining six themes of creative approaches that have been identified through a thematic review of 83 existing interventions: online communities, digitisation and re-design of psychology intervention, biometrics and data-driven, creative sharing of stories, symbolic engagements, and creative offerings of comfort and encouragements of self-care. Approaches that lie within the sharing economy are scrutinised, presenting neoliberal drives that oppose its values of fairness and equity. Involvement of trusted others in the co-design of care entanglements is proposed, suggesting that these involvements would allow for reciprocal care encounters to be personalized towards those who have experienced trauma and their trusted others.

Neuroscience of Trauma, Psychology and Leadership

Omar Bah, *Refugee Dream Center*, *Providence, USA* (refugeedreamcenter@gmail.com)

Great leaders can arise from the ashes of the most traumatic experiences. Several factors, including a person's physiological response to thinking about and narrating trauma, being resilient, feeling that one belongs, and experiencing a high level of well-being, might explain how they survived trauma to become leaders within their communities. The process of remembering and recollecting trauma is called labeling, which can take several forms including verbal (singing, talking and storytelling) and non-verbal (writing or art). Understanding how different kinds of labeling impact an individual's leadership, posttraumatic growth, and resilience on a physiological level is useful for articulating one major piece of the complex transformative process which takes place following extreme adversity. The legal dimensions of this process are inextricably linked to trauma: domestic

violence, increased incarceration, bullying, heightened risk for substance abuse, and lengthy detention periods during the immigration/documentation process are among the most observable. This presentation will uncover the potential links between surviving trauma, an individual's physiological response to labeling the trauma, accompanying legal concerns, and leadership condition. It will also explore the relationship between the recollection of a traumatic experience and an individual's propensity to be resilient, develop psychological traits of personal growth (i.e. feelings of belongingness and personal well-being), and demonstrate leadership qualities.

199.　Trauma, Human Rights, and Resilience in the COVID-19 Crisis

The Impact of COVID-19 Pandemic: Institutional Betrayal at the Intersection of Trauma and Human Rights Violations

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Filomena M. Critelli, *State University of New York at Buffalo* (fmc8@buffalo.edu)

The COVID-19 pandemic has generated, exposed, and/or exacerbated an extraordinary range of human rights abuses and traumatic events around the world. This introductory presentation will provide a framework for understanding the unfolding damage of the pandemic by focusing on the intersection of traumatic experience (TE) and human rights violations (HRVs) in the context of the pandemic. We will argue that inadequate government action and policy response, especially in the U.S., embody profound institutional betrayal and have abrogated the social contract through acts of commission, omissions, and lack of respect for essential human rights and dignity, all of which have been further intensified by a lack of accountability and redress. Structural inequalities and fragile human rights protections have compounded physical and economic precarity and losses among vulnerable groups, as have politicization of and paranoid (conspiratorial) theories about the crisis, and flagrant attempts to use the pandemic as a cover for retrenchment of rights (i.e., health care, migration, and voting). The presenters will conclude with some preliminary reflections on the need for national reconciliation and healing that progresses beyond a return to the status quo.

COVID-19, Human Rights & Blacks in the U.S.: The Exacerbated Impact, the Exacerbated Response!

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Christopher St. Vil, *State University of New York at Buffalo* (cstvil@buffalo.edu)

The full impact of COVID-19 on Blacks in the U.S. is still emerging, however current data suggest a disproportionate burden of illness and death compared to other racial and ethnic minority groups. Blacks are overrepresented among hospitalized patients and are 3x's more likely to die than Whites. While underlying health conditions have been viewed as the major driver of these

disparities, the underlying health conditions are a direct result of American racist policies. A range of issues lying at the intersection of human right violations and on-going trauma has now merged with the challenges of the Covid-19 pandemic to highlight the compound impact of various syndemics already existing in the Black community. This presentation will provide an overview of some of the human right issues facing Blacks that have long existed, rooted in historical trauma, and are now being exacerbated as a result the Covid-19 crisis. This presentation will discuss a number of disparities such as lack of access to desirable housing and healthcare services, domestic violence, over-representation in front-line service work and police brutality. The presentation will conclude with a perspective on a path forward with implications for the fields of law and mental health.

Trauma, Human Rights, and Resilience in the Context of COVID-19: A Native American example

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Native Americans experience significant social, health, and economic disparities and trauma from on-going racism, violence, and discrimination. Disparities are rooted in social determinants of health and the long-standing impacts of colonization. Public health recommendations during the COVID-19 pandemic to increase handwashing and social distancing are impossible for many Native Americans without access to clean water or living in overcrowded conditions. Likewise getting timely and appropriate medical attention or supplies is difficult in communities without a medical facility or grocery store. The US continues to shirk its legal and moral responsibilities to Native Americans. Congress passed a stimulus package that included $8 billion for Native Americans, but it required a legal suit before funds were disbursed. Funding delays left frontline workers without adequate protection and forced closure of some of Native health facilities. The Navajo Nation did not receive federal support until long after the outbreak had started. By then, they had a higher per capita rate of COVID-19 than any US state. Native Americans demonstrate resilience forged through adversity, enabling appropriate and meaningful COVID-19 responses. This presentation describes how Native Americans have developed channels for sharing information, implemented culturally appropriate precautions, and encouraged traditional ways of fostering wellbeing.

COVID-19 as Pretext for Violating the Rights of Forced Migrants: The Case of the United States

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Human mobility is inextricably tied to the novel coronavirus pandemic that started in late 2019 and whose effects will continue to unfold for years. In the United States, the coronavirus is having profound impacts on those forced to migrate for safety and economic reasons, especially persons caught in detention situations or in global refugee camps awaiting final travel authorization to the

United States. Limited resources to mitigate against the virus's spread or to address its health and economic effects exist in these settings. This presentation uses interviews with service providers and volunteers supporting refugees and asylum seekers, and other primary sources, to highlight how current U.S. immigration policies perpetuate mental health and health harms among forced migrants. The U.S. approach during the coronavirus has also exacerbated the complex trauma experienced by most refugees and asylum seekers through actions such as suspending the U.S. refugee resettlement program; denying asylum seekers at the U.S.-Mexico border the right to claim refuge; and summarily deporting those who contract COVID-19 in the U.S. immigrant detention system. Finally, we provide examples of solidarity-making between advocates and forced migrants to build awareness of and support for protecting the human rights of refugees and asylum seekers.

End-of-life in Isolation: Trauma and Resilience in a Global Pandemic

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Trauma-informed care (TIC) is guided by the principles of safety, choice, collaboration, trustworthiness, and empowerment. Safety became paramount during the COVID-19 crisis as government officials, healthcare workers, and individual citizens sought to slow the spread of the virus by encouraging physical distancing. Those who were exposed to the virus were recommended or required to self-isolate, and those who were considered high risk or became seriously ill were often denied visitors. As a result, hundreds of thousands of individuals in healthcare facilities and other institutional settings (e.g. prisons, nursing homes, supportive housing) died alone. This presentation will elucidate how individuals expressed profound fear, family members reported symptoms of complicated grief, and healthcare workers described their own distress as a result of the isolating deaths that became a hallmark of coronavirus. This presentation will also explore the resiliency of individuals, families, and healthcare workers as they developed, in real time, best practices for honoring the fundamental human rights of seriously ill people. This presentation will conclude by describing current local, national, and international policies related to visitation rules, offering a discussion of how a TIC framework can guide practice and minimize suffering at life's end in a global pandemic.

200. Treatment and Wellbeing

The Sovereign Nature of Nature Still Waves: Taking a ue from Balzac, Bastille Day, and Fine Art

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Taking cues from Balzac, Bastille Day and Fine Art, this presentation will revisit the Balzac's quote captured in an epigraph in Harvard's Howard Gardner's Quest for Mind. While a graduate student at the University of Waterloo's Regional and Resource Planning School between 1980-84, some efforts were spent trying to understand the idea of Prigogine's social thermodynamics. The

idea of Balzac's reference to the lunatic of the future being able to make sense of the sovereign nature of life is tied deeply to Nature's principles beyond law as currently understood. If there is to be an International Congress concerned with Law and Mental Health, then at what points of intercession will a legal language affirm the LIFE of those humans as citizens. In this presentation, I will share with the audience my story and art as to how I would create my way off of medications and into a life filled with more questions.

What is the Extent of the Positive Obligation of Employers to Protect Employees' Mental Wellbeing in Canada?

Rosanna Langer, *Laurentian University* (rlanger@laurentian.ca)

The failure to provide a psychologically safe workplace comes with measurable economic costs, including lost productivity, employee absenteeism, and increases in workers' compensation rates and legal liabilities associated with dismissals. It is correlated with increases in mental injuries, sick and longer term disability leaves, and in the use of EAP programs. Much literature has proposed various organizational systems and standards to encourage workplaces to invest in the wellbeing of employees. While these voluntary systems have the appeal of advancing a generic universal standard to overcome the impediment of provincial variations, they remain subject to varying levels of organizational aspiration and commitment. At the same time, several legal mechanisms in Canada increasingly impose a positive obligation on employers to protect employees from psychological injury and harms. These include developments in employment law, labour law, occupational health and safety legislation, workers' compensation systems and human rights law. While each regime has its challenges, including conceptual limitations and issues of individual accessibility and monetary compensation, some positive trends may be noted. This presentation will review Canadian legislation and several important recent cases to identify the potential for a growing positive obligation on employers to ensure the psychological and emotional wellbeing of workers.

Patients' Well-Being Relates to Micro-Processes in a Group Psychotherapy With Forensic Patients

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Forensic psychotherapy is intended to treat psychiatric disorders and to reduce recidivism. In addition to well-known biographical and dynamic predictor of forensic outcome, patients' well-being during and after therapy has been suggested as another possible (dynamic) predictor. The Therapeutic Cycles Model (TCM; Mergenthaler, 1996) is a process-oriented theoretical model making predictions about the psychotherapeutic progress based on verbatim content. The model helps to identify therapeutic factors on a language level (abstraction and emotional tone). One aim of the present study was to analyze linguistic features based on TCM. Furthermore, the relationship between linguistic features of psychotherapy sessions and patients' well-being before and after therapy were investigated. The sample included transcripts of N = 16 sessions of a group psychotherapy with nine drug addicted forensic psychiatric patients. These were analyzed using a computer-based method. Process-oriented measures were rated by the patients, their therapists, and an external observer. Patients' self-reported well-being before therapy was negatively related to Connecting (indicating emotional insight) during therapy session. Thus, well-being of forensic patients is not necessarily a helpful precursor for productive events in therapy to occur. Presented findings will help participants to better understand psychotherapeutic micro-processes throughout forensic therapies. Implications for research and the forensic practice are discussed.

Artist-led Production of Anti-Hegemonic, Anti-Racist and Anti-Ableist Discursive Spaces

Jason Bulluck, *School of the Art Institute of Chicago, Chicago, USA* (jbullu@saic.edu)

This presentation will illustrate the possibilities for equity resulting from labor taken up by contemporary artists towards the production of anti-hegemonic, anti-racist and anti-ableist discursive space in the cultural geography of contemporary societies. Artists are uniquely able to negotiate and present disparate lines of inquiry and possibilities for agency from a space that might be understood as well what Fred Moten and Stefano Harney call the undercommons. This is especially important in the United States at a moment when COVID-19 and racial strife, intensified by a divisive and racist executive politics, have called attention to ongoing and newly acute mental health crises. This is perhaps no better typified than in the state-sanctioned murders of Elijah McCain and Daniel Prude. That structural racism and minority oppression with an outsized and undue impact on people of color, and especially brown people of recent African descent will come as no surprise and artists/artistic labor can be marshaled to significantly influence and quicken equity discourse. This presentation will explore these topics and display works produced for this session.

201. Unmet Needs in Mental Health: Time to Act!

Psymobile: Dealing with Needs and (Non-)Demand

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Unmet needs for mental health care are highly prevalent, even in high-income countries. Alonso et al. (2007) report that almost half of people in need of mental health care in Europe report no formal healthcare use, contrasting with only 8% of people suffering from diabetes. The consequences of these unmet needs are numerous, both on individuals and societies: worsening psychiatric disorders and comorbidities, higher suicide rates, and unemployment (Charlson et al., 2016; Kessler & Frank, 1997; Lim et al., 2008). Psymobile is a psychiatric outreach team dedicated to improving access to mental healthcare. As such, it draws on demands coming mainly from relatives or social workers, the persons at stake being often reluctant to engage in mental healthcare. They fear to be stigmatized, or lack knowledge on mental disorders and the way they can be treated. It raises thus an ethical and legal dilemma, as the first encounter with a psychiatrist may not be wished by the client. We will develop this ethical dilemma, and focus on the results of interviews with Psymobile clients and their relatives.

Peer Helpers as Leverage for Mental Health Recovery

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The movement of psychiatric users has allowed informal self-help and then professional peer support to flourish. Indeed, the defense of users of the mental health system rights and the demand for their recovery have been based in particular on the information and assistance provided by people who have faced difficulties close to theirs. Professional peer support workers are generally people who have recovered from severe mental disorders and who have been professionalized through specific training. Many studies have been devoted to peer support. They have highlighted its benefits in improving social relationships, reducing the need for psychiatric hospitalizations, and facilitating access to employment or training. Peer support also decreases self-stigma associated with mental conditions and increases involvement in care.

Promoting Early and Systematic Psychoeducation to Caregivers: The BREF Project

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In schizophrenia, psychoeducation to caregivers (PEC) is the second most effective treatment available. Interestingly, PEC has the ability to improve caregivers' outcomes as well. Indeed, caregivers are vulnerable to both mental and somatic disorders due to the negative impact of caring.

Despite the wealth of research evidence supporting the effectiveness of PEC in SZ, it remains insufficiently available in France. Two main reasons have been identified to explain such a situation. First, in France, available multi-family psychoeducational programs to caregivers are scarce and unsuitable for early intervention. Secondly, mental health professionals lack basic knowledge regarding the benefits of PEC. To overcome the weaknesses of multi-family, long-lasting programs, we created a single-family, short psychoeducational program called "BREF". BREF was designed in collaboration with "Unafam", the French main association of caregivers in mental health. BREF can be provided precociously and systematically to all caregivers of patients with schizophrenia. Moreover, we developed an original free training course for mental health professionals and volunteers of family associations to update knowledge of participants on the effectiveness of PEC, encourage interactions and partnerships between health professionals and caregivers' associations and provide participants with the abilities to fully implement the BREF program in their health department.

Parent-Mediated Therapy Delivered via Videoconferencing for Early Intervention in Autism in Underserved Area

Marie-Maude Geoffray, *Université Claude Bernard Lyon 1* (Marie-Maude.geoffray@ch-le-vinatier.fr)

Intervention in the preschool period is currently recommended for Autism Spectrum Disorder (ASD). Some therapies evidenced-based practice delivered by parents are particularly suitable for young children. However, the access to such evidence-based therapies for families is limited due to autism centers located in large urban area. Using videoconferencing to deliver evidence-based training to parent may improve accessibility for families living in underserved areas. We will summarize implementation barriers and facilitators from the experience of the parents and therapists based on the results of a meta-synthesis and a study of feasibility.

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202. Using Digital Technologies, Telehealth and Cognitive Tools to Address Health Equity in Vulnerable Populations: Beyond COVID-19

Applications of Digital Technologies, Telehealth and Cognitive Tools for Population Health.

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In 2020, the world faced a global crisis with the emergence of the contagious novel coronavirus, SARS-CoV-2, resulting in worldwide infections and deaths. We also saw new digital technologies and platforms coming together at unprecedented levels of scientific collaboration to tackle the

pandemic. This presentation will summarize the evidence around the applications of digital, telehealth, AI and other inter-related technologies such as big data analytics, that had potential in augmenting public health strategies for tackling COVID-19.

IBM Watson Health and the Use of Chatbots and Intelligent Conversational Agents for Patient Triaging during the COVID-19 Global Pandemic

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A chatbot is a machine learning system which interacts with human users via conversational natural language. As such, these systems act as intelligent agents mimicking human interactions. In clinical and public health settings intelligent agents in the form of chatbots that have been widely implemented by national and international federal public health agencies, state health departments, and health care systems to aid in triaging patients during the COVID-19 global pandemic. Implementations of chatbots can aid in the influx of questions and decrease the burden on call centers meant to provide up to the minute information for patients and citizens worldwide. IBM Watson Health has been a leader in implementing and making these technologies available for its clients through Watson Assistant which supports functionality for scripted as well as text queries and speech natural language interactions.This presentation will detail the experience of IBM Watson Health in the use and implementation of these technologies and discuss their effectiveness in the form of patient triaging tools and in the delivery of pertinent information during the COVID-19 global pandemic.

Understanding Perceived Impact and Usability of IBM Watson Care Manager in Delivering Services to Vulnerable Populations in Sonoma County, California

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Providing services to population with multiple and complex needs require concurrent support from many social services agencies. Due to existing limited inter- and intra- agency communications, various safety net agencies are operating within information silos that could interfere with holistic, and client-centered care delivery. The County of Sonoma in CA, with one of the nation's largest homeless populations, recognized this gap. In 2017, they prompted an initiative, "Accessing Coordinated Care and Empowering Self-Sufficiency" (ACCESS), to identify the most vulnerable residents and provide them with more coordinated, comprehensive services (1). They achieved the goal through establishing a rapid-response, interdepartmental, multi-disciplinary team (IMDT) that helped deploy cross-departmental services, utilizing Care Management and Coordination System (CMCS). CMCS comprised of IBM-Connect 360, an integrated data hub that aggregates information from various systems and renders one "golden record" to the end-users through Watson Care Manager (WCM). To understand how use of WCM, an advanced technology-based,

social care management tool, is making an impact on the care delivery process and to evaluate the tools usability from end-users perspective, a mixed method study was conducted. Results demonstrated WCM to be a useful and easy to use tool associated with high user satisfaction and also highlighted WCM's indispensable role in facilitating delivery of care to individuals with complex needs in a more synchronized manner.

Connecting Vulnerable Populations to Benefits Before and During the COVID-19 Pandemic

Jane Snowdon, *IBM Watson Health, Cambridge, USA* (snowdonj@ibm.com)

The COVID-19 pandemic has generated a massive and rapid increase in demand for the Supplemental Nutrition Assistance Program (SNAP), the largest antihunger program and vital component of the welfare safety net in the United States. The New York City Human Resources Administration/Department of Social Services (NYC HRA/DSS) provides nutrition assistance for more than 1.6 million city clients from diverse ethnic backgrounds each month. Since food insecurity has been associated with health expenditures and adverse outcomes, NYC HRA/DSS elected to enhance its screening and application tool for SNAP benefits to provide greater configurability for reacting to policy changes, increase access to benefits, provide benefits more cost-effectively, and improve eligible individuals' experiences and outcomes. Results from an adapted design thinking method involving shadowing sessions and interviews with SNAP center facilitators and outreach workers from community-based organizations to inform design of the new user-centered system, IBM Social Program Management and IBM Universal Access application module, and a comparison of system usage metrics year-over-year for managing SNAP benefits enrollment and delivery by the NYC HRA/DSS will be shared. Tools that provide remote benefits enrollment through web and mobile applications, and automate eligibility determination and processing, can increase social program efficiency and support important public health distancing policies during the COVID-19 pandemic.

Understanding Policy Change and Delivery of Telehealth for Mental and Substance Use Disorders Using Large Claims Databases

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Telehealth services are a potentially effective but historically underutilized mechanism for the delivery of treatment for mental and substance use disorders. Patient and provider preferences and policies regarding the delivery of controlled substances via telehealth and poor technological infrastructure in rural and other disadvantaged areas impede uptake of these technologies. System changes due to the COVID-19 pandemic provide an opportunity to observe the relationship between policy changes and trends in telehealth use for these conditions. This presentation will examine trends in telehealth services for mental and substance use disorders using IBM MarketScan claims data prior to the COVID-19 pandemic and place these data in context with recent studies of telemedicine use post-COVID-19. The presentation will conclude with reflections on the health policy and systems transformations due to the COVID-19 pandemic, and

how to use claims data to better understand how patterns of treatment for mental and substance use disorders may shift following policy changes.

203. Violence, Stress and Resilience in Healthcare (1)

Stress, PTSD and Nursing: Whose Issue is it?

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Registered nurses are at the frontlines of healthcare, often dealing with trauma, life and death situations, and forensic situations such as interpersonal violence. Rapid decisions, often with limited information, need to be made to prevent deterioration of clients. As many as 57% of newly graduated nurses leave the profession within two years, citing posttraumatic stress disorder and other mental health issues. Concerns include uncertainty, unpreparedness for decision making in unique situations, and workplace concerns such as limited resources and support. Whose issue is this and who is responsible to help fix it? Are we not selecting the correct students, are they not adequately prepared during their education, are the workplaces not providing sufficient support? What are the consequences for healthcare and implications for litigation? In this presentation we will explore these issues and relevant research currently being conducted. Implications for future nursing preparation, support and mental health will be discussed.

The Promise of an Intersectoral Network in Addressing Barriers to Collaborating Across Sectors to better Support Transgender Survivors of Sexual Assault

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This survey explored challenges faced in supporting the social, healthcare, and medico-legal needs of trans survivors of sexual assault, barriers to collaboration across sectors, and strategies to address them. Descriptive statistics were used to summarize quantitative data; qualitative data were collated thematically. 67 of 103 leaders from healthcare and trans-positive community organizations identified 3 main challenges to supporting trans survivors of sexual assault were identified: Limited knowledge and a need for training; Inadequate resources at the organizational level, and Systemic barriers limiting the availability of and access to trans-affirming care. Barriers to collaboration were: a lack of service professionals who are trans-positive, a lack of resources, and problematic institutional structures. Mechanisms by which a network could address these barriers were: Support service providers in becoming more knowledgeable and competent in providing care; Provide the platform, strategies, and tools to aid in organizational change; Create space for organizations to share ideas, goals, and resources; and Mobilize advocacy efforts by centering the voices of trans communities. Findings enhance the understanding of barriers to intersectoral collaboration aimed at improving supports for trans survivors and the promise of a network of healthcare and community organizations in comprehensively responding to complex health and social problems.

Trauma Informed Care and the Role of Resiliency Building During Sexual Abuse Forensic Evaluations

Anne Troy, *Holy Cross University* (atroy@uhcno.edu)

The role of the medical provider, during the physical evaluation of children for suspicions of sexual abuse, requires the mastery of communication and clinical skills, so that providers can take advantage of their unique opportunity to facilitate the emotional and psychological healing of the child and family (Jeong & Cha, 2019; Perry, 2002) Utilizing the guidelines from forensic interviewing techniques, of asking open ended questions that facilitate a narrative response, is just one of the tools required to set the child down a path of healing. The potential for healing starts as the child enters the specialty clinic and is offered an environment of safety. Rapport building techniques, empirically successfully used with over 5000 children, will be offered to facilitate care providers' interactions with children. Trauma informed responses for the non-offending parents will be presented to facilitate the trust and comfort of the adult to better engage their belief and protection of the child who has disclosed abuse. Songs and physical exam pearls will be offered as techniques to building empowerment of and trust from the child while assisting them to build distinctions in appropriate boundaries. And finally, referrals for efficacious treatments will be suggested, as they are presently available in the U.S. Clinical competencies and core components of trauma informed care will be presented.

Supporting Men Experiencing Dating Violence on a Post-Secondary Campus

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Peter Choate, *Mount Royal University* (p@mtroyal.ca)

The experiences of men as victims of dating violence in a post-secondary context and implications for policy and service needs has not been thoroughly studied. Although dating violence against men is recognized, there is a lack of research on men's experiences and a prevailing belief that men experience significant barriers that discourage them from disclosing dating violence. Existing studies have not provided clarity on the context, types of violence most frequently experienced by men, or the short and long-term consequences of dating violence. It is not clear from the research whether existing campus policies and programs are adequate and appropriate to meet the needs of men in violent or abusive dating relationships or whether specific services are required. This presentation will discuss findings from a qualitative examination of men's experiences on a Canadian post-secondary campus, including the nature, severity, context, and consequences of dating violence incidents, men's experiences of help seeking, and gaps and barriers experienced by men who do seek help. Implications for policies and programs better able to meet the needs of men and ultimately, contribute to a safer campus community will also be discussed.

204.   Violence, Stress and Resilience in Healthcare (2)

Understanding the Effects and Lethality of Non-Fatal Strangulation: What Nurses Need to Know for Mental Health Best Practices and Education

Delinda Martin, *American Psychiatric Nurses Association* (demartin@uhcno.edu)
Andrew Mahoney, *New Orleans Family Justice Center*, *New Orleans, USA* (amahoney@nofjc.org)

Non-fatal strangulation (NFS) is externally applied compression of the great vessels of the neck or the airway, resulting in impaired blood flow to and/or from the brain, and/or impaired ability to breathe. It is frequently used by assailants to induce feelings of terror, helpless, and compliance. Up to 38% of women who have been abused by intimate partners report having been strangled at least once; up to 58% of women who have been sexually assaulted were strangled. At least 70% of NFS survivors thought they were going to die. NFS can cause a myriad of medical and psychological complications. Nurses are often not aware of the prevalence of, nor the pathophysiology of nonfatal strangulation (NFS), and lack the requisite knowledge and skills to provide comprehensive nursing care. NFS survivors need trauma-informed forensic medical assessment, inclusive of awareness of psychological impact and behavioral health complications, such as anxiety, insomnia, depression, hypervigilance, substance abuse, self-harm, suicidality. Nurses need to incorporate evidenced-based practices to plan the care of survivors of NFS.

A Qualitative Research Study on Healing the Healer: A Phenomenological Approach

Patricia Miller, *Mount Royal University* (pmiller@shaw.ca)

This presentation will discuss the findings of a post-doc research study that sought to understand the healer's perspective on healing their own trauma. The phenomenological research approach to this study elicited 20 people's story on what the healer perceived to be their trauma, how their trauma had impacted their lived experience and how did they found ways to self-determine their healing. The research invited the intimate stories of lived experience data pertaining to a person's experience of their own trauma, their own healing and the many ways that people integrate healing experiences in into the many changes that occur after living with a traumatic experience. The lived experience is diverse as each person has a unique standpoint location based on age, gender, gender orientation, class, culture, ability and the traumatic experience they had experienced. In order to be in the study, the participants did not have to have a PTSD diagnosis (they only had to identify that they had experienced some sort of traumatic experience). This research included people's post-COVID-19 experience, military trauma, loss of children, sexual assault, genocide, living with HIV stigma and many other lived experience trauma stories. Findings and implications will be presented.

A Curriculum for Legal Professionals on Commonly Misunderstood Reactions of Sexual Assault Survivors

Robin Mason, *Women's College Hospital, Toronto, Canada* (robin.mason@wchospital.ca)
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Stephanie Lanthier, *Women's College Hospital, Toronto, Canada* (stephanie.lanthier@wchospital.ca)
Sheila Macdonald, *Women's College Hospital, Toronto, Canada* (sheila.macdonald@wchospital.ca)

There are certain assumptions about how survivors should react following a sexual assault. Survivor's tears, anger and depression are generally met with understanding and compassion. But, there are many other responses that while common, are also commonly misunderstood. When sexual assault survivors fail to exhibit the behaviors that fall within the narrow range of socially expected and acceptable reactions, they may encounter questions, doubt, or disbelief expressed through verbal or nonverbal behavior and less understanding from family, friends, and professionals. The survivor herself may be confused by those reactions that are infrequently discussed outside the trauma -focused literature. In this presentation, we first describe the process followed in developing evidence-informed content about the commonly misunderstood reactions of survivors post-sexual assault. We then outline steps taken to adapt that content to the needs of those working in the legal sector. Working with a dedicated group of provincial crown attorneys, the evidence-informed, competency based, online curriculum is designed to educate those working in the criminal justice sector about some of the commonly misunderstood, and often counter-intuitive, reactions of survivors to sexual assault, as well as the basis for these reactions.

Familial Transmission of Trauma : Implications for Child Protection Assessments

Peter Choate, *Mount Royal University* (pchoate@mtroyal.ca)
Gabrielle Lindstrom, *University of Calgary* (gabrielle.lindstrom@ucalgary.ca)

Canada, like other colonized countries, is facing challenges with reconciliation between the dominant society and Indigenous peoples. Child protection is one of the most involved social agencies with Indigenous families and is part of a long history of over representation. In Canada, 7.7% of children 14 years and under are Indigenous but represent over 52% of children in care. Forensic Assessments of Indigenous parenting and caregiving capacity (including mental health, substance abuse and inter-personal violence), typically fail to consider the ways in which inter-generational trauma impacts the process and outcomes of the assessment sustaining colonized interpretations of capacity. New methods are required that are drawn from Indigenous understandings of raising a child as opposed to the social location of dominant society assessment, legal and clinical practices. This presentation offers a pathway to shifting the dialogue, placing Indigenous knowledge and ways of knowing at the center of the discussion.

205. When Law, Mental Illness and the 21st Century Collide: Perspectives from Across the Spectrum

Young People in Detention: Challenges and Insights from clinical practice across settings and diagnoses

Anish Ranjan Dube, *County of Orange HealthCare Agency*, *Orange County, USA* (anish.dube@gmail.com)

In this session I examine clinical and ethical challenges that arise out of direct clinical care provided to vulnerable populations, such as when working with young people involved in the justice system. For example, I outline the developmental considerations and issues of dual agency or lack of privacy that arise in youth detention facilities when working with justice-involved youth. The disproportionate detention of young people of minority backgrounds, the use of law enforcement in educational settings and the barriers to reintegration of such youth back into the community are reviewed. Inherent tensions between therapeutic, corrective and judicial goals, as well as areas of mutual interest are explored - with a focus on the common conditions encountered. Introduction of Medication-Assisted Treatment (MAT) services within detention settings and diversion programs, such as Juvenile Recovery Courts (JRC), are discussed. Finally, best practices, opportunities for growth and improvement and future directions in the treatment of justice-involved young people are considered.

OD in the ED: Perspectives of an Emergency Medicine Physician on substance use disorders during the COVID-19 pandemic

Myles Jen Kin, *Steward Health Care, Dallas, USA* (drmylesjenkin@gmail.com)

Rates of overdose (OD) ingestion of illicit substances continues to rise in the United States. Despite broad stay-at-home orders during the COVID-19 pandemic and an associated decline in emergency department (ED) visits for most non-COVID-19 related causes, drug ODs in 2020 actually increased in rate when compared to the same weeks in 2019 (excepting a small period at the onset of the pandemic). As an emergency medicine physician, much of my clinical practice involves the treatment of individuals with substance use disorders (SUDs) with or without medical/psychiatric co-morbidity presenting to the ED with acute intoxication or OD. This presentation will: 1. Outline common presentations for patients presenting to the ED after OD on illicit substances with case examples and a particular look at opioid-use related deaths, 2. Review the emerging data demonstrating an increase in ODs and opioid-related overdoses during the COVID-19 pandemic period, with clinical observations in the ED and 3. The need to approach illicit substance use and SUDs within a public health framework, emphasizing harm reduction, destigmatization and evidence-based treatments rather than through a legal system that primarily stresses punitive correctional action.

Teaching Psychopathy to Undergraduates in the Post-Truth Era

Stella Aslibekyan, *University of Alabama* (stella7@gmail.com)

No psychiatric ailment is more sensationalized (and often romanticized) in the Western world as psychopathy. Yet epidemiologists and psychiatrists have yet to agree on the very definition of this condition, characterized by moral emptiness and antisocial behavior and believed to affect up to 1% of the male population. This presentation will summarize the experience of one instructor conducting a seminar on psychopathy in an undergraduate honors college. The course covered diagnostic and treatment controversies, leading theories on the etiology of psychopathy, and the portrayal of psychopaths in film and literature. The setting of the course, given in 2014 and 2016, was a public university in the American South during the time of strengthening discontent with scientific thinking, emergence of conspiracy theories, and general sense of living in a 'post-truth' community; this presentation will highlight the role of this context in shaping students' approaches to thinking about complex phenomena at the intersection of psychiatry, sociology, and art.

206. Youth Interactions with Mental Health and Law

Mental Health Training for At-Risk Youth in Community Police Programs

Jennifer Laffier, *Ontario Tech University* (jennifer.laffier@uoit.ca)

In an effort to improve the relationship between police services and communities, especially those with at-risk youth, Ontario Police Services, in Canada introduced the Youth in Policing Initiative (YIP). Through this program, at-risk youth are hired to work with local police departments. Youth in the YIP program assist local police departments in developing community-based programs and simultaneously develop their skills for future success by completing various skills training. At-risk youth face extra challenges in life from mental health difficulties, economic barriers, learning exceptionalities, or other social factors. Thus, in 2018, the Mental Health First Aid Certification was added to the training program. This two-day training, from the Mental Health Commission of Canada, focuses on understanding and recognizing signs and symptoms of mental health problems, communicating and de-escalating individuals, and leading them in the right direction for support. Over two years, 102 youth completed the MHFA training along with pre and post surveys. These surveys explored their views on the relevancy of mental health training in the YIP program. The pre and post surveys were analyzed to understand how such training can be beneficial for at risk youth in policing programs. This presentation will convey the findings related to mental health training for YIP programs as well as recommendations for future police and community programming.

Child Friendly Justice in Mental Health Settings

Carole Burrell, *Northumbria University* (carole.burrell@northumbria.ac.uk)

Increasingly, mentally unwell children are compulsorily detained in English hospitals under the Mental Health Act 1983 provisions. A successful challenge before the Mental Health Tribunal will restore their liberty. In 2010, the Council of Europe issued 'Guidelines on Child Friendly Justice' developed as part of its comprehensive children's rights strategy. The Guidelines highlight the importance of providing accurate and relevant information to support children's active participation in judicial proceedings affecting them. A previous study of materials provided to detained children for this purpose uncovered noteworthy shortcomings and lack of adherence to the Guidelines. How children feel about the information they receive is under researched. This presentation will report findings from a subsequent study examining the extent to which detained children felt they could access accurate, age appropriate information relevant to their status and right of access to the Tribunal. The Diamond data collection method was adopted which enables participants to rank their views, experiential knowledge, lived experiences and emotional responses thereby giving a voice to the young people. The findings are relevant to the development of evidence-based resources to support the participation of detained children in Tribunal proceedings in a manner consistent with the Guidelines.

High5 for Kids: Impact the Health and Mental Health of Kids and Parents

Kelli Canada, *University of Missouri* (canadake@missouri.edu)
Rachel Jones, *University of Missouri* (jonesra@missouri.edu)

Clark Peters, *University of Missouri* (peterscm@missouri.edu)

There is immense injustice and vulnerability in our criminal justice system. In the U.S., more than two million adults are incarcerated and 6.7 million people are on community supervision. Criminal justice involvement can have devastating effects on health, mental health, financial stability, and family systems. Cumulative adverse childhood events (ACEs) increases the risk of violence (both as victim and perpetrator), poor health outcomes, and criminal justice contact. Violence is a serious problem among youth. The CDC reports 24% of deaths among 12-19 years old are due to suicide or homicide with homicide as the leading cause of death among Black boys. This presentation outlines the results of a pilot study using an intervention called High5 with parents who have children with three or more ACEs and are exhibiting externalizing behaviors at home or school. High5 was tested using a quasi-experimental, pre/post-test design with 20 families. Changes in health and mental health outcomes are discussed using data from self-report, Fitbits, and open-ended interviews. Results from the study provide data on the effectiveness of one possible intervention to assist families with children who have been exposed to ACEs and are struggling with behavioral problems.

The Interests of Parents with Personality Disorder, Children and Practitioners: A Cornerstone for Future Research

Julia Warrener, *University of Hertfordshire (*j.warrener@herts.ac.uk)

UK law underlines the welfare of children as paramount concern, emphasizing the rights of the child and the responsibilities of parents. This is supported by Articles 3 and 12 of the United Convention on the Rights of the Child. However, psycho social outcomes for children of parents with personality disorder are poor. Parents with personality disorder report high levels of parenting distress and key barriers to accessing support, questioning the adequacy of treatment for their mental illness. However, clinicians and social care practitioners can feel deskilled, often without interventions to support in practice. This is despite evidence to suggest a significant proportion of mothers involved with child safeguarding, or child protection services, report symptoms associated with borderline personality disorder. The presentation will review literature detailing the prevalence, experience, and outcomes of parenting with personality disorder. Drawing on empirical findings it will suggest the value of a trauma informed social perspective for enhancing the capacity and experience of parents with personality disorder and thereby more positive outcomes for their children. It will conclude by suggesting the importance of further empirical research in this area.

The Ethical Lens of Historical Research: A Critical Reflection of the Responses of the Medical Profession to Institutional Child Abuse Within Religious Settings in 20th Century Ireland.

Claire Majella McLoone-Richards, *University of Worcester* (c.richards@worc.ac.uk)

This presentation's theme relates to the Commission to Inquire into Child Abuse (CICA, 2009) report and the Final Report of the Mother and Baby Homes Commission of Investigation (2021) which was made available to the Irish public in January 2021. Both reports have detailed the callous lack of regard, compassion and care for thousands of children and their unmarried mothers within Irish Roman Catholic Church and State sponsored institutions. In the case of the Final Report of The Mother and Baby Homes, the deaths of up to 9,000 babies in the period from 1922 to 1998 is documented. This presentation specifically considers the power of this ecclesiastical authority and its impact on health professionals who had responsibility for the healthcare of children. The ethical disposition of healthcare professionals who had the courage or not, to take a stance against mainstream social and political discourses about what is considered as the best interests of children, requires a willingness to challenge powerful and oppressive hierarchical institutions and their representatives. This presentation considers lessons to be learned from past history and its relevance to the ethics of 21st century medical research and practice.

Therapeutic Jurisprudence Sessions

207.   Adolescent Mental Health Services, Transitions & Help Seeking

Adolescent Mental Health Problems, Suicidality and Seeking Help from General Practice:

Gerard Leavey, *Ulster University* (g.leavey@ulster.ac.uk)

Adolescent mental health problems and suicidality appear to be increasing in Western countries but contact with health services remains stubbornly low. While social disadvantage is often implicated in aetiology and help-seeking, evidence on the relative contribution of school and family life factors is limited. We sought (a) to examine the prevalence and factors associated with mental health problems in adolescent boys and girls; and (b) to examine factors associated with trust and contact with GPs for mental health problems. Method: Cross-sectional study of adolescent pupils in Northern Ireland High rates of mental health problems and suicidality were recorded, especially among females. While social circumstances do not influence mental health outcomes, factors of interest were atheist/agnostic beliefs and having a bedroom to oneself. While overall trust in GPs was high, more than 36% of the sample reported low trust. GP Trust was associated with positive home life factors. Importantly, adolescents with mental health problems including suicidality were much less likely to seek help. This study confirms the high rates of mental health problems and suicidality among adolescents in Northern Ireland, particularly among young women. Those most in need of professional help appear least prepared to seek it.

Mental Health Pathways and Care for Adolescents in Transition to Adult Services (IMPACT)

Michael Rosato, *Ulster University* (mg.rosato@ulster.ac.uk)

The persistence of health inequalities related to access, care, and outcome is now well accepted including the inverse care law which suggests that those most in need of services may be the least likely to obtain them. We sought to examine the pathways and determinants of transition, including the role of social class. A retrospective systematic examination of electronic records and case notes of young people eligible to transition to adult care over a 4-year period across five Health and Social Care NHS Trusts in Northern Ireland. While a high proportion of eligible patients made the transition to adult services, very few received an optimal transition process and many dropped out of services or subsequently disengaged. Clinical factors, rather than social class, appear to be more influential in the transition pathway. Conclusions: Despite the importance of a smoother transition to adult services, surprisingly, few patients experience this. There is a need for stronger standardised policies and guidelines to ensure optimal transitional care to AMHS.

Autism Trait Prevalence in Treatment Seeking Adolescents and Adults Attending Specialist Gender Services

Katrin Lehman, *Ulster University* (Katrin.Lehmann@belfasttrust.hscni.net)

To assess the prevalence of autism traits in individuals accessing gender affirming treatments, we conducted a cross-sectional survey in the regional specialist gender services in Northern Ireland. One hundred and twenty-three individuals (38 adolescents and 69 adults) currently attending or who previously attended specialist gender services in Northern Ireland were recruited. Fifty-six individuals assigned male at birth (AMAB) and 66 individuals assigned female at birth (AFAB) took part in the study. Main outcome measures: Autism Quotient (AQ), Cambridge Behavior Scale (EQ), and RAADS-14. Autism trait prevalence rates of 19.5% (AQ); 25.4% (RAADS-14); and 35.8% (poor empathy traits). A combined measure comprising all three provided a prevalence of 17.2%. There were no mean differences in the scores between AMAB (assigned male at birth) individuals and AFAB (assigned female at birth) individuals. Autism traits present additional challenges during the assessment and treatment of individuals with gender dysphoria. Autism screening tools can aid in the identification of individual with additional needs.

208.   Expanding the Toolkit: Holistic Approaches to Effective Lawyering

Cultivating Social and Emotional Competencies for Effective Lawyering

Marjorie Silver, *Touro College Law Center* (msilver@tourolaw.edu)

Emotional, social, and cultural competence are essential elements of the effective attorney's skill set, and this is especially so for the lawyer who aims to practice law therapeutically. The therapeutically-inclined ("TJ") attorney requires well-developed intra- and interpersonal skills that include an understanding of basic psychological principles and psychodynamic and psychosocial processes, as they inevitably influence and inform all human relationships; the lawyer-client relationship being no exception. Supervision is an essential element in the education and training of clinical social workers, psychologists, and psychiatrists. Among their other functions, supervisors explore the interpersonal dynamics that arise in the clinical relationship between the supervisee and the client. They also help the supervisee understand how their own emotional and psychological make-up, along with other aspects of their personal and cultural lens[es], may affect those dynamics. The reasons such knowledge and training are essential for those engaged in counseling and therapy in the traditional helping professions apply with equal force to lawyers as counselors of their clients. This session will explore the need for integrating such supervision into clinical programs and other experiential education in law school in order for student- lawyers and the legal professionals they will become to better serve clients now and in the future.

Cultivating Social and Emotional Competencies for Effective Lawyering

Susan Brooks, *Drexel University* (sb589@drexel.edu)

Emotional, social, and cultural competence are essential elements of the effective attorney's skill set, and this is especially so for the lawyer who aims to practice law therapeutically. The therapeutically-inclined ("TJ") attorney requires well-developed intra- and interpersonal skills that include an understanding of basic psychological principles and psychodynamic and psychosocial processes, as they inevitably influence and inform all human relationships; the lawyer-client relationship being no exception. Supervision is an essential element in the education and training of clinical social workers, psychologists, and psychiatrists. Among their other functions, supervisors explore the interpersonal dynamics that arise in the clinical relationship between the supervisee and the client. They also help the supervisee understand how their own emotional and psychological make-up, along with other aspects of their personal and cultural lens[es], may affect those dynamics. The reasons such knowledge and training are essential for those engaged in counseling and therapy in the traditional helping professions apply with equal force to lawyers as counselors of their clients. This session will explore the need for integrating such supervision into clinical programs and other experiential education in law school in order for student- lawyers and the legal professionals they will become to better serve clients now and in the future.

Mindfulness and Law: A Path to Effective and Sustainable Legal Careers

Alisha E. Athanasiou, *Athanasiou Law Professional Corporation* (alisha@aealaw.ca)

Therapeutic jurisprudence encourages us to look for promising developments and to think creatively about how these developments might be incorporated into professional careers in law. Evidence-based research on mindfulness meditations demonstrate that mindfulness provides a variety of benefits, fostered through techniques designed to cultivate attention, increase resilience, and improve self-regulation. Such benefits and skills are needed now more than ever to address the growing mental health issues in legal practice. We know that lawyers have a higher than average rate of job-related stress, substance abuse, and divorce. Compounding this situation are the emotional issues that clients also bring to the table, which often hinder and delay resolution. What if lawyers had the emotional intelligence to identify such issues and the ability to work with them? The presentation proposes that mindfulness teachings can improve the mental health and well-being of lawyers through the cultivation of emotional competency. If lawyers can learn tools to manage stress, and to approach their careers in thoughtful and directed ways, they can be more effective professionally and happier personally, thus improving their lives as well as the lives of those they serve. The session will also consider the evidence-based protocols that were found to be the most and least effective with a collaborative of legal professionals in Toronto, Ontario.

209.   Extending a Helping Hand to Patient Care Sectors

National Clinics Collaborative: Establishing Statewide, Regional and National Collaboratives

Nidhi Patel, *University of Miami* (nidhipatel@med.miami.edu)

With more than 26.1 million people (8.0%) without healthcare in the United States in 2019, there is need to expand access to high-quality, affordable medical care. Student-run free clinics (SRFCs) provide access to care to underserved and uninsured populations often 200% below the federal poverty line. An organization that facilitates longitudinal communication between all SRFCs in the U.S has not previously existed. The National Clinics Collaborative (NCC) was formed in 2020 by setting up 50 state collaboratives, 8 regional collaboratives and 1 national online forum where students can exchange questions and ideas. Local clinics collaborate in the state collaborative and states collaborate in the regional collaborative to bidirectionally bring new initiatives to other states as well as share ideas to improve clinics in their own state. Since its inception, NCC has partnered with organizations to deliver free masks to SRFCs during COVID-19, hosted webinars on providing inclusive care for patients with disabilities, advocated for more equitable distribution of the COVID-19 vaccine, and facilitated discussion on daily operations at SRFCs. With increased exchange of ideas, the NCC will help create a more integrated health system that will improve care for disadvantaged patients.

Creating a Model for Medical School Based Patient Navigation for Individuals Recently Released from Florida Prisons

Timothy Fleming, *University of Miami* (stf24@med.miami.edu)

Returning to the community after incarceration is a process with many challenges – accessing transportation, obtaining employment, acquiring housing. Many formerly incarcerated individuals are also hindered by chronic health conditions. Release from incarceration is often done without referrals for primary care, leading to increased emergency department use and death compared to the general population. We partnered with Ladies Empowerment and Action Program (LEAP) which supports returning women from the Homestead Correctional Institution, to provide patient navigation for one year. Each woman was paired with a medical student patient navigator (PN). PN training included education about barriers to care, obtaining health insurance, and motivational interviewing. During the first meeting, the PN helps the participant set WOOP (Wish, Outcome, Obstacle, Plan) goals and assesses the participant's health literacy. Biweekly follow-ups track goal progress and troubleshoot healthcare challenges. PNs also provide outside community resources and social support. Primary program outcomes include obtaining health insurance, attending one healthcare appointment, and obtaining medication. Secondary outcomes include measuring well-being, health literacy, and comfort using the healthcare system. We also hypothesize that our program improves medical students' ability to navigate the healthcare system and provide social support to future patients.

The Pros and Cons of Private and Public Healthcare: Perspectives from an American Fulbright Scholar Living in the U.K.

Austin Wyant, *University of Miami* (waw8@med.miami.edu)

In 1948, shortly after World War II, the United Kingdom (U.K.) created the National Health Service (NHS), a single-payer healthcare system with branches in England, Scotland, Wales, and Northern Ireland. Paid for mainly through general taxation, this and other programs partly explain the difference in taxation rates between the United States (U.S.) and the U.K. From 2020-2021, the highest tax rate in these countries were 37% and 45% (46% in Scotland), respectively. This difference helps ensure that in the U.K., with a few exceptions, there are no costs (e.g., copayment) associated with seeing a general practitioner or filling a prescription. In the U.S., a visit with a primary care physician comes with an average copayment of $25 (or £19), plus potential deductible and prescription costs. With Medicare, Medicaid, and the Veterans Health Administration, the U.S. also has public health care options, but the number of people using private health insurance is significantly higher. In 2019, 68.0% of Americans had private health insurance, compared to 10.5% of people in the U.K. in 2015. This presentation will cover some of the pros and cons of the two systems, and where we go from here.

Utilizing Precision Medicine to Preventatively Address Mental Health and Improve Healthcare Quality in the Military

Lauren Truax, *University of Miami* (lauren.truax@med.miami.edu)

Of all the United States military's adversaries, mental illness continues to pose perhaps the greatest threat. Identifying servicemembers at risk or in need of mental health intervention is crucial to delivering quality care. Utilizing precision medicine would improve mental healthcare in the military. Precision medicine is considering one's genetic makeup and the environmental impact on that makeup to approach their healthcare needs. Applications of precision medicine include identifying those at greater risk of developing certain conditions, such as mental illness after a deployment, and the potential implications. The aim of this presentation is to analyze identified genetic and epigenetic markers correlated with mental illnesses and other conditions that negatively affect military readiness. Identifying service members at risk equips providers to address their needs proactively as well as give insight into their pre-, during, and post-deployment care. Providers' access to patient precision medicine diagnostics creates continuity as well for the patient who may need care from multiple military clinics. This is a two-fold benefit: proactive care leads to healthier servicemembers and a more robust force, and precision medicine creates a more cohesive delivery of care across providers.

Evaluating Reproductive Health Decision Making and Outcomes Among Women Incarcerated in the Los Angeles County Jail System During Pregnancy

Sigita Cahoon, *University of Southern California* (sigita.cahoon@med.usc.edu)

There are 231,000 incarcerated women in the United States, and Los Angeles California hosts one of the largest jail populations in the country. Over half are incarcerated for minor offenses or inability to post bail while awaiting trial. Nationally, 62% of incarcerated women have children under 18, and up to 4% are pregnant. Little is known about the impact of incarceration on reproductive health decision making among the vulnerable subset of incarcerated pregnant women, specifically regarding what health and social issues are important to incarcerated women, and whether they perceive an impact from incarceration on reproductive decision-making during pregnancy. A prospective qualitative study involving in-depth, semi-structured cognitive interviews of pregnant and post-partum women who receive care at an urban safety-net hospital during their incarceration would allow for greater understanding of their reproductive health needs and the related impacts of incarceration. Themes identified would be used to develop novel strategies for supporting incarcerated pregnant women and parents in attaining improved social and reproductive health outcomes. Results would also be applied to help inform policy proposals for alternatives to incarceration for this vulnerable population and their children.

210.   Innovative TJ Applications in Theory and Practice I

An exploration of the relational dynamics of lawyering

Marc Mason, University of Westminster (m.mason@westminster.ac.uk)

This pilot project looks at the relationship between lawyer and client using a psychotherapy framework. There is currently an increase in interest in wellbeing in the legal professions in England and Wales, but little attention has been paid to the impact of the relationship between barrister and client on the lawyer, the client and the legal service provided. Psychotherapists on the other hand are not only aware of, but actively use, the relationship in their work with clients. This research begins to look at the lawyer's experience of relating to their clients. Consisting of interviews with mid-career barristers practicing in the emotionally involved area of family law it hopes to gain an understanding which can be further explored using observational methods. It is a preliminary exploration of the relational field with a particular focus on transferential and counter-transferential processes at play.

Education in Prison and Therapeutic Jurisprudence

Daniel Pulcherio Fensterseifer, Universidade Regional Integrada – URI
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This paper discusses the prison sentence and prison education from the Therapeutic Jurisprudence perspective. It is based on the understanding that the prison sentence is not justified in the theories that support it and does not fulfill its proposed purposes. Instead of providing a positive reform in the inmate, the prison sentence ends up reinforcing them negative aspects. Furthermore, in addition to the restriction of freedom, the prison sentence ends up providing a series of rights restrictions not provided for by law, which is configured in an absolutely anti-therapeutic effect of the prison. In some situations prison instead of preventing crime, can foster it. In view of this, it is seen in prison education, not the realization of the purpose of re-educating, but something foreign to it that can bring therapeutic effects to the inmate, as it sees the possibility of participating in an educational process, which in this work it is understood as emancipatory, generating positive perspectives for the inmate's future, including in the psycho-emotional sphere. The prisoner can learn to deal differently with the situations that occur inside the prison, favoring less harsh/healthier relationships with other prisoners and with the prison officer and can take this condition to their life in freedom.

Kafka's Psychology of Sin, Guilt, Shame and Redemption: Implications for Therapeutic Jurisprudence

Archie Zariski, *Athabasca University* (archiez@athabascau.ca)

Kafka, like all great writers, had a conception of human psychology which is reflected in his writing. In Kafka's case his psychological insight was framed by Judaism and influenced by phenomenological and Freudian thought. For Kafka, the psyche revolved around a core defect which was also a wound – the "original sin" of blaming the world for the personal angst of human existence. Many of Kafka's characters, most notably Josef K of The Trial, struggle to comprehend and overcome this fatal flaw of personality. For Kafka himself redemption could only come

through writing. Such a view of the fundamental attribution error as a constitutive element of the emergence of consciousness and personality leads to the concept of a "fundamental personality disorder" manifested in most interpersonal conflicts and aggressions. Therapeutically motivated interventions by legal systems should incorporate this insight.

Interpretive Phenomenology: A Qualitative Methodological Approach for Presenting Sensitive Interview Data

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This article discusses the method used to present data from a first person, survivor-centric perspective using survivor speech, as this type of data is lacking in academic literature. My study looks at the sensitive subject of sexual assault, disclosure and navigating through the judicial process, as well as the challenges I found inherent within the current political and social time of conducting research during the COVID-19 pandemic. The methodology chosen to conduct and present data is interpretive phenomenology and relies on the interviews of three participants who experienced these same social phenomena. From the awareness that the data points come from real humans, I address the ethics involved in my choice to pursue this type of methodological approach, including bias, rigour, and trustworthiness. I will present the research design, how participatory action research is necessary with this area of study, and how knowledge mobilization is utilized to bridge the gap between the holders of knowledge and those who seek it.

211.   Innovative TJ Applications in Theory and Practice II

Race & Housing: Examining the U.S. Low Income Rent Trap through the Lens of TJ

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Poverty locks the poor in a rent trap, relegating them to the status of perpetual renter. This trap keeps poor people poor because they are deprived of the homeownership means to accrue equity, and consequently the opportunity to build generational wealth. The cycle repeats, generation after generation. The rent trap is exacerbated for poor Black persons because historical discrimination, both governmental and private, together with current private racial discrimination, and design and application flaws in current housing policy, notably Section 8, effectually trap them in inadequate housing in poverty stricken, crime infested neighborhoods with failing schools, with no way out. This talk examines the effects of the rent trap through the lens of therapeutic jurisprudence, and suggests means to create a way out.

Proposing a New Model to Conduct a Forensic Evaluation of Undue Influence

Steven Alan Hassan, *The Program in Psychiatry and the Law* (center@freedomofmind.com)

The DSM–5 identifies this group of patients under a special category: Other Specified Dissociative Disorder 300.15 (F44.9). "Identity disturbance due to prolonged and intense coercive persuasion: Individuals who have been subjected to intense coercive persuasion (e.g., brainwashing, thought reform, indoctrination while captive, torture, long-term political imprisonment, recruitment by sects/cults or by terror organizations) may present with prolonged changes in, or conscious questioning of, their identity." However, there is no established, formal process to perform a forensic evaluation on the process of predatory influence. The 500-year-old concept of Undue Influence has been narrowly defined around a subject's competency to designate who will inherit wealth and property. The "rational agent" model that dominates the world legal perspective on human behaviour is sadly outdated by scientific research. For example, brain maturity is now believed to be 25 years of age and not 18 or even 21. The Social Influence Model developed by Alan Scheflin will be presented as well as the Influence Continuum and BITE model. Specific suggestions for developing a twenty-first century forensic evaluation for undue influence will be presented. Multiple real-life examples will be analyzed which include destructive cults, sex trafficking, and testamentary capacity.

212. International TJ Centers: Global Perspectives on Initiatives, Challenges and Visions

The Non-Adversarial and Therapeutic Justice Center, Israel

Karni Perlman, *College of Management Academic Studies* (Kperlman@colman.ac.il)

The Non-Adversarial and Therapeutic Justice Center (NATJC) was founded in 2015, at the Striks Law School of the College of Management Academic Studies, listed among the top five law schools in Israel. As part of the NATJC's vision, we established in the recent years various initiatives related to TJ including, inter alia, hosting the first Israeli "Therapeutic Jurisprudence Week"; launching the Israeli Chapter of the International Society for Therapeutic Jurisprudence; guiding, directing and encouraging academic research related to TJ; holding a research seminar for students covering numerous topics related to TJ; holding a conference about TJ and Military Service; participating in different conferences as well as promoting practice in areas like TJ and Mediation for instance "Mediation, TJ and people with disabilities"; delivering lectures to Judges on Therapeutic Judging; and recording the first podcast in Israel on TJ. We are making consistent efforts for finding innovative and creative ways to overcome challenges to promote new initiatives

related to TJ academic research and disseminating knowledge on TJ. Our vision for the coming future includes collaborating with TJ centers across the world while strengthening the use of Therapeutic methods in the Israeli legal system

TJ in the UK and beyond

Anna Kawałek, *Leeds Beckett University* (a.kawalek@leedsbeckett.ac.uk)

The UK lagged behind in terms of levels of professional, academic and public awareness of its insights, an observation made respectively by both Dr. Emma Jones and Dr. Anna Kawalek prior to the International Congress for Law and Mental Health, hosted by Charles University, in Prague 2017. Jones and Kawalek met for the first time at the Prague Congress and shared their frustration at the UK's lack of consistent progress in the area whilst also acknowledging its potential. Shortly after, the two UK-based academics set up the TJ in the UK Chapter, as cofounders and cochairs together with a small group of dedicated academics. What followed were the first and second TJ in the UK meetings, hosted respectively in Milton Keynes (UK) and online (due to the pandemic) to gauge interest, foster collaboration, and encourage discussions about next steps. Membership of the Chapter increased in rapidly, and now includes a range of individuals from various fields and backgrounds. In this presentation, we will discuss the initiatives of the Chapter including where we intend to take it in the future (both the medium term and long term goals), as well a what we have achieved to date as well as challenges.

Introduction to the Research Center for Therapeutic Jurisprudence, Seijo University

Makoto Ibusuki, *Seijo University* (rstj@seijo.ac.jp)

We launched this center in 2017. The center has two scholars, one PD fellow (full time) and fifteen visiting scholars. Center has developed several projects: education for public and media, training for lawyers, research in the various issues of addiction and rehabilitation, publication of book and journal, translation of the important overseas articles, lobbying, and developing the network with other institutes. Since 2018, we have been publishing online journal, "Therapeutic Jurisprudence Journal", in Japanese each year. Center also emphasizes student volunteer and study. We call them "student supporter" They designed TJ center T-shirt, had book and cinema talk, interviewed with a former Supreme Court judge and supported our event. In this pandemic situation, we are developing online outreach through YouTube channel because we cannot have public event. At this moment, young members of the visiting scholar work to produce short video programs.I am representative of the Japan Chapter of the International Society for Therapeutic Jurisprudence. It includes around forty members from academics of law, criminology, psychology, sociology, social welfare and mental health, attorneys, judges, prosecutor and other professions.

213. Mental Health and Corrections

Mental Health Training for Correctional Officers: A Systematic Review

Shaheen Alicia Darani, *University of Toronto* (shaheen.darani@camh.ca)

People with mental illness are overrepresented in correctional facilities. Correctional officers often lack training to respond to inmates with mental illness. Training could improve officer knowledge, skills, and attitudes toward inmates with mental illness. We conducted a systematic review of mental health training for correctional officers to identify key factors related to success. Medical and criminal justice databases were searched for articles describing mental health training programs for correctional officers. Studies that included a measurable outcome on correctional officer knowledge or inmate mental health were included in a final analysis. The review adhered to PRISMA guidelines. Of 1492 articles identified, 11 were included in the analysis. 6 described mental health education programs, 2 described skill-specific programs, and 3 described suicide prevention programs. Programs reviewed mental illness, practical skills, and included didactic and experiential teaching modalities. Improvements were shown in knowledge, skills, and attitudes with prior mental health attitudes, knowledge, and work experience not correlating with improvements. Officers were more receptive to facilitators with correctional or lived mental health experience. Experiential teaching was preferred to didactic teaching. Regression occurred several months after training which suggests a need for ongoing education and systems change within correctional institutions to ensure sustainability of improvements.

Addressing the Mental Health Needs of Inmates through Education for Corrections Officers

Shaheen Alicia Darani, *University of Toronto* (shaheen.darani@camh.ca)

In Canada, there has been an increase in rate of incarceration of individuals with mental disorder. Front-line officers play a central role in dealing with mental health struggles of inmates. Nonetheless, the training that officers receive is considered inadequate. A needs assessment was undertaken and a course was delivered to officers at the TSDC and Vanier Centre for Women (VCW). Curriculum included mental health awareness; risk assessment; communicating with inmates; self-care. Simulations provided the opportunity for participants to identify mental illness, assess risk, and de-escalate situations. Participants' ability to assist individuals was established using pre- and post-measures. Satisfaction surveys, three-month follow-up and focus groups at nine months showed impact of training. Results were promising, 92% of participants at TSDC and 88% at VCW expressed satisfaction and 62% at TSDC and 68% at VCW intended to change practices. Analyses of change in knowledge and confidence scores showed statistically significant improvement in all measures. Three-month follow-up at TSDC showed 75% have applied training to a "moderate or great extent". Focus groups showed improved ability to identify inmate struggles. Training informed by needs and provides skills practice can help officers better meet the mental health needs of inmates. Implications of these findings will be discussed in this presentation.

Measurement of Symptom Severity in Custodial Settings: The Development and Clinical Utility of the Clinical Global Impression – Corrections (CGI-C)

Graham Glancy, *University of Toronto* (graham.glancy@utoronto.ca)

The CGI-C (Jones et al., 2019) is a clinician rating instrument designed to quickly assess the overall symptom severity of mental disorder in correctional settings, adapted from the widely-used CGI (Guy, 1976). The CGI-C is a tool that can be used by members of a multidisciplinary team, demonstrating high inter-rater and test-retest reliability. The CGI-C has also been found to be a valid tool for the assessment of severity of symptoms demonstrating good concordance with the Brief Psychiatric Rating Scale-Expanded (BPRS-E) (Jones et al., 2020). Concurrent validity was established by examining correlations between the two scales in a sample of male and female inmates at two remand facilities. Inmates received triage assessments, including the BPRS-E and CGI-C, as part of standardised assessment following referral from correctional staff. Results found that the CGI-C scores and BPRS-E scores among persons in remand settings were significantly correlated for both men and women across diagnoses. Additional analyses will be described, exploring symptom severity changes over time using the CGI-C. These include group-based trajectory analysis to detect underlying groups with distinct trajectories, probability and predictors of group membership as well as trajectories of individuals incarcerated in the longer term.

Overview of the Forensic Early Intervention Service (FEIS) and the STAIR Model

Shaheen Alicia Darani, *University of Toronto* (shaheen.darani@camh.ca)

The Forensic Early intervention Service (FEIS) was created in response to the growing pressures faced by the correctional and forensic mental health systems to provide timely access to acute mental health services for individuals on remand. FEIS consists of a multi-disciplinary team that offers ongoing assessment and support to clients at risk of being unfit to stand trial or who pursue a not criminally responsible defense. FEIS is built on the STAIR model of service delivery in jails/prisons. STAIR stands for: Screening, Triage, Assessment, Intervention, and Re-integration. STAIR describes and integrates essential components of a jail/prison mental health service, linking function to epidemiologically-derived detection and intervention targets. The STAIR model outlines the key service elements required for the delivery of mental health services in correctional settings, and provides healthcare administrators and service providers a benchmark against which to measure. This presentation provides an integrative look into the history of FEIS, the STAIR model, and novel research findings about the development and application of measurement tools for mental health clients in correctional settings.

Development of a High Needs Service Pathway between Corrections and Hospital

Kiran Patel, *University of Toronto* (kiran.patel@camh.ca)

The Forensic Early Intervention Service (FEIS) in collaboration with the Centre for Addiction and Mental Health (CAMH) and the Toronto South Detention Centre (TSDC) developed an innovative pathway to support the most mentally unwell within a Correctional environment; the High Needs Service (HNS) bed helps clients who are in need of urgent assessment, treatment, and stabilization. FEIS offers ongoing assessment and support to clients at risk of being unfit to stand trial or who pursue a not criminally responsible defense. Remand clients who are referred into the FEIS program and meet specific HNS selection criteria are then flagged, identified, and queued for the HNS bed. Acute clients are designated as the next candidate once the current client is discharged from the HNS bed. This presentation provides insight into the HNS bed development, referral pathway, assessment and discharge processes. Since the HNS bed opening in March 2018, pre and post data will be shared reflecting the clients' clinical presentation, and an individual case study will be presented highlighting the positive trajectory of a HNS client.

214.   Mental and Psychological Health Perspectives

A New Approach to Developing State Mental Health Law & Policy

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

The Texas Supreme Court and Texas Court of Criminal Appeals jointly created the Texas Judicial Commission on Mental Health in 2018. Its mission is broad but includes such matters as endeavoring to "identify and assess current and future needs for the courts to be more effective in achieving positive outcomes for Texans with mental illness," and to "promote appropriate judicial training regarding mental health needs, systems, and services." The Commission is well-positioned to improve gaps in the state's judicial system and can be a model for other jurisdictions. One of the early and laudable efforts by the Commission was the development and release of multiple editions of the Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book to provide guidance to judges, prosecutors, and defense attorneys on mental health law issues. The Commission has also developed policy improvements by drafting legislative proposals and rulemaking for adoption in the state. Professor Shannon is one of the inaugural Commissioners and chaired a legislative subcommittee. This presentation will describe the Commission's formation, mission, early successes, and future opportunities.

Suicide risk stratification is not accurate enough to determine psychiatric hospitalisation

Gregory Carter, *University of Newcastle* (gregory.carter@newcastle.edu.au)

Hospital-treated suicide attempt is common and costly. This clinical population is at high risk for repetition of non-fatal suicide attempt and for subsequent suicide. Various methods have been used to produce suicide risk stratification tools to classify patients as high risk v low risk for future suicide. These methods include physician judgement, biological and psychological predictive tests and machine learning algorithms. Risk assessment leading to a high v low classification is commonly used in clinical practice to determine access to after-care therapy or admission to a psychiatric hospital. All of these methods have been shown to produce statistically significant models with various measures of accuracy including. However, these fail to account for the impact of false positives and false negatives on clinical decision making and may be unethical in their implementation. The key statistical accuracy metrics of clinical relevance for the allocation of interventions (especially psychiatric hospitalisation) are sensitivity, positive predictive values and likelihood ratios. This presentation will demonstrate the recent systematic reviews for accuracy of various risk stratification methods and the inverse relationship of impact on allocation of key after care interventions, i.e. reduced access to effective community interventions and inappropriately high rates of involuntary psychiatric hospitalisations.

Psychological Meaning of Therapeutic Justice and Restorative Justice in Colombian Students

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In Colombia, a minor between the ages of 14 and 18 who commits a punishable act is prosecuted by the System of Criminal Responsibility for Adolescents (hereinafter SRPA), which in its model of care explicitly includes elements of restorative justice (JR) and implicitly includes elements of therapeutic justice (JT). Understanding how the different actors of the SRPA construct and understand the elements of TJ and RJ in the care model will allow to evaluate the effectiveness of the model and adjust the elements to increase its relevance and effectiveness. The main objective of this study was to identify the psychological meaning of Therapeutic Justice (TJ) and Restorative Justice (RJ) in a sample of Colombian students, as well as to determine the similarities and differences regarding age, gender and role in the Juvenile Justice System. The Modified Natural Semantic Networks technique was used and it established that individuals are able to distinguish both concepts on the basis of the affective and behavioral responses typically associated to each one of them, nonetheless, the two concepts overlap in their psychological meaning, and they are often confused by the adolescents and adults involved in the system

Crushed by the Belgian system: Lived Experiences of Forensic Care Trajectories by Persons Labeled as not Criminally Responsible

Marjolein De Pau, *Ghent University* (marjolein.depau@ugent.be)

Care trajectories of Persons labeled not criminally responsible (PNCR) are often characterized by multiple transitions from one (forensic) mental health service to another and long periods of

admission. So far, little research has been conducted on forensic care trajectories, in particular on how PNCR perceive their trajectory. Data were obtained via semi-structured interviews (N=23) with PNCR in various (forensic) mental health services in Belgium. A maximum variation sampling strategy was applied to recruit a heterogeneous group of PNCR and inductive thematic analysis adopted to analyse the data. PNCR's experiences about care trajectories in Belgium are marked by an absent voice and passive position in the decision-making process in addition to a lack of support during transitions. Barriers for admission in (forensic) mental health services and the indeterminate duration of trajectories contribute to overall negative lived experiences. Although some findings are interchangeable with general mental health care, PNCR's care trajectories are marked by their undetermined nature, barriers for accessing care and power dynamics in compulsory forensic care. The balance between a criminal justice and mental health approach in forensic mental health care is questioned.

The Criminal Justice System, Neurodiversity, and Therapeutic Jurisprudence

Etain Quigley, *Maynooth University* (etain.quigley@mu.ie)

The term neurodiversity has exploded onto the scene and has, in a short space of time, become ubiquitous across both academia and lay discourse. However, the defining characteristics that make up the term neurodiversity are not so new. Neurodiversity is an umbrella term that represents neurological presentations that diverge from the typical. Differences such as attention deficit hyperactivity disorder, autism, and developmental language disorder all fall within neurodiversity. Neurodiversity traits are often hidden and this can result in persons being misunderstood by those they interact with, sometimes leading to negative labelling and discrimination. This is particularly problematic within the criminal justice system as it has the potential to doubly disadvantage an already disadvantaged group. Therapeutic jurisprudence has a strong holding in the area of mental health. However, neurodiversity is not a mental disorder, albeit that there is often comorbidity, and yet it has the potential to lead to similar discriminatory experiences by those with neurodiversity traits who are involved with the criminal justice system. This paper will use evidence from the therapeutic jurisprudence and mental health space to explore the potential role of therapeutic jurisprudence in the neurodiversity space.

215.   The Impact of Policy Responses to COVID-19 on the Health and Well-Being of Vulnerable Groups

COVID 19 and Disability-Based Discrimination in Health Care

Elizabeth Pendo, *Saint Louis University* (elizabeth.pendo@slu.edu)

Governmental and private responses to the COVID-19 pandemic in the U.S. raise serious legal and ethical issues related to the health, well-being and equality of people with disabilities. In particular, because the COVID-19 pandemic places tremendous strain on our health care system, states, health care facilities, and professional organizations are updating or developing triage protocols to determine how to allocate critical health care resources, especially ventilators, when there is not enough capacity to treat all patients. Disability advocates and organizations have raised serious concerns about the impact of triage policies that exclude, disadvantage, or otherwise discriminate on the basis of disability. This presentation will explore the impact of problematic triage provisions and practices on the health and wellbeing of people with disabilities, the application of three federal laws that prohibit disability-based discrimination in health care, and efforts by disability advocacy organizations to address discrimination based on disability associated with COVID-19.

Reproductive Justice in the Covid-19 Pandemic

Seema Mohapatra*, Indiana University* (mohap@iu.edu)

The Covid-19 pandemic is raising a whole host of reproductive justice issues which will be explored in this presentation. Law and policy related to the controlling the spread of the coronavirus are having unintended reproductive justice consequences. Reproductive justice includes in its framework the need for support for people who decide not to become or remain pregnant, for those who wish to have a healthy pregnancy and birth, and to raise the children one has. This presentation will consider whether abortion care is an essential service due to the time-limited nature of when the procedure can be done and how tele-health expansion may help access to abortion care. This presentation will also consider how limitations in birth partners for pregnant women due to concerns about Covid19 spread and use of PPE affect birth and maternity outcomes, especially amongst Black women. Finally, this presentation will consider how families are being supported in a time of financial stress and what families are being left out. Many people of color cannot shelter in place or work from home. In times where childcare is limited and schools are closed, this presentation will consider the support people need to support and raise their families.

COVID-19 and Structural Discrimination

Ruqaiijah Yearby, *Saint Louis University* (ruqaiijah.yearby@slu.edu)

Before COVID-19, racial minorities, especially minority women, disproportionately suffered from poor health outcomes because of structural discrimination. Structural discrimination refers to the ways in which laws and policies are used to limit equal access to resources such as safe housing, which has been connected to asthma, heart disease, and respiratory disease, risks factors for COIVD-19. Due to this discrimination in the United States, racial minorities disproportionately contracted and died from COVID-19 compared to whites. These problems were made worse by decisions to ration care, to treat the disease by teaching racial minorities 'how to act better,' and the failure to provide paid sick leave and protective care for essential workers that were primarily racial minorities and women. This presentation will explore the ways that structural discrimination

and COVID-19 interacted to harm racial minorities, the ethical gaps in the U.S. COVID-19 treatment response, and provide potential solutions.

COVID 19 and Social Determinants of Health

Brietta Clark, *Loyola Marymount University* (brietta.clark@lls.edu)

The last decade has brought unprecedented attention to social determinants of health by U.S. health system actors. This has resulted in an explosion of social service interventions by payers and providers, justified as health promoting and cost saving. These interventions are touted as addressing social determinants of health, but more often target individual "unhealthy" behavior for change, without attention to other determinants that have outsize impact on health and require structural reform. While some have called attention to this disconnect, the COVID-19 pandemic spotlights it. COVID-19 has severely disrupted employment, education, social networks, access to essential items such as food and shelter, and health system capacity - disproportionately impacting racial and ethnic minorities, the poor, those with disabilities, and other vulnerable groups. This pandemic underscores the importance of attending to social and structural determinants of health, for the sake of promoting population health as well as individual health. This paper considers what lessons we can learn from the COVID-19 pandemic and the various government responses to it, and how these lessons can help ensure that future health system interventions will include structural reform and are truly therapeutic for vulnerable populations.

216.   TJ, Healthcare, Policies, Special Populations

Measuring the Patient Experience: Does the Best Medical Care Always Make the Happiest Patients?

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There is a global movement to measure "patient experience" to gauge the delivery of quality medical care. One of the principle metrics used by many countries to measure the patient experience is the patient satisfaction survey. In the United States, the assumption is that patient experience survey feedback is a fair measure of the quality of medical care received during the patient stay. This study is designed to test that assumption. The paper presents original data collected from a survey of healthcare leaders and industry policy makers in the U.S. exploring the policy perception of a direct correlation between patient satisfaction responses to the standardized Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and the delivery of quality medical care to patients. The paper further compares published healthcare data from hospital medical procedure outcomes to the patient HCAHPS responses from the same hospitals to test the correlation assumption. The paper concludes that the delivery of the highest quality of medical care does not always result in the happiest or most satisfied patients and

therefore, the policy reason for using patient satisfaction surveys as a measure of quality medical care is not evidence based.

Safeguarding Policies in Paralympic Sport: A Qualitative Analysis Grounded in Realist Theory

Daniel Briggi, *Yale University* (danny.briggi@yale.edu)

Increased media attention on, and global awareness of, intentional violence (abuse) in the workplace and sport have necessitated intense scrutiny of organizational policies that safeguard employees and athletes. Against this backdrop, the International Paralympic Committee (IPC) in 2016 revised its policy through coordinated efforts of its Medical Committee and Governing Board, including more comprehensive acknowledgement of all modes, contexts, and mechanisms of intentional violence in Para sport beyond sexual harassment alone. Consistent with similar efforts in other international sporting organizations (e.g., International Olympic Committee), the IPC also implemented a Safeguarding Office and appointed a inaugural games-time Safeguarding Officer to serve at the 2016 Rio Paralympic Games. Many but not all sport federations within the Paralympic Movement have followed suit, and today, many safeguarding policies pertaining to the prevention, identification, reporting and redress of intentional violence exist within the Paralympic Movement. It is yet unclear how effective safeguarding policies in Para sport are. Grounded in realist theory, we examine content, impact and associated gaps within published safeguarding policies in 17 federations governing 28 Para sports. We present suggestions for making athlete-centered improvements to better safeguard this cohort of athletes - the most vulnerable - from the negative consequences of intentional violence.

Universal Healthcare in the United States, A Therapeutic Jurisprudential Perspective

Andrew DiZenzo, *University of Miami* (adizenz1@med.miami.edu)

The United States is one of the only industrialized nations without a form of universal healthcare while at the same time maintaining the highest per capita costs of healthcare in the world. Regardless of the United States aging population, crisis of opioid abuse, and rise of preventable disease (namely diabetes, mental illness, etc.), both the state and federal government have made few steps in the last several decades to address the systematic causes of these issues. U.S. law, whether on the federal or state level, has explicit language that guarantees rights such as freedom of speech, press, and assembly, an adequate education, and exercise of religion. However, no such language exists for the assurance of health care coverage. This has led to vast disparities in healthcare across the country, with over 27 million citizens lacking healthcare coverage as of 2018. Furthermore, this vacancy represents not only a failure of governing bodies to protect the long-term health of the populace, but also of the population at large to advocate for such a system, one which would inevitably serve their best interest. Here we examine the extent to which Therapeutic Jurisprudence (TJ) may be applied to the present healthcare system in the United States. More

specifically, we examine the role that applying TJ can have on the physical, socio-economic, and psychological health of the society at large from the perspective of integrating research in public health and preventative medicine.

Great White Shark Swims Nearby! Communication in Trouble: Patients With Personality Disorders in Your Practice

Shakaib Rehman, *University of Arizona* (shakaib.rehman@va.gov)

In many healthcare settings, patients with Personality Disorders (PD) cause frustration & dissatisfaction for clinicians because of frequent consultations for physical symptoms without a clear diagnosis and many instances of self-harm, harm to others or challenging doctor-patient relationships. PD often complicate the diagnosis/management/outcome of co-occurring medical and psychiatric conditions such as anxiety/depression/substance abuse etc. Communications skills used in general population may not work on patients with PD and may even cause more problems for clinician. Additionally, PD patients are often mishandled in medical practice worldwide, because of a lack of knowledge and a generally "negative" attitude among clinicians. Additionally, encounters with patients with PD may be longer and unproductive. This is understandable, as PDs patients often have difficult-to-manage behavior such as excessive dependence on others, repeated complaints, problems in sustaining relationships and difficulties in many aspects of social functioning. There are no laws or regulations protecting these patients to get standard of care. This session will discuss how to empathically identify and manage patients with PD with emphasis on specific communication techniques and skills required to effectively deal with such patient population so we can do therapeutic justice in providing patients with PD the excellent care they need and deserve.

Sex and the Super Bowl LIV, Review of Trafficking Lessons Learned in Miami 2020

Monica Broome, *University of Miami* (mbroome@med.miami.edu)

Human trafficking is a global tragedy which unfortunately is widespread and increasing. There are several forms of human trafficking. This presentation will focus on sex trafficking at a specific sporting event. The harms of sex trafficking are well documented. It's important to remember that the harm sex trafficking causes is actually triple harm. Harm to the victim now, harm extending into the victim's future, and harm to society. Research shows increased prevalence in large group events such as conferences, concerts, and sporting events. In order for a community to prepare and respond during large group events successfully, many agencies must work together to facilitate TJ with a comprehensive plan and clear lines of communication. This presentation will review the experiences of Super Bowl LIV hosted in Miami 2020 including: 1. Reviewing the collaborations of multiple agencies 2. What actions were taken to prepare and train professionals to decrease incidence 3. Outcomes and follow up 4. Lessons learned and potential pitfalls for future Super Bowls.

217.   TJ in Court I

Reforming the Justice System Inside and Outside: Integrating the Physical and Intangible Environments with Compassion

Jamey H Hueston, *Judge, The District Court of Maryland* (jhueston410@gmail.com)

External spaces, art, and architecture of a courthouse/complex provide the first indicators of its goals and values. The humanistic court integrates thoughtful pathways, gardens and outdoor spaces to convey transparency and openness. Its exterior footprint seamlessly blends with interior structures, courtrooms, hallways, offices and signage, as well as a myriad of other internal elements that enrich the environment. Court systems, processes, and services are easy to navigate, accessible and impart wellbeing and respect. This is a court that addresses each individual seeking justice, approaches every case, and regards every component comprising the court system, with a wide perspective and therapeutic attitude - through the Compassionate Court. When justice reform focuses on the welfare of its users…and staff, both inside and outside the courthouse, the result is a system that manifests a lower stress environment, is psychologically healthier, and heals not just resolves.

At the Heart of Sentencing: Exploring whether More Compassionate Sentencing Narratives Reduce Public Punitiveness

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Compassion has the capacity to change how we think and feel about offenders, enabling us to understand individual and systemic causes of criminality and consider whether, and in what circumstances, desistance is possible. This has clear implications for actors within the criminal justice system, such as sentencing judges. However, compassion may also have a larger role to play in reorienting criminal justice law reform from its increasingly punitive trajectory. This raises the question of whether, and in what ways, compassion can be cultivated within the broader public. Using an experimental design, our research examined whether the use of a more compassionate narrative about an offender in both written and audio-visual sentencing remarks stimulated a less punitive response from members of the Australian public. Our results support the conclusion that it is possible to alter the features of a written or orally delivered sentence so that it is recognisably more compassionate, and that compassion-enhanced sentencing remarks have the capacity to increase the public's willingness to recognise the suffering of offenders. Further, engagement with compassion-enhanced sentencing remarks altered criminal justice spending preferences, reducing

the proportion of the criminal justice budget that members of the public believed should be spent on imprisonment.

Testimony in Child Sexual Abuse Cases – A Review of Research on Disclosure

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Therapeutic Jurisprudence examines the impact of laws, legal procedures, and the roles of legal actors on those who participate in the legal system in order to enhance well-being and increase perception of fairness on the part of the participants. Children who have been maltreated often suffer in silence for lengthy periods of time, particularly children who have been sexually abused. When they finally disclose, they often encounter skepticism on the part of family members and the community, partially because there is almost never any definitive physical evidence nor witnesses to the abuse. Therefore, the children's disclosures are the primary piece of evidence in both criminal prosecution and juvenile proceedings. Sometimes those who prosecute these crime are the sole source of support for these children. I will describe general framework testimony that explains children's patterns of disclosure of sexual abuse. I will review the relevant research regarding their disclosures and explain how that research has been used to support victims' testimony in order to counter potential juror misperceptions about the disclosure process. This research and testimony promotes the willingness and ability of prosecutors and courts to promote just outcomes and to protect the well-being of victims by providing victims with the opportunity to tell their stories to those who are willing to take them seriously and to protect them.

Healing after Rape: The Effects of Victim Impacts Statements on the Mental Health of Adult Survivors in Rural South Africa

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In the aftermath of rape, South African victims are often faced with the realities of limited counselling services. A principal factor is the socio-economic realities of many victims, as they live in rural areas far from social and psychological services and are often too poor to afford any means of transportation to existing services. Another factor that could contribute to victims not receiving or seeking counselling may be the patriarchal society where a culture exists of not revealing details of sexual abuse (Boledi and Pillay 2014: 24-28) or engaging in therapeutic counselling (Ruane 2008:214-218). Notwithstanding, earlier research indicated that the mere exercise of reflecting on the consequences of the act of rape during the preparation of a victim impact statement (VIS) for sentencing purposes, may have beneficial results for victims, such as giving them more confidence to speak out in court and 'an opportunity to order their thoughts and make sense of the abuse' (ICWRT 2008:10; Cassel 2009:621). No further South African study, similar to the one conducted in ICWRT, was found, and also no research focussing on adult rape victims as such. This paper aims to fill that gap, and is thus concerned with, if, how and to what

extent, criminal justice procedures, specifically the VIS, can contribute to the adult rape victim's healing, emotional well-being and mental health in general.

Making Your Way Through the Weeds: Mental Health and Legal Considerations of Legalized Marijuana Use In Custody Determinations

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Janet Schrager, *Clinical Psychologist, Connecticut, USA* (jschragerphd@comcast.net)

This presentation aims to provide an analysis of the still-developing history of custody determinations by family courts for families with marijuana usage by one or both parents. Specifically, how do child custody determinations affect the best interests of children where one parent uses cannabis and the other does not? With more jurisdictions legalizing cannabis, this presentation will examine cannabis usage as an emerging factor in child custody determinations. For legal practitioners: in the United States, does legalization in certain states now reflect different priorities? Has the legalization of cannabis also altered the considerations as to what affects the best interests of a child in a custody determination? How have these shifting legal underpinnings changed our views regarding a parent's decision making or how we craft parenting plans? For mental health practitioners: how does more prevalent usage of marijuana by parents affect children? How does this usage impact parenting, generally? In what ways, if any, does parental marijuana usage affect child development? How can/does a parent's marijuana usage affect the way we craft parenting plans? Finally, the presentation will provide some tips and suggestions for best-practices to promote the best interests of children in custody cases with parental marijuana usage.

218.   TJ in Court II

Establishing Non-Legal Aid Units in Criminal Courts

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Out of therapeutic jurisprudential paradigm, we propose the establishment of in-court units of mental and social aid composed of mental health professionals and social service providers as part and parcel of the criminal process. These units of mental and social aid would deal holistically with a wide range of stakeholders' needs. They would offer voluntary treatment and rehabilitative services to defendants, to victims of crime and to other interested stakeholders. Our proposal, that assumes that providing mental and social support alongside the criminal process should also be employed in traditional criminal courts, avoids some of the pitfalls of employing therapeutic jurisprudence which stem from lawyers' lack of skills or motivation to provide non-legal services such as mental and social support to their clients. It also helps to avoid ethical

dilemmas that may arise if prosecutors act as therapeutic agents regarding defendants. Furthermore, we argue that the state should have a dominant role as a therapeutic agent in criminal proceedings towards defendants and victims of crime as the initiator of the criminal proceedings as the stakeholder with the largest interest to heal society, prevent crime and promote efficient proceedings to ease financial burden and violations of human rights.

Mental Health Court: Outcomes of a Pilot Federal Mental Health Court Evaluation

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Mentally ill persons are increasingly represented among the offender population with more mentally ill receiving treatment in correctional facilities than psychiatric hospitals in the United States; a problem that is not exclusive to the U.S. Although the use of mental health courts as an alternative problem solving court to respond to the needs of this burgeoning population has risen at the state level in the U.S., there are only three mental health courts operating at the Federal level - yet, almost half of the Federal inmate population has a psychological disorder with 14% diagnosed with a serious psychological disorder. This presentation will discuss findings from a Congressionally mandated evaluation of one of the three Federal mental health courts. This court is unique in its design serving both pretrial and post-incarceration clients, as well as both violent and non-violent offenders. Specifically, it will discuss findings of a multi-method examination of the processes and short-term outcomes of seriously mentally ill men and women in the program; the implications of which can have broad application for the design and implementation of mental health courts.

The Triple-Header Powerhouse of Procedural Fairness, Therapeutic Jurisprudence and Judicial Engagement: Court Compassion in Action

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The tripartite approaches of Procedural Fairness, Therapeutic Jurisprudence and Judicial Engagement form the central core of a compassionate court framework. Together, they dynamically illuminate how courts can improve the quality of communications with the parties before it, increase respect for the justice system, and provide therapeutic, long-term solutions. Therapeutic jurisprudence illustrates when & where laws and processes can impact underlying issues that contribute to problems in a supportive, non-coercive manner and promote healing. Procedural fairness teaches judges how to effectively reach the public in ways that demonstrate fairness and garner respect. Judicial Engagement instructs what judges can say that promotes sincere and meaningful communication. Communication, be it verbal, nonverbal or written must be effective at every juncture, to maximize the encounter. Separately, each philosophy provides an important component that improves outcomes. However, when they combine synergistically in

a holistic framework, the court enhances its ability to make critical humanistic connections with the public, to influence behavior, and to create a healthy court environment.

Therapeutic Jurisprudence Practices and Victims' Needs: The Role of Victim Assistance Units

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Therapeutic jurisprudence (TJ) offers a new perspective on the law and the legal process by focusing on the mental health, emotional and other needs of those involved in the legal system. TJ seeks to recognize and improve the therapeutic consequences of laws, procedures, and legal actors. TJ studies, however, have not adequately explored the positive potential of TJ for victims going through the criminal justice process. This exploratory study will address this gap by analyzing victims' response to TJ tools introduced by a victim assistance unit in Israel. The study employs a qualitative analysis of encounters of victims of all offense types (violent, sexual and property offenses) with the victim assistance unit, in order to explore how TJ can address specific needs of victims who go through the criminal justice process. I argue that the use of TJ principles, such as respectful listening and a focus on therapeutic outcomes, increases victims' satisfaction even when the legal outcomes are not what they desired, regardless of offense type. The findings of this study suggest the value of integrating TJ training and practices into the work of legal agents with victims in order to improve victim wellbeing and avoid secondary victimization.
Keywords: therapeutic jurisprudence, procedural justice, victims of crime, victim advocates, victim assistance units

The Dutch (Over)Protective Trust: a Therapeutic Jurisprudence Analysis

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In the Netherlands, protective trusts can be established if a court concludes a person is unable to take care of his/her own financial interests due to a mental or physical condition, prodigality or problematic debts. In recent years, the number of protective trusts increased substantially. Currently, one in every three Dutch court cases concerns this type of guardianship measure. Protective trusts have a significant impact on a person's life, restricting his/her legal capacity to decide on personal financial matters. Article 12 of the Convention on the Rights of Persons with Disabilities calls for measures such as the protective trust to be tailor-made and to observe the individual's autonomy. However, given the increasing number of protective trust measures in the Netherlands, it is difficult to see how courts can provide such tailor-made protection. In fact, a case law analysis reveals that protective trusts generally include all the beneficiary's finances and goods, even though less severe restrictions of his/her autonomy might be more appropriate. Using Therapeutic Jurisprudence, this presentation discusses the anti-therapeutic consequences of such 'overprotectiveness', offering potential therapeutic ways to minimise the restrictions on the individual's autonomy while ensuring his/her financial interests are adequately taken care of.

219.   TJ Perspectives on Trauma-Informed Law and Practice I

Is Employment Law Trauma-Informed?

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"Employment law" typically refers to the considerable body of public and private law that creates rights and responsibilities pursuant to the employment relationship and modes of resolving employment disputes. This presentation will examine the broad contours of employment law against the backdrop of psychological trauma, inquiring as to whether (1) "black-letter law" regulating the workplace; (2) procedures for resolving employment disputes; and (3) employment law practice are sufficiently trauma-informed. It will use, as a framing device, David Wexler's model of Therapeutic Design of the Law and Therapeutic Application of the Law. After identifying core analytical points, it will suggest the parameters of a trauma-informed agenda for employment law and practice, including needed changes in the law, reforms in dispute resolution, and improvements in legal practice. This presentation involves, in part, a revisiting of themes raised in my first two articles to incorporate TJ, "Employment Law as if People Mattered: Bringing Therapeutic Jurisprudence into the Workplace," Florida Coastal Law Review (2010), and "Human Dignity and American Employment Law," University of Richmond Law Review (2009), as well as applying insights from a more recent piece, "Therapeutic Jurisprudence: Foundations, Expansion, and Assessment," University of Miami Law Review (2021).

Tort Law and Therapeutic Jurisprudence Revisited. Trauma, Vindication, Perceived Injustice and the Toxic Nature of Real World Adversarialism

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In his seminal work on tort law and therapeutic jurisprudence, Daniel Shuman has problematised the therapeutic potential of tort law as a remedy for the injured. As tort litigation gives the plaintiff agency and provides him the opportunity to tell an important story in a culturally meaningful context, it can be considered to have the potential to restore the injured not only because the outcome may vindicate them, but also because the process itself may be therapeutic. "How well the process in fact fulfills that idealized goal in each case may be a matter of some dispute" Shuman noted, observing that "not all victims leave the tort system feeling better". Indeed. Tort law finds application in many different situations, with many different forms of harm and different resulting needs of injured parties, rendering it problematic to make general statements about the extent to which it can provide adequate remedies to persons who have been traumatised. This presentation focusses on personal injury, as one of the most traumatising forms of harm. It outlines the psychological consequences of suffering a wrong and the ensuing emotional and moral needs of

personal injury victims as identified in psychological research, and argues that tort law compensation procedure generally fails to address these needs but instead often exacerbates them, leading to the experience of injustice and considerably increasing the risk of secondary victimization. As a growing body of evidence suggests that perceived injustice plays a central role as a predictor of worse health and recovery outcomes, this failure is not only problematic from a justice point of view, but should also be addressed to mitigate the anti-therapeutic effects of compensation procedures. Adversarialism is identified as the main noxious element. Proactive claims resolution is suggested as an antidote, and changing the roles in the game by having assessments carried out by neutral third parties as the most thorough countermeasure. Other suggestions are to offer a wider range of services than just monetary compensation, to promote personal contact between those involved in the harm-causing incident, and to promote restorative and procedural justice.

A Trauma-Informed Policy to Advance Health Equity? It Takes a Village, and Heart

Amy T. Campbell, *University of Illinois at Chicago* (campbela@uic.edu)

Science recognizes the lifelong impact of trauma on healthy (or not) development, a recognition that has impacted legal decision-making, e.g., criminal sentencing. More positively, it has influenced policy investments in the early years and in caregiver needs. This aligns with the push for greater recognition of social determinants on health and need for system-level reforms to promote holistic health of individuals and populations. The global COVID-19 pandemic powerfully revealed the important of public health and functioning public health systems, and—critically—the need to remedy inequities to create opportunities for equitable health. In a recently published article, "Addressing the Community Trauma Inequity Holistically: The Head and the Heart Behind Structural Interventions" (Denver Law Review, 2021), I place structural inequity in a community trauma frame, with calls to unite the "head" (the transdisciplinary policy reforms needed for equitable health) with the "heart" (the civic engagement and community-building critical for sustainable equitable health). Building on this article, this presentation will address how a community trauma-informed lens helps frame efforts to advance health equity and health justice, with some suggestions—and cautions—for how to apply individual trauma insights to collective health policy reform initiatives.

Interpretive Phenomenology: A Qualitative Methodological Approach for Presenting Sensitive Interview Data

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This article discusses the method used to present data from a first person, survivor-centric perspective using survivor speech, as this type of data is lacking in academic literature. My study

looks at the sensitive subject of sexual assault, disclosure and navigating through the judicial process, as well as the challenges I found inherent within the current political and social time of conducting research during the COVID-19 pandemic. The methodology chosen to conduct and present data is interpretive phenomenology and relies on the interviews of three participants who experienced these same social phenomena. From the awareness that the data points come from real humans, I address the ethics involved in my choice to pursue this type of methodological approach, including bias, rigour, and trustworthiness. I will present the research design, how participatory action research is necessary with this area of study, and how knowledge mobilization is utilized to bridge the gap between the holders of knowledge and those who seek it.

220. TJ Perspectives on Trauma-Informed Law and Practice II

Legal responses to abuse and trauma: TJ and Canadian Divorce Law Reform

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Both the substance of and the processes associated with family law have been subject to much criticism for their exacerbation of the emotional distress already experienced by parties experiencing the breakdown of a family relationship. The Federal Government has recently amended aspects of their divorce law with the intention of responding more effectively to parental conflict (which in turn exposes children to traumatic experiences) and intimate partner violence. The first area – parental conflict – is addressed in part through changed terminology aimed at decreasing win-lose interpretations of parenting decisions, express directives to parents to protect children from conflict arising from divorce proceedings, and a detailed process for determining relocation disputes. The second area – response to intimate partner violence – is addressed through a broad definition of family violence – including coercive control – to be recognized in separation and proceedings. In this presentation, I will provide an early analysis of the provisions, by way of a secondary source review, results of focus groups with practicing professionals, and a survey of case law examining cases decided pursuant to the newly amended provisions. The objective will be to assess whether the provisions appear to be achieving the desired (and TJ positive) results of decreasing parental conflict and recognizing the existence and impact of family violence within divorce proceedings.

Are Intimate Partner Abuse Protections Consistent with TJ Values?

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All states have laws designed to protect intimate partners from abuse by their partner. Most are in criminal, civil or family court; but all designed to provide immediate emergency relief from

physical harm. Rarely do the laws specifically protect from sexual abuse or what is often termed 'marital rape'. Nor do they include psychological abuse or coercive control, even though these areas have the longest lasting psychological impact. In most cases, the emergency protection courts work well with helpful advocates providing a temporary restraining order (TRO) obviating the need to an attorney, reducing costs. However, most require a full hearing with the opportunity for rebuttal by the defendant/respondent within 30 days. Here the protective process often breaks down with evidentiary problems not anticipated during the restraining order filings. In some cases, if the distraught plaintiff does not fill out all the abusive acts, the court will only admit testimony on those cited in the TRO. In other cases, evidence not thoroughly vetted may be entered even though it is not accurate. In trying to be fair, there is room for abuse of the system with some abusers themselves filing to try to gain possession of their home or other property.

Recognizing Relational Non-Pecuniary Losses in Non-Fatal Injury Claims

Elizabeth Adjin-Tettey, *University of Victoria* (eadjinte@uvic.ca)

Life-altering events may impact primary survivors and their close family members who may experience vicarious trauma, feelings of loss, sadness, etc. due to their loved one's situation. This can adversely affect the nature and quality of family relationships resulting in loss of companionship, care, support or guidance. Ignoring relational intangible losses reflects an individualistic approach to remedying personal injury, abstracts individuals from their social context and devalues familial connections. Close family members in Ontario and spouses in Alberta and Newfoundland may be awarded damages for loss of care, guidance and companionship under provincial legislation. The goal of this paper is to argue for entitlement to damages for relational intangible losses in all Canadian common law jurisdictions. I adopt a therapeutic jurisprudence lens to argue for a holistic approach that recognizes the impact of injury on close familial relationships. Family relationships are sacred and not subject to monetary equivalence. Damages for relational intangible losses do not constitute pricing familial relations or a "taboo trade-off" and should not engender commodification anxiety. Awards are modest, symbolic and non-instrumental, and should not impact the overall costs of accident compensation.

221. TJ, Technology, and Apps

How Can Technology Support Vulnerable People in Court Processes?

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Apps are used widely in the mental health field to support people with a range of mental health issues. In the justice area, apps are also used to provide support guidance and to triage disputes so that they are referred to appropriate experts or supportive AI. In recent years, apps have become

an increasingly popular way of accessing information and connecting to justice services. In 2017, there were almost 200 billion mobile app downloads, although only a small proportion of these apps related to the justice sector. Since 2017 there has, however, been a significant increase in the range and type of justice apps which can be oriented towards lawyers and other experts, as well as the general public. This presentation focuses on how justice apps can better support the most vulnerable and how apps can be designed that may impact on the behaviour of those involved in court proceedings. In addition, the use of forms of AI that might promote more developed judicial therapeutic responses that accompany justice app use are discussed. Evaluation criteria that can assess justice apps and questions about how data is shared and used between the justice system and the health system are also explored.

The Therapeutic bot? TJ and ODR

Karni Perlman, *The College of Management Academic Studies* (kperlman@colman.ac.il)

Along its thirty years of evolution, the therapeutic jurisprudence movement has developed general principles and useful methods which may currently be described as a "Therapeutic Code". This code enables examining various advancements which evolved, in parallel, in the discipline of conflict resolution. Such an advancement is seen in the field of Online Dispute Resolution which has developed rapidly. Emerging technologies along with the pursuit of effectiveness and innovation led to the development and introduction of various conflict resolution procedures. These procedures were accompanied by changes in legislation, new procedure design and changes in the content of the roles of legal players. The Covid-19 pandemic has accelerated this trend and driven an increasing usage of technologies for conducting legal proceedings in both civil and criminal law. The presentation will discuss some of the questions regarding the possible contribution of TJ to the field of Online Dispute Resolution. Among other things, the following questions will be raised: Can the therapeutic jurisprudence contribute to the design of an online mediation process and in what way? What can therapeutic adjudication offer for online judicial proceedings? And what are the implications of Online Dispute Resolution processes which are managed by a non-human?

Project "Take Care": Visualized E-Book on Legal Questions for Pastors

Caroline Walser Kessel, *University of St. Gallen Switzerland* (caroline.walser@vtxmail.ch)

As discussed in several former IALMH-Conferences, Legal Visualization (LV) is a helpful tool for Therapeutic Jurisprudence (TJ)-application. Visual representations of complex legal matters help affected and often helpless people to better understand and accept the law, court decisions or other legal acts and measures. The Center for Visualized Law in Zurich is running an interdisciplinary project on illustrated legal information for Pastors and their church members. The idea of this project was initiated in the Protestant Church of the Canton of Zurich, because Pastors are increasingly confronted with peoples' legal issues rather than religious questions. In this

situation Pastors are often overstrained due to their lack of legal knowledge. The e-book helps Pastors to provide their "clients" with preliminary legal information and is structured according to the sections of human life. Within these sections, there are chapters on security and work, wellbeing and health, integration and participation. Each chapter starts with a legal case. The Legal information is centered/revolves around this case to transfer sufficient basic knowledge to the Pastor to enable him to explain the main legal issues Interdisciplinary conversations between Pastors and the author have combined/complemented the specific

#MeTooBots and the AI Workplace

Leora F. Eisenstadt, *Temple University* (leora.eisenstadt@temple.edu)

Responding to the #MeToo Movement, companies are beginning to offer AI products to detect discrimination and harassment. Aiming to prevent the financial costs of toxic workplaces, these systems replace the human reporter, using AI to monitor communications and report results directly to management. This new technology raises numerous legal and ethical questions: (1) What is the impact on victim voice and agency? (2) What are the consequences for retaliation protection? (3) How does the AI reporter impact employer liability? Looking to the literature on "mandatory reporting" laws, this project examines the role of the victim in reporting discrimination and particularly sexual harassment, considering both the importance of victim voice and autonomy in choosing if, when, and how to report. Appearing on the heels of revelations about the use of non-disclosure agreements and arbitration clauses to silence victims of sexual harassment, is the use of AI to detect and report improper communications a productive innovation or another form of victim abuse? The project considers the fear of retaliation, the creation of toxic workplaces, the difficult work of creating healthy workplace cultures, and the impact of outsourcing this work to AI.

222.   Using TJ in the Classroom

Integrating a Therapeutic Jurisprudence "Ethos" at Interdisciplinary Curricular and Programmatic Levels

Amy T. Campbell, *University of Illinois at Chicago* (campbela@uic.edu)

Principles and approaches of therapeutic jurisprudence (TJ) have been woven within select law school courses, be they mental health-focused or more broadly covering health law or other topics. A new administrative role, based in a law school but tasked with building bridges with other professions, especially in health sciences, affords me the opportunity to think more broadly on these efforts. How might TJ be integrated within interprofessional educational opportunities, as a framing device to help foster health? Moreover, could the lessons from theoretical analysis and practical application of TJ impact overarching program development? My presentation will explore the ways I have adapted TJ to inform development of skill-based opportunities for joint "law and ___" coursework, specifically through the Heath Policy Practicum, the goal of which is

to teach an interdisciplinary group of students how to advance health through policy intervention while learning skills of policymaking and -influencing. TJ has proven a powerful tool to unite disparate areas of expertise into a collective effort at therapeutic-minded policy reform. I will also discuss how immersion in TJ as framing mechanism for policy reveals opportunities for broader program development, specifically of a new Health Equity, Law & Policy Program at UIC John Marshall Law School. TJ helps connect dots between equity and law/policy, through recognition of the psychological harms of structural inequity. The hope is that TJ's application at both levels equips students across professions with the knowledge, skills, attitudes, and values critical for creating greater equity through engagement in and with communities.

Using Therapeutic Jurisprudence to Frame Classes in Mental Health Law and Health Policy

Kathy L. Cerminara, *Nova Southeastern University* (cerminar@nova.edu)

Many law professors use varying frames for critical inquiry not only in their scholarship but also in their teaching. Therapeutic jurisprudence (TJ) has proven to be a useful frame in courses addressing both mental health law and health policy. In recent years when teaching both doctrine and critical thinking in those courses, I have begun assigning reading about the core concepts of TJ as a theoretical basis for critique as the class learns about and explores those substantive areas. This presentation will explain the ways in which TJ can be sued as a framework for critical thinking with students in such courses. Assignments in both courses have encompassed both broad TJ groundwork and concepts particular to each course incorporating a TJ perspective into law and practice. In Mental Health Law, where students are likely to be practicing the law that is being taught, the introductory reading includes TJ groundwork and articles about trauma-informed lawyering. The students are then asked to apply trauma-informed lawyering principles as they apply criminal law, disability law, and benefits law with respect to clients with mental health issues. In Health Policy and Bioethics, reading assignments throughout the course address TJ groundwork and bioethical principles. The students are then asked to critique health policy issues from a TJ perspective, keeping bioethics principles in mind given that they are analyzing health care matters. In both instances, it is hoped that students will emerge with knowledge of the law and policy and better-prepared to grapple with it in the future, in their post-law-school lives.

Teaching TJ as an Integrated Part of Child Protection Practice

Shelley Kierstead, *York University* (skierstead@osgoode.yorku.ca)

Therapeutic Jurisprudence ("TJ") analyzes substantive and procedural laws, along with the actions of the professionals who bring those laws and procedures to life. Child protection law applies to some of society's most vulnerable individuals – both children and the adults who are not meeting community parenting standards. These parents often suffer from poverty, intimate partner violence, and substance use challenges. One of the objectives of a combination of seminar and experiential workshop that I offer in the fall term and winter terms respectively, is to highlight the

ways that lawyers and judges can minimize or contribute to the trauma parties engaged in child protection proceedings experience. During the fall term, within a seminar focused more generally on child protection, the class becomes familiar with TJ principles through a range of topics. They have the opportunity to reflect on these principles when they write a reflective analysis of their role in a mock hearing conducted during class. In the winter term, students who have participated in the fall term semester are eligible to enrol in an experiential workshop which involves them participating in mentored activities with practicing lawyers. Students are asked to complete reflective journals that tie their experiences back to the materials covered during the fall term. Overall, as I will discuss during the presentation, the objective is to have students understand TJ principles as an integrated part of child protection practice. The presentation will highlight curricular materials provided and student feedback illustrating students' insights about TJ principles.

Teaching a Law and Psychology Lab Through a Therapeutic Jurisprudence Lens

David C. Yamada, *Suffolk University* (dyamada@suffolk.edu)

Embracing the conviction that therapeutic jurisprudence (TJ) is a school of both theory and practice, in the spring of 2020, I began teaching a new course -- the Law and Psychology Lab – at Suffolk University Law School in Boston. The Law and Psychology Lab is a four-credit, one semester course that combines two major components: (1) a law and psychology seminar, using TJ as the framing perspective; and (2) a workshop covering individual and group student projects. Major assignments include a series of journal entries on specified and open topics, an individual project on a topic developed by each student, a group project on a pre-selected theme (e.g., in spring 2021, trauma-informed lawyering), and completion of a short, online course in Psychological First Aid offered via Coursera. Desired course outcomes include learning about law and psychology through a TJ lens, applying these insights in practice-relevant ways, and developing perspectives on the law and legal profession that could enhance students' legal careers. This presentation will discuss the Law and Psychology Lab against the backdrop of a broader inquiry into how TJ perspectives can be integrated into law school courses. I will be drawing heavily upon two of my newly published articles, "Therapeutic Jurisprudence: Foundations, Expansion, and Assessment" (University of Miami Law Review, 2021) and "Teaching Therapeutic Jurisprudence" (University of Baltimore Law Review, 2021), to help frame these observations.

Integrating Therapeutic Jurisprudence into a Public Health Curriculum

Alina Perez, *Nova Southeastern University* (amp@nova.edu)

The acquisition of specific competencies is essential for an effective public health workforce. The Council on Education for Public Health (CEPH) has identified specific competencies to guide public health schools and programs in their accreditation process. These competencies are included and assessed in different courses of the curriculum and are designed to address various public

health practice areas, including, health care regulatory systems across national and international settings; development, adoption, and evaluation of public health policies; and the use of negotiation and mediation skills to address organizational or community challenges. Therapeutic Jurisprudence (TJ) principles have been applied to similar areas of practice and shares with public health the aim of promoting wellbeing and preventing legal, ethical, and social conflicts. In this presentation I will identify and discuss how the introduction of TJ principles into the public health curriculum could provide theoretical and practical background to support the development of the knowledge, skills, and attitudes necessary to work effectively as a member of the public health workforce as defined by CEPH. I will also provide examples of integration of TJ into course assignments designed to assess the students' attainment of learning outcomes of some of the competencies such as the application of the systems thinking theory to public health issues, application of negotiation and mediation skills and the ability to advocate for, design and evaluate policies and public health programs that will improve the health of diverse populations.

223.   Why Don't Judges Listen to Mental Health Experts

Reasons for Admissibility and Rejection of Expert Mental Health Testimony by Judges

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

There has been an ongoing debate in the mental health community regarding the reasons that mental health expert testimony is sometimes not admitted into court proceedings. Some contend that the preferred testimony is seen by the judge as irrelevant; others contend that the methodology is unscientific, and still others speak of the expert "overreaching" and addressing "ultimate " legal issues which should be the province of the trier of fact. This presentation will describe the results of two empirical studies regarding these issues. The first will describe a review of court cases in which mental health testimony was rejected and the reasons cited by judges for rejecting it. The second study will deal with broader questions such as judicial bias, inadequate work by the expert, and ineffective assistance of counsel. These rejections of expert testimony will then be viewed from a perspective of therapeutic jurisprudence to see how the dilemmas might be better handled.

Bias against Mentally Ill Defendants in the Criminal Justice System: How Might Therapeutic Jurisprudence Help

Ginger Lerner Wren, *Broward County Mental Health Court* (judgeglw@aol.com)

As pioneer of the Broward County Mental Health Court, America's first mental health Court, located in Fort Lauderdale, Florida, Judge Ginger Lerner Wren will discuss the various factors which lead to implicit bias in the legal system related to persons with mental illnesses and neuro-

cognitive disorders (which include intellectual disabilities, autism spectrum disorders, traumatic brain disorders, and learning disabilities). Judge Lerner Wren will discuss the work of Professor Michael Perlin regarding the false thinking and inequities related to persons with mental illness, and systemic implicit bias. Judge Lerner-Wren will provide a historic overview of social and cultural attitudes which persist, and often lead to structural "sanism" and a denial of due process and substantive legal rights in the criminal justice system.

Why Don't Judges Listen to Trauma Psychologists in Family Court Custody Cases

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Gender bias has caused countless numbers of children to be placed with an unsafe parent despite psychological reports that domestic violence or sexual abuse has occurred. Studies have shown the racial and cultural bias that occurs across family courts in both custody and dependency courts. Psychologists who are trained to recognize trauma are rarely appointed to these difficult and contentious cases, with it more often being those with minimal or no training in trauma assessment. Shared parental responsibility often forces children to live with confusion fear and uncertainty when parents do not agree about child rearing techniques. A possible solution is a TJ informed problem solving unified family court where there is a team approach to decision making in these highly litigated contentious decisions where there are allegations of domestic violence and child abuse and sometimes cross allegations of parental alienation. TJ family courts do exist, but rarely deal specifically with including trauma trained experts who can help the families separate without rupture to themselves and their children. Judges and team members need to be trained together to understand assessment and intervention strategies that are appropriate to heal from trauma.

Discounting Women: Doubting the Credibility of Domestic Violence Survivors

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Women survivors of intimate partner violence experience credibility discounts in a range of legal and social service system settings. Judges improperly discount as implausible women's stories of abuse, based on a failure to understand both the symptoms arising from neurological and psychological trauma and the practical constraints on survivors' lives. System gatekeepers unjustly discount women's personal trustworthiness, based on both inaccurate interpretations of survivors' courtroom demeanor and negative cultural stereotypes about women and their motivations for seeking assistance. Two distinct harms arise from this pervasive pattern of credibility discounting and experiential dismissal. First, the discrediting of survivors constitutes its own psychic injury-- an institutional betrayal that echoes the psychological abuse women suffer at the hands of individual perpetrators. Second, the pronounced, nearly instinctive penchant for devaluing women's testimony is so deeply embedded within survivors' experience that it becomes a potent, independent obstacle to their efforts to obtain safety and justice. The reflexive discounting of

women's stories of domestic violence finds analogs among the kindred diminutions and dismissals that harm so many other women who resist the abusive exercise of male power, from survivors of workplace harassment to victims of sexual assault on and off campus. Concrete, systematic reforms are needed.

French Language Sessions

224.   Création d'une clinique interdisciplinaire en droit social : À l'intersection des sciences infirmières, du travail social et du droit (1)

Genèse du projet de clinique interdisciplinaire en droit social : un projet de recherche-action à dimension pédagogique

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Le projet de clinique interdisciplinaire en droit social découle directement des constats tirés de recherches antérieures menées dans deux cliniques juridiques. Dans un premier temps, l'interrelation complexe entre problèmes juridiques et non juridiques, ce qui nécessite les interventions coordonnées de professionnels de plusieurs disciplines. Dans un second temps, le puissant potentiel pédagogique de l'interdisciplinarité, permettant notamment aux juristes de développer des compétences relationnelles et aux non-juristes de maîtriser le et les droits de manière à mieux jouer leur rôle de plaidoyer (*advocacy*). La clinique interdisciplinaire en droit social se veut donc à la fois un projet de recherche-action et un projet pédagogique. Elle est un lieu de développement de méthodes de travail innovantes, de partenariats multiples, de formations croisées. Elle doit aussi permettre de documenter et de démontrer la pertinence d'une approche clinique fondée sur les droits pour soutenir le développement d'autres projets cliniques de même que l'évolution des pratiques dans les milieux de la santé, des services sociaux et du droit.

Les grands constats de la formation interdisciplinaires sur le travail clinique après une année de fonctionnement

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La formation interdisciplinaire des professionnelles demeure un champ de recherche peu exploré. La mission pédagogique de la Clinique interdisciplinaire en droit social a comme objectif d'évaluer l'impact des méthodes d'apprentissage innovantes, notamment axées sur la formation terrain, l'enseignement entre pairs et le travail interdisciplinaire. Ces méthodes d'enseignement permettent-ils aux étudiant.es d'avoir une compréhension plus approfondie d'une problématique et par le fait même, leur permet-il de trouver une résolution davantage globale ? Au cours de la dernière année, les stagiaires de la Clinique en sciences infirmières, travail social et en droit ont discuté de leurs connaissances et de leurs méthodes d'analyse dans leur profession respective, dans le but d'intégrer leurs pratiques au travail d'équipe interdisciplinaire. Ainsi, les stagiaires ont

appris certaines bases sur la profession de leurs pairs, tel que les méthodes d'intervention et d'évaluation en travail social, en science infirmières et en droit, dans la perspective de l'intégrer dans leur propre analyse. Nous vous partageons ainsi certaines réponses aux questions suivantes : quel a été l'impact de leur formation interdisciplinaire sur leurs pratiques professionnelles ? Quelles méthodes de travail et connaissances interdisciplinaires ont influencé leurs méthodes de travail dans leur domaine respectif et de quelle façon? Que serait l'impact à long terme d'une telle formation ?

Le droit social et ses agents : appropriation et mise en œuvre des normes juridiques guidant l'exercice des professions de la santé et des services sociaux

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La création d'une clinique interdisciplinaire en droit social est inédite au Québec et au Canada. Pour les professionnels de la santé concernés, qui sont issus des soins infirmiers et du travail social, cette démarche soulève plusieurs enjeux théoriques et pratiques aux frontières de la discipline du droit. Quelles compétences juridiques doivent être maîtrisées par ces derniers ? En quoi ces compétences diffèrent-elles et complètent-elles celles du juriste ? En prenant acte de la justiciabilité particulièrement difficile des droits sociaux, cette présentation discutera de l'apport de ces professionnels afin de faciliter leur mise en œuvre, qui ne peut se réaliser qu'à certaines conditions. Il s'agit d'une part de reconnaître l'agentivité des acteurs extra-juridiques et d'autre part, d'appuyer cette démarche sur l'effectivité du droit. Le caractère interdisciplinaire des activités de la clinique nous incite à entrevoir et sans doute mieux définir la portée clinique des normes juridiques gravitant en périphérie de la pratique des professionnels de la santé et des services sociaux. En interrogeant les conditions d'existence matérielles et relationnelles du droit, les interventions de soutien à l'exercice des droits proposées par la clinique provoquent également la transition d'une posture d'obéissance naïve à une posture critique d'appropriation des normes juridiques chez l'apprenant.

Lessons from Integrated Care in Medicine for Holistic Legal Clinics

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Integrated care is a movement in medicine whose goal is to place mental health professionals in medical settings since most mental health patients seek care from their doctors, not mental health professionals. Techniques such as the warm hand off, the hallway consult, SMART goals, and the morning huddle are processes and mechanisms for interdisciplinary collaboration and assessment of patients using a holistic biopsychosocial lens. Research has delineated differences between co-located services and fully integrated clinics. Clinic leaders recognize that clinical, operational and financial perspectives (Three-World View) must be considered for a clinic to be sustainable. These same principles can be used in interdisciplinary legal clinics that use holistic assessment focusing on legal issues, physical health and mental health as critical components of interventions for clients facing legal challenges. Students of all disciplines who are trained in interdisciplinary settings are

equipped to provide comprehensive care during their careers, as will be discussed in the presentation.

Keywords: Interdisciplinary, Mental Health, Comprehensive Care

225.   Création d'une clinique interdisciplinaire en droit social : À l'intersection des sciences infirmières, du travail social et du droit (2)

Le droit et les soins infirmiers : interdisciplinarité curriculaire

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La question de l'interdisciplinarité et de la formation interprofessionnelle est maintenant reconnue comme composante essentielle en sciences infirmières. Cette dernière fait notamment partie intégrale des critères d'agrément pour les programmes en sciences infirmières canadiens, incitant à faire collaborer différents professionnels lors de la formation et favoriser l'intégration des compétences interprofessionnelles. Mais qu'en est-il de l'intégration des assises disciplinaire du droit en sciences infirmières et des d'expériences interprofessionnelles? Dans le cadre de cette présentation, il sera question d'explorer l'arrimage soins infirmer et droits dans le cadre de la formation par l'entremise du concept d'*advocacy*; un concept central en sciences infirmières qui fait appel à la défense des droits des patients.

Le travail social à l'épreuve du droit : vers une pratique pédagogique de justice sociale

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L'établissement d'une clinique juridique qui se spécialise en droits sociaux interroge les fondements du droit dans la pratique des travailleurs sociaux. Le droit tente - par le biais de la pratique juridique et du travail législatif - de répondre et de réguler les problèmes sociaux auxquels sont confrontés plusieurs (remplacer par « certaines ») populations marginalisées que les travailleurs sociaux accompagnent au quotidien. Ces derniers sont souvent appelés à intervenir dans des situations de discrimination et de non-reconnaissance des droits, qui en appellent à une réflexion plus large sur la notion de justice sociale et la pratique de défense des droits. Pourtant, les enjeux du droit sont peu présents dans la formation des travailleurs sociaux. Ainsi, une clinique interdisciplinaire en droits sociaux constitue un laboratoire pédagogique fertile pour l'apprentissage et la mise en œuvre d'une culture juridique et de justice sociale en travail social. Une telle clinique est aussi une opportunité de co-construction pédagogique où des juristes, experts

du droit et d'autres professionnels, peuvent apprendre de l'expertise du travail social dans l'intervention sociale et l'analyse structurelle des problèmes sociaux.

L'interdisciplinarité pour remettre les droits au cœur de la formation des juristes

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La pertinence de l'implication des étudiant·es en droit en clinique juridique est bien connue : contact avec la réalité sociale et juridique, prise de conscience des limites du droit, compréhension des enjeux en matière d'accès à la justice et du rôle essentiel des juristes. Il n'est donc pas surprenant de savoir que la trajectoire professionnelle des étudiant·es s'étant impliqués en clinique est marquée par un plus grand engagement en matière d'accès la justice. Il apparaît cependant que les juristes ont beaucoup à apprendre de non-juristes dont une des missions est la défense des droits et qui en ont une compréhension holistique en tant qu'outils *d'empowerment*. Au contact d'infirmières et de travailleuses sociales, les juristes peuvent prendre leurs distances de la dimension technique du droit pour s'intéresser aux contextes sociaux dans lesquels il est mis en œuvre, à ses effets concrets et aux ressources qu'il constitue. Ils développent ainsi une manière différente de penser leur rôle de juristes dans la cité, inspiré·es des approches d'intervention fondées sur les droits.

Le droit social sous l'angle de la recherche-action interdisciplinaire

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La formation en droit aborde typiquement les différents domaines juridiques en silo. Elle est axée sur l'étude des sources du droit et de cas fictifs et considère peu les implications socioéconomiques du droit ou son effectivité. La littérature démontre pourtant que la judiciarisation des personnes marginalisées résulte de l'interaction entre plusieurs matières juridiques, celles-ci interagissant avec l'ensemble des sphères de leur vie. Cette présentation exposera dans quelle mesure le travail de la Clinique interdisciplinaire en droit social permet d'ouvrir plusieurs brèches dans cette conception du droit. Premièrement, des brèches entre le droit des livres et le droit en action au profit d'un décloisonnement entre les domaines juridiques et de la prise de conscience des limites des droits sociaux. Deuxièmement, des brèches entre les frontières des différentes disciplines mobilisées au profit de la transmission des savoirs, mais aussi de l'analyse de l'action conjointe des institutions juridiques, sociales et de santé dans la judiciarisation du social. Troisièmement, des brèches au sein de la conception classique du savoir juridique à la faveur de la valorisation des savoirs des personnes marginalisées dans l'évolution des pratiques cliniques. Serait-il alors possible de repenser le droit social au gré de son activation par le travail clinique interdisciplinaire?

226. Deuil en contexte éprouvé: perdre un proche durant la pandémie du Covid-19

Rituels de séparation entravés, deuils bouleversés?

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Dans le contexte de la pandémie de Covid-19 les opérations funéraires ont connu de nombreux aménagements, en particulier lors de la période de confinement. Il s'agit d'apprécier les impacts matériels et symboliques de ces aménagements sur les personnes endeuillées, d'analyser l'inventivité, tant du point de vue des pratiques que des récits, dont ces personnes ont pu faire preuve pour affronter cette situation singulière. Leurs expériences et leurs témoignages ont été recueillis sous la forme d'entretiens au moment du confinement, à sa sortie et dans les mois qui suivent. Au vu de l'impact des mesures sanitaires sur l'ensemble des décès, notamment à propos de l'organisation des obsèques, les décès imputables à la Covid-19, comme ceux a priori sans lien avec cette épidémie sont concernés par cette recherche.

Maintenir une approche funéraire. Le souci des morts et des familles par les acteurs professionnels

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Les acteurs « du funéraire » ont traversé une réorganisation de leur activité en raison de la pandémie de Covid-19. Les chambres mortuaires hospitalières, les services administratifs, ceux de l'état civil, les chambres funéraires, les crématoriums et les services des cimetières, tous ont composé avec les contraintes sanitaires. L'une des conséquences a été de tenir à distance les proches en raison des mesures de distanciation et des risques de contamination. Ainsi, toute une série d'opérations et de gestes qui s'effectuent en « temps ordinaires » en présence des proches du défunt, se sont déroulées en leur absence. Leurs prérogatives ont été singulièrement raccourcies ou bien ont donné lieu à des médiations. Si bien que parfois, on a pu observer une tendance à la « technicisation » comme seul mode de traitement du mort qui ne concerne en temps ordinaire que les coulisses. Cette intervention se centrera sur le vécu des professionnel.le.s, leurs doutes, les ajustements qu'ils ont mis en œuvre.

Les non-sens de la mort au temps du Covid 19, une difficulté du deuil?

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La mort d'un proche durant la pandémie du Covid 19 intervient dans le contexte d'une crise qui se situe à plusieurs niveaux — sanitaire, social, économique, funéraire, psychologique, voire culturelle. Elle génère de multiples sentiments d'incertitude et d'anxiété aux possibles impacts

négatifs sur la santé mentale. Les sociabilités ordinaires (relations familiales transgénérationnelles, réseaux amicaux, travail) sont affectées, tout comme celles qui marquent les grands passages de la vie, dont le deuil. Or, des travaux en psychologie du deuil ont établi que la construction d'un sens et de croyances partagées (meaning-making) autour de la figure du défunt et des conséquences de sa disparition, le sentiment d'un adieu réussi, la restauration des sentiments de sécurité, d'espoir et de cohérence sont essentiels pour faire progressivement face à la mort d'un proche. Ces mouvements ne se situent pas à l'intérieur des personnes mais entre les personnes, i.e. dans leurs échanges, connexions émotionnelles, conversations, rencontres... Dès lors, les restrictions sociales qu'entraînent la crise du Covid 19 peuvent-elles avoir un impact sur le déroulement du deuil, entraver ses processus résilients et la lutte contre les non-sens de la perte?

Éthique de la mort en période de pandémie : analyse critique des dérogations au droit funéraire mises en place pendant le Covid-19

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La crise sanitaire du Covid-19 a produit des effets sur une très grande diversité de dimensions sociales. L'une d'entre elles, particulièrement symbolique, est la gestion de la mort et du deuil. En effet, l'état d'urgence sanitaire a permis un nombre important de dérogations au droit funéraire lorsque les personnes décédées sont atteintes ou « probablement atteintes » du Covid-19, voire pour toute personne : agonie hors de la présence des proches en EHPAD, interdiction des soins de conservation et des toilettes mortuaires, mise en bière immédiate, délai d'inhumation rallongés, limitation forte des cérémonies funéraires etc. Tous ces éléments ont eu un impact majeur sur les pratiques funéraires et la manière de vivre le deuil, produisant des répercutions humaines, sociales et psychologiques particulièrement fortes pour les proches et les familles des personnes défuntes. Analysés par certains comme une « rupture anthropologique », ces changements tendent à accentuer la forme de déni de la mort que nos sociétés connaissent déjà. Si les considérations sanitaires expliquent aisément les modifications décidées, les proches et les familles se retrouvent « dépossédées » de leur deuil en ne pouvant pas rendre hommage à la personne disparue et se retrouver autour d'elle au travers de rites qui les aident à surmonter ce décès. Tous ces éléments justifient que soit menée une réflexion juridique et éthique sur la mort en période pandémie.

227. Différentes facettes de la psychiatrie légale, ici et ailleurs

Évaluation des dommages psychologiques de travailleurs de la santé victimes de violence dans un pays en guerre

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Psychiatre effectuant des missions pour le compte d'une ONG internationale, humanitaire et médicale, l'autrice a été mandaté pour évaluer en un court laps de temps les déficits psychologiques de travailleurs de la santé victime de violence dans un pays ravagé par des conflits meurtriers. Faits marquants, ces 60 travailleurs oeuvraient dans une maternité et c'est délibérément qu'on les a attaqué. L'évaluation avait 4 principaux objectifs : (1) Établir le cas échéant, le ou les diagnostics psychiatriques, (2) Formuler des suggestions thérapeutiques applicables dans le contexte, (3) Émettre une opinion sur l'aptitude au travail des victimes (4) Évaluer les dommages psychiques aux fins d'une éventuelle compensation financière. Six mois après l'évaluation initiale, les victimes seront réévaluées afin de vérifier l'efficacité des mesures thérapeutiques et de déterminer l'évolution de leur aptitude au travail. L'autrice discutera du contexte socio-politique, des outils d'évaluation utilisés et de différents aspects, notamment sur le plan émotionnel, de cette mission.

Gérontopsychiatrie et psychiatrie légale : un mariage forcé

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Dans notre société au cours des deux dernières décennies, les personnes agées ont considérablement changé. Celles d'aujourd'hui ont des aspirations, des façons de vivre et des valeurs différentes de celles qui les ont précédées. En meilleure santé physique au début de leur grand âge, elles ont plus souvent des « problèmes de jeunes » : toxicomanie, délinquance et même violence. La pratique de la gérontopsychiatrie – le champ d'expertise de l'autrice – s'en trouve changé. De plus en plus, les gérontopsychiatres sont confrontés à des enjeux de psychiatrie légale avec lesquels ils ne croyaient pas avoir à composer. Dans le cadre de cette présentation, après une brève explication des nouveaux enjeux de la gérontopsychiatrie, l'autrice échangera au sujet de questions de psychiatrie légale – notamment quant à l'aptitude sur différents registres, la responsabilité criminelle et la dangerosité - avec un panel de 3 psychiatres légistes.

Le rôle d'un service de communication pour un hôpital psychiatrique médico-légal

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La confidentialité des données au sujet d'un patient est une valeur fondamentale en médecine, et notamment en psychiatrie. Par ailleurs, en démocratie, le processus judiciaire se doit d'être public afin de garantir les droits et libertés des citoyens. Or, devant les tribunaux, il peut arriver que ces deux principes essentiels à nos sociétés s'opposent. Lorsqu'un patient fait face à des accusations criminelles, de larges pans de son dossier médical peuvent être révélés devant la Cour, et donc au public qui assiste au procès de même qu'aux journalistes qui les diffuseront dans les médias. Les témoignages des psychiatres traitants ou experts sont également fréquemment rapportés dans les médias. Soucieux de bien comprendre les situations médico-légales complexes et souvent

polarisantes au sujet desquelles ils ont le devoir d'informer la population, les journalistes demandent fréquemment aux psychiatres légistes des explications. C'est là qu'intervient le Service de Communication qui filtre et gère les demandes, veille au respect des règles institutionnelles et des normes éthiques régissant la confidentialité, et fournit le soutien nécessaire au psychiatre interviewé. À l'aide d'exemples, nous aborderons les différents enjeux relatifs à ce type de communication.

Le genre dans la situation clinico-légale new-yorkaise

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La question du genre en tant que catégorie de différence cliniquement importante est apparue récemment dans le contexte des traitements et des évaluations médico-légaux anglo-américains. En esquissant des discussions théoriques récentes sur le genre, la sexualité, et l'intersectionnalité avec d'autres catégories de différences, cette présentation passe en revue la littérature récente sur les personnes transgenres dans les systèmes correctionnels et psychiatrico-légaux pour mineurs et adultes, du point de vue de la fourniture de services culturellement compétents pour les adolescents impliqués dans la justice et pour les accusés criminels. Les normes recommandées seront examinées et des exemples cliniques tirés de la pratique médico-légale et psychanalytique seront fournis.

228.   Early Detection and Intervention in Psychosis: Ethical Issues

Enjeux éthiques à la mise en place d'une consultation d'évaluation de personnes à Ultra Haut Risque de pathologie mentale chronique

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L'adolescence peut se saisir comme un moment d'inventivité et de construction de la personnalité du sujet, rendant compte de son inscription dans le langage, articulé au champ du social. De fait, la clinique adolescente est souvent floue, labile et changeante s'exprimant notamment dans la relation et l'interaction à travers des conduites d'évitement, de provocation ou d'échec plus ou moins invalidantes. Sous-jacent à la demande d'une évaluation clinique de ces jeunes en souffrance psychologique et en difficulté se profile celui du spectre de la maladie mentale. Pour y répondre une démarche d'évaluation standardisée et de soins s'effectuent aux quatre coins de la planète dans une dimension double préventive mais également possiblement prédictive de la survenue d'une maladie mentale chronique notamment psychotique. Nous discuterons comment cette approche qui s'argumente de la valeur éthique du Bien au travers des notions de bienfaisance,

d'autonomie, du souci de l'autre et de vulnérabilité s'intrique aux exigences du groupe social sous tendues par une approche plus utilitaire et conséquentialiste. Nous interrogerons également la question de la prédictibilité des faits mentaux et de l'incertitude diagnostique soumises à une logique inductive au regard du concept de plasticité neuronale et du principe de précaution et de Responsabilité.

Apport des méthodes projectives dans la compréhension des phénomènes psychotiques émergeant à L'adolescence

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Les méthodes projectives (Rorschach et T.A.T.) sont intégrées à un dispositif hospitalo-universitaire brestois d'évaluation des états mentaux à risque de psychose chez des adolescents. Leur association à des outils d'investigation psychiatriques et neuropsychologiques permet une approche complémentaire conjuguant trois principales dimensions. Un point de vue psycho-dynamique soucieux de mettre en lumière la nature des processus psychiques en jeu dans le fonctionnement mental des adolescents évalués et de prendre en compte leur dimension évolutive. Une perspective diagnostique différentielle proposant une appréhension détachée des classifications psychiatriques fondées sur une étude symptomatique de la clinique observée. Le support d'un appareil théorique psychanalytique développant actuellement des hypothèses fécondes autour des manifestations psychotiques à l'adolescence, dont celle de la « psychose pubertaire » questionnant les risques potentiels de désorganisation psychique à cette période sensible de la vie. Le recours systématique à ces deux épreuves projectives complémentaires permet ainsi d'enrichir une évaluation diagnostique qui, s'appuyant sur des données cliniques recueillies par la méthodologie plurielle d'une équipe multidisciplinaire, tente d'éviter l'écueil d'un regard univoque sur la question des psychoses émergeantes à l'adolescence.

The Use of Linguistic Markers and Machine Learning Methods for Speech in Predicting a Transition Towards Psychosis

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For some time, prediction in the field of schizophrenia has been one of the major challenges facing psychiatrists worldwide. Several centers have been set up for early detection of subjects at risk of developing psychotic disorders, enabling rapid intervention. To enhance prediction, the Brest Department of Psychiatry has focused on identifying specific linguistic markers of transitions

towards psychosis using machine learning techniques. From reification of language to desubjectification of the individual, this transformation in clinical practice raises ethical and epistemological challenges which will be canvassed in this presentation.

Réflexions éthiques sur l'extension des directives anticipées de psychiatrie après un premier épisode psychotique

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Certains pays comme les Etats-Unis et l'Australie, ont mis en place les directives anticipées en psychiatrie (DAP) dans le cadre de la schizophrénie ou des troubles bipolaires. Leur rédaction pendant la phase de rémission s'appuie sur l'expérience et l'analyse d'une crise par le patient, pour établir des instructions guidant les soignants dans la prévention et la gestion de ces crises. Des résultats encourageants sur l'application des DAP conduisent à envisager leur extension au contexte de premier épisode psychotique (PEP). Véritable support d'éducation thérapeutique, les DAP permettraient de renforcer l'alliance thérapeutique et l'autonomie du patient dont l'identité peut être fragilisée à la suite d'un PEP. Néanmoins, les spécificités du PEP conduisent à plusieurs réserves : quel risque de stigmatisation chez ces patients à l'évolution clinique incertaine ? Quelle fréquence de réévaluation des DAP et quand doit-on les supprimer en l'absence de rechute ? Le critère de majorité est-il indispensable chez ces patients généralement jeunes ? Entre favorisation de l'autonomie et risque d'iniquité, l'application des DAP au PEP doit faire l'objet d'un questionnement éthique tant sur le plan médical que juridique.

Enjeux éthiques de l'utilisation des big data en psychiatrie : De l'impératif technoscientifique à l'impératif kantien

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L'utilisation des Big Data ou données massives en santé se développe largement et suscite de nombreux espoirs en médecine notamment dans la perspective d'une médecine centrée sur la personne. L'usage de ces nouvelles techniques de recueil et d'analyse des données s'inscrit dans une dynamique technoscientifique qui autorise leur utilisation au nom de la santé au fur et à mesure de leur disponibilité. Il convient alors de s'interroger sur les enjeux éthiques soulevés et de questionner l'impératif technoscientifique « il faut faire tout ce qu'il est possible de faire ». A partir de la réflexion d'Ellul qui affirme que la technique est par nature ambivalente, qu'elle n'est ni positive, ni négative ni même neutre nous explorerons comment ces techniques ont un impact dans notre pratique quotidienne. L'intrication intime des données massives et des techniques d'analyse modifie le processus décisionnel. Or, la délibération et la décision ne peuvent être une technique désubjectivée mais doit rester une composante essentielle de la pratique soignante. En

nous appuyant sur le principe responsabilité de H. Jonas et l'impératif catégorique kantien, la technique peut devenir le troisième acteur du colloque singulier médecin/patient pour une médecine au service d'un lien clinique personnalisé.

229. Évaluation psychiatrique de la violence au travail et en milieu scolaire

« Cet employé si inquiétant… »

Paul-André Lafleur, *Université de Montréal* (lafleurpa@outlook.com)

La violence en milieu de travail a ses spécificités, ses codes et ses cycles. Dans cette présentation, nous allons voir ce qui distingue l'individu dangereux en milieu de travail de celui qui exerce sa violence ailleurs en société. Par exemple, peu présents en milieu de travail, les patients psychotiques ou déments exercent plutôt leur violence au sein de la famille ou en milieu de soin. En revanche, les personnes atteintes de maladies affectives ou présentant certains troubles de la personnalité - notamment narcissique et obsessionnel-compulsif – sont plus à risque ou plus inquiétant dans leur milieu de travail. À l'aide de courtes vignettes cliniques, nous allons cerner certaines des situations qui, au sein d'un service public ou d'une entreprise, peuvent susciter des émotions propices à l'expression de la violence sous forme dénigrement, d'intimidation, de menaces ou d'agressions. Nous examinerons certains des pièges qui peuvent nous amener à sous-estimer, surestimer ou même amplifier la violence dans nos milieux de travail. Nous considérerons chacune des étapes nécessaires à la prévention ou à la cessation de la violence : l'identification du problème; l'évaluation des individus concernés; la prise en compte des facteurs de risque liés au contexte; le plan d'intervention; le déploiement des mesures thérapeutiques, administratives et judiciaires.

Évaluation de la dangerosité se manifestant sur les lieux de travail

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Les médias font de plus en plus souvent état de crimes violents commis sur les lieux de travail. Ces crimes peuvent être considérés sous différents aspects, tant au niveau légal, économique, social, religieux que médical. Plusieurs acteurs sont interpelés par ce phénomène, mais principalement les employeurs, les syndicats et les travailleurs. Cette présentation se veut une réflexion sur les différents types de violence rencontrés, l'évaluation des agresseurs potentiels et les moyens de prévention possibles compte tenu des chartes des droits et libertés. Encore ici, l'équilibre entre les privations de liberté et la sécurité d'autrui est difficile à réaliser, d'autant plus qu'il faut aussi composer avec l'équilibre entre les droits des travailleurs et ceux des employeurs. En fonction de quels critères un employeur aurait-il le droit de faire évaluer contre son gré un travailleur qu'il considérerait à risque de poser un geste violent à son lieu de travail? Jusqu'à quel

point des mesures de prévention peuvent être mises en place si aucun geste n'a été posé sans porter atteinte aux droits d'un travailleur?

Évaluation de l'étudiant à risque de violence : suggestions

Louis Morissette, *Université de Montréal* (louis.morissette@umontreal.ca)

Nous savons bien depuis les événement de Colombine que les milieux d'enseignement ne sont pas à l'abri de la violence, qu'il s'agisse d'agressions, de meurtres ou même de tueries. Si elles sont plus fréquentes aux États-Unis, ces tueries n'en surviennent pas moins également au Canada et en Europe. Le Québec n'a pas été épargé, avec notamment les événements tragiques du collège Dawson en 2006, qui ont fait 2 morts et de nombreux blessés, et surtout de l'école polytechnique de Montréal en 1989, avec 15 morts et 13 blessés. Et rien n'exclue que de tels événements puissent à nouveau survenir. L'auteur, psychiatre légiste et pédopsychiatre de l'adolescence, est fréquemment appelé par les autorités scolaires pour les conseillers, pour évaluer des élèves ou étudiants qui suscitent l'inquiétude et pour formuler des suggestions pour diminuer le risque que survienne de nouvelles tueries. Avec des exemples tirés de sa pratique, l'auteur nous livrera ses pistes de solutions pour prévenir la survenue de tels actes de violence extrême.

Interactions sociales entre soignants et soignés en présence de coercition

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Les personnes atteintes de troubles mentaux hospitalisées en psychiatrie légale sont souvent sous l'effet d'une coercition se mettant en place sous mandat judiciaire. Cette coercition peut être de plusieurs ordres : application de mesures de contrôle (isolement, contention et recours à la médication contre le gré), hospitalisation involontaire, contrôle de la vie de la personne dans un milieu sécurisé (architecture sécuritaire, surveillance constante et fouilles, imposition de limites et restrictions). L'application de cette coercition peut engendrer des tensions éthiques chez les infirmiers et infirmières, qui se retrouvent en situation de double rôle : soigner et, simultanément, contrôler. Selon les écrits, la coercition serait vécue comme étant invalidante et déshumanisante pour les patients en faisant l'objet. Les interactions sociales entre infirmiers et patients en milieu de psychiatrie légale sont donc complexes, et comportent des enjeux de pouvoir qui demeurent peu explorés empiriquement. Dans cette présentation, nous discuterons d'un projet en théorisation ancrée ayant pour but d'étudier comment la coercition en psychiatrie légale module et reconfigure les interactions sociales entre infirmiers-ères et patients. Les résultats préliminaires de cette recherche seront présentés, ainsi que les pistes de réflexion qui en découlent.

230. Justice et Psychiatrie: Hybridation des Pratiques et des Savoirs à la Commission Québécoise d'examen

La médication psychiatrique dans la société morale : les tribunaux ont-ils remplacé les asiles?

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Au Québec, l'administration de la médication psychiatrique est soumise aux mêmes exigences juridiques que tout traitement, soit le consentement libre et éclairé. Un terrain ethnographique mené à la Commission d'examen, tribunal administratif qui fait le suivi des personnes déclarées criminellement non responsables ou inaptes à subir leur procès et qui peut les placer en détention ou les libérer en fonction du risque qu'elles représentent pour la sécurité du public, permet cependant de mettre en question la fonction strictement thérapeutique de la médication psychiatrique et le rôle des tribunaux à cet égard. La recherche démontre que : 1- les personnes concernées vivent dans la précarité socioéconomique; 2- la preuve du risque n'est pas systématiquement établie, le débat judiciaire portant plutôt sur le style de vie, et 3- bien que la Commission ne détienne aucune compétence en matière de traitement, la médication y est systématiquement discutée, souvent présentée comme une condition de la libération. Ces résultats semblent confirmer que la médication psychiatrique joue le rôle de contrôle social que certains auteurs lui attribuent, transposant l'asile hors les murs, et mettent en lumière le rôle de premier plan qu'y tient la justice.

Un dispositif clinico-légal pour responsabiliser les irresponsables?

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Au Québec les individus ayant commis un acte délictuel qui sont déclarés non-criminellement responsables pour cause de trouble mentaux seront placés sous la supervision d'une Commission d'examen. Composée d'un banc de trois juges dont un avocat, un psychiatre et un psychologue cette Commission est chargée d'évaluer annuellement les mesures d'encadrement à mettre en place pour assurer que l'accusé ne représente pas une menace à la sécurité publique et favoriser sa réinsertion dans la communauté. La Commission constitue donc un dispositif hybride au sein duquel les aspects cliniques et juridiques sont enchevêtrés. Au fil des audiences, en évaluant les questions inhérentes au maintien de la sécurité publique, elle brosse l'idéal-type du « bon patient » et, par extension, celui du bon citoyen. Il apparaît que le dispositif clinico-légal est profondément enraciné dans une vision kantienne de la morale qui fait du sujet rationnel une norme universelle. La question est alors de savoir comment rendre une personne évaluée non-criminellement responsable de son destin social? Les thèmes abordées dans cette communication sont issues d'une démarche ethnographique ayant impliqué l'observation de plus de 70 audiences de la Commission d'examen et la réalisation d'une quinzaine d'entretiens avec des acteurs clés.

Lorsque la maladie mentale s'invite au banc des accusés : Transformations et visée thérapeutique des espaces de justice?

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Rendre justice est avant tout un travail d'objectivité. L'ensemble des procédures à l'œuvre au sein des cours de justice nous rappellent que ce travail est réglé au quart de tour et qu'il impose un certain décorum. Le quotidien de la justice repose ainsi sur le travail procédural d'agents qui, au fil des interactions, réaffirment leurs rôles de juristes, de juges, d'experts et de justiciables. Au cours des dernières décennies, la volonté d'adapter la justice criminelle aux particularités de la maladie mentale a provoqué la rencontre de deux univers discursifs distincts, le « juridique » et le « clinique ». Les effets de l'intrication de ces deux univers sont toutefois méconnus et peu documentés. Ainsi, une justice plus humaine, thérapeutique ou clinique ne serait-elle pas également une justice plus morale, car désormais investie d'un discours caritatif ? L'objectif de cette discussion est de décrire le travail relationnel à la Commission d'examen (Québec, Canada) et ses enjeux. Nous discuterons de ces nouveaux espaces de justice, de leur configuration et de leurs effets sur les agents intra- et extra-juridiques. Nous discuterons finalement de l'intérêt de la justice procédurale comme posture théorique et pragmatique permettant de mieux saisir ces enjeux.

Au tribunal des risques. Expertise psychiatrique, jugements moraux et tensions juridiques dans la commission québécoise d'examen des troubles mentaux

Nicolas Sallée, *Université de Montréal* (nicolas.sallee@gmail.com)

Cette communication proposera une réflexion sur l'évaluation du danger présenté par les personnes préalablement jugées criminellement non responsables ou inaptes à subir leur procès pour cause de troubles mentaux. Au Québec, cette évaluation revient à une « commission d'examen », qui, à la suite d'audiences réunissant psychiatres et professionnels du droit, peut libérer l'accusé, avec ou sans conditions, ou prononcer sa détention à l'hôpital. En nous appuyant sur une série d'observations d'audiences tenues à Montréal, nous décrypterons la prééminence accordée au regard des psychiatres, autorisant la production d'un ensemble hétérogène d'observations cliniques et de jugements moraux qui, au nom d'une logique de gestion des risques, colonise toutes les facettes de la vie des accusés. Nous décrirons, dans ce cadre, l'enrôlement des divers acteurs de la commission dans cette logique de gestion des risques, des accusés eux-mêmes, produits comme des sujets à risque, à leurs propres avocats. Les pratiques de ces derniers apparaissent ainsi mises en tension entre une posture garantiste, contestant la toute-puissance de l'expertise des psychiatres en s'appuyant sur les ressources du droit, et une posture psychiatrique, modulant au contraire leurs pratiques en fonction de l'évaluation qu'ils font eux-mêmes des risques présentés par leurs clients.

231. L'emprise et les violences au sein d'un couple : regards interprofessionnels et interdisciplinaires (1)

Emprise vous avez dit emprises

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La notion d'emprise permet d'appréhender la complexité des violences au sein d'un couples comme étant des situations vécues. Elles se conçoivent parfois d'un point de vue clinique comme étant des pathologies de la relation ou des pathologies de l'attachement qui invitent à des traitements et au soin. La part du juriste est plus restreinte. Il doit opposer à la violence la force du droit en ayant trois visées : la mise en sécurité, la sécurisation et faire œuvre de justice.

Le traitement judiciaire des infractions commises au sein d'un couple

Isabelle Rome, *Haute Fonctionnaire, Ministère de la Justice* (isabelle.rome@justice.gouv.fr)

L'organisation et le fonctionnement de notre système de justice est susceptible d'induire une re-victimisation des femmes qui subissent des violences au sein d'un couple d'une part, et, qui se trouvent sous l'emprise de leur partenaire, d'autre part. Les réformes législatives en reconnaissant l'état et les processus de l'emprise permettent d'appréhender les situations vécues et les logiques des auteurs et des victimes. L'objet de cette présentation est de souligner la métamorphose de l'organisation du traitement judiciaire concernant ces questions en France dans une double esprit de mobilisation et de coordination des acteurs et des actions.

Le droit d'être défendue et les droits de la défense en faveur des femmes victimes de violence au sein d'un couple

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L'avocat est celui qui plaide mais est aussi celui qui conseille et accompagne des victimes de violences au sein d'un couple qui se trouvent dans une situation d'emprise. La compétence ici dialogue avec la conscience et l'engagement pour que soient aux mieux défendus les intérêts des clientes qui en souffrent. Cela invite à ce que les règles de la déontologie de l'avocat soient approfondies, que des conventions avec les autorités judiciaires et les barreaux soient mises en

œuvre et que l'ensemble des intérêts civils, intra-familiaux et patrimoniaux ; que l'ensemble des voies pénales, en urgences et en responsabilité soient convoquées en fonction de l'intelligence des cas.

232. L'emprise et les violences au sein d'un couple : regards interprofessionnels et interdisciplinaires (2)

La lutte contre la violence à l'égard des femmes passe par l'humain et l'humanisation des connaissances

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Au titre de la Déclaration sur l'élimination de la violence à l'égard des femmes adoptée le 20 décembre 1993 par l'Assemblée générale des Nations Unies : « la violence à l'égard des femmes traduit des rapports de force historiquement inégaux entre hommes et femmes, lesquels ont abouti à la domination et à la discrimination exercées par les premiers et freiné la promotion des secondes, et qu'elle compte parmi les principaux mécanismes sociaux auxquels est due la subordination des femmes aux hommes ». L'objet de cette présentation est de délier les éléments « historiques », « anthropologiques » et « culturels » comme faisant le lit des tolérances de telles violences. En partant des principes et des valeurs du droit, l'université a pour vocation de former ceux dont la profession sera tournée vers l'humain particulièrement pour lutter contre les violences sociales, psychologiques et physiques que subissent des femmes.

Le droit international pénal et le droit pénal international et l'élimination des violences à l'égard des femmes

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Le droit pénal n'est pas seulement le droit de la répression - il est celui qui exprime les valeurs socialement protégées et a pour vocation que puisse être garanti l'ordre public. Loin d'un droit qui ne serait que celui de la responsabilité des auteurs d'infraction, il est aussi celui de la mise en sécurité et de la sécurisation des victimes. Il constitue ainsi un laboratoire de la complexité anthropologique et culturelle de la (non) protection des victimes de violence au sein d'un couple qui se trouvent dans un état d'emprise. L'objet de cette intervention est de souligner les forces et les faiblesses du droit international pénal et du droit pénal international pénal en la matière.

L'emprise, entre regards cliniques et regards d'experts (sous réserve)

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Il est trop souvent confondu par des femmes, l'amour fusionnel d'avec la pulsion d'emprise. Les rôles du clinicien et de l'expert sont essentiels pour dire et comprendre les liens pathologiques qui se nouent au sein du couple. Ils permettent de dépasser la déréliction des victimes, leurs culpabilités ainsi que les récits explicatifs des comportements et des actes violents qu'elles subissent. Pour sortir de l'emprise il faut qu'elles retrouvent l'estime d'elles-mêmes, et pour cela il faut rendre possible leur foi en l'Autre. Les professionnels de santé y participent dans leur soin, les professionnels du droit y participent dans la compréhension des maux dont font états les experts. Ici l'auxiliaire de la justice qu'est le médecin expert aide la justice à être une « médecine sociale ».

233. L'internement Psychiatrique dans le Monde Francophone: France, Belgique, Suisse, Québec et Sénégal

L'internement psychiatrique civil et pénal au Québec : quand l'arbre juridique cache la forêt clinique

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Depuis trente ans, au Québec, l'internement des personnes ayant ou non commis un délit est possible pour contenir un risque qu'elles présentent pour elles-mêmes ou la société. La volonté affichée des législateurs au moment des dernières réformes de l'internement, dans les années 1990, était d'assurer le traitement équitable et la mise en œuvre des droits des personnes souffrant de troubles mentaux. Alors que les décisions d'internement dépendent de tribunaux civils et administratifs, la place que prend l'opinion des psychiatres traitants au sein de la preuve met directement en question leurs fondements, entre clinique et juridique. L'analyse de la jurisprudence, d'observations d'audiences et d'entrevues avec des acteurs-clés démontre que le meilleur intérêt présumé est bien souvent prépondérant par rapport aux droits, civils et judiciaires, ou même au risque. Deux questions sont à explorer : d'abord celle du statut particulier des psychiatres, qui agissent ici comme soignants et non comme experts au sens juridique du terme, ensuite celle plus générale du concept juridique de risque qui est scientifiquement controversé, juridiquement indéterminé, et laisse place à interprétation et instrumentalisation.

Le cas français : un système administratif ou judiciaire?

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L'internement, appelé en droit français « admission en soins psychiatriques sans consentement » est le produit de tendances contradictoires. La France a une tradition d'internement administratif

remontant à une loi de 1838 qui a fait de l'autorité médico-administrative l'acteur central du processus. En effet, l'internement procédera soit d'une décision du directeur d'un établissement de soins, soit d'une décision du préfet. Cependant, dernièrement le rôle du juge s'est singulièrement élargi. D'une part, depuis 2008, le juge pénal peut, en cas d'infraction pénale commise sous l'empire d'un trouble mental, prononcer lui-même l'admission en soins psychiatriques concurremment avec le préfet. D'autre part, depuis 2011, toute décision d'internement doit faire l'objet d'un contrôle de légalité 12 jours après son commencement puis tous les 6 mois, au cours duquel le juge contrôle la validité formelle de la procédure mais également l'opportunité de la mesure de soins. La question est alors de savoir comment s'opère ce contrôle du juge, sur la base de quels critères et pour quels effets juridiques ? Il s'agit indirectement de déterminer qui est à présent l'opérateur central du processus de soins psychiatriques : est-ce toujours l'autorité médico-administrative ou bien le juge est-il devenu le véritable ordonnateur des soins ?

L'internement psychiatrique en Belgique : aspects civils et pénaux

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L'internement de personnes atteintes d'un trouble mental connait une double voie en Belgique. Dans le premier cas (volet civil), la loi envisage des mesures de protection à l'égard de personnes atteintes d'un trouble mental et qui représentent un danger pour elles-mêmes ou pour autrui. Dans le deuxième cas (volet pénal), la loi envisage une mesure d'internement à l'égard d'auteurs d'infraction atteints d'un trouble mental au moment du jugement, pour autant que d'autres conditions relatives à la gravité de l'acte commis et au risque de « rechute » soient présentes. La loi civile est déjà ancienne, fait l'objet de peu de jurisprudence et soulève relativement peu de discussions. Elle a été peu étudiée empiriquement. La loi pénale est, à l'inverse, le fruit d'une réforme mouvementée : la Belgique a été condamnée par la CEDH et la réforme législative a soulevé d'importantes discussions. De même, des recherches empiriques ont été menées ou sont actuellement en cours pour étudier la mise en œuvre concrète de la loi nouvelle. On tentera ici de faire le point sur ces deux dispositifs légistiques, leur inscription en regard du droit des droits fondamentaux ainsi que les questions que soulèvent leur mise en œuvre pratique.

La mise à l'épreuve du sens des hospitalisations psychiatriques forcées par les procédures : analyse de situations critiques à Malévoz

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Unique hôpital psychiatrique dans le canton du Valais en Suisse, Malévoz doit sa réputation à la politique des portes ouvertes adoptée depuis les années 1960. Mais à l'instar de tous les hôpitaux, certains patients y sont placés à des fins d'assistance pour une durée indéterminée. Ce sont les autorités de protection de l'adulte qui décident des levées de cette mesure de contrainte réglée dans le Code civil. Pour les protéger contre eux-mêmes, les patients concernés ne peuvent quitter

librement l'hôpital. Les psychiatres ne peuvent, quant à eux, décider de leur libération quand bien même ils estiment que du point de vue clinique leur hospitalisation ne se justifie guère. Sur la base d'une enquête menée au sein de cet hôpital (observations de colloques, entretiens avec les soignants, les patients et les autorités de protection), il s'agira de montrer la pluralité d'interprétations données aux procédures formelles. Réputés difficiles, ces placements dits administratifs où les impasses thérapeutiques dominent, sont de véritables mises à l'épreuve sur ce que résider à l'hôpital signifie à l'heure actuelle.

Décloisonner, moderniser, intégrer : pour une meilleure préservation des droits humains dans la pratique de l'internement psychiatrique au Sénégal ?

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Au Sénégal, l'internement psychiatrique continue à obéir à une logique sécuritaire encadrée par une loi de 1975 et qui fait prévaloir la dangerosité sur la vulnérabilité mentale. Dans ce pays d'Afrique noire francophone où coexistent des approches thérapeutiques modernes et traditionnelles, la conciliation entre la préservation de l'ordre public et celle des droits du patient est relativement déséquilibrée. Sous le prisme du droit international des droits humains, notre réflexion va porter sur l'évaluation du dispositif de préservation desdits droits en matière de soins psychiatriques sans consentement. Il en ressort deux constats majeurs : d'une part son insuffisance matérialisée par une protection essentiellement patrimoniale qui n'offre pas de garanties satisfaisantes des droits inhérents à la personne humaine tels que la dignité et d'autre part son obsolescence au regard des limites conceptuelle, matérielle et institutionnelle de la législation de santé mentale. Ainsi, face à la charge de morbidité croissante des troubles mentaux pesant sur notre système de santé essoufflé, il apparait l'urgence de décloisonner l'offre de soins psychiatriques, de moderniser le cadre juridico-institutionnel de prise en charge et de préservation des droits du patient interné et d'adopter une approche intégrée qui promeut la santé mentale communautaire.

234. Mesures Restrictives en Milieux Psychiatriques: Recherche Critique et Résultats

Mesures restrictives en milieux psychiatriques: importance, défis et enjeux

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Présentation des principaux axes d'un programme de recherche touchant les mesures restrictives en milieux psychiatriques, incluant des milieux psycholégaux. Ce programme de recherche entièrement subventionné par les Instituts de Recherche en Santé du Canada (IRSC) s'est étalé sur plusieurs années. Nos recherches qualitatives au regard de l'utilisation de la salle d'isolement, des contentions physiques et des contentions chimiques se sont intéressées aux expériences vécues par les patients et les soignants. Cette présentation fournira une vue d'ensemble des résultats obtenus par nos recherches au fil des années. Par ailleurs, nous profiterons de l'occasion pour discuter des enjeux et défis associés à la recherche critique, donc politique, en milieux psychiatriques. À cet égard, les concepts de recherche dite "sensible" et les risques de "censure" en recherche qualitative seront abordés.

La recherche sociojuridique comme outil d'analyse des zones d'(in)effectivité du droit en psychiatrie

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La judiciarisation progressive du domaine clinique est un phénomène social largement discuté en sociologie du droit. En droit de la santé, particulièrement en psychiatrie, cette situation est souvent décrite comme étant la résultante d'une réification juridique de problématiques sociales complexes. Cette réification se traduit notamment par un recours courant ou croissant à la coercition, que cela concerne les mesures d'isolement, de contention, d'internement ou de traitement involontaire. Bien que la coercition en santé mentale soit généralement considérée comme une mesure exceptionnelle et de dernier recours, les résultats d'une récente étude que nous avons réalisée suggèrent qu'elle est néanmoins perçue comme nécessaire au travail infirmier. Ce régime de nécessité s'inscrit dans une logique de productivité et d'efficacité hospitalière ayant pour effet collatéral de réduire les opportunités d'intégration et d'actualisation des principes des droits humains dans la pratique du personnel infirmier. Dans ce contexte, l'investissement judiciaire du domaine clinique soulève l'enjeu de la portée juridique des interventions déployées sous la contrainte. Nous en arrivons à la conclusion que la recherche sociojuridique peut, par sa posture externaliste au droit, informer les pratiques d'intervention psychosociales en étudiant l'actualisation des normes juridiques par l'intermédiaire de leurs conditions d'existence matérielles et relationnelles.

Contentions chimiques en psychiatrie : une étude phénoménologique de l'expérience vécue par les patients

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Présentation des résultats d'une recherche empirique examinant l'expérience phénoménologique de patients placés sous contentions chimiques dans un contexte de psychiatrie légale au Canada. Des patients ont pris part à des entrevues semi-structurées qui ont ensuite été transcrites, codées et analysées selon la méthode d'analyse interprétative phénoménologique (AIP). Au plan théorique, les travaux de Foucault et de Goffman ont guidé le processus d'analyse. Notre analyse montre que même lorsqu'utilisée de façon adéquate, les contentions chimiques peuvent entraîner certaines répercussions négatives sur le bien-être physique et psychologique des patients. Les résultats de cette recherche font aussi ressortir que les patients sous contentions chimiques vivent une plus grande détresse psychologique, pouvant dans certains cas, exacerber leurs symptômes psychiatriques et que la relation thérapeutique entre le patient et l'infirmière peut aussi être entravée.

Contentions chimiques en psychiatrie : une étude phénoménologique de l'expérience vécue par le personnel infirmier

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Présentation des résultats d'une recherche empirique examinant l'expérience phénoménologique du personnel infirmier qui utilise la contention chimique dans un contexte de psychiatrie légale au Canada. Quatorze infirmier(ères) ont pris part à des entrevues semi-structurées qui ont ensuite été transcrites, codées et analysées selon la méthode d'analyse interprétative phénoménologique (AIP). Grâce à l'analyse interprétative phénoménologique, le vécu d'infirmières d'un milieu psycho-légal a été exploré au moment d'intervenir avec un PRN contre le gré du patient. Le cadre théorique s'appuie sur l'anatomo-politique de Foucault et celui de la nature des relations dans les institutions totales de Goffman. Nos résultats montrent que l'infirmière doit engager simultanément son allégeance au patient, au système de justice et à la culture de l'institution. Les allégeances multiples génèrent des paradoxes qui affectent la manière dont l'infirmière actualise son rôle professionnel et est en mesure de prodiguer des soins selon les normes établies au moment d'administrer un PRN contre le gré du patient. L'infirmière doit apprendre à composer avec ces paradoxes pour soigner cette clientèle pour laquelle le cadre légal, l'approche éthique et les connaissances cliniques répondent de manière imparfaite.